HEALTH AND DISEASE — HOSPITALS & CLINICS

1989

JANUARY — MAY

DR Ruben Sher and Ms Heather Gomes displaying the Aids logo.

SOPHIE Mathibela with twins Mpho and Mphonyana.

UGLY PART OF HEALTH SCENE

Hospitals are usually dirty, overcrowded and facilities are poor

FOCUS

By MOKGADI PELA

THE health scene in South Africa during 1988 was a mixture of the good, the bad and the ugly.

For the sake of recording our medical history it is important to highlight some of the events which made news last year.

As far as the good news is concerned the case of Mpho and Mphonyana Mathibela tops the scene. The two-year-old Siamese twin sisters who were joined at the head were separated on May 3 at Baragwanath Hospital after a gruelling 7½ hour operation.

On that day the world was united in prayer for the success of the operation. Indeed, God listened to His children and the operation was successfully completed.

The world sighed with relief.

The National Union of Mineworkers also tasted success in its protracted battles with the mining bosses against the use of Polyurethane.

Before then the industry and the Polyurethane Association of South Africa had vehemently defended the material saying it had no substitute in terms of efficiency.

It was used underground to insulate pipes in order to keep them cool. The union said about 208 black workers had died from the material, the Kinross mine disaster, being the best known case.

When people talk about the bad events of 1988 there is no way they can ignore Aids — Acquired Immune Deficiency Syndrome. Last year this deadly killer registered itself firmly on the South African medical scene.

This country has recorded 166 full blown HIV carriers.

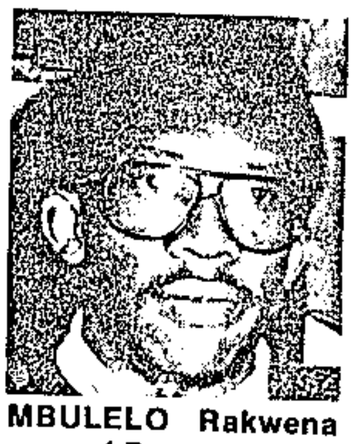
Advice has come from many quarters. People should either change their sexual behaviour or die. As simple as that.

The acting head of the Department of Immunology at the South African Institute for Medical Research, Dr Ruben Sher, repeatedly informed the public that Aids would infect anyone, given the right circumstances, i.e., sexual contact.

When the year started the Government announced plans to sell hospitals to the private sector. The reason, the authorities said, was lack of funds on their part. The move was roundly condemned.

Opponents of the move said the poor sections of the community would be the hardest hit because they could not afford high medical bills.

HAZZY Sibanyoni of NUM.



MBULELO Rakwena of Bamcwu.

It was in the light of these factors that the Imbeleko Women's Organisation launched a national campaign against the privatisation of health services to ensure that the move was stillborn.

Another factor contributing to the bad side of the health picture is the asbestos dust. This fine dust which is mined in the Northern Transvaal and the Northern Cape has ruined the lives of many people.

Victims of the dust particles cough continuously and, literally speaking, die a slow death.

In the Northern Transvaal area of Taung in Lebowa, the community recently told the *Sowetan* that they were allocated sites next to uncovered asbestos dumps. The disease resulting from the inhalation of these dust particles is called Asbestosis.

In the forefront against the continued mining of the mineral has been the Black Allied Mining and Construction Workers Union.

The sad part of it is that South Africa continues to mine the mineral despite the deadly nature. Bamcwu has said it would fight for the closure of the asbestos mines in the country in line with other parts of the globe.

When we talk about the ugly part of the medical scene in South Africa we refer to black hospitals whose conditions leave much to be desired.

The hospitals are usually dirty, overcrowded and the ablution facilities inadequate.

The consequences of such conditions are that patients do not receive proper care and are discharged prematurely.

Hospitals such as Baragwanath, Philadelphia and Limpopo Messina, to name but a few, can never hope to escape our attention and resultant condemnation. One does not need to be a genius to know that dirt and health are like north and south.

But perhaps after the exposure of these conditions the medical fraternity will improve them. When that happens we will be the first to praise them for having done the obvious.

Casualty department resembled a 'war zone'

3/1/89 B/Dun (98)

DURBAN — The casualty department at Durban's King Edward VIII Hospital resembled a "war zone" on New Year's Day.

"It was like something out of a war movie, but probably even worse," a doctor said yesterday.

"Patients just kept pouring in. It was chaotic."

The majority of the injured had stab and gunshot wounds, and a number of car crash victims were also admitted.

"We had a fairly quiet New Year's Eve with things starting to get busy at about 10pm. From midnight, it became quite chaotic," the doctor said.

Between midnight and 7am, about 250 people were admitted through the casualty deparment.

From 7am until about 5pm on New Year's Day, nearly 500 patients were treated in the department.

"Obviously, these are not exact figures because a lot of patients just slipped through. They were too badly injured and there was no time to wait for admission forms to be filled in," a nursing sister said.

"When we came on duty at 7am it looked like there had been a blood bath. There were injured people everywhere.

"Staff had to work really hard to keep the situation under control."

Eight doctors were on duty at the time. Most did 12-hour shifts, but some worked for 24 hours because they went into the wards. Some were still working yesterday, the doctor said. — Sapa.

98

Injured revellers flood city hospitals

Star 3/1/89

By Toni Younghusband,
Medical Reporter

Hospitals in some areas resembled war zones over the festive season and the casualty department at Johannesburg Hospital recorded its busiest time for a decade.

Throughout South Africa thousands of patients poured in for treatment for a multitude of complaints. Trauma departments reported most injuries were alcohol-related.

Johannesburg Hospital's casualty department treated an average of 70 trauma patients every day from Christmas to New Year, Mr Ken Boffard, the head of the department, said.

"New Year's Eve was frantic. The place went mad. We have been back through our records for the past 10 years and this festive season was definitely the busiest."

FEWER PATIENTS

Mr Boffard said most injuries were alcohol-related, but included everything from self-inflicted gunshot wounds to assault injuries.

Baragwanath Hospital, which serves Soweto, had a quieter New Year than expected.

A hospital spokesman said there were fewer patients than at a normal month-end.

In Durban, staff said the casualty department of King Edward VIII Hospital was like something out of a World War 2 movie, but probably worse.

In Pretoria 295 patients were treated at H F Verwoerd Hospital: "A lot for one weekend."

Hospitals in the western Transvaal had a fairly quiet New Year.

Potchefstroom Hospital treated 149 casualties over New Year. Christmas was busier.

In the northern Transvaal, the casualty departments of Pietersburg Hospital were busy at Christmas, but a little quieter at New Year.

said.

public tha

Maternity hospitals held up by shortage

98

Star 6/11/89

By Toni Younghusband,
Medical Reporter

The shortage of an imported epidural anaesthetic, which has apparently disrupted maternity schedules at hospitals and clinics, should be over within a fortnight.

The anaesthetic, Marcaine, was being imported from the United States but disinvestment by a major drug company halted supplies.

The drug will now be locally manufactured.

A Johannesburg gynaecologist told The Star he had to postpone a caesarean section which was scheduled for next week at a private clinic because of the drug shortage.

FOR PAINLESS BIRTHS

"I was told there was no more Marcaine available and I could not continue without it," he said.

An epidural anaesthetic is a procedure whereby a woman in labour is given a spinal injection which numbs the lower part of her body enabling her to give birth painlessly.

A spokesman for the J G Strijdom Hospital in Westdene said the hospital's pharmacy had been informed of the shortage but still had stocks available.

Other hospitals and clinics said they too had been informed that the drug would no longer be imported and had built up stocks.

Mr Alan Thomas, production manager at Sapharmed, said his company had started to manufacture Marcaine in South Africa and stocks would be ready within a month.

Natal hospitals face staff shortage

MARITZBURG — Provincial hospitals in Natal were experiencing a general shortage of staff, Hospital Services chief director Dr Charles Roper said at the weekend.

He said it was "extremely difficult" to create additional posts because of the state's decision not to increase the number of public servants.

Pressure was being put on all hospitals and there was a tremendous increase in the work load. With the economic downturn, more people were going to provincial hospitals.

Own Correspondent

"The only source of nursing staff (for the new hospitals) will be provincial hospitals," Roper said.

An organisation, Friends of Grey's, is to hold a public meeting here on January 16 to form a group of volunteers to help out in the wards and the out-patient department at Grey's Hospital thus relieving some of the pressure on hospital staff.

Hospital

LENASIA residents will breath a sigh of relief when their hospital is opened today, a spokesman for the Lenasia Hospital Campaign Committee said yesterday.

A spokesman for the LHCC added that the opening of the hospital was regarded as the peoples' victory.

Lenasia's new hospital can at last take patients

By Tim Cohen

Lenasia South Hospital, which stood empty for two years because of lack of funds, accepted patients for the first time today.

The Transvaal MEC in charge of hospital services, Mr Daan Kirstein, said yesterday that the hospital was to be opened in stages.

The official opening would be held later this year.

He said most of the staff for the 98-bed hospital, which cost R6 million, had been appointed and it was ready to accept overnight patients for the first time.

It will be the only private institution to serve the Lenasia, Grasmere and Ennerdale areas, where about 300 000 people live.

Previously, residents had to travel up to 30 km to Hillbrow Hospital for treatment.

Dr J W J van Rensburg, chief director of Health Services and Welfare for the House of Delegates, said the House would be responsible for funding the hospital, although it would be administered by the TPA.

Lenasia Hospital opens at last

Star 12-11-89 98

By Montshiwa Moroke

The R9 million Lenasia South Hospital, which was completed about two years ago, treated its first patients yesterday.

By lunch-time the only full-time doctor, Dr Roshni Rampersad, had treated 10 patients including one casualty and a maternity case. So far, no one has been admitted to the 98-bed wards.

The Minister of Health in the House of Delegates, Mr Raymond Bhana, and other MPs, attended this informal first stage opening. The official opening will take place in a few months.

Mr Daan Kistein, Transvaal MEC in charge of hospital services, said lack of funds had caused the delay.

The building, together with the equipment, had cost the Transvaal Provincial Administration about R9 million.

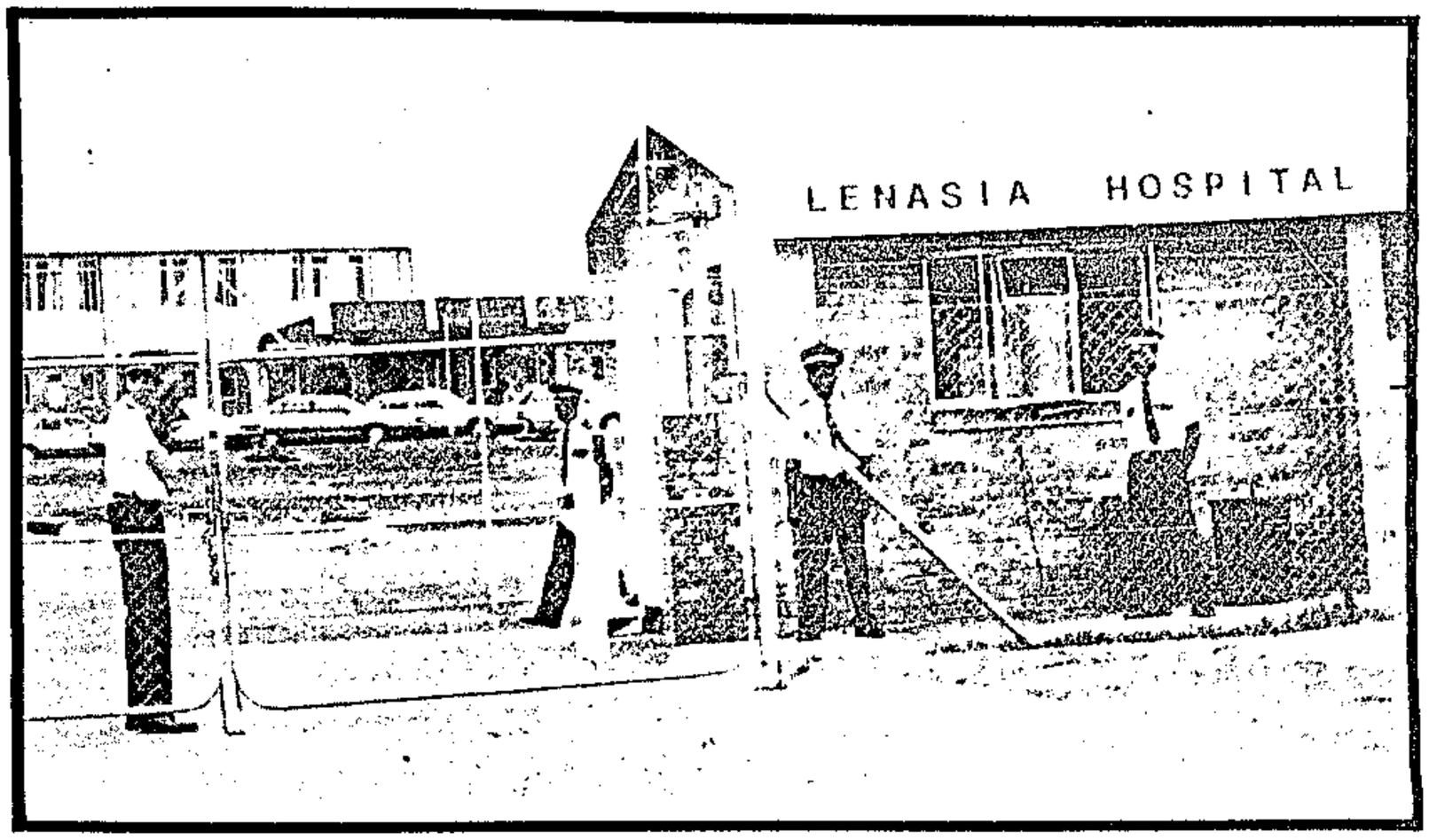
There will be a link between this hospital and Coronation, which is a teaching hospital.

"Any patient needing specialist treatment on a daily basis, will be transferred to Coronation. But a specialist can be called to this hospital, if necessary," Mr Kirstein said.

Mr Bhana said he was confident the community will make full use of the new hospital taking into consideration a population of about 400 000 in Lenasia and Ennerdale.

The hospital would be open to all races and nobody will be turned away, he added.

Open at last: Lenasia Hospital



FOCUS

THE WAIT IS OVER!

By MOKGADI PELA

A NEW multi-racial hospital has been opened this week for residents of Lenasia township, South of Johannesburg, after a wait of more than half a century.

The people's struggle for a hospital can be traced to 1963 when they first made representations to the authorities. The need for such a service was outlined in a letter sent to the director of health services by the Johannesburg Indian Social Welfare Association (Jiswa).

The need was seen as so urgent that in 1967 a trust called the Valliana Trust was formed and it promised to donate R30 000 towards the building of a hospital. In 1969 Jiswa was assured that a hospital would soon be built.

Petition

Between 1972 and 1974 the community was informed that geological tests were being undertaken to establish the suitabiilty of sites. In 1980 a petition with 13 083 signatures was sent to the Minister of Health, Welfare and Pensions stressing the urgency of health services in the area.

The hospital was completed in 1986, but was not opened due to lack of funds on the part of the Government. Its opening was postponed to April 1, 1988. Nothing happened on the day. Just before the October 26 municipal elections promises for the opening of the hospital were revived.

Ploy

The residents did not take the announcement seriously as they thought it was a ploy by members of the House of Delegates to win their hearts.

The Minister of Health in the House of Delegates, Mr Raman Bhana, said the pressure by Lenasia residents for the opening of the hospital did not have any impact on him. "This hospital was opened because my Ministry co-operated with the Transvaal Provincial Administration in availing funds to administer it."

DAAN Kirstein

Growth

The hospital has 98 beds, but will initially use 30. According to Mr Bhana, the rest will be made available with the growth in the patient intake. It will serve all races as well as the 125 000 people in Lenasia and Ennerdale communities.

Before the opening of the hospital the Lenasia patients have been travelling to Johannesburg and Coronation hospitals for treatment.

But in various ways the residents expressed their disgust at having to travel 30 kilometres for medical treatment. This they did in the form of pamphlets and meetings which they held over the years.

On July 6, last year, about 700 people attended a meeting at the Ghandi Hall and resolved that black patients who would normally go to Baragwanath Hospital for treatment would be called upon to present themselves at white hospitals as a major public protest.

The meeting had been called by the Lenasia Hospital Campaign Committee, which has been in the forefront in pressuring the authorities to open the hospital.

Pressure also came from the media. An Editorial in *The Star* on August 12 last year suggested that the announcement of the opening of the hospital was "the juggling of books since no new source of funds seems to have been found."

The MEC in charge of hospital services in the Transvaal, Mr Daan Kirstein, said the hospital was equipped with the latest instruments. The Government, he said, would subsidise the hospital 90 percent,

Political comment in this issue by Aggrey Klaaste and Sam Mabe. Sub-editing, headlines and posters by Sydney Matlhaku. All of 61 Commando Road, Industria West, Johannesburg.

• Write to the Editor at PO Box 6663, Johannesburg 2000. Nom-de-plumes can be used, but full names and addresses should be supplied or the letter will not be published.

Rousing send-off for Bara workers

Two officials of Baragwanath Hospital's Soweto Community Health Centres were given a rousing send-off at the Mofolo Community Health Centre yesterday.

Mrs L C Langley, who was chief matron at the township's clinics, has been promoted to Chief Matron Special Grade at Baragwanath and Mr J J Kleinhans, administrator, has been promoted to deputy director at head office.

Among those who attended were the hospital's former chief superintendent, Dr P J Beukes, and Dr C van der Heever, superintendent.
— Staff Reporter.

SAMJ slates Kane-Berman transfer

Cape Times 13/1/89 p 98

Medical Reporter

THE transfer of Dr Jocelyn Kane-Berman — former medical superintendent of Groote Schuur Hospital — from her post displayed South African officialdom's tendency to shoot itself in the foot, an editorial in the latest issue of the South African Medical Journal has said.

Dr Kane-Berman was transferred from her post late last year after remarks she made in the press about an alternative cabinet which would include Mr Nelson Mandela as prime minister.

In the editorial, SAMJ editor Dr Nic Lee said Dr Kane-Berman was a highly respected member of the medical profession in South Africa, who together with her staff had been busy with the "herculean task" of transferring wards and departments from the old hospital to the new.

"It is therefore particularly unfortunate that she should have been transferred from her post for what at worst was an indiscretion or a misplaced sense of humour," he said.

"Any senior civil servant committing such a public gaffe might be expected to be called into the office of the departmental head for a one-sided conversation. However, with the podiatric marksmanship for which South Africa is developing an international reputation, she was summarily transferred," Dr Lee Said.

"Far from losing face, the authorities concerned would gain immeasurably in moral stature" if the decision was reversed, he said.

● The transfer was also criticised in letters to the SAMJ.

In one letter, Dr S W Sandler of Cape Town called on the dean and heads of departments at UCT Medical School "to oppose any government official from officiating" at the new Groote Schuur Hospital's opening ceremony this year.

Hospital group to dump medical aid

Medical Reporter

AT LEAST one big private hospital group is contracting out of medical aid schemes — a move which means medical aid patients will have to pay for items not covered by their schemes.

Mr Graham Anderson, the executive director of Clinic Holdings, the country's largest private hospital group, said yesterday that his group was contracting out from February 1 because of dissatisfaction with the latest tariffs set by the Representative Association of Medical Schemes (Rams).

The new tariffs amount to roughly a 12% increase for private hospitals.

Mr Anderson said Clinic Holdings — which controls City Park Hospital — had decided that it would be unable to continue providing services for patients after the increase, which did not cover the costs of providing the services and did not cover the recent 15% increase for nursing salaries.

He said accommodation and theatre fees would not be affected, since these were fully covered by medical aid schemes.

"Historically there have been certain items for which medical aids do not pay, and over the past 12 months these items have been increasing. We simply cannot continue to bear these costs — we would go bankrupt," he said.

The items included the use of certain types of equipment, surgical items and disposable items such as syringes.

The items would probably comprise about 10% of the average patient's bill, he said.

Patients whose medical aid schemes are prepared to undertake to pay their share of the bill would probably be asked to pay a 10 to 15% deposit and the balance would be obtained from the medical aid.

"But if a medical aid will not make this undertaking, the issue of payment would have to be settled on admission," he said.

It was reliably understood yesterday that the country's other two major hospital groups would also be contracting out, but spokesmen for the two groups were not available for comment.

A spokesman for the independent Jan S Marais Clinic in Bellville said yesterday the clinic would stay contracted in.

A spokesman for the MediCor group, which owns the MediCity hospitals in Somerset West and Worcester, said that the group would also stay contracted despite "tightly squeezed margins".

Dr John Steer, chairman of the Cape Western branch of the Medical Association of South Africa (Masa), said yesterday the move would mean higher costs for patients.

"One appreciates that hospitals operate at enormous cost, but Clinic Holdings recently reported a profit of 77% — I don't know how they justify contracting out," he said.

Diagnosis gets high-tech boost at City Park

9/6 Times 16/11/89 (98)

Medical Reporter

AN R8-million high-tech diagnostic machine — the second of its kind in Cape Town — was opened at a city hospital recently by the Minister of National Health and Population Development, Dr Willie van Niekerk.

The magnetic resonance imaging (MRI) centre at City Park Hospital has already dealt with about 100 patients and has been fully operational since the beginning of the month, spokesmen for the centre said.

The Peninsula's other MRI unit is at the Medical Research Council in Parow.

A hospital spokesman said the MRI machine was used to obtain cross-sections of the human body and was specially useful in diagnosing diseases of the brain and spine.

He said nuclear magnetic resonance imaging — its full title — involved the placing of a part of the human body in a strong magnetic field. This caused changes in nuclear particles within the body, triggering the release of specific signals which could then be translated into images by a computer.

The spokesman would not say how much the use of the MRI centre would cost a patient, but said it was "competitive" with other diagnostic methods such as X-rays.

In his speech, Dr Van Niekerk said there were less than 10 MRI units in South Africa.

He said MRI would be best used with a multi-disciplinary approach.

"Consequently, appropriate training of staff will be of the utmost importance. This is an area where the private sector and teaching institutions could co-operate.

"I sincerely hope that there will be close co-operation between this institution and the two teaching hospitals," he said.

CAPE TIMES 17/1/89

Private city clinics to contract out of medaid

Medical Reporter

ANOTHER private hospital group which controls four Cape Town clinics has announced it will contract out of medical aid schemes — and the National Association of Private Hospitals (NAPH) is to hold a meeting on the issue tomorrow.

The issue will also come up for discussion at a meeting of the Representative Association of Medical Schemes (RAMS) tomorrow.

The country's largest private hospital group, Clinic Holdings, last week announced its intention to contract out of medical aid schemes, a move which it said meant patients would have to pay for items not covered by their schemes.

Yesterday a spokesman for Medi-Clinic Corporation — which controls Panorama Medi-Clinic, Constantiaberg Medi-Clinic, Medipark Clinic and Leeuwendal Nursing Home — said a decision had been taken in principle to contract out of medical schemes.

He said he could not give a date for the move or any other details.

Mr Graham Anderson, executive director of Clinic Holdings (which controls City Park Hospital in Cape Town), said the decision to contract out followed dissatisfaction with the 12% tariff increase granted to private hospitals by RAMS.

Blow for private hospital patients

DURBAN — The country's private hospitals are up in arms over the latest tariffs set by the Representative Association of Medical Schemes (Rams), with one group, Clinic Holdings, having decided to contract out from February 1.

And a report from Cape Town says a spokesman for Medi-Clinic Corporation — which controls Panorama Medi-Clinic, Constantiaberg Medi-Clinic, Mediclinic and Leeuwendal Nursing Home — said yesterday a decision had been taken in principle to contract out of medical schemes.

Graham Anderson, executive director of Clinic Holdings, the largest private hospitals group in the country whose 12 hospitals include Natal's St Augustine's, Parklands and Kingsway, said the tariffs amounted to a 12% increase.

While theatre fees and and accommodation would not be affected, as these were fully covered by medical aid schemes, in the past year many items previously covered were no longer covered.

Patients whose medical aid schemes were prepared to undertake to pay their share of the bill would probably be asked to pay a 10% to 15% deposit, and the balance would be obtained from the medical aid, he said.

☐ The National Association of Private Hospitals (NAPH) and Rams are both to discuss the issue at separate meetings tomorrow.

Own Correspondent

PRIVATE HOSPITALS (98) FM/ML 20/11/89

Ill-timed dispute

Private hospital patients may have to cough up hundreds — even thousands — of rand for treatment, if a dispute between hospitals and medical aid schemes is not settled soon.

From February 1, patients at these hospitals will have to pay at least part of their bill from their own pockets — even if they are covered by medical aid. If no agreement is reached, they may have to settle the entire bill then claim the money back from medical aid.

Private hospitals are guaranteed full payment by medical schemes as long as they stick to agreed tariffs. From January 1, tariffs were increased by 12% against what is purported to be a sectoral inflation rate of 19%.

But now the hospitals, led by the largest group, Clinic Holdings (CH), have set rates at least 5% above the approved scale of benefits, effective from February 1. Unless a solution is found by then between hospitals and the Representative Association of Medical Schemes (Rams), the average patient will pay R12-R15/day out of his own pocket.

The 5% increase will be accounted for by charging for previously "non-chargeable" disposable items like surgical gloves, microscope drapes and arthroscopy blades. Hospitals are also reducing their discount on drugs.

Says National Association of Private Hospitals (Naph) chairman Dick Williamson: "We can't keep our costs down to 12%. We're expecting medicine prices to increase by at least 25% in 1989 and we've had to match the 15% pay increase awarded to nurses in the public sector."

Adds CH chairman Barney Hurwitz: "If we can't get guaranteed payment directly from the medical aid, then the patient will have to pay the full amount up front and get a reimbursement from the medical aid himself."

Medical schemes are meeting this week to decide their response. Says a senior medical aid spokesman: "Hospitals can't be entirely immune from inflation and simply have index-linked increases. Everybody has seen income fall in real terms.

"And they certainly can't expect both guaranteed payment and the right to set their own rates."

Williamson argues hospital and specialist tariffs have eroded so much in real terms that they have contributed to the brain drain of doctors.

Opponents of further increases point out, though, that new private hospitals are still being built, which means they can't be considered such a bad investment. They add that all three major groups — CH, Afrox and Medi-Clinic — are now profitable.

Private hospitals advised 'set fees'

CAPE TIMES 20/1/89 (98)

JOHANNESBURG. — The National Association of Private Hospitals (NAPH) yesterday advised its members to consider setting their own fee structures.

NAPH's chairman, Mr Dick Williamson, said in a statement yesterday that the proposed fees increase was necessary because the increases granted by the Representative Association of Medical schemes (Rams) over the past few years had "lagged behind real costs leaving private hospitals in a progressively worsening financial situation".

Although NAPH had proved that cost increases of 18,8% for the 12-month period ending on June 30 last year were necessary, Rams had granted only a 12% increase.

Private hospitals would suffer, because of high inflation and the surcharge on imported medical equipment, NAPH said.

The recent 15% increase in nurses' salaries would also have an effect on private hospital costs, the association said. NAPH said the fee structure would be left to the individual hospitals or groups to set. — Sapa

98

Patients to pay R30 a day extra?

Medical Reporter

PATIENTS in private hospitals which have contracted out of medical schemes could end up paying an extra R30 a day over and above medical aid rates, medical schemes estimate.

However, a major private hospital group has disputed this, saying the amount might come to only R30 to R50 of a total bill for four or five days.

Two major private hospital groups — Clinic Holdings and the Medi-Clinic Corporation — have announced their intention to contract out of medical schemes because of dissatisfaction with the average 12% tariff increase recently granted them by the Representative Association of Medical Schemes (RAMS).

Between them, the two groups control five private hospitals in Cape Town.

Clinic Holdings has said the move will not affect theatre or ward costs but that patients will have to pay for items and equipment not covered by the RAMS scale of benefits.

Mr Rob Speedie, executive director of RAMS, said yesterday that it had been estimated — based on reports that patients would be paying an extra 6% — that patients themselves would have to pay R15 to R30 extra a day.

He said the hospital's increase would include 10% on drugs which would now have to be paid by patients.

"We will give the hospitals guaranteed payment for drugs if they give us a 10% discount on medicines. We argue that they are operating hospital dispensaries on the same profit margins as retail pharmacies without the same overheads," he said.

Mr Speedie said that where a hospital or supplier of service was contracted in — that is, operating on the statutory scale of benefits and rendering accounts according to that scale — the bill could be sent straight to the medical aid scheme where it would be settled in full.

"If the supplier of a service chooses to charge in excess of the scale, he forfeits the right to direct payment — then the patient usually pays and claims from the medical aid.

"Naturally the prospect of paying perhaps thousands of rands to the hospital and then claiming from their schemes frightens the public.

"That is why we have offered the option to individual medical aid schemes to either pay the member after he has paid or to pay the account direct to the hospital in accordance with the scale of benefits — but only provided the account distinguishes between the amount charged at the scale of benefits and the amount charged in excess," he said.

Mr Barney Hurwitz, chairman of Clinic Holdings, said yesterday that the increase to be paid by patients ranged from 3 to 5% of their bills.

"If an average stay in hospital of four to five days costs R1 000, the patient will pay 3 to 5% of that, or R30 to R50 more," he said.

Profit margins

He said the 10% discount on drugs could not be granted to the medical aids since hospitals could not afford it and that it would be passed on to patients.

"We do run our dispensaries on the same profit margins as retail pharmacies but we have more overheads. We usually have four or five pharmacists per hospital, who all have to be paid salaries, and we have to carry larger stocks than retail pharmacies," he said.

The cost of disposable items and equipment which was being passed on to patients combined with the 10% on drugs amounted to the total of 3 to 5% extra for patients.

He said Clinic Holdings would "naturally" provide accounts which reflected amounts due by the patient and by the medical aid scheme.

Star 24/1/89 (98)

Private hospitals want more than 12 percent increase

Benefits row splits health groups

By Toni Younghusband,
Medical Reporter

Medical aid schemes have refused to bow to pressure from private hospitals and put up the 12 percent increase in scale of benefits granted to hospitals this year. As a result, three major private hospital groups have contracted out of medical aid.

The Representative Association of Medical Aids Schemes (RAMS) says the increase is fair, hospital groups are demanding 18 percent.

Rams says:

RAMS is not prepared to go above the 12 percent increase in the scale of benefits for three reasons, namely:

- Because of the necessity to contain costs of health care;
- To spur hospitals to greater efficiency;
- To discourage the widespread notion that tariff increases should automatically rise in line with inflation.

The increase in pay-out by the medical schemes movement to private hospitals could amount to as much as R100 million more than last year, thanks to the 12 percent increase and other factors.

Some hospitals are not happy with this and are asking for an additional three to six percentage points over and above the 12 percent increase — which is equivalent to between 25 and as much as 50 percent more than they were granted, which is clearly not possible.

Hospitals are enjoying increased revenue from other sources, namely, mark-ups on medicines and drugs the prices of which are rising alarmingly, and consistent increases in bed occupancy.

The cost of care . . . private hospitals and medical aid societies dispute the others' assessment of fair hospital fees.

It is encouraging to note that not all hospitals have supported these demands and a large number of private hospitals have indicated that they will continue to charge at the scale of benefits.

Hospitals say:

Private hospital representatives say the increases granted by Rams over the past few years have lagged behind real costs leaving private hospitals in a progressively worsening financial situation. The National Association of Private Hospitals (NAPH) has therefore advised its members to consider setting their own fee structures.

Although NAPH had proved cost increases of 18,8 percent for the 12-month period ending on June 30 last year, RAMS granted only a 12 percent increase.

Private hospitals will suffer, due to high inflation and the surcharge on imported medical equipment, if the present regulated system continues.

The recent 15 percent increase in nurses' salaries will also have an effect on private hospital costs.

RAMS has granted adequate ward and theatre fee increases, but allowances have not been made for the cost of certain expensive equipment and the increasing use of disposable items.

Mr Barney Hurwitz, chairman of the Clinic Holdings group of hospitals, says the 18 percent motivated by private hospitals must be seen in the proper context.

"RAMS pays private hospitals only 16 percent of its total annual benefit pay-out. Therefore, the 18 percent is 18 percent of 16 percent which is only a 2,9 percent increase.

"The 18 percent asked for was entirely to keep up with the inflation rate since we are already three years in arrears. How do RAMS expect us to exist if we do not keep in line with inflation?

"Equipment is going up all the time and the cost of disposables has risen remarkably. The gloves used in theatre, for example, used to cost 80 c a pair but are now nearly R3 a pair and we use 10 to 12 pairs per operation. The patient is not billed for these."

Clinic Holdings, which has some 12 hospitals countrywide, has contracted out of medical aid and is putting up its fees by 6 percent on February 1.

We're going to help Bara, says Wits

(98)
Star 26/1/89.

By Toni Younghusband

The University of the Witwatersrand is to "go it alone" in alleviating the critically overcrowded conditions at Baragwanath Hospital.

Transvaal Provincial Administration officials say they do not have the money to assist Baragwanath.

Now Wits has turned to the public for help. Professor Clive Rosendorff, Dean of the Faculty of Medicine, said yesterday that the bed occupancy rate at Baragwanath had risen to more than 150 percent, with hundreds lying on the floor. An estimated R4 million was needed to extend existing wards.

He made an urgent appeal for financial aid from the public and overseas companies.

Extensions to wards is only one of a number of recommendations made in a report by a commission of inquiry last year.

The report identifies the shortage of beds as the most crucial problem facing the hospital.

Professor Rosendorff said construction of extensions would begin in March, and it was hoped that at least two to four additional wards would be completed by May.

Professor Asher Dubb, head of the Department of Medicine at Baragwanath, said that while extensions would not alleviate staff shortages, they would make working conditions for doctors and nurses easier.

"Because patients have been lying on the floor, it has been extremely difficult for doctors to find and treat them."

The Anglo American and De Beers' Chairman's Fund, Barlow Rand, South African Breweries and JCI have already each pledged R300 000 to the hospital.

● See Page 15M

Baragwanath 'grossly' over-crowded

Many empty wards closed to patients

There are vacant wards at Baragwanath Hospital which have been closed to patients for years, a commission of inquiry into conditions at the grossly over-crowded hospital has revealed.

In a report released yesterday, the commission said staff at the hospital and hospital authorities had clashed over the issue of the vacant wards, with staff calling for them to be re-opened.

However, provincial authorities said the wards were in very poor condition and could not be used for patients. They said the intention was to break down these wards to make room for a new ward block providing more beds in a multi-storeyed building.

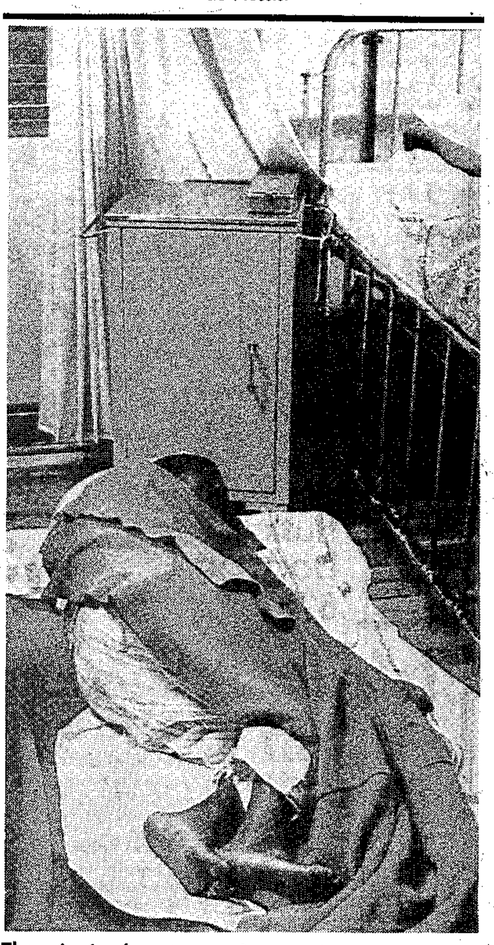
Hospital staff maintained, however, that the wards had been locked up for many years and that with comparatively small expenditure they could have been upgraded to a standard which would be better than sleeping on the floor or on chairs.

The new building, the staff pointed out, would take some years to complete during which time there would be no relief for the over-crowded medical wards.

At present, the medical wards are more than 150 percent full with a large number of very ill patients being forced to sleep on the floor.

By TONI YOUNGHUSBAND, Medical Reporter

A commission of inquiry into conditions at Soweto's Baragwanath Hospital released its findings yesterday. The following are some of the issues discussed in the report and suggestions made by the commission, headed by former Wits Vice-Chancellor Professor D J du Plessis.



There is simply not enough room, but officials are reluctant to open wards standing vacant.

Crowded conditions inhibit doctor training

The grossly over-crowded conditions at Soweto's Baragwanath Hospital are having a detrimental effect on medical student training and fewer students are choosing the hospital for their internship, a Commission of Inquiry into conditions at the hospital has revealed.

The Commission's report, released yesterday, pointed out that because medical staff at the hospital were working so hard to cope with the excessive patient load, the time available for teaching had been reduced.

"The crowded and exposed conditions under which patients are examined in the medical wards have an inhibiting effect on students."

Observations made by medical students indicated that the teaching they received at Baragwanath was less than ideal because, in their efforts to cope with large numbers of patients, medical staff relegated teaching to a lesser priority.

Students felt the teaching was rushed and those in the upper percentages of the final year class no longer chose Baragwanath for their internship.

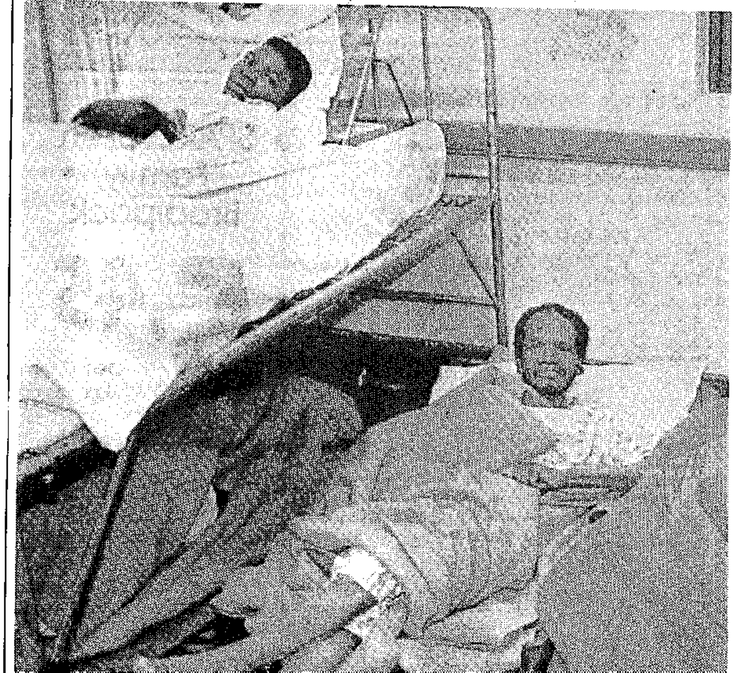
The pressure of the large patient load prevented specialists in training from reading and studying, an essential part of their training, the report said.

Wits blames 'apartheid medicine'

"Apartheid medicine" is largely to blame for the appalling conditions in South Africa's black hospitals, the University of the Witwatersrand's Medical Faculty has claimed.

In a statement released yesterday faculty members said the over-crowding and otherwise poor conditions in black hospitals were largely a consequence of the prevailing system of apartheid medicine, which was unethical, wasteful of resources and totally unacceptable.

"We believe that the desegregation of the Johannesburg Hospital to serve the population of greater Johannesburg and Soweto, together with the desegregation of other hospitals in the southern Transvaal region is vital — not only for the future development of the medical school, but for the more equitable distribution of health care to all communities residing in this area," the statement said.



Research has revealed that the total number of beds needed for blacks in the southern Transvaal was 11,375 in 1988 and was expected to exceed 14 000 by the year 2 000.

'UNSATISFACTORY'

"The optimal bed occupancy in the wards in any hospital is 80 percent. A 100 percent bed occupancy is less than optimal, thus a bed occupancy (at Baragwanath) of 155 percent in April 1987 and 157 percent in June 1987 is totally unsatisfactory.

"There has already been a substantial increase in the Soweto population so the bed occupancy situation is a chronic and worsening problem," faculty members pointed out.

The faculty expressed its admiration and support for the staff of the Department of Medicine

BARA TO EXPAND

Sowetan 26/1/89 (98)

THE house attacked by mob.

SPORO'S HOME BOMBED

Sowetan 26/1/89

ONE of Soweto's most feared men, Mr Mpolelo Mendisi, also known as "Sporo," is on the run after his home was petrol-bombed by a mob chanting slogans and singing freedom songs on Tuesday night.

The same mob also attacked a house in Mofolo North before marching to "Sporo's" home in Zondi II, about 500 m away.

A Soweto police liaison officer, Colonel Fanyana Zwane, confirmed that police were hunting for Sporo in connection with a number of alleged crimes. He also confirmed that a house was burnt in Zondi II on Tuesday.

By MATSHUBE MFOLOE

According to neighbours, who asked for anonymity for fear of reprisal from Sporo, a mob of about 30 young men believed to be pupils, attacked house No. 429 in Zondi II at about 8pm.

They smashed windows and hurled missiles and flattened the steel fence before setting the house alight.

It is believed a woman who was in the house fled. No-one was injured.

Among the alleged criminal acts by Sporo is the shooting of a 65-year-old man who is a neighbour to Sporo, the molesting of schoolgirls on their way to and from school, the terrorising of shebeen patrons and rapes.

The man who was allegedly shot by Sporo, Mr Albert Zakhele Ntsele, was confined to his bed after he was partially paralysed by a bullet.

By PHANGISILE MTSHALI

BARAGWANATH Hospital is to undergo expansion in March 1989 in an effort to fight overcrowding, Professor Clive Rosendorff said at a Press conference in Johannesburg yesterday.

He was giving a report on the findings of the Du Plessis Committee of Inquiry which was formed to investigate Baragwanath Hospital conditions after the much publicised letter signed by 101 doctors.

Professor Rosendorff said the committee identified the shortage of accommodation as the primary and most urgent problem and recommended that the number of beds available at Bara should be increased.

Funds

"Because the situation in the medical wards at Bara is so desperate with no relief in sight, Prof D J du Plessis and the University of the Witwatersrand are trying to raise funds from the private sector to build extentions to certain wards at the cost of R300 000 each," said Prof Rosendorff, dean of the Faculty of Medicine at Wits.

• To Page 2

REPORTS, pictures and comment in this edition may be censored in terms of the Government's state of emergency.

P.T.O

New hospital to supplement Bara

Star 26/11/84

A hospital will be built in Soweto soon to ease the pressure on the overcrowded Baragwanath Hospital, the head of the Department of Medicine at Baragwanath Hospital, Professor Asher Dubb, said yesterday.

Professor Dubb said a site for the new hospital had been reserved for more than 15 years and funds had been set aside. — Staff Reporter.

Bara theft accused acquitted by court

Sowetan 26/11/84 (98) (9)

A BARAGWANATH Hospital employee, accused of stealing a towel and three sheets from the hospital in September last year, was yesterday acquitted by an Orlando magistrate, following an application by the defence.

Earlier counsel for the defence, Mr G Aber, instructed by Mr L Modise, filed an application at the close of the state's case that Miss Irene Tshabalala (26) of Phiri, Soweto, be acquitted, arguing that the evidence of one state witness, Mr Andries Moloi, was "an absolute untruth".

The state's prosecutor, Mr A T Lanny, opposed the application on the basis that there was evidence that Miss Tshabalala, who was working in the cleaning section of the hospital, was seen selling hospital property on hospital premises illegally.

In granting the application the magistrate, Mr P J Coetzee, ruled that the court would not proceed with the case because of Mr Moloi's evidence, which he said the court found to be unsatisfactory.

Mr Coetzee, however, described Mr E Condon, a former policeman and head of the Security Services Consultants, as a good and honest witness.

glad to be alive.

Students' clinic has a major boost

By Winnie Graham

Farm labourers and domestic workers in the Muldersdrift area who are looked after by medical students from the University of the Witwatersrand were given a major boost this week when a Reef company, PG Bison Ltd, donated a R50 000 pre-fabricated building to the clinic.

The handing over ceremony was attended by Mr Leon Cohen, chief executive of the firm, Professor Clive Rosendorff, the dean of the faculty of medicine, medical students, patients and well-wishers.

Professor Rosendorff said the medical students deserved full credit for raising the money to buy the property and for the running of the clinic.

The Muldersdrift Clinic was started by students in 1973, but had to close six years later when it ran into land tenure problems. Five years later the students acquired a 10-year lease on a property and, it seemed, they were set to get on with the job of caring for local workers.

A multi-facet programme, including literacy classes and a day-care centre, was planned in consultation with the people whose opinions were canvassed before decisions were taken.

Then the owner of the property died and the students had to look for another site. They raised money and the university acquired the property on their behalf.

Although Muldersdrift is less than 40 km from the centre of Johannesburg, the students have found that some people live in "unbelievable" poverty.

Kwashiorkor and marasmus are rife. They treat gastro-enteritis, TB, pneumonia, scabies and otitis media.

The students point out that the clinic does not provide one-sided benefits. Students, nurses and doctors are being exposed to challenges in primary health care that they would not otherwise have encountered.

Mr Leon Cohen, left, and group marketing director of the donor company Dr Llewellyn Lewis meet patients at the Muldersdrift Clinic — Mrs Josephine Gelemane, left, Mrs Anna Leqhoele, and children.

Wits begs for improvement funds

'Apartheid is to blame for Bara overcrowding'

ALAN FINE

THE hugely wasteful system of apartheid in hospitals was a basic cause of overcrowded medical wards at Baragwanath and elsewhere, Wits University Medical School dean Professor Clive Rosendorff said yesterday.

Because of the desperate situation at Baragwanath the university was approaching the private sector, individuals and foreign governments in an attempt to raise R3,9m to build extensions to the 13 existing wards, he said.

● ROSENDORF

Rosendorff was speaking at a media conference where the report of a committee of inquiry, headed by former Wits vice-chancellor Professor D J du Plessis, into Baragwanath's problems was released, with a Medical School "white paper" on the report.

Among the committee's recommendations was that the South Rand and the half-empty Johannesburg hospitals be opened to patients of all races to accomodate the overflow from the Baragwanath medical wards, which regularly operated at nearly double their optimal 80% occupancy level. Rosendorff said, however, the Transvaal Provincial Administration had refused to open Johannesburg Hospital.

Rosendorff said four groups — the Anglo American/De Beers chairman's fund, Barlow Rand, JCI and SAB — had so far pledged about R300 000 each for the extensions, which would eventually accomodate 325 very ill patients.

This would not relieve the dire short-age of medical staff, but would ease the conditions of the doctors and patients. The better use of clinics in Soweto would also be examined.

Baragwanath was said to be short of about 3 000 beds.

Transvaal MEC in charge of hospitals Danie Kirstein, asked about policy towards opening and desegregating "white" hospitals, said there were vacant beds at the Leratong and Hillbrow hospitals which would be more convenient for Soweto residents, and less costly than the specialised Johannesburg hospital, he said.

Cedric de Beer of the Medical School's Centre for the Study of Health Policy, said if services were rationalised with, say, one or two hospitals, necessarily integrated, offering specialist care, and the others, secondary care for less serious cases; the system would be far more efficient.

Hospital beds row rages

Sowetan 27/11/89 (98)

SOWETAN REPORTER

VACANT beds at the Johannesburg Hospital cannot be used by patients from Soweto because of a shortage of funds and personnel, Dr Hennie van Wyk, the executive Director of Hospital Services (Transvaal) said yesterday.

A report released on Wednesday by an independent commission of inquiry into conditions at Baragwanath Hospital recommended that empty wards at the Johannesburg Hospital be utilised by patients from Soweto. Of the 2 000 beds at the Johannesburg Hospital, less than 900 are in use.

The report also recommended that additional medical and nursing staff be provided according to the number of patients.

Dr van Wyk told the *Sowetan* the Johannesburg Hospital was an institution intended for highly specialised treatment and it could not accept the normal flow of admissions.

Furthermore, there were 300 vacant beds at other hospitals which were better situated to cope with the Baragwanath overflow. "However, even these cannot be utilised due to lack of funds and personnel," he said.

He pointed out that certain specialist disciplines at the Johannesburg Hospital — including cardio-thoracic surgery, kidney transplants, bone marrow transplants and nuclear medicine — were open to all races.

Govt bid to raise revenue in trouble

GOVERNMENT attempts to charge more for health and housing services by means of new sliding scale formulae might backfire — they are raising little extra revenue, while risking more conflict with black communities, says the South African Institute of Race Relations.

The institute, which monitors the provision of services to black people through its publication *Social and Economic Update,* says that the policy of increasing payments by users of services is being implemented more widely to try to ease the burden of direct subsidies for health and housing services in particular, and in order to make those who can afford higher payments subsidise the very poor.

"In theory", says *Update,* "the principle that the better-off should pay more could offer a way of increasing black access to services and facilities. But the new formulae may not achieve this because the definition of "better-off" people appears to be unrealistic."

The new housing formula and health tariffs, implemented so far in Natal and the Western Cape, assume that people earning over R800 a month are able to contribute more to housing costs, and that people earning over R900 a month can afford medical aid rates.

But it is likely that these people will find the increased costs too heavy a burden, *Update* says. "This may increase the danger of conflict, while little extra revenue is raised."

Formula

Update points out that since the introduction of the new formula in April last year, revenue recovered from patients in Natal's provincial hospitals increased by a third, which the state continued to pay more than 90 percent of the bill for the province's hospital services. At the same time the increase in most low-income patients' health costs prompted organised opposition.

In the Cape, where tariffs have risen by 13,5 percent, only 6 percent of hospital services costs are being recovered. *Update* explains that patients admitted to provincial hospitals are billed after leaving hospital and those who cannot pay more make representation to the province for a reduction or the waiving of the fee.

In any case, says *Update,* fees charged in black hospitals are much less than the costs of the service — the average patient per day cost in King Edward VIII Hospital in Durban, for example, is R134, while fees are around R5.

Update points out that since black patients overall are able to finance only a fifth of health costs in Natal, and little more than one-twentieth in the Cape, the marginal increase in revenue from the new formula will make little impact on hospital budgets.

The publication suggests that these figures cast doubt on the viability of the government's privatisation programme. "The level of cost recovery in black provincial hospitals confirms that none can be run on a profitable basis," it says.

The publication goes on to say, "the government faces a choice betweeen increasing its funding of health care for low-income patients (the vast majority of whom are black), and allowing black access to even basic health care to decline even further.

"Recent events suggest that organised black pressure for improved health services is beginning to emerge and this may play a role in persuading the government to reassess its current strategy.

"Public reaction to the quality of services at Baragwanath Hospital and to the delay in opening the Lenasia Hospital has already prompted the government to allocate funds it had not planned to make available, and this trend may grow."

The new formula for payment of township housing services has also run into trouble, *Update* reports. In most cases it has led to a decrease in rents, but it has coincided with an increase in service charges, which has provoked widespread opposition.

Tenants

The formula, which links bond and rent payments to household income, was implemented during the period under review in coloured townships in the Western Cape and townships of all race groups in Natal. Tenants are permitted to choose between the new formula and the old method of determining rents.

Update says that while the new formula may be more favourable to tenants initially, it might not be so for long. It is calculated in a way which allows for relatively steep increases in payments once incomes rise above a certain level, and tenants whose income increases relatively modestly may face far higher charges. As a result Cape Town officials are advising tenants not to change to the new formula if they expect their incomes to rise significantly.

While for some the new formula will mean that rented housing is less affordable than before, *Update* says that the initial evidence suggests that overall it was decreased rent. It notes that increases in maintenance and service costs were apparently coincidental and might temporarily have obscured the long-term benefits of the scheme.

Nevertheless the new sliding-scale formula for determining payment of health and housing services is already under review by a state committee. "This suggests that it may be altered before it is used nationally," says *Update.*

Social and Economic Update is available from the publications department of the South African Institute of Race Relations, PO Box 31044, 2017 Braamfontein, at R10,00 inclusive, (R8,50, plus R1,50 postage and packaging).

R2 000 paid out for unlawful detention

THE Minister of Law and Order, Mr Adriaan Vlok, has made an offer to pay R2 000 damages in an out of court settlement to a motor car mechanic who was unlawfully arrested and detained in Hammanskraal last year.

Mr Johannes Mothiba, of 96 17th Avenue, Alexandra township, was wrongfully and unlawfully arrested by members of the South African Police who

He was detained at the Hammanskraal police station and later transferred to the Pretoria Central Prison where he was released on May 23.

He was unlawfully arrested on May 5 on charges of housebreaking and theft which were withdrawn. He was arrested again shortly after his release and charged with culpable

Mr Mothiba's lawyers that the Minister was offering R2 000 without prejudice and to avoid incurring unnecessary costs". Mr Mothiba had initially claimed R10 000 damages from the Minister.

A spokesman for D Z Tantsi Attorneys in Pretoria, yesterday said they had accepted the Minister's offer but added that the amount excluded legal costs

Van Wyk tells why Johannesburg Hospital can't be open to blacks

By Toni Younghusband, Medical Reporter

Vacant beds at Johannesburg Hospital cannot be used by patients from Soweto because of a shortage of funds and personnel, Dr Hennie van Wyk, executive director of Transvaal Hospital Services, said yesterday.

A report released on Wednesday by an independent commission of inquiry into conditions at Baragwanath Hospital recommended that empty wards at Johannesburg Hospital be used for patients from Soweto.

MORE STAFF

Of the 2 000 beds at Johannesburg Hospital, less than 900 are in use.

The report also recommended that additional medical and nursing staff be provided, according to the number of patients.

Dr van Wyk told The Star that Johannesburg Hospital was an institution intended for highly specialised treatment and could not accept the normal flow of admissions.

Furthermore, there were 300 vacant beds at other hospitals which were better situated to cope with the Baragwanath overflow.

"However, even these cannot be utilised due to lack of funds and personnel," he said.

He pointed out that certain specialist disciplines at Johannesburg Hospital — including cardio-thoracic surgery, kidney transplants, bone marrow transplants and nuclear medicine — were open to all races.

City Press 29/1/89 (98)

Apartheid medicine is behind Bara's ills

Overcrowding is worst problem, committee finds

By SOPHIE TEMA

OVERCROWDING at Baragwanath Hospital is partly the result of "apartheid medicine", according to Prof Clive Rosendorff, dean of the Faculty of Medicine at Wits University.

Addressing a Press conference at Wits Medical School this week, Rosendorff said the abolition of this policy would be a most significant and meaningful contribution to the health care needs of all communities.

"The overcrowding and otherwise poor conditions in black hospitals are largely a consequence of the prevailing system of apartheid medicine which is unethical, wasteful of resources and totally unacceptable to the faculty," he said.

Rosendorff's address was based on a report by the DJ du Plessis Committee appointed to inquire into problems at Baragwanath.

Rosendorff said a second hospital was being planned for Soweto. A site has been set aside at the New Canada junction.

He said because the situation at Baragwanath was "desperate", with no relief in sight, Du Plessis and Wits University have begun a campaign to raise funds from the private sector to build extensions to 13 existing wards at a cost of R300 000 each, or a total of R3,9-million.

These wards will accommodate about 325 patients at present sleeping on the floor.

Rosendorff said the scheme has the enthusiastic support of the administrator of the Transvaal, Wits University, Baragwanath doctors and Soweto community leaders.

So far, just under R1-million has been raised, and building would commence "soon".

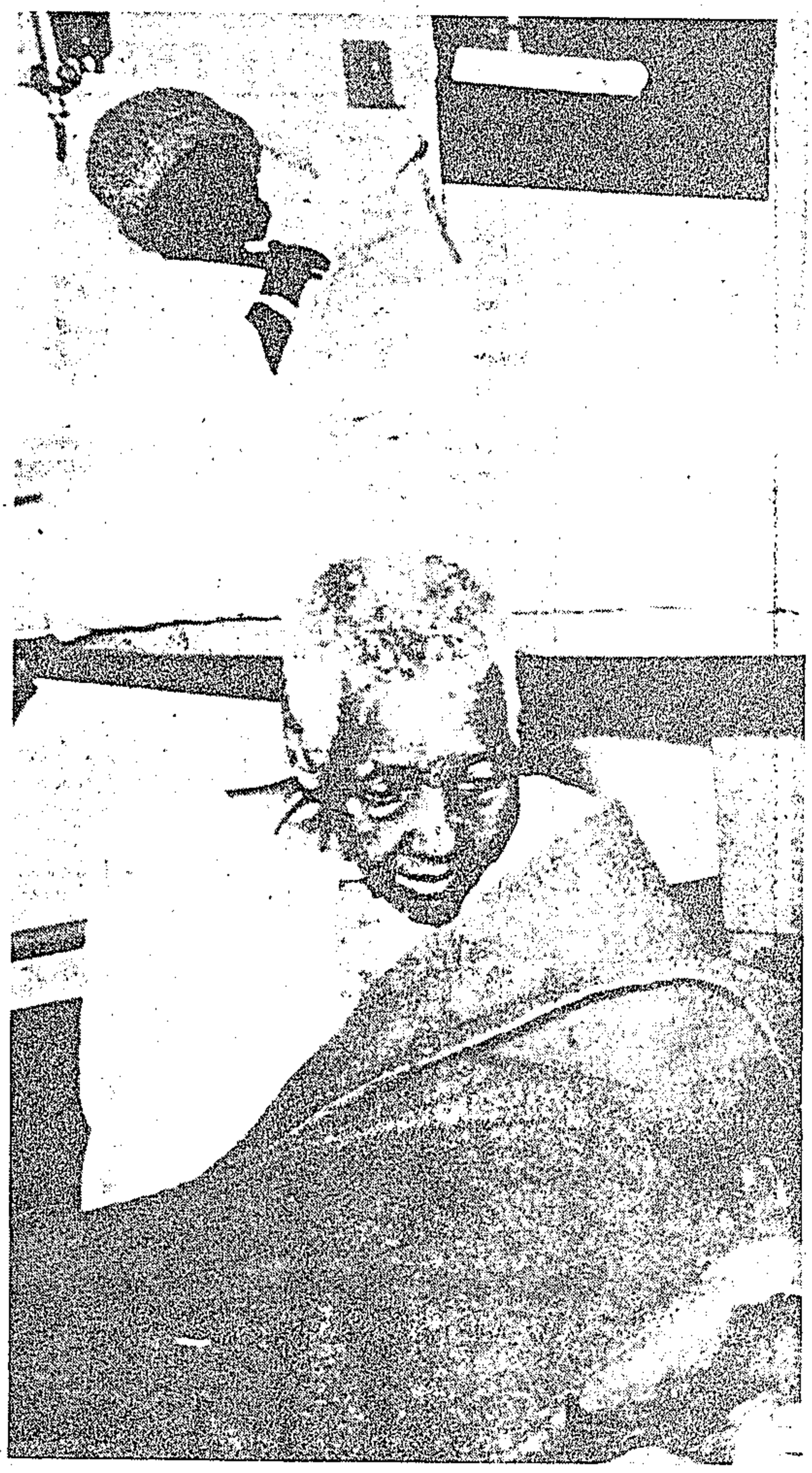
The Du Plessis Committee was appointed following an incident in 1987 when 101 doctors signed a letter complaining about conditions such as gross overcrowding, inadequate toilet facilities and a shortage of medical and nursing staff to attend to an overwhelming number of patients, many of whom were sleeping on the floors.

The committee has found that gross overcrowding was the most striking feature of the wards. There was no evidence of patients being kept for unduly long periods in the hospital, but premature discharge was enforced by pressure to allow the next intake.

Rosendorff said the committee found there was a shortage of hospital beds for black people in the southern Transvaal. Last year, the total number of beds needed was 11 375. The number is expected to be 14 038 by the year 2 000.

The report states that since mid-1987, there was a substantial increase in Soweto's population, and that the present situation was a "chronic and worsening" problem.

Rosendorff said a question not addressed in the report was that of children as young as 10 being admitted to adult wards at Baragwanath. This was regarded as highly undesirable, as children and adolescents should be admitted to paediatric wards, he said.



...long ago."

Walter Sisul
...ing. She was

Hundreds sleep on Bara's floor as beds stay empty

Star 30/11/89 (98)

By Pat Devereaux

Each night last week about 325 patients at Baragwanath Hospital slept on the floor. Less than 20 km away there were more than 1 000 empty beds.

Explanations by the executive director of Transvaal Hospital Services, Dr Hennie van Wyk, on why vacant beds at Johannesburg Hospital cannot be used to accommodate the patient overflow have been criticised.

Last week, responding to a report released on conditions at Baragwanath, Dr van Wyk said Johannesburg Hospital was an institution intended for highly specialised treatment and could not accept the normal flow of admissions.

There were 300 vacant beds at other hospitals which were better situated to cope with the Baragwanath overflow. He added: "These cannot be utilised due to lack of funds and personnel."

But the PFP spokesman for health, Dr Marius Barnard, said: "It is the Government's duty to provide adequate health services for its people. The Government wastes millions on security walls for Ministers' houses, but will not spend money on the only full service hospital for Soweto.

"They seem especially reluctant to improve facilities for those who are not white."

On the recent announcement that the TPA had drawn up plans and set aside funds for a new hospital for Soweto, Dr Barnard said: "We have heard about this for the past 10 years."

He advocated that the medical profession should take positive action.

Dr Nthato Motlana, chairman of the Get Ahead Foundation, said: "I have no doubt that beds could be found for these patients. The South Rand Hospital bordering Soweto is only 50 per-cent full. This Government is so wasteful with its duplication of facilities."

5 CT hospitals to leave aid schemes

Medical Reporter

FIVE Cape Town hospitals are to contract out of medical aid schemes in mid-February, a move which means patients will pay an average R17,50 a day extra for medical care.

Dr Edwin de la H Hertzog, managing director of the Medi-Clinic group, which controls the five hospitals, said yesterday that Medi-Clinic had already announced its intention to withdraw from medical schemes but had not previously given details.

Three major private hospital groups — including Medi-Clinic — have announced their intention to withdraw because of dissatisfaction with the average 12% increase recently granted by the Representative Association of Medical Schemes (RAMS).

Medi-Clinic controls Constantiaberg Medi-Clinic, Panorama Medi-Clinic, Leeuwendal Nursing Home, Medipark Clinic and Mitchells Plain Private Hospital.

Dr Hertzog said in his statement that this move would take place only in mid-February because many medical schemes had taken longer than expected to indicate how their patients' accounts should be handled and because computer and administrative adjustments had to be made.

He said an average bill, including accommodation, theatre and drug costs, was R350 a day, and that patients would now have to pay about 5% of this. During an average three-and-a-half-day stay, a patient's bill would amount to R1 225, of which R61,25 would be paid by the patient.

Pic: MBUZENI ZULU

tomorrow.

windows could limit the view of the driver.

R11 million for Soweto clinic

Sowetan 2/2/89

A CONSORTIUM of leading financial institutions has put up nearly R11-million to finance extensions of the Lesedi Clinic in Soweto.

According to a statement released to the *Sowetan* yesterday, construction is due to start during February and is expected to be completed by the end of the year.

The expansion project will double the size of the clinic and more than double the current bed capacity, increasing it from 78 to 174. It will also see the creation of an earnestly-needed maternity section, among other new facilities.

By JOSHUA RABOROKO

One of the founder members of the clinic, Dr Nthato Motlana, said the capacity of the clinic desperately needed to be increased as the current bed occupancy was over 100 percent.

Led by First National Corporate and Investment Bank, the consortium has raised a sum of R10,8-million to fund the capital extensions and equipment of the project. It is proposed to raise about another R2-million to finance the permanent working capital requirements, to be funded from an issue of new debentures.

Dr Motlana has described the clinic as the realisation of a dream of a number of black businessmen and doctors 10 years ago to provide a facility at a time when the existing private clinics discriminated against blacks.

40 doctors get local posts

98

About 40 overseas-trained Indian doctors have been employed at provincial hospitals in Natal and kwaZulu after negotiations between the South African Medical and Dental Council and the international Medical Graduates Association (Omega). Star 2/2/89

Responding to the appointment of the doctors, who graduated mainly from medical schools in India and Egypt, Omega spokesman Dr Joey Gobind said the new doctors were to take up the posts from this month.

Dr Gobind said Omega was disappointed none of the doctors had been accepted at the Northdale Hospital in Maritzburg or at the R K Khan and King Edward hospitals in Durban, which were "teaching hospitals". — Sapa.

Asvat's self-help clinics brought comfort to the poor

THE free health clinics conducted by Dr Abu-Baker Asvat in various areas of the Transvaal and Free State are prime examples of how effective self-help projects can be.

The clinics brought comfort and help to poor people where medical facilities were scarce and sometimes non-existent.

An example of this was a visit members of the health team paid to Brandfort a few years ago.

The nearest hospital was more than 60km away and many people could not afford to pay for the transport to the facility, let alone the cost of the treatment.

Through a community leader in the township, Mrs Winnie Mandela, people were informed that we were coming and when we arrived we found an almost endless queue of people.

Many old women, men and children had walked long distances and some who were too ill to walk were brought in by wheelbarrow.

Hundreds

We set up a makeshift examination room and from the morning until the afternoon we examined hundreds of people. Dr Asvat had bought medicines.

Food — soup and maize meal — which had been organised through a charity organisation, was distributed.

The look of appreciation on the faces of those we helped was more reward than we could ever have hoped for.

There were many members of the health team — Thandi Myeza, Ruwaida Halim, Gomolemo Mokae and others too many too mention. And Dr Asvat was the driving force.

He identified the areas we had to visit and contacted us.

Early on Sunday mornings we would head out to some remote area in two or three cars. Sometimes these areas were close to Johannesburg such as Wieler's Farm and Mzimhlophe; sometimes they were very far, such as Botshabelo near Lesotho and Winterveld.

But in all these areas, the conditions were terrible — no running water, inaccessible health facilities, poverty, etc.

And the suffering of the people was common — high blood pressure, malnutrition, diarrhoea, stunted growth and sores which failed to heal over long periods of time.

The clinics were part of the Azanian People's Organisation's health secretariate of which Dr Asvat was the head. Azapo printed the basic *Handbook On Health* compiled by the secretariate which we distributed wherever we went.

The handbook promoted breast feeding and identified the symptoms of illnesses such as diarrhoea, cholera, early cancer, venereal diseases, etc.

In cases of diarrhoea — which was common particularly among children we examined — the book proposed simple remedies like a teaspoon of sugar and a pinch of salt in a cool cup of previously boiled water.

The book also advises how to deal with emergency situations such as helping a person who almost drowned or choked.

It is a well-known fact that the state of health in this country is far from satisfactory.

The self-help projects we were involved in tried to alleviate the suffering that was so widespread.

We can only hope that more people with the courage, commitment and dedication Dr Asvat had, can come forward.

They and more self-help projects such as the health clinics, are desperately needed.

Dr Asvat is dead, but his spirit lives on.

If small hospitals charge less, why not big ones?

If smaller hospitals can manage on a 12 percent increase from medical aid, why can't the larger ones? That depends on where the hospital puts its priorities, reports HILARY JOFFE

SHARPLY contrasting responses this week by small and large private hospital groups to this year's increase in medical aids' scale of benefits have raised questions about costs and priorities in the running of private hospitals.

The large private hospital groups which dominate the industry have "contracted out" of medical aid schemes and many of their patients will have to put down a deposit before they can be treated. But some of the smaller, independent hospitals said this week they have accepted the medical aids' scale of benefits and have no intention of demanding deposits.

The "contracting out" move by the hospitals arises out of a dispute with the Representative Association of Medical Aid Schemes (Rams), which each year sets down the amounts it will pay those supplying the different medical services.

The private hospitals say they wanted an increase of 18,8 percent in the scale of benefits paid for their services. Rams granted only a 12 percent increase, which came into effect on January 1 this year.

The larger hospital groups have therefore increased their fees above those laid down by the medical aid schemes, and patients will have to pay the difference.

The clinics will also require medical aid members to pay cash deposits before they can be admitted. This idea is primarily a response to the fact that civil service medical aid schemes, represented by the Federated Medical Schemes, have decided to pay out members' portions of the bill to members themselves rather than to the hopitals. The hospitals fear they won't get paid, or will have to wait for payment. Members of these civil service schemes will be most affected by the deposit requirements. For example, a woman having a baby will have to hand over R2 000 before she's admitted to the labour ward.

Three sizeable public companies dominate the private hospital industry: the Rembrandt group's Medi-Clinic, Afrox subsidiary Ammed and the independent Clinic Holdings.

But smaller hospital groups said this week they had accepted the 12 percent increase granted by the medical aids — albeit reluctantly.

These include some of the independent, church-run clinics, such as the Kenridge Clinic in Johannesburg, run by the Holy Family of Sisters. A representative said fees could be higher but the clinic had decided to stay in because it would be better for the patients and for the hospital.

They also include privately run groups, such as Cape Town-based Medicor holdings, and Pretoria-based President Medical Investments (Presmed), which is listed on the Development Capital Market of the JSE. Neither group will require deposits from patients.

Presmed is relying on high occupancy rates to keep revenue up — and on the fact that, as managing director Carl Grillenberger puts it, "we do without the super-luxuries". The group runs private hospitals in Witbank, Bloemfontein and Bellville, and a series of day hospitals around the country. Grillenberger said, "By curtailing costs we can make a living, even though it will be tight."

Medicor runs at exceptionally high occupancy rates — of up to 85 percent where the industry norm is between 56 and 70 percent, says chief executive David Horwitz. The group's strategy has been to go for the market gaps: *platteland* and suburban areas such as Worcester, Somerset West and Vereeniging, where there are no other private hospitals.

Horwitz points out that many of their patients could not afford cash deposits upfront. He says there is tremendous cost pressure but "we believe in the interests of all, we must absorb the extra costs this year", although he warns if the medical aids don't negotiate on a more realistic basis next year, his group might have to reconsider its approach.

Representatives of private hospitals point to a variety of factors which have been pushing up costs. The fall in the value of the rand over the past three years has hit them hard, since this has increased drug prices and the cost of equipment, almost all of which is imported. Equipment has also been hit by last year's increase in import surcharges.

But Rams, which represents some 208 private schemes covering about 4,9-million members and their dependents, responds that occupancy rates in the private hospitals are increasing all the time. Rams executive director Rob Speedie argues in calculating their costs, many of the hospitals took no account of the pattern of utilisation of their services.

He says the hospitals have tended to make real money out of dispensing drugs and supplies but have been strapped to recover costs on theatre and ward fees. Rams this year agreed to redress the balance, granting increases of up to 29 percent on theatre and ward fees, he said. But it cut the hospitals' scale of benefits for drugs.

Like pharmacists, hospital dispensaries mark up prescription drugs and other disposables (such as needles, syringes) by 50 percent. Rams imposed a 10 percent discount on the drugs, so the hospitals are now entitled to claim on a mark-up of 35 percent, rather than 50 percent — a decision which has drawn strong protest.

Speedie says the luxurious private hospitals — the "glass palaces" — can cost up to R170 000 a bed where perfectly adequate facilities are provided by other hospitals for R100 000 a bed.

What Rams wants to see is a system where people can join different kinds of medical aids, with different subscription rates, which provide the level of facilities and cover they choose.

Lesedi Clinic gets R11-m injection

By SOPHIE TEMA

OVERCROWDING and lack of consulting space will soon be a thing of the past at Soweto's Lesedi Clinic.

An R11-million project to double the size of Southern Africa's only privately-owned clinic will increase its present bed capacity from 78 to 174.

A consortium of financial institutions has made funds available.

Construction starts soon and will be completed by the end of the year.

New facilities include a maternity section with 38 beds, a delivery unit and a nursery with 43 cribs.

Dr Nthato Motlana, who formed the clinic with Dr Phaki Mokhesi and Dr Beau Loots in 1980, said in a statement: "The capacity of the clinic desperately needs to be increased as the current bed occupancy is over 100 per cent."

He described the clinic as the realisation of the dream of several black businessmen and doctors 10 years ago to provide a facility at a time when existing private clinics discriminated against blacks.

Motlana said: "The situation then was that blacks paid the same fees but could not share the same wards.

"This led to a need to establish a medical facility that would treat them with dignity."

He blamed the lack of such a facility for the departure of many young black medical professionals from South Africa at that time.

"A high class clinic needed to be established, not only in Soweto, but with branches countrywide."

He said that at the same time it was recognised that the average man-in-the-street was unable to afford the fees asked by private clinics.

"So we set about establishing a medical aid facility, Sizwe – the only black-designed, black-controlled medical aid scheme in South Africa."

Motlana said the consortium hoped to raise enough money for the building of a third phase, which will increase the bed capacity to 250.

The consortium – led by First National Corporate and Investment Bank Limited – has raised a sum of R10,8-million to fund the extensions.

A proposal has been made to raise about R2-million to finance the permanent working requirements, which are to be funded from an issue of new debentures.

The new extensions will consist of:

- A consulting block with 25 consulting rooms and a laboratory.
- A general ward with 38 beds.
- A paediatric ward with 20 beds, an additional operating theatre, an enlarged outpatients' section and a dispensary.

The additional 25 consulting rooms will mainly be occupied by specialists, with the balance being taken up by general practitioners, physiotherapists and other practitioners.

Motlana said: "Our participation in the Lesedi Clinic consortium is motivated by a need to further establish a high quality medical service in Soweto."

Med scheme refuses higher fees demand

Staff Reporter

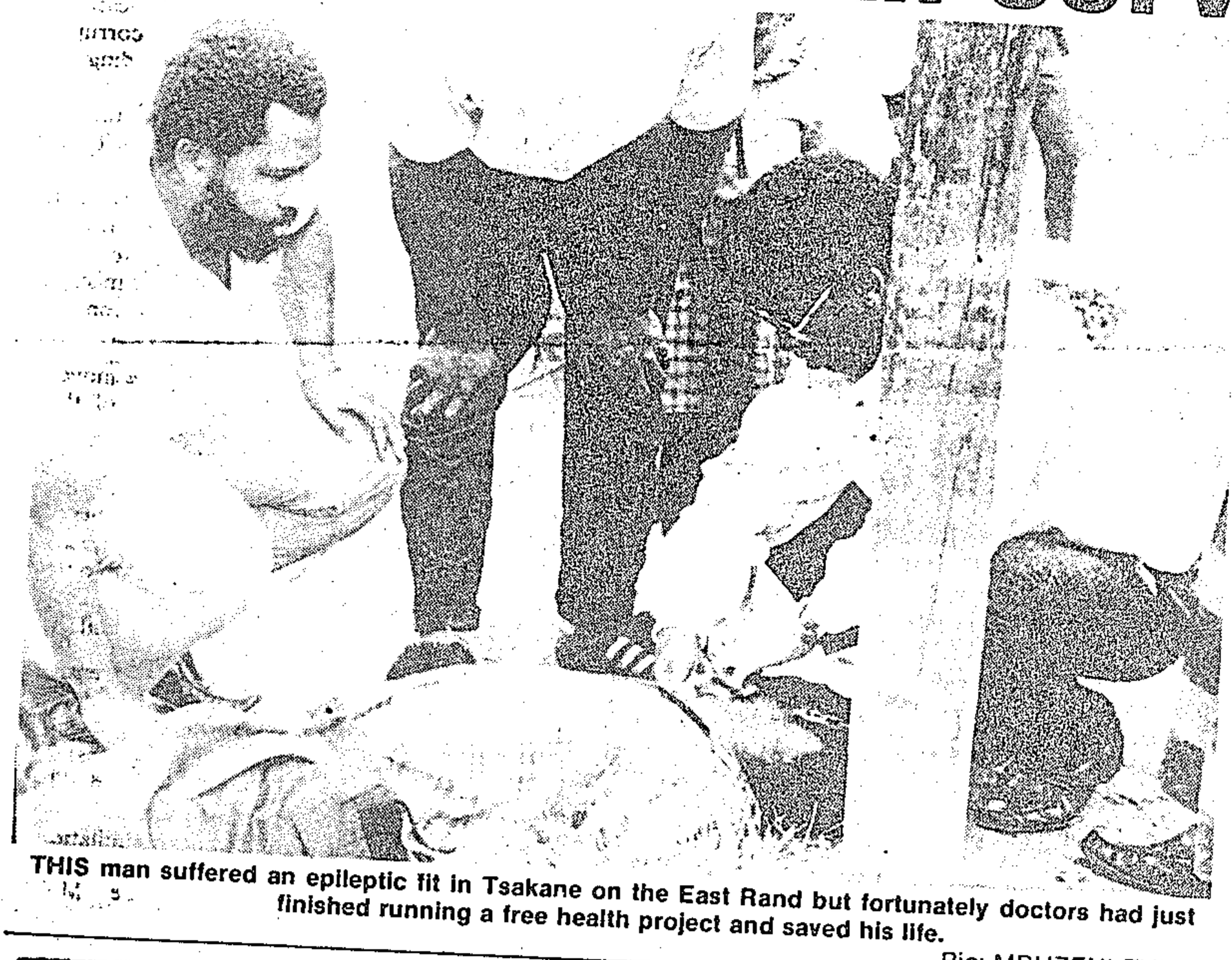
THE Federation of Medical Schemes (FMS) has refused the demand by some private hospitals for more than the approved 12% increase in fees this year — and criticised certain hospital groups for excess profits and unwarranted expansion of facilities.

According to Mr Nic van Rensburg, FMS chairman, the approved 12% increase in private hospital fees was "realistic" and FMS will join the stand taken by the Representative Association of Medical Schemes not to accede to the demand for higher fees.

Mr Van Rensburg slated the role of certain private hospitals, saying that "profits of certain hospital groups" and the rate at which more beds were being provided by the private sector were "inconsistent with an industry experiencing financial problems".

Need for health services

By MOKGADI PELA



THIS man suffered an epileptic fit in Tsakane on the East Rand but fortunately doctors had just finished running a free health project and saved his life.

Pic: MBUZENI ZULU

A COMMUNITY health awareness programme organised by the Imbeleko Women's Organisation took place in Tsakane township at the weekend.

Eight doctors took time off their tight schedule to examine residents free of charge and offer health lectures. This project attracted more than 200 people who crammed the local Assembly of God church.

According to the chairperson of Imbeleko, Mrs Rose Ngwenya, there was a need for such a health service.

Imbeleko intended taking the project to outlying areas and squatter camps where the need for such a service was serious.

One of the doctors, Dr Kelello Lengane, said there was a lack of knowledge about basic health in the area and they were going to concentrate on preventive rather than curative medicine.

Imbeleko said another project would be held in that East Rand township at a date to be announced.

Hospital staff go to court over sackings

Star 10/2/87

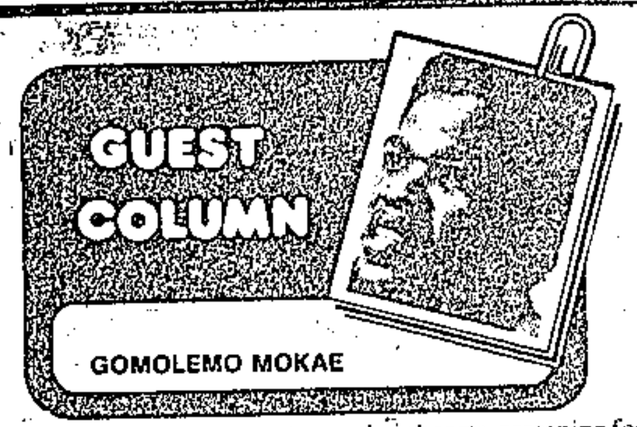
98

The day after a Supreme Court judge ordered workers to be reinstated at the Vereeniging Hospital, 189 of them were told they had been fired. Two of them, Ms Lizzy Theletsane and Ms Sarah Maseola, have applied to have the dismissal declared unlawful. The hearing is before in the Rand Supreme Court.

The application is opposed by the Administrator of the Transvaal, the Director of Hospital Services and the Vereeniging Hospital. — Staff Reporter.

UN hopes now a dream for the oppressed

Sowetan 10/2/89



WE are now almost a decade away from the year 2000, the year the United Nations (UN) has targetted as a deadline for the attainment of "Health for All".

Sadly, it would appear the UN's noble dream is but an illusion.

This is primarily because the privileged classes of this world, basking in the abundant rays of excellent, exclusive health services, are far from being convinced that health, like food, clothes and shelter, is man's basic need.

Locally, the false notion that accessibility to, and availability of health services is a privilege and not a right is tenaciously upheld by the powers-that-be.

Toll gates have been installed along the path to a destiny free of physical and mental affliction, and the poor have been left destitute, unable to pay exhorbitant fees for medical attention.

For the said poor, dreams of "Health for all by the year 2000" have become nightmares with the murder of a panacea of their ailments, Dr Abu-Baker Asvat.

This article is a tribute to Dr Asvat, as well as an appraisal of this country's health scenario. In my mind, the two are mutually inclusive.

It is my strong conviction that health workers should be the most committed of political activists. They, more than anyone else, are witnesses to the destructive effects of this country's racist laws on the oppressed.

They know well the prevalence of diseases of want like kwashiorkor, gastroenteritis and tuberculosis among black infants, and the high mortality therefrom.

They often hopelessly watch demises of black children from rheumatic heart disease, another disease of want whose spread is facilitated by overcrowding.

Medical practitioners annually observe astronomical budgets being allocated for the defence of apartheid when health services for the oppressed cry out for improvement.

They are conversant with the Department of Health and Population Development's obsession with an education for blacks on the merits of family planning, giving little regard to equally (if not more) important campaigns on the merits of regular "pap smears" by women to detect womb cancer early — a cancer which is ravaging hundreds of black women yearly.

They also know that breast cancer, being more common among whites, is paradoxically more fatal among blacks than whites simply because the former present themselves late for medical treatment.

As health practitioners, they need not be informed that this is because there is absolutely no vigorous national campaign educating black women on the merits of regular breast self-examination (BSE) for early detection of and hence fewer deaths from breast cancer.

In the face of all this, many medical practitioners in private practice work like bees providing curative and palliative medicine for the oppressed, enormously enriching themselves in the process.

Their schedule accords them no time for *interventive medicine* — confronting the political cause of their people's ailments.

Their colleagues in hospitals, on the other hand, prioritise ascendence on the academic ladder to their people's political struggle, and hence bury themselves in books exclusively.

Dr Abu-Baker Asvat, in his simple, unassuming manner, was head and shoulders above all of us.

In his blue jeans, Abu was more at home among the downtrodden than in prestigious medical congresses.

While bright sparks stayed in hospital and vigorously looked for "interesting cases" to research on and gain fame by writing in esteemed journals, Abu was in the field locking horns with the inequitable system that was a cause of such "cases".

Abu could never have been a candidate for the Nobel Prize for Medicine. He could never have unearthed an esoteric medical finding that could win him the prize.

Rather, Abu engaged in what any medical school graduate could do; doing "pap smears", screening poor children for rheumatic heart diseases by listening to their hearts, screening for undiagnosed high blood pressure and sugar diabetes among the poor by taking their blood pressures and testing their urines for sugar.

But then it is not every medical school graduate who *does* what Abu was doing, simply because that would thin his/her bank balance. Abu sacrificed his time and money for the downtrodden.

"If you put money as the main object in private practice, you may never have time for community work," I recall him advising me when I joined him at a free health project in Mochaeneng, during my short internship period in Johannesburg.

But to me, Abu's selfless commitment to the cause of the unprivileged was more eloquent than any struggle for a socialist, worker republic of Azania. Abu, in death, deserves the oppressed's noble prize, martyrdom.

Dr ABU-BAKER Asvat gave Vlakfontein families tents after their houses were bulldozed.

there will be complete impartiality. All these aspects have already been decided by the Security Council or will be decided when the enabling resolution is adopted by the Security Council . . . [Interjections.]

*Mr F J LE ROUX: When?

*The MINISTER: Resolution 435 cannot be implemented if the Security Council does not adopt that resolution this week. So, what is the hon member's problem? If the Security Council does not adopt the resolution, Resolution 435 will not be implemented. If the Security Council does adopt the resolution, Swapo must lose its privileged position. I cannot understand the hon member's standpoint at all.

Lastly, the UN's story about Swapo being the "sole and authentic representative" of SWA is no longer applicable. It is specifically because Swapo has seen this coming that Swapo wants to initiate discussions with us. Swapo has seen the writing on the wall. Swapo is telling us: "It makes no difference what is going to happen in the future; we shall have to co-operate with you people."

As far as the hon member for Soutpansberg is concerned, I have before me the proposal about which the hon the State President spoke:

> Implementation of the UN Security Council Resolution . . . Proposal submitted by South Africa at the four-party discussions in Geneva.

That is a "proposal". He said it was a proposal. If one makes a proposal about dates and timetables, and if one says that it is a proposal, that it is going to be a hard nut to crack and that there still have to be negotiations about the timetable, how can the hon member try to make us believe that it was an undertaking? [Time expired.]

Debate concluded.

(98)

Dr Kane-Berman: details of transfer

Dr M S Barnard to ask the Minister of National Health and Population Development:

> Whether the Superintendent of Groote Schuur Hospital has been dismissed and/or transferred; if so, what are the relevant details?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT: Mr Chairman, I would like start my reply by quoting from a statement released by Mr Gene Louw, the Administrator of the Cape. This statement is dated 8 December 1988 and reads as follows:

> Dr J Kane-Berman's much vaunted statement in an edition of the *Weekend Argus* of 22 October 1988, in which she suggested a government selected on "merit" for South Africa consisting of among others, Nelson Mandela as Prime Minister, Dr Memphela Ramphela as Minister of National Health and Anna Starcke as Minister of Finance and others, immediately evoked criticism and protest from the public and physicians alike, particularly on account of the fact that the Chief Medical Superintendent of the largest training hospital in the Cape and through it also the Hospital and Health Services Branch of the Cape Province were thereby placed firmly in the political arena.
>
> As a result, the Provincial Hospital Service unfortunately suffered incalculable damage. It also became clear from the outcry that numerous objectors did not find that the remarks had been light-hearted. The matter is even more delicate because of the ethical requirement that a medical service must never be associated with politics, race, colour or religion especially when human lives are at stake.
>
> The matter was immediately examined by Mr A J van Wyk charged with Hospital and Health Services, Mr V A van der Vyver, the Provincial Secretary and Dr G S Watermeyer, Executive Director of Hospital and Health Services who interviewed her jointly after she had a discussion with Dr Watermeyer. All actions were taken strictly according to directions and all three gentlemen agreed that it was in the interests of the Provincial Administration that Dr Kane-Berman be transferred with the retention of all benefits to the important post of Regional Medical Superintendent of the Western Cape under which 33 hospitals including the Karl Bremer, Somerset, Conradie and Victoria Hospitals as well as the whole day hospitals' organisation.
>
> In terms of Public Service Act, 1984 the head of the State department, in this case the Provincial Secretary, is responsible, *inter alia*, for the effective utilisation of staff and the maintenance of discipline. In the execution of this responsibility it happens frequently that staff are transferred between posts either at their own request or in the interests of the administration. Dr Kane-Berman's transfer was dealt with accordingly.

> Apart from an interview which I personally granted Dr Kane-Berman, I have recently had several discussions about the matter with persons within and outside the Provincial Administration, and among other things determined beyond all doubt that apart from a warning the action taken against Dr Kane-Berman is the lightest of several options and that she has been transferred to an extremely responsible post.

[Time expired.]

Dr M S BARNARD: Mr Chairman, I find it interesting that the hon the Minister of National Health and Population Development is replying and not the hon the Minister of Constitutional Development and Planning, because surely provincial affairs belongs squarely in his department.

Up till now every question I have asked in this House concerning provincial affairs has been replied to by that hon Minister's department. I have a feeling that the hon the Minister knows nothing about this affair.

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING: But you put the question! [Interjections.]

Dr M S BARNARD: Listening to that hon Minister's reply I believe that he does not know much about it either because he did not reply. He just read a statement which we all have read but I thank the hon the Minister. I have come here to appeal to the hon the Minister of National Health and Population Development not to continue with this and to intercede on behalf of Dr Kane-Berman to have her reinstated as the Chief Superintendent of Groote Schuur Hospital. That is what I am asking him for.

The hon the Minister has given many reasons—we do not have time to debate them—but I would like to ask the hon Minister if it is not a fact that Dr Kane-Berman was the most devoted medical administrator with ability and a personality which was appreciated and respected by everybody. Is it not a fact that Dr Kane-Berman has been punished for a five line comment in *The Weekend Argus*? If one looks at it on its own one might think it is radical politics, but one must look at the whole article. Mrs Helen Suzman, MP for Houghton, makes a flippant remark in that article that if women were to take over South Africa's Government it would be much better than it is. If one reads the whole article one could see it was like that. [Interjections.]

I would like to continue. [Interjections.] Is it not a fact that there was no public outcry afterwards? There were no medical people reacting to this. Only five weeks later, when it became public that she had been demoted, was there a public outcry. [Interjections.]

Is it not a fact that her demotion resulted not only in a local outcry, but also in an international one? Is it not a fact that she was not reprimanded and that her sentence was severe? The transfer is punitive, with loss of rank, grade and joint staff benefits and conveniences. Yet the hon the Minister makes very little of it.

Is it not a fact that Dr Kane-Berman was supported by her colleagues at Groote Schuur Hospital, by the Medical School, by the University of Cape Town, by MASA and by everybody, saying that it was unbelievable? Is it not a fact that this decision came from the hon the State President who felt insulted by one of her remarks?

*The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT: Mr Chairman, I should like to continue my reply to the hon member for Parktown and tell him that this was a considered opinion. In fact the hon the Minister for Administration and Privatisation wrote to the MEC on 23 November 1988 saying that a transfer to another position should be suggested and considered in this case.

Furthermore I want to point out to the hon member that Mr Van der Vyver, the Provincial Secretary, wrote to the Commission for Administration on 30 November 1988 requesting that a transfer be effected in terms of section 3(1) of the Public Service Act—Act No 111 of 1984. [Interjections.]

It is very important to note that the Secretary of the Commission for Administration, Mr Robson, indicated on 8 December that this transfer had been approved upon the request of the Provincial Secretary. It was therefore a considered opinion which was approved by the Commission for Administration.

Secondly there was no question of her being downgraded. She retained all her benefits and her salary, everything. I can quote to hon members from letters in this regard. She also retained her benefits, as well as her fringe benefits.

Finally, it is very clear to me why the hon member for Parktown and that party have broached the

matter. It is because they support what she said: "Nelson Mandela as the head of South Africa." [Interjections.]

Mr J B DE R VAN GEND: Mr Chairman, I would like at the outset to correct one thing the hon the Minister said and that is that this was in fact a demotion. She was transferred from the position of Chief Superintendent of Groote Schuur Hospital to the position of Senior Superintendent, which is a lower post. The fact that she retained the same benefits was a concession made to her, possibly because the administrators realised they were doing a wrong thing by her.

What I really want to know is, throughout all the inquiries that we have made about this—I have spent long hours speaking to the MEC and Dr Watermeyer about this matter—and throughout all the inquiries that were directed to them from various sources, they could not come up with any reason for transferring Dr Kane-Berman, other than this silly little article in *The Argus*. That was the only reason: The fact that she, in lighthearted fashion, made certain political remarks.

Now, I happen to know this woman personally and I happen to know that she keeps herself away from politics as far as she can. [Interjections.] This is the first incident . . . [Interjections.] . . . yes! This is the first incident that anybody can point to where she has even expressed a political view publicly. Now, after 28 years of service to this province, is this the way to treat a person who has devoted her life . . . [Interjections.] . . . to the hospital services in this province?

Does one ruin a woman's career just because politicians feel sensitive about her suggesting that some sort of absolutely hypothetical government should replace this Government? The whole thing was hypothetical!

The trouble with this Government is that it has become so arrogant, it has become so petty, and if I might add, so stupid, that it looks just as stupid as it is.[Interjections.]

*Dr M S BARNARD: Mr Chairman, it is clear from the hon the Minister's inability to answer this question properly without quoting from previous statements and other people's letters, that this instruction came from the hon the State President.

The hon the State President instructed his subordinates, who include the hon the Minister, to get rid of that official. That official is respected and provides the best medical service, but now after 28 years, she has to be dismissed because she made a statement to a newspaper. When one reads this in the broader context, one sees that she apologised. She did everything possible to see to it that this was done properly and that justice prevailed. The Government made this decision for political reasons, not medical reasons, but they are very holier-than-thou when it comes to medical and ethical standards. This decision is contrary to any medical and ethical standards.

As always I accuse the Government of putting politics before anything else. Racism in South Africa is more important than the health of the people in the Groote Schuur Hospital. That is what is most important to the Government.

I want to ask the hon the Minister to give me any reason for questioning Dr Kane-Berman's ability. All she did was to suggest people as possible Ministers. After listening to the hon the Minister, I recommend that the hon the State President seriously consider her suggestion for a new Minister of National Health and Population Development, because that could only be an improvement.

*The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT: Mr Chairman, I should like to reply by referring to the hon member for Parktown. The hon member himself put this question to me. I have it before me in his handwriting. Here it is very clearly: "The Minister of National Activity." That is how he changed it. [Interjections.] That is the first point.

Secondly, I want to tell the hon member that the hon the State President or the hon the Acting State President has absolutely nothing to do with this matter. Thirdly, I want to tell him there is no doubt that the patients of Groote Schuur complained. These are patients who cannot choose their own doctors; they have to go there because it is the only place where they can go to, and there were many.

On 12 January I personally conveyed it to the Medical Association of South Africa and they accepted the fact that a patient who had to go to a general hospital could not select his own doctor. They had accepted, therefore, that for those patients her words were a very serious matter. What were her words? I quote as follows:

I am not in favour of women only in charge of the country, I'd like people purely on merit—men or women. Perhaps Nelson Mandela as Prime Minister.

†This is really what they are talking about. I would like to tell the hon member for Groote Schuur I think she is a very good doctor. I think we should see whether the University of Cape Town is going to appoint her as Dean. For that we will have to wait and see.

Dr M S BARNARD: Will you approve?

The MINISTER: If she is appointed as Dean we will approve because then she works for students and in an environment where the propinquity with the ANC is well-known, as with the PFP. [Interjections.]

Mr D J N MALCOMESS: Mr Chairman, on a point of order: The hon Minister misinformed the House. The relevant question is not in fact in Dr Barnard's handwriting.

The CHAIRMAN OF THE HOUSE: Order! That is not a point of order. That is something the hon member can debate.

Debate concluded.

QUESTIONS FOR ORAL REPLY

†Indicates translated version.

General Affairs:

State President:

Mr V Palazzolo: contact with State President

*1. Mr C J DERBY-LEWIS asked the State President:

Whether he has had any official or unofficial contact with a certain person, whose name has been furnished to the State President's Office for the purpose of his reply; if so, (a)(i) when, and (ii) for what purpose, in each case and (b) what is the name of this person?

†The ACTING STATE PRESIDENT:

No, to my knowledge there was no official or unofficial contact between me and Mr V. Palazzolo. Due to the nature of my office, people greet me in passing and persons are introduced to me in the normal course of events. It could therefore be possible that informal contact in fact took place. I am however not aware of such a meeting.

Ministers:

Flying Springbok: percentage of contents in English/Afrikaans

*1. Mr J H VAN DER MERWE asked the Minister of Transport Affairs:†

(1) Whether the South African Airways is involved in the determination of the editorial policy of the publication *Flying Springbok*; if so, what percentage of the contents of this publication was in (a) English and (b) Afrikaans in the latest specified period of six months for which information is available;

(2) (a) what is the policy of the Airways in respect of bilingualism in its publications and (b) what are the names of these publications?

The DEPUTY MINISTER OF TRANSPORT AFFAIRS:

(1) Yes

(a) 70 per cent

(b) 30 per cent

(2) (a) Every endeavour is made to maintain as far as practicable a sound balance in respect of bilingualism in publications which is determined by the language spoken by passengers.

(b) Flying Springbok
Air Partner
SAA News

Mr T LANGLEY: Mr Chairman, arising from the hon the Deputy Minsiter's reply, I do not wish to talk politics with him, but it is an issue that is very important to me. English and Afrikaans must be treated on a footing of equality in South Africa. [Interjections.] I put the question arising from his reply to the hon the Deputy Minister.

†Mr F J LE ROUX: Is he the Chairman?

†Mr T LANGLEY: Yes, he is everything. The hon the Chief Whip of Parliament thinks he is the Government and Mr Speaker and everything else these days. [Interjections.]

I am talking about the equality of rights of

Afrikaans! I ask the hon the Deputy Chairman whether he and his hon Minister are satisfied that there are equal rights for Afrikaans in the SA Airways, not on a 70:30 basis. I want to ask him whether he has ever when he walks through there — the hon, the Deputy Minister doesn't walk where the public walks — been addressed in Afrikaans by a policeman or a ticket lady. [Interjections.]

†The CHAIRMAN OF THE HOUSE: Order! The hon member must ask a question. [Interjections.]

†The DEPUTY MINISTER: Mr Chairman, the question put by the hon member in fact concerns the publications. I should like to say to the hon member that we have done market research in respect of the *Flying Springbok* and the other publications that I mentioned, but mainly in respect of the first-mentioned. The percentages I have mentioned here were the ratio between English and Afrikaans-speaking passengers. [Interjections.] As such we give preference to articles in the language that a particular group wants.

As far as publications such as the Afrikaans *Air Partner* are concerned, the publication is done internally in the department itself. [Interjections.] There the ratio is 60:40%, and that is because many of our own employees are overseas. In order to also serve these people this ratio occurs.

Mr H H SCHWARZ: Mr Chairman, further arising out of the hon the Deputy Minister's reply, I would like to ask him, firstly, whether the *Flying Springbok* is not made available on the overseas service of SAA, secondly, what percentage of people who are foreign tourists speak English and what percentage speak Afrikaans; and thirdly, I would like to know whether it is not intended to encourage an interest by foreign tourists in South Africa.

The DEPUTY MINISTER: Mr Chairman, the implication inherent in the question put by the hon member is quite correct — that the majority of our overseas passengers coming here and going there are obviously English-speaking. We are trying our very best to encourage touristm to South Africa, so I think that the hon member must agree that it is to the advantage of South Africa. [Interjections.]

†Mr S C JACOBS: Mr Chairman, further arising out of the hon the Deputy Minister's reply, can he inform us what the constitutional provisions are in respect of the use of Afrikaans and English . . .

†The CHAIRMAN OF THE HOUSE: Order! It does not arise out of this question.

Shareworld, Johannesburg: cost/provision of road

*2. Mr J J S PRINSLOO asked the Minister of Transport Affairs:

(1) Whether the Department of Transport is committed to any cost involved in providing a road to Shareworld in Johannesburg; if so, what is the (a) nature and (b) amount of such cost;

(2) whether the State intends introducing a toll in respect of any section of this road; if so, (a) why and (b) in respect of what section; if not, in what manner will the cost involved be recouped?

†The DEPUTY MINISTER OF TRANSPORT AFFAIRS:

(1) No.
(a) and (b) Fall away.

(2) No.
(a) and (b) Fall away.

Brits: vacancies in hospital board

*3. Mr A GERBER asked the Minister of National Health and Population Development:†

(1) Whether any vacancies occurred in the hospital board of the Brits hospital in 1988; if so, when;

(2) whether the MEC charged with hospital services in the Transvaal has approached any persons and/or institutions with a view to making recommendations in respect of these vacancies; if so, (a) what persons and/or institutions have been approached, (b) (i) who was recommended by each of these persons and/or institutions and (ii) what was the motivation in each case and (c) which persons have been appointed to the vacancies concerned?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) Two vacancies occurred during 1988 as the 3-year term of office of the members concerned expired on 31 July 1988;

(2) yes,

(a) (b)(i) and (ii)
the Hospitals Ordinance places no obligation on the Adminsitrator to consult before he appoints a Hospital Board. However, as a matter of courtesy and for practical reasons, the practice developed to approach specific persons in such instances for nominations. From the nature of the matter, the information obtained in this manner is of a confidential nature as it concerns people personally. For this reason it is not considered in the public interest to disclose the information,

(c) both the serving members Mrs M E van der Westhuizen and Dr J de la Rey Conradie were re-appointed to the Hospital Board because of the excellent services they rendered and because no reasons were supplied why they should not be re-appointed.

†Dr M S BARNARD: Mr Chairman, arising out of the reply of the hon the Minister, may I ask the Minister whether there are Black persons on the Brits hospital board?

†The MINISTER: Mr Chairman, the reply is yes, not only at Brits but also at other hospitals.

Mr H H SCWARZ: Mr Chairman, further arising out of the hon the Minister's reply, may I ask the hon the Minister whether he has made sure that the people he is appointing there have not made political statements of any kind, in case any patients object to them. [Interjections.]

The MINISTER: Mr Chairman, I will let the hon membet for Yeoville know personally if they do so.

Mr K M ANDREW: Mr Chairman, further arising out of the hon the Minister's reply, may I ask the hon the Minister whether the hospital board at Brits is 50% English-speaking and 50% Afrikaans-speaking? [Interjections.]

SARB/ANC: investigation of liaison

*4. Mr A GERBER asked the Minister of National Education:†

(1) Whether he has instructed his Department to investigate the alleged liaison of the South African Rugby Board with the ANC; if not, why not; if so, (a) what was the result of this investigation and (b) what action has to be taken in this regard;

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

†The MINISTER OF NATIONAL EDUCATION:

(1) Yes.

(a) The investigation revealed that discussions were held on 15 October 1988 in Harare between certain members of the South African Rugby Board (SARB), the South African Rugby Union (SARU) and the African National Congress (ANC).

(b) On 19 October 1988 discussions were held with the Executive Committee of the SARB. During the discussions I clearly stated the Government's view regarding negotiations with the ANC. Furthermore, the SARB was formally requested to take an official standpoint as a Board on contact with the ANC and on the contents of the Harare statement issued jointly by the SARB, the SARU and the ANC on 16 October 1988.

(2) I stand by the statement I made after discussions with the SARB, which was released in Pretoria on 19 October 1988. I may add that in a statement made by the SARB on 10 November 1988, the Board undertook to have no further negotiations with organisations that are committed to violence.

Boycotts/disturbances: schools/pupils affected

*5. Mr K M ANDREW asked the Minister of Education and Development Aid:

How many (a) schools and (b) pupils under the control of his Department were affected by boycotts or disturbances in 1988?

The DEPUTY MINISTER OF EDUCATION:

(a) 917 (255 secondary schools and 662 primay schools). This total mainly represents schools which were involved in two stay-away actions namely the Cosatu action (6–8 June 1988) and the municipal elections (24–26 October 1988).

(b) 420 801 secondary school pupils. It is im-

Kane-Berman appointment — row resurfaces

Cape Times 15/2/89 (98) Zeal

By BARRY STREEK
Political Staff

THE government would approve the appointment of the former head of Groote Schuur Hospital, Dr Jocelyn Kane-Berman, as dean of the Medical Faculty of the University of Cape Town, the Minister of National Health and Population Development, Dr Willie van Niekerk, said yesterday.

But, despite strong criticisms by two Progressive Federal Party MPs, he defended the controversial decision to transfer her from Groote Schuur Hospital after she suggested in a newspaper article that Mr Nelson Mandela should become prime minister.

Dr Van Niekerk also denied that either the State President, Mr P W Botha, or the Acting State President, Mr Chris Heunis, had anything to do with the transfer.

He said this after the PFP spokesman on health, Dr Marius Barnard, asked whether it was not a fact that President Botha insisted on Dr Kane-Berman's removal because he felt insulted by the article.

Dr Van Niekerk clashed yesterday with Dr Barnard and the MP for Groote Schuur, Mr Jan van Gend, after Dr Barnard tabled questions about Dr Kane-Berman's transfer in a 15-minute 'interpellation', a new form of parliamentary questioning which allows for limited debate on a specific issue.

Dr Van Niekerk said the government would wait and see if Dr Kane-Berman was appointed dean of UCT's Medical Faculty and "if she is appointed as dean we will approve it".

Dr Barnard said he had a feeling that Dr Van Niekerk knew nothing about this affair but he appealed to the government to rescind its decision to transfer Dr Kane-Berman and reinstate her.

However, Dr Van Niekerk said her transfer to regional medical superintendent for the Western Cape was the lighest possible disciplinary step barring a reprimand and she had not lost any benefits or suffered any reduction in salary or seniority.

The decision to transfer her had followed complaints by patients and had been taken after careful consideration at senior level and consultation with the secretary of the Commission for Administration and others, who had approved the transfer.

Mr Van Gend said it was very clear Dr Kane-Berman had been demoted and although he had spent hours with the MEC in charge of health and other senior officials the only reason given for her transfer was her comments in the press.

UCT angered by Willie's remarks on Kane-Berman

Cape Times 16/2/89

By ANDRE KOOPMAN

A MAJOR ROW has erupted between the University of Cape Town and the Minister of National Health and Population Development, Dr Willie van Niekerk, following remarks he made about the university in Parliament.

Dr Van Niekerk said he would approve the appointment of Dr Jocelyn Kane-Berman as dean of UCT's medical faculty since it would be "in an environment where the propinquity with the ANC is well-known, as with the PFP".

Dr Kane-Berman was axed as medical superintendent of Groote Schuur Hospital after she said in a light-hearted newspaper article that she believed Mr Nelson Mandela should be premier.

The Vice-Chancellor and Principal of UCT, Dr Stuart Saunders, met Dr Van Niekerk late yesterday afternoon.

"Disgraceful"

The university hoped Dr Van Niekerk would "put the record straight, in Parliament and in public", UCT spokesman Mr Eugene Hugo said. A further statement would be issued later, he said.

"We consider the insinuations contained in the minister's remarks as disgraceful," said Mr Hugo.

Dr Van Niekerk said in reply to a question from PFP health spokesman Dr Marius Barnard that, were Dr Kane-Berman chosen to be the dean of the medical faculty, "we (the government) will approve because then she works for students and in an environment where the propinquity with the ANC is well-known, as with the PFP".

The present head of the medical faculty, Professor G Dall, is to retire at the end of the year. Dr Van Niekerk would not say whether he knew if Dr Kane-Berman was being considered for the post.

"The university regards applications for vacant posts as confidential until appointments have been finalised," he added.

UCT to take Van Niekerk 'slur' further

Cape Times 17/2/89

By ANTHONY JOHNSON
Political Correspondent

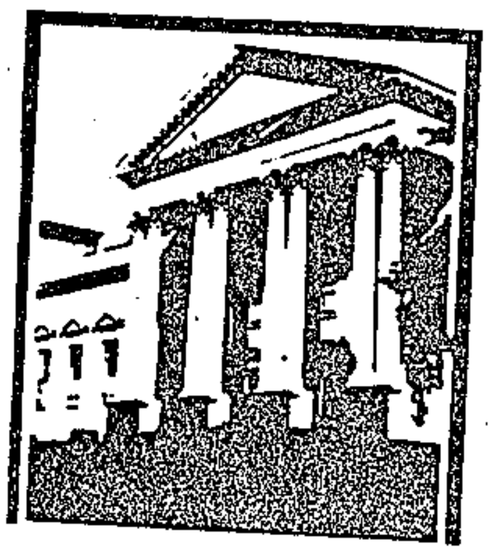
UCT is to take further action following the refusal of Minister of Health Dr Willie van Niekerk to provide an explanation for the ANC "slur" he levelled at the university's medical faculty this week.

Dr Van Niekerk told Parliament that should the ousted superintendent of Groote Schuur Hospital, Dr Jocelyn Kane-Berman, be chosen as dean of the medical faculty at UCT "we (the government) will approve because then she works for students in an environment where the propinquity with the ANC is well known, as with the PFP".

The chairman of the Council of UCT, Mr Len Abrahamse, and the Vice-Chancellor, Dr Stuart Saunders, met the minister on Wednesday to convey their "deep concern" about his remarks "made under privilege of the House of Assembly".

Dr Saunders said yesterday: "The minister chose to give no explanation.

"The university will now be making representations through ap-



propriate channels."

Approached for comment on what steps the university would take, Dr Saunders said he did not wish to elaborate on his statement.

The PFP's Health spokesman, Dr Marius Barnard, yesterday condemned Dr Van Niekerk for his "unwarranted slur" and called on the minister to apologise publicly to UCT and its "dedicated professors, lecturers, students and their parents".

Dr Barnard said: "The contribution of UCT to education and the high standards associated with this institution are well known in South Africa.

"The disgraceful attack by Dr Van Niekerk shows the level of National Party ministers to use any weapon in an attempt to cover up a political decision (the removal of Dr Kane-Berman from her Groote Schuur post).

"Dr Van Niekerk's reference is extremely unfortunate and shows his total unsuitability as Minister of National Health and Population Development."

The Cape Times yesterday incorrectly attributed comments by Dr Saunders and Mr Abrahamse on the matter to the university's public relations officer, Mr Eugene Hugo. The newspaper regrets the error.

Kane-Berman to go to court ?

W/E ARGUS 18/2/89

Weekend Argus Reporter

DR Jocelyn Kane-Berman was said today to have instructed lawyers to institute action to force the Cape Provincial Administration to reinstate her as chief medical superintendant of Groote Schuur Hospital.

Her attorneys were quoted in a Cape Town morning newspaper today as saying she was considering action in the Supreme Court against the Provincial Administration, the Administrator Mr Gene Louw; Mr Andre van Wyk, member of the executive committee; Mr B van der Vyver, provincial secretary; Dr George Watermeyer, executive director of hospital services; Mr Johan de Beer of the Commission for Administration, and Mr J E du Plessis.

Dr Kane-Berman could not be reached earlier today.

She was transferred from her post in November last year after a remark in a Weekend Argus article about a hypothetical new Cabinet including Mr Nelson Mandela.

It was later alleged in Parliament that President P W Botha himself had ordered her dismissal.

The dismissal resulted in a major controversy, with Dr Kane-Berman receiving widespread support.

She is due to take up her new post as Western Cape regional medical superintendent this month.

This week the row resurfaced after the Minister of National Health and Population Development, Dr Willie van Niekerk said in Parliament he would approve any appointment of Dr Kane-Berman as dean of UCT's medical faculty as she would be "in an environment where the propinquity with the ANC is well known, as with the PFP".

The remarks outraged Dr Stuart Saunders, vice-chancellor of UCT, who met Dr van Niekerk to convey his "deep concern ... about his disgraceful insinuation".

Dr Saunders said he and Mr Len Abrahamse, chairman of the UCT council, had asked for the meeting "in the hope Dr van Niekerk will be able to put the record straight, in Parliament and in public".

But no explanation for the statement was forthcoming.

Dr Saunders said further representations would be made through the appropriate channels.

Ex-hospital chief to sue CPA over job

DR Jocelyn Kane-Berman, who was sacked as Groote Schuur Hospital's chief medical superintendent after saying she would like to see ANC leader Mr Nelson Mandela in the cabinet, is intending to sue for her reinstatement.

She could not be contacted yesterday to confirm this but her son, and later her husband, said they understood that papers would be served on various Cape Provincial Administration (CPA) officials today.

The respondents will be the CPA, administrator Mr Gene Louw, MEC Mr André van Wyk, provincial secretary Mr Barry van der Vyver, executive director of hospital services Dr George Watermeyer, a Mr Johan de Beer and Mr J du Plessis.

Dr Kane-Berman was moved from her post in November last year after making the controversial remark about Mr Mandela to a newspaper reporter.

She was made regional medical superintendent of the Western Cape, but it was clear from some official statements that this was in fact a demotion and that it was related to the remark she had made.

Dr Kane-Berman has had an immense amount of support from the medical fraternity. Soon after the controversy erupted, doctors at UCT's Medical School announced that they would contribute to her legal costs.

Questions raised in Parliament last week indicated that some PFP MPs are of the opinion that President P W Botha himself gave the order that she should be removed from her post, though this has not been established.

American client, Chuck Rittenberry, whom Vermaas "recruited" to assist in buying aircraft and spares through a front company in the US.

The three deals for which Ver-

In his application for the release of financial rands to conclude the sale of Shenandoah, made through his Pretoria company, Protea Trust and Finance, Vermaas claimed the over-

toria, Gerald Grieveson, in touch Paus in Geneva. The Shenandoah transaction was subsequently implemented.

Ousted doctor to sue administration — report

CAPE TOWN — Dr Jocelyn Kane-Berman had instituted legal action to force the Cape Provincial Administration to reinstate her as Groote Schuur Hospital's chief medical superintendent, a Cape newspaper reported at the weekend.

It quoted her attorneys as saying she was considering Supreme Court action against the provincial administration; the Administrator, Gene Louw; Andre van Wyk, member of the executive committee; B van der Vyver, provincial secretary; Dr George Watermeyer, executive director of hospital services; John de Beer, of the Commission for Administration; and J E du Plessis.

Kane-Berman was transferred from her post last year after being quoted on a hypothetical new Cabinet including Nelson Mandela. — Sapa.

Private hospitals 'do not expect to get complaints'

By Toni Younghusband,
Medical Reporter

Private hospitals did not expect adverse reaction from patients to their contracting out of medical aid, hospital spokesman said.

Mr Jeffrey Hurwitz, a director of the Clinic Holdings Group of hospitals, said since his group had contracted out, patient reaction had been positive and most had been happy to pay "upfront".

Last month, private hospitals announced that they would be contracting out of medical aid as a result of the "unacceptable" 12 percent increase in the scale of benefits granted to them by medical aid schemes. The hospitals were demanding at least 17 percent to "cope with increased running costs and the escalating rate of inflation."

Administrative hitches prevented all hospitals from contracting out immediately. This week, two Johannesburg hospitals belonging to the Medi-Clinic Group, will contract out.

Mr Enzo Bernabei, marketing manager for Medi-Clinic, said patients were being told of the current situation by their doctors and leaflets explaining exactly what the patient would be liable for were available.

"We have also provided information desks at our hospitals for patients," he said.

He said the decision by some medical aid schemes to refund the patient and not pay the hospital direct was "in the hands of the medical schemes".

A large percentage of medical schemes have refused to pay hospitals direct. As a result, patients are having to pay the full cost of their treatment before admission to hospital.

Although official policy of the Transvaal Hospital Services is to treat any patient, it is well known that medical aid patients are turned away from State hospitals purely for economic reasons.

However, both State and private hospitals have said they will treat emergency cases whether they be medical aid patients or not.

Private hospital spokesmen said yesterday there had been no marked drop in admission rates since the announcement that they would contract out.

However, members of the public who telephoned The Star yesterday complained bitterly.

Patients who must produce a full cash payment before admission could face the following fees as they walk through the door: R680 for a tonsillectomy, R850 for an ulcer and R1 100 for a coronary.

A woman having a baby will have to fork out R2 000.

The Representative Association of Medical Aid Schemes has indicated that it will continue talks with private hospitals in an attempt to settle the current deadlock.

"There is an earnest desire on all sids to see a resolution to the current problem," Mr Rob Speedie, the executive director of Rams said. He said he was sure those medical schemes who refused to pay hospitals directly, would discuss the matter with scheme members who were finding it difficult to pay upf)ront.

zen made just over R5m in the

Sacked doctor in legal battle

CAPE TOWN — Dr Jocelyn Kane-Berman, sacked as chief medical superintendent of Groote Schuur Hospital, yesterday started legal proceedings aimed at her reinstatement.

A lawyer acting for the doctor confirmed papers had been served but declined to say on whom. The matter was set down for February 28.

Kane-Berman was moved from her post in November for saying in a newspaper interview she would like to see ANC leader Nelson Mandela in the Cabinet.

Kane-Berman to seek legal reinstatement

CAPE TOWN — Dr Jocelyn Kane-Berman, sacked as chief medical superintendent of Groote Schuur Hospital, yesterday started legal proceedings in the Supreme Court aimed at her reinstatement.

A lawyer acting for Dr Kane-Berman confirmed that papers had been served but declined to say on whom.

It was expected, however, that papers would be served on the Administrator of the Cape, Mr Gene Louw; MEC Mr Andre van Wyk; provincial secretary Mr Barry van der Vywer; executive director of hospital services Dr George Watermeyer; a Mr Johan de Beer and Mr J du Plessis.

It was reliably learnt yesterday that the matter had been set down for hearing on February 28.

Dr Kane-Berman was moved from her post in November last year after saying in a newspaper interview she would like to see ANC leader Nelson Mandela in the Cabinet. — Sapa.

Call to stop excessive costs

Hospital, medical aid deadlock angers patients

By Toni Younghusband, Medical Reporter

Members of the public are far from happy about the bills they are having to pay at private hospitals, callers to The Star said yesterday.

In response to reports carried on Monday concerning the dispute between private hospitals and medical aid schemes, callers telephoned the newspaper complaining of "extraordinarily" high bills and poor medical aid administration.

On January 1, medical aid schemes granted a 12 percent increase to private clinics which were demanding at least 18 percent.

As a result, most of the country's private clinics have contracted out of medical aid and increased their fees above the offered 12 percent.

Medical aid members are now liable for the amount in excess of the scale of benefits. Patients are now being asked to pay a deposit (covering the tariff excess) before being admitted to hospital or pay the whole amount beforehand and claim from their medical aid.

Many medical aid societies have refused to pay the hospital direct and will only refund the patient.

One man said he was having to come up with more than R4 000 for a simple operation performed on his wife's nose.

"She had a small hole in the cartilage of her nose. The doctor's bill was R800 and the bill for the clinic (she spent only one night there) was more than R2 500. When I asked for a detailed account, I saw that the drugs bill alone was R1 400.

"This operation had to be done but I am not prepared to pay something like this. We have got to put a stop to these high costs," the man said.

A Johannesburg butcher said he had to fork out R1 000 extra for the part of the private hospital bill not covered by medical aid.

Emergency cases

"I have good medical insurance cover but I still had to come up with an additional R1 000," he said.

A plastic surgeon, who cannot be named for ethical reasons, said doctors' practices were also being affected by the deadlock.

"People want to know from us why, as contributors to medical aid societies, they must still pay excess fees.

"The private hospitals say they will treat emergency cases regardless of whether or not the patient can pay, but that is purely at the whim of the person at the reception desk.

"I know of cases that have been turned away," the surgeon said.

An apprentice to a printing firm has called on medical aid members to strike. "Stop these companies taking us for a ride. I suggest every medical aid member should resign and rather put the money into a savings account to draw interest."

He had been told a back operation would cost him in excess of R4 000 but his medical aid scheme refused to pay the hospital direct.

Beauty firm ordered to pay over R2-m

A South African company, International Cosmetics & Fragrances (Pty) Ltd (ICF), has been ordered to pay more than R2 million to the US company Max Factor or its local subsidiary, RGI Beauty Products (Pty) Ltd.

The order was granted in the Rand Supreme Court yesterday by Mr Acting Justice P E Streicher.

ICF must also pay interest and costs.

An amount of R2 828 378,82 was payable in terms of an agreement dealing with the importation of Halston fragrances, Orlane and Max Factor products, and the payment of royalties.

New medical centre for city

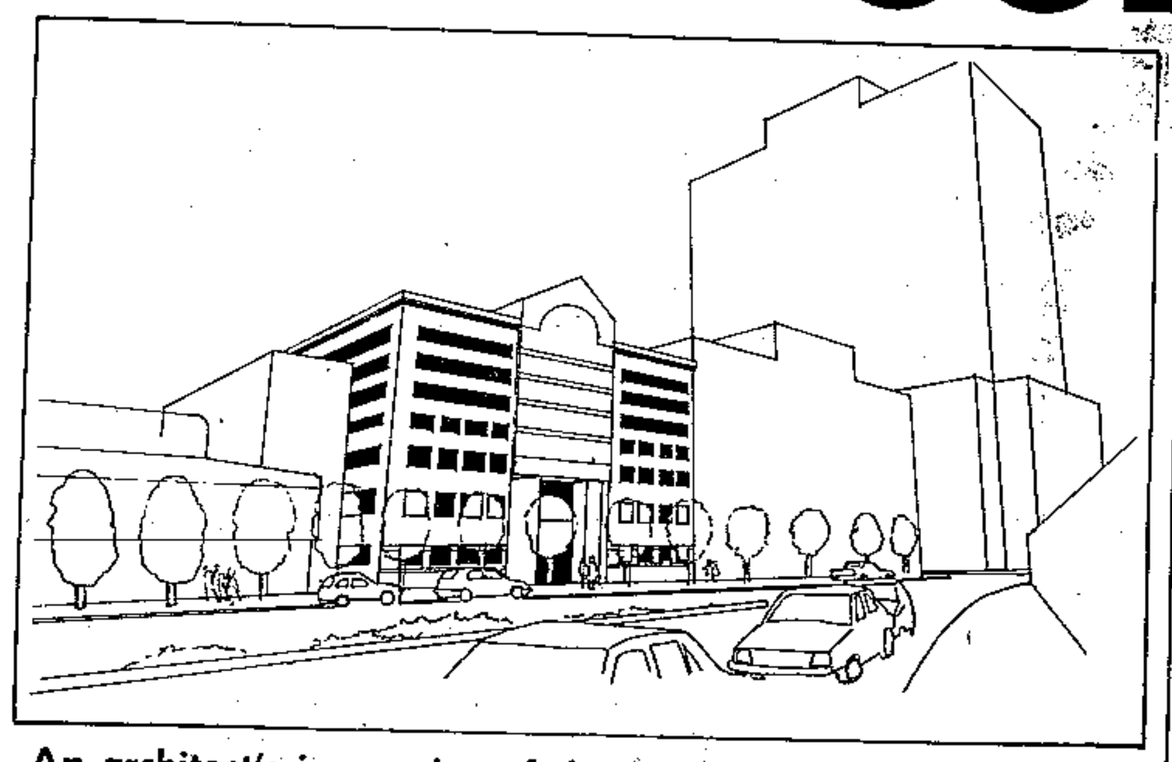
24/2/89
98

By TOM HOOD, Business Editor

A R7-million private casualty and trauma unit — the first in Cape Town — will form the core of a major medical centre to be built on vacant land at the lower end of Long Street on the Foreshore.

The fully equipped centre, a joint venture between Faircape Homes, Health and Racquet Club Holdings and clinic development company HMS, will have up to 60 sectional-title consulting suites and is seen as a solution to the dilemma of doctors recently served with notice to vacate Medipark on the Foreshore.

"It will be completed in as short a time as possible and, if landlords can be persuaded to extend doctors' leases until the middle of next year, they can be accommodated by that time," said Dr Jaap Huisamen, executive chairman of HMS.



An architect's impression of the medical centre to be built in Long Street.

First centre

The company developed the first centre of this kind in South Africa, the Poli Clinic, at Greenacres in Port Elizabeth.

Dr Huisamen said the concept of a private casualty unit allowed family doctors to treat their patients in cases of emergency in fully equipped theatres with access to X-ray and other technology.

A pharmacy on the premises allowed immediate dispensing of medicines.

Permanent staff

There would be a permanent medical staff on a 24-hour basis so emergency cases could be handled even in the absence of the patient's own doctor.

Two sections, one for minor casualty and another for trauma, would be entirely separate.

The centre, to be known as Poli Clinic, Cape Town, will be on a site owned by developers Faircape Homes, opposite the Table Bay power station, now being demolished.

The site abuts the new Gamesman Health and Racquet Club, built by Faircape, which recently took a 49 percent stake in the club's holding company.

Separate

The casualty unit and sectional title medical suites will be separate exercises, with doctors participating financially in both, or only one. Doctors in the casualty unit will hold 74 percent of the equity, while Health and Racquet Club Clinics (Pty) will take a 26 percent stake.

The move was a synergistic one for H & R Holdings as the proximity of the clinic to the sports club meant the rehabilitation of sports injuries could be an added club feature.

In addition, patients over 30 years of age joining the club would first undergo a full assessment at the clinic.

Building work will start immediately and will run concurrently with a similar complex in Bellville, near Tyger Valley.

Faircape director Mr Nico van der Hoven said the collaboration with HMS was the first in an expected series of clinics.

BUSINESS

Patients pay more, hospitals earn less

Raising rates hasn't brought in much more revenue for hospitals. Too many people can't afford even the lowest charges

MAKING people pay for treatment in state hospitals is an important part of the government's policy of "privatising" health care, reducing its funding of the hospitals. But hospitals which have introduced new charges on this basis have added only marginally to their revenue — because most black people can't afford even the lowest subsidised rates.

The vast majority of black people depend on state hospitals. Although the number of blacks belonging to some kind of medical scheme more than doubled between 1975 and 1986, by 1986 only about four percent of Africans were covered.

Provincial hospitals in Natal and the Cape adopted new "user-pay" systems in April last year, but have found that cost-recovery is not much higher than it was before.

This is according to the latest Social and Economic Update (SEU), published by the South African Institute of Race Relations.

While current government strategy is that users should pay the cost of services as far as possible, "the scope for recovering costs from patients is extremely limited", writes SEU researcher Elaine Cosser.

Cosser reports that a representative of the Cape Provincial Administration noted that around 75 percent of hospital patients were in the minimum tariff category. The new tariffs introduced last year had added to revenue, but only six percent of hospital services were being recovered.

In Natal, revenue recovered from patients has increased from six percent of expenditure to eight percent since the introduction of the new formula, which has increased health costs for most low-income patients. Under the new Natal formula, free services were withdrawn and all patients had to contribute to costs according to their income level.

Where previously those earning R200 a month were treated free, now the minimum charge is R2 in cash for any treatment. Those who can't pay cash pay more — a R22,50 minimum account fee instead of the R2 cash fee.

In-patients, for example, pay R6 a day in cash or R24 a day on account. These rates are heavily subsidised. All patients earning up to R900 pay fees at subsidised rates, with fees rising as income rises. Beyond R900 they pay the full medical aid rates for their treatment.

While officials interviewed by Cosser said people would not be refused "essential" care if they couldn't pay, the Health Workers' Organisation in Durban has alleged that people have been refused treatment and that the new tariffs are beyond the means of most people.

Meanwhile in the Transvaal, cuts in the central government grant to the province last year were so severe that they led to a significant decline in the quality of services — the government was forced to acknowledge adequate services could not be maintained, Cosser reports.

The "user-pays" system is likely to be introduced in future in the Transvaal and the Free State, in line with government policy of reducing its expenditure on health services.

The SEU report concludes: "The vast gap between the costs of the current health service and what most patients can afford casts doubt on the viability of a key government health strategy — privatisation ... the level of cost-recovery in black provincial hospitals confirms that none can be run on a profitable basis."

It adds: "The government therefore faces a choice between increasing its funding of health care for low-income patients (the vast majority of whom are black) and allowing black access to even basic health care to decline even further."

Caught in the cro

crossfire

Star 25/2/89 98

Row between hospitals, medical aid hits patients

TONI YOUNGHUSBAND
Medical Reporter

PRIVATE hospitals and medical aid societies are both ripping off the sick, according to angry patients.

A dispute between the hospitals and medical schemes over a Scale of Benefits increase has left people fearful they will not be able to afford to become sick.

As a result of the dispute, many clinics have contracted out of medical aid and some medical aid societies have refused to pay the hospital direct. Patients are being asked to fork out hundreds of rands before admission.

A Johannesburg woman needing a small hole repaired in nose cartilagewas horrified at having to pay more than R4 000. She spent just one night in a private hospital.

Her overnight stay in the clinic cost her R234, the theatre fees were in excess of R500 and the drugs used in theatre totalled R1 391.

A few smaller items added in and her total bill for the hospital came to R2 500.

"By the time I had paid the doctor and the anaesthetist, and for the medicine I had to take home, the bill was more than R4 000.

"I am not on a medical aid and when I went to the hospital they asked me for a deposit of R750.

"When I explained that my husband is retired and we do not have medical aid cover, the receptionist said she was sorry but we would have to pay a deposit.

"They estimated my bill for the clinic would be about R1 800. In the end it was R2 500. This is what really shocked me. When you expect one thing and get something like this it comes as a tremendous shock," the woman said.

An elderly Berea pensioner had to withdraw R8 000 of her savings to pay for a hip operation because her medical aid would only cover R2 500.

"God knows what would have happened had I not had the savings. It is ridiculous to think that for the 50 years I worked I contributed at least R72 a month to medical aid but when I need them, they can only give me R2 500.

"I could have gone to the Johannesburg Hospital but they told me they had a waiting list and were short-staffed.

"If I delayed the operation I would have been confined to a wheelchair and it would have been too late," she said.

Another patient said his hospital bill was "an absolute rip-off".

"I called the hospital in December last year and asked how much I would have to pay as I am not a medical aid member. They told me it would cost me R120 a day.

"I went into hospital in January and was asked for a deposit of R1 200. When I queried the amount they said their fees had gone up to R156 a day — that's a 30 percent increase."

A woman who went into a clinic for a minor operation was asked to pay R110 deposit — more than the doctor's fee for the surgery.

An apprentice to a printing firm has called on medical aid members to strike.

"Stop these companies taking us for a ride. I suggest every medical aid member should resign and rather put the money into a savings account to draw interest," he said.

The man said he had been told an operation on his back would cost him in excess of R4 000 but his medical aid scheme refused to pay direct.

"Where is an apprentice supposed to find that kind of money?" he asked.

He was unable to get either a bank loan or building society advance because he did not earn enough as an apprentice.

● SEE PAGE 10.

Presmed stays contracted in

MEDICAL REPORTER

A PRIVATE hospital group has announced that it will not contract out of medical aid despite a decision by the majority of the country's clinic owners to do so.

Most private clinics have already contracted out of medical aid schemes as a result of a dispute over the annual Scale of Benefits increase.

The Representative Association of Medical Aid Schemes (Rams) granted private clinics a 12 percent increase from January 1. This was rejected by the majority of clinics which were demanding at least 18 percent to cope with escalating costs and inflation.

Mr Carl Grillenberger, the managing-director of the Presmed Group, said on Thursday it had been a difficult decision for his company to remain contracted in.

"The cost increase in the provision of hospital care is probably 50 percent more than the increase granted by medical aid societies," he said.

However, his company had decided to stay contracted in and would take measures to tighten further internal control at its hospitals and day clinics to narrow the difference between cost and tariff increases.

"Staying contracted in and invoicing medical aid societies directly instead of patients, simplifies financial control. We shall concentrate our efforts on running our hospitals and day clinics in the most cost-effective way possible without sacrificing the quality of service and equipment," he said.

He pointed out that it was not up to the hospitals alone to curtail costs.

"It is essential that patients become more discerning in demanding quality health care at a reasonable price.

"General practitioners can accommodate patients opting for lower medical treatment costs by referring such patients to specialists who operate in day clinics and contracted-in hospitals," said Mr Grillenberger.

Amid the pomp and ceremony another story

As leaders from around the world gathered for the day-long funeral of Emperor Hirohito, not everyone in Tokyo was in mourning. Police (above) had to rush out into the street at one point to restrain two demonstrators who attempted to disrupt the funeral procession. Despite 32 000 policemen being on extra duty, only 15 minutes before the motorcade passed another point enroute to the cemetery, an explosion, believed to have been a bomb, showered dirt and debris over the highway. While Emperor Akihito was saying in his eulogy: "The people will remember him forever", police said there were 11 anti-emperor demonstrations denouncing Hirohito as a war criminal.

● SEE PAGE 10.

Speak Out!

ON SATURDAY

Clinics, Stat

aids all outr

The man in the street feels hard done by and even risks losing out on medical attention thanks to the decision by private hospitals to contract out of medical aid schemes. Furious callers to *Speak Out* lambasted this decision, saying

ministration. I
shocked to see
contributions v
taining ineffici.
Mrs Diane
a nursing siste.
is very danger
die. Most peopl

Black surgeon's bid to specialise 'blocked'

Own Correspondent

DURBAN — There is concern in medical circles about an apparent refusal by Natal hospital authorities to grant a training post to a top black surgeon despite a food company's decision to sponsor him.

Dr Diliza Mji, who left Durban's King Edward VIII Hospital when he completed his postgraduate general surgical training in 1987, has applied on several occasions, without success, for a training post in paediatric surgery.

Although his applications received the support of the University of Natal's Medical School, hospital authorities have so far refused his applications to specialise in his chosen field.

Dr Mji is president of the National Medical and Dental Association (Namda) and after qualifying as a general surgeon he worked for the Medical Research Council.

As part of his research programme he investigated nutritional problems of black children in the Inanda area.

Sources close to Namda said Dr Mji's commitment to the struggle for black political rights appeared to be the reason his aspirations to further his career were repeatedly being hindered.

Professor Jerry Coovadia, an executive committee member of Namda, confirmed that submissions had been made by the university to the hospital authorities on behalf of Dr Mji.

"The matter is under consideration and I hope there is a favourable outcome. Negotiations are at a delicate stage. The less said now, the better.

"All we want is for the situation to be resolved to the benefit of Dr Mji and the patients," Professor Coovadia said.

Mr Dennis Cochius, human resources manager for Kellogg's, said: "I am sorry to hear Dr Mji is having difficulties securing a training post.

"I am prepared to take the matter up, even with Cabinet Ministers, if I am supplied with all the relevant information pertaining to the case."

HOUSE OF DELEGATES

INTERPELLATIONS

The sign * indicates a translation. The sign †, used subsequently in the same interpellation, indicates the original language.

Own Affairs:

Durban-Westville University: Library Sciences

1. Mr M RAJAB asked the Minister of Education and Culture:

Whether the Library Sciences Department at the University of Durban-Westville has been closed; if so, why?

The MINISTER OF EDUCATION AND CULTURE: Mr Speaker, the reply is: Yes. Two qualifications were offered by this university in the field of library science. These were the B Bibliography, a four-year Bachelor's degree, and a one year diploma in library science usually following a BA degree. Both are being phased out and the last students should graduate at the end of 1990 at the latest.

In order for these qualifications to be recognised by SAILIS, that is the South African Institute of Library and Information Science, it is necessary to employ the equivalent of at least four full-time qualified staff. In spite of repeated advertising the university was not able to attract this staff and, in fact, has only one full-time lecturer. The options before the university were therefore either to offer qualifications which would not be recognised, or to stop offering the courses altogether.

Secondly, the Committee of University Principals is busy rationalising the offering of library science. There are too many universities offering the subject and not enough staff to fill the posts. As library science is offered by both the University of Natal in Pietermaritzburg and by Unisa, the University of Durban-Westville reluctantly decided to phase it out. SAILIS has agreed to recognise the qualifications of these students who are registered at present but who will graduate this year or next year.

Mr M RAJAB: Mr Speaker, it is quite clear that the hon the Minister has not seen the press release relating to this issue. It was very clearly indicated in that release—which was published in *Evening Post*—that the reason for the phasing out of that department was a lack of support from students. I should like to ask the hon the Minister whether he has, in fact, seen that press release or not.

Secondly, I would like to ask the hon the Minister whether he agrees that a facility like that ought to be curtailed due to lack of support. If this is so, I would like to remind the hon the Minister that at that same university, the University of Durban-Westville, there is for instance a Department of Theology which has only a few students. The question is simply how one can justify a department with only a few students on the one hand and yet deny the continuation of another department for which there is support.

I am not sure whether the hon the Minister is aware of the fact that last year for the first time there were sixteen individuals who completed the course at that institution. I am not sure whether the hon the Minister is aware that in 1984 SAILIS, the professional body, laid down certain criteria to which the university was required to adhere. These related to the employment of full-time personnel in that department.

Hitherto—I am sure that the hon the Minister is aware of this—the academic staff who work in the university's library have also lectured part-time in that department. [Time expired.]

Mr P I DEVAN: Mr Speaker, the simple question that I would like to ask the hon the Minister is whether there is a demand for this subject at that university. If the demand is there, I think the staff should be found. To me the excuse that staff is not available seems to be a somewhat lame excuse.

Furthermore I would like to know what the possibilities are for the reopening of the library at the university.

Mr P T POOVALINGAM: Mr Speaker, I ask the hon the Minister respectfully to concede that it is because of a duplication of the faculties of two universities within a few kilometers of each other and because of these two universities competing for staff that the staff were not available.

Secondly, the duplication was wasteful of public funds. Thirdly, having two universities within a few kilometers of each other makes absolute nonsense of proper university education.

The hon the Minister should in fairness to the public and for the proper pursuit of university education ask the University of Durban-Westville to merge with the University of Natal so that we have one university in one town.

The MINISTER OF EDUCATION AND CULTURE: Mr Speaker, if I may, I would like first of all to answer the hon member who spoke last. I do agree with him that it may be a wasteful effort and I also agree that such a merger is possible. However, I want to inform him that Pietermaritzburg and Durban are not too far. The University of Natal . . .

Mr P T POOVALINGAM: They are 54 miles apart!

The MINISTER: Even so, if a person is really interested in progressing with his or her education, such a person will travel far to obtain that education, even if it is not available at the university nearby.

Secondly, I want to tell the hon member for Springfield that I am aware of what appeared in the Press. I am also aware that I mentioned very clearly the reasons for the phasing-out process.

If I may answer the hon member as well as the hon member for Cavendish I want to say that it is possible that in the future this opportunity may be opened up again, provided that the necessary staff is available. We are of course looking at other universities as well for assistance. If the necessary staff is available, this department will be opened up again.

Lenasia Hospital: Privatisation

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

(1) Whether it is the intention of his Department to privatise Lenasia Hospital; if so, why;

(2) whether any persons were recently denied admission and/or treatment at this hospital; if so, why?

The MINISTER OF HEALTH SERVICES AND WELFARE: Mr Speaker, in answer to interpellation 2(1) of the hon member for Springfield, my reply is no. In answer to 2(2) my reply is: Not that I am aware of.

Mr M RAJAB: Mr Speaker, I am very pleased to hear this afternoon that it is not the intention of the hon the Minister to privatise this institution which, as the hon the Minister knows, lay unoccupied and unused for some two years and cost the taxpayers some R9 million.

However, I am a little taken aback by the admission of the hon the Minister that he is not aware that individuals and one individual in particular was refused treatment at that institution. That, in my opinion, is a tremendous shortcoming on the part of the hon the Minister.

I would like to give the hon the Minister the name of the gentleman concerned. His name is Abdul Suleiman and he is a teacher. He was refused admission to that hospital precisely because he earned too much to qualify for treatment at that institution. It was widely reported that because he earned R1 200 a month he did not qualify for treatment at that hospital. The requirement, I am told, to be treated at that hospital is that one must earn less than R1 000 a month.

This raises a very fundamental question. Should not that institution be open to anybody who needs the services of that institution? I would like to ask the hon the Minister here this afternoon what he is doing about ensuring that that institution is available to any person who wishes to use it or has the desire or need of the services that are provided by the institution.

Mr E ABRAMJEE: Mr Speaker, I want to ask the hon the Minister why there is not a 24-hour emergency service available at Lenasia Hospital. If the hon the Minister's reply is that statistics do not warrant it, how can we achieve the statistics if the services are not in existence? It is for the hon the Minister to ensure the provision of a 24-hour service at this hospital.

Mr P T POOVALINGAM: Mr Speaker, it is outrageous that a person who wanted medical treatment was refused medical treatment at a hospital under the control or direction of the hon the Minister of Health Services and Welfare. An hon member of this House took ill and was admitted to Groote Schuur Hospital. I went there with the hon member. As a matter of fact, I asked the ambulance to take him to Groote Schuur. That hospital did not refuse him attention, they gave him the attention that he needed. Whether they sent him an account or not I am not sure, but they would have been entitled to send him an account although his income is more than R1 200 a month. It is ridiculous that the Lenasia Hospital

should refuse a person admission simply because he was not indigent. They could have sent him an account. King Edward VIII Hospital, Northdale, Wentworth and Durban Hospital, which are large hospitals, will admit persons who need assistance and if they discover the person can afford it, they charge that person. [Time expired.]

Mr E ABRAMJEE: Mr Speaker, can the hon the Minister tell us whether the House of Delegates has this hospital under its own wing and whether we have provided any funds to run this hospital with, and if so, what is the amount? Can the hon the Minister tell us whether this hospital will still function under the provincial authorities in the Transvaal? Can the hon the Minister also tell us whether he has plans to budget for the operating costs of this hospital for the next fiscal year in spite of statistics showing a very low occupancy rate?

Mr M S SHAH: Mr Speaker, I would like to ask the hon the Minister what progress has been made to recruit staff to make the Lenasia Hospital fully operational. With regard to the statement made by the hon member for Springfield, I want to say that at that particular time when Mr Suleiman was present, the hospital was commissioned that day—it was 11 January 1989—and he was personally asked to wait by a number of MPs who were present. He was told he would be attended to later. After a while this gentleman disappeared and he was nowhere to be found when some of my hon colleagues went to assist him. What has been reported in the Press is not a true and clear picture of what—as has already transpired—were the actual facts. I would like the hon the Minister to give us an undertaking that, although at present the hospital will not be privatised, it will not be privatised in future.

The MINISTER OF HEALTH SERVICES AND WELFARE: Mr Speaker, in reply to the questions, I am pleased that the hon member for Lenasia Central has clarified what is an absolute fact. I want to make a statement as far as that particular Mr Suleiman is concerned. That was a case purely to try and get some political mileage. I do not think that at any stage, had Mr Suleiman waited, he would not have received the necessary attention.

As far as the other question is concerned, I want to give my hon colleague the figures regarding the occupancy rate at this stage for out-patients and casualties. In January the out-patients totalled 113 Asians, 48 Blacks and 42 Coloureds and there was only one Coloured in-patient. One baby was delivered in January. The figures to date for February reveal that the out-patients/casualties totalled 147 Asians, 72 Blacks and 35 Coloureds, while the in-patients comprised seven Asians, six Blacks and one Coloured. Five babies were born in February.

While the figures do not really warrant additional staff, we are somewhat concerned about the staffing of this hospital. However, I am aware that the question of getting staff on a sessional basis is being investigated by the Transvaal Provincial Administration. Hopefully that will improve these figures, because the facilities are there.

I believe hon members should also be aware of the fact that the hospital is run by the Transvaal Provincial Administration purely on an agency basis. My colleague, the hon member for Laudium, will be aware that the TPA has suspended an amount of R1,1 million. We intend to provide that amount of R1,1 million, but this will in fact be paid to the TPA so that they can administer the hospital on that basis. As far as budgeting for the future is concerned, we will certainly make provision for funds. I think that answers most of the questions. [Time expired.]

Debate concluded.

QUESTIONS

†Indicates translated version.

For oral reply

Own Affairs:

Stanger: tenders for development of lots

*1. Mr T PALAN asked the Minister of Housing:

(1) Whether tenders were invited for the development of lots 14, 15 and 16 in Stanger; if not, why not; if so, (a) (i) how many tenders were received and (ii) from whom and (b) what twere the tender amounts;

(2) whether the contract was awarded to the lowest tenderer; if not, why not;

(3) whether he will make a statement on the matter? D5E

The ACTING MINISTER OF HOUSING:

(1) No, not by the House of Delegates. The properties concerned are registered in the name of the local authority of Stanger and any development will consequently be undertaken by it.

Should the local authority,however, require an advance to finance the project it will have to submit an application to the Administration for consideration by the Housing Development Board. The Board has in fact already granted in principle approval for such a loan, but the final application containing the required information has yet to be considered by the Board.

(a) (i) Falls away.
(ii) Falls away.
(b) falls away.

(2) Falls away.

(3) No.

Welfare services: privatisation

*2. Mr M RAJAB asked the Minister of Health Services and Welfare:

(1) Whether it is the intention of the Government to privatise welfare services; if so, what are the relevant details;

(2) whether his Department has received any respresentations from any individuals and/or organisations regarding such privatisation: if so, what was his response in each case?

D8E

The MINISTER OF HEALTH SERVICES AND WELFARE:

(1) No.

(2) No.

MORE WARDS TO AID BARA

By MOKGADI PELA

OVERCROWDING at Baragwanath Hospital will be eased with the expenditure of R4 million to build additional wards to cater for more than 300 patients, it has been announced.

According to Professor D J du Plessis, chairman of the fund-raising committee appointed by the University of Witwatersrand last month, patients sleeping on the floor will soon have beds.

He added that it was proposed to enlarge each of the 13 existing medical wards with the addition of an interleading annex with 25 beds and basic services.

Prof Du Plessis said an architect has been engaged and tenders would be called for each phase.

The committee hoped that the project would be completed before the end of the year. The cost of each annex will be R312 500.

This announcement comes in the wake of continuing public outcry over lack of medical facilities at Baragwanath.

It also comes after a letter signed by 101 doctors at the hospital exposed terrible conditions under which patients were kept in September 1987.

The new extensions will not alleviate medical and nursing staff shortages but will improve the care of patients and administration.

At a Press conference addressed by Professor Rosendorff on January 25 this year, it was announced that Bara had a bed occupancy rate standing at 155 percent. He also stated at the time that additional hospital facilities in Soweto were urgently needed.

Launch of national health care group

By Jo-Anne Collinge

A national organisation drawing together about 2 000 professional, para-professional and lay workers in the health care field is to be launched in the Johannesburg City Hall at the weekend.

The organisation, to be called the South African Health Workers' Congress (Sahwco), is an outgrowth of the 10-year-old Health Workers' Association, which has branches in Transvaal, the Free State and the Western Cape, and Natal's Health Workers' Organisation.

Its efforts will be geared at developing health across the segregated and unequal facilities created by apartheid.

The constituent organisations have already been involved in these activities, which they have pursued by educational campaigns, community health projects and medical care in areas of political conflict.

The HWA has for some time rallied around the slogan "Health in the hands of the people". The new organisation will continue to pursue a non-elitest approach to health and to tackle the political issues this raises.

"South Africa probably has one of the most fragmented health services in the world. In the urban areas this results in confusion as to responsibility and competition between different levels (of care) for resources; in inadequate co-ordination; and in duplication or even triplication of services in a wasteful manner," a pamphlet introducing the new organisation observes.

It warns on the likely implications on the privatisation of health care, adding: "The recent increases in hospital and clinic fees have discouraged people from making use of public health facilities."

This, it adds, will have a disasterous effect on the health of working people, the unemployed, old age pensioners and the disabled.

● The launch will be a two-day event. The first day is open to delegates only. The second — Sunday — is an open day.

Boycott will effect doctors' training, warns professor

Star 3/3/89

Medical Reporter

An academic boycott of South Africa will have a long-term detrimental effect on the training of doctors and ultimately on the whole health care service, warns Professor J P van Niekerk of the University of Cape Town.

Professor van Niekerk, Deputy Dean of the university's Medical Faculty, said in a recent article in the South African Medical Journal that in the long-term, any reduction in the interchange of scientific thought and ideas would have this detrimental effect.

He said there had been overseas conferences where it had been made difficult, if not outright unacceptable, for South Africans to attend.

He had encountered academics who were prepared to visit some South African universities but refused to go to others.

The dilemma, he warned, took on another dimension regarding the appointment of overseas academics at local universities.

"The ultimate boycott is reached when people just don't want to come because it is just not worth their while," he said.

Dr Philip van Heerden, president of the Medical Research Council, said the boycott had not had severe repercussions in the research field as yet.

agement at the Industrial

PRIVATE HOSPITALS (98) FMAL 3/3/89

Clinical efficiency

Patients prejudiced by private hospitals' decision to contract out of the medical aid tariffs system have been offered a safety net.

SA's 70 day clinics have decided to remain within the approved scale of benefits, which means procedures carried out in these institutions will be fully covered by medical aid.

Day clinics have a lower overhead structure than private hospitals — they do not need to employ night staff or provide catering facilities. They can therefore charge lower fees and still make a profit.

FINANCIAL MAIL MARCH 3 1989

(98) FMAL 3/3/89.

Under the 1989 medical aid-approved scale of benefits, the ward fee for a B category (top of the range) hospital is R138. This is charged even if the patient spends only part of the day there. The fee for a day clinic is R75.

As private hospitals are now charging above the scale, at around R150, the real saving is even greater.

There can also be considerable savings on theatre fees, although theatre equipment may be similar. A 30-minute operation in a B hospital is R250, compared with R162,50 in a day clinic.

Many minor procedures such as tonsillectomies, eye surgery and plastic surgery can be performed safely at day clinics.

Traditionally, surgeons have preferred to use one private hospital for their operations, where they are often provided with subsidised rooms. They have therefore been reluctant to use day clinics. Now that patients have to foot part of the bill at private hospitals, they may start asking for more cost-effective treatment.

Carl Grillenberger, MD of day clinic company PresMed, says: "We were surprised to hear from market research that patients are mostly unaware that they — and not only the surgeon — can have a say in the selection of the facility in which they are to be treated.

"However, since private hospitals began contracting out, doctors we'd never seen before started making bookings for theatre time at our day clinics — and this may have been because of patient pressure."

He adds that PresMed would like medical aid tariffs to be higher, but expects the company to improve its margins through increased occupancy rates.

Some medical aid administrators are telling members which hospitals have contracted out of the system and warning them they may have to pay extra. But Stability Medical Aid's John Ernstzen says it's not the administrator's job to interfere in the provision of services.

"There are good reasons for a surgeon to choose one institution over another for his operations. But many operations can be done just as safely in a day clinic as in a hospital." ■

Shot in arm for crowded Bara

Star 4/3/89

PAT DEVEREAUX (98)

BUILDING extensions to ease critical overcrowding at Baragwanath Hospital are to begin within the next few weeks — and it's all a result of the efforts of the University of the Witwatersrand Medical School. Foundations were being dug this week.

"We decided to ease the overcrowded patient situation because Baragwanath is one of our teaching hospitals for medical students and as a teaching hospital it was not functioning," former Wits vice-chancellor Professor D J du Plessis said this week.

As chairman of the fundraising committee appointed by the Wits Foundation, Professor du Plessis said the committee aimed to provide hospital accommodation for the average of 325 patients forced to sleep on the floor each night by raising sufficient funds to make major extensions to 13 medical wards.

The cost for each unit is R312 500 and includes 25 beds in each annex and ablution, sluice and nursing staff facilities.

"By approaching five companies — Anglo American/De Beers Chairman's Fund, Barlow Rand, JCI, SAB and Anglovaal — the committee has managed to raise R1,5 million. Extensions to five hospital wards should therefore begin within the next few weeks," said medical faculty dean Professor Clive Rosendorff.

The committee still has to reach its target of just less than R4 million to complete the project.

The decision to enlarge the hospital comes in the wake of a public outcry over the shortage of facilities for patients at Baragwanath and follows the recent findings of a Wits inquiry into the grossly overcrowded conditions there.

Conditions at the hospital were initially exposed and brought to the public's attention in a letter signed by 101 doctors working at the hospital in September 1987.

● During the week February 23 to March 1, a total of 1 554 patients slept on the floor at Baragwanath. The daily average of patients without beds was 222. The worst night during the period was February 26 when 239 patients were without beds.

The worst single example of overcrowding occurred in a 35-bed ward to which 79 patients had been assigned. This meant 44 patients were forced to sleep on the floor — a figure that represents 225 percent overcapacity.

Health care becomes everyone's property

Star 5/3/89

By Jo-Anne Collinge and Sally Sealey

Health care shed its white-coat image yesterday when the South African Health Workers' Congress was launched in the Johannesburg City Hall to the accompaniment of freedom songs, traditional dancing and endorsements from scores of community organisations and trade unions.

Sahwco, with an estimated membership of 2 000, draws together doctors, nurses, para-medical and auxiliary health staff and lay people whose interest lies in the improvement of health facilities.

The second day of its inaugural meeting was open to the public and drew a crowd of well over 1 000. Mr Krish Vallabjhee was elected president.

"The exciting thing is that it's the people at this launch who are talking about health. We've allowed the professionals to control health, to take it out of our hands," said Dr Ivan Toms, who was active in community health projects in the Cape Peninsula long before his objection to military service brought him national prominence.

Dr Toms said Sahwco could play a vital role in "demystifying" health.

Medical knowledge, shared with the people, could save lives. Health workers should revise their concept of themselves, should see themselves as part of a team "passing on their skills and empowering other people".

Speakers emphasisedthe link between economic systems and the health of the people. They referred to poor health having its roots in landlessness, homelessness and unemployment.

Father Smangaliso Mkhatshwa, general secretary of the Institute for Contextual Theology, pointed to the uphill job of health workers in a context of increasing poverty and "brutal and terrible stress" caused by repression.

New health union launched

HEALTH care shed its white coat image yesterday when the South African Health Workers' Congress was launched in the Johannesburg City Hall to the accompaniment of freedom songs, traditional dancing and endorsements from scores of community organisations and trade unions.

Sahwco, with an estimated membership of 2 000, draws together doctors, nurses, paramedical and auxiliary health staff as well as lay people whose interest lies in the improvement of health facilities.

Exciting

The second day of its inaugural meeting was open to the public and drew a crowd of well over 1 000. Mr Krish Vallabjhee was elected president.

"The exciting thing is that it's the people at this launch who are talking about health. We've allowed the professionals to control health, to take it out of our hands," said Dr Ivan Toms, who was active in community health projects in the Cape Peninsula long before his objection to military service brought him national prominence.

Vital

Dr Toms said Sahwco could play a vital role in "demystifying" health. Medical knowledge, shared with the people, could save lives. Health workers should revise their concept of themselves, should see themselves as part of a team "passing on their skills and empowering other people."

Various speakers emphasised the link between economic systems and the health of the people. They referred to poor health having its roots in landlessness, homelessness and unemployment. — *Sowetan Correspondent.*

New health union launched

HEALTH care shed its white coat image yesterday when the South African Health Workers' Congress was launched in the Johannesburg City Hall to the accompaniment of freedom songs, traditional dancing and endorsements from scores of community organisations and trade unions.

Sahwco, with an estimated membership of 2 000, draws together doctors, nurses, paramedical and auxiliary health staff as well as lay people whose interest lies in the improvement of health facilities.

Exciting

The second day of its inaugural meeting was open to the public and drew a crowd of well over 1 000. Mr Krish Vallabjhee was elected president.

"The exciting thing is that it's the people at this launch who are talking about health. We've allowed the professionals to control health, to take it out of our hands," said Dr Ivan Toms, who was active in community health projects in the Cape Peninsula long before his objection to military service brought him national prominence.

Vital

Dr Toms said Sahwco could play a vital role in "demystifying" health. Medical knowledge, shared with the people, could save lives. Health workers should revise their concept of themselves, should see themselves as part of a team "passing on their skills and empowering other people."

Various speakers emphasised the link between economic systems and the health of the people. They referred to poor health having its roots in landlessness, homelessness and unemployment. — *Sowetan Correspondent.*

Health authorities to thrash out differences

98 SAW 6/3/89

By Toni Younghusband,
Medical Reporter

Health authorities are being invited to thrash out their differences and discuss possible solutions for South Africa's crumbling health care system at a conference later this year.

The conference, the brainchild of Wits University's Centre for the Study of Health Policy, has been organised in the wake of widespread dissatisfaction over escalating health costs and inferior health service.

Medical aid societies and private hospital owners, who have been locked in battle over tariffs, will be encouraged to attend the conference and to present papers.

High drug costs, another explosive issue which had pharmacists, manufacturers and the Government at loggerheads earlier this year, will also be on the conference agenda.

WHOLE SYSTEM THREATENED

"Health care costs are going through the roof. Some people blame private doctors and hospitals, others blame the medical aids. Yet others blame the multinational drug companies or the Government.

"Spiralling health care costs affect everyone and threaten the whole health care system. We would like to host an academic conference where the causes of escalating costs can be identified and short-term solutions found," conference organiser, Mr Cedric de Beer said.

Mr De Beer said the conference would be open to anyone involved in health care to attend.

The conference will be chaired by economic and health economy experts who will comment on each topic.

A date for the conference has not yet been set as the organisers are trying to get hold of an overseas speaker.

98

Many hospitals 'cheat' patients

PORT ELIZABETH. — Hospital patients are paying more than they have to through the unfair "padding" of bills.

The manager of a private hospital here claims that some hospitals are "downright crooks".

And the executive director of the Representative Association of Medical Aid Schemes (Rams) said padded hospital bills were to the detriment of patients, who ended up paying higher subscriptions.

Mr Ron Speedie of Rams said South Africans should carefully check their medical bills and not automatically accept the charges on the account.

Patients may not pay directly for treatment, but most were indirectly affected because the medical-aid schemes usually had to increase subscriptions to keep up with rising costs.

Mr Speedie said many medical schemes ran thorough checks on the invoices.

Some private hospitals who had contracted out of medical aid ask for a deposit up front.

Mr Speedie said the "deposit scheme" was done on a wide scale. "Unfortunately it places an unfair burden on the patient.

"Consider it your duty to check your bills as a small but vital part in combating increasing costs," he warned.

Certain hospitals were ethical, but some were "downright crooks", said the manager of the Port Elizabeth Day Hospital, Mr Riel du Toit.

Among the methods used in padding bills were overcharging, adding unused items or using unnecessary items — disposables instead of non-disposables, expensive medicines when there are cheaper equivalents available — overservicing or reusing items, and charging full price for each usage.

Despite the difficulty of laymen understanding complicated medical terms, to counteract this "padding" practice, patients should discuss accounts with their doctors and the hospital, advised Mr Du Toit.

Asked about incidences of overcharging or incorrect billing, Mr Wijtze Westra, general manager of Greenacres Hospital, said his hospital had had some problems with bills but 90% of the mistakes appeared to be computer errors.

tation on a pesticide rests with the Registrar of Act 36 of 1947 and the Minister of Agriculture.

(2) Yes, the research findings are available to members of the public. In the form of scientific publications and scientific project reports.

(3) Yes, the research is of an ongoing nature, but according to thoroughly planned programmes that are dealt with in order of priority, taking into account the available manpower, equipment and funds. This programme involves 10 Research workers, 9 research Technicians and 4 research assistants. The budget for the financial year 1988/89 is R700 000 of which R307 000 is used for current expenditures. Nineteen research facets are conducted in this programme.

For written reply:

General Affairs:

Apprentices indentured

16. Mr J B DE R VAN GEND asked the Minister of Communications:

(a) How many (i) White, (ii) Indian, (iii) Coloured and (iv) Black apprentices were indentured to his Department, and (b) in which trades were they indentured, as at 31 December 1988?

B70E

The MINISTER OF COMMUNICATIONS:

(a) (i) 51, and

(ii), (iii) and (iv) none; and

(b)

motor mechanic (petrol)	(10),
motor mechanic (diesel)	(3),
painter/decorator	(11),
carpenter	(17),
plumber	(1),
panelbeater	(1), and
welder	(8).

Technicians/postmen: resignations

17. Mr J B DE R VAN GEND asked the Minister of Communications:

(a) How many employees in his Department resigned in 1988 and (b) how many such employees were (i) technicians and (ii) postmen?

B71E

The MINISTER OF COMMUNICATIONS:

(a) 6 449; and

(b) (i) 443; and

(ii) 362.

Vacant posts: designations

18. Mr J B DE R VAN GEND asked the Minister of Communications:

(a) How many posts on the establishment of his Department were vacant as at 31 December 1988 and (b) what are the designations of these posts?

B72E

The MINISTER OF COMMUNICATIONS:

(a) 5 958 — which figure represents the difference between the total authorized establishment and the number of persons who occupy posts on the fixed establishment; and

(b) Assistant Restaurant Manager, Superintendent, Assistant Printer, Assistant Museologist, Assistant Quantity Surveyor, Assistant Human Resources Officer, Restaurant Manager, Architectural Draughtsman, Postmaster Grade 4, Postmaster Grade 3, Deputy Legal Adviser, Senior Human Resources Officer, Administrative Officer, Senior Psychometrist, Senior Administrative Officer, General Assistant, Personnel Officer, Job Evaluation Officer, Control Telcom Electrician, Senior Job Evaluation Officer, Control Telcom Machanic, Telcom Officer, Operating Inspector, Mail Handling Officer, Industrial Journalist, Registry Clerk, Sorter, Industrial Social Worker, Branch Postmaster, Marketing Officer, Telegraph Officer, Printer, Senior Architect, Statistician, Data Officer, Reprographic Manager, Technician, Driver, Psychometrist, Photographer, Psychologist, Senior Design Artist, Chief Inspector: Works, Language Officer, Chief Human Resources Officer, Works Inspector, Chief Psychometrist, Telcom Electrician, Chief Job Evaluation Officer, Telcom Mechanic, Dealer, Security Assistant, Catering Assistant, Instructor, Telcom Assistant, Mail Handler, Learner Printer, Postman, Exchange Superintendent, Learner Works Inspector, Telephonist,

Waiter, Inspector of Uniformed Staff, Senior Housekeeper, Museum Design Artist, Senior Caretaker, Human Resources Officer, Cook, Senior Foreman, Internal Auditor, Senior Stores Foreman, Cost Investigation Officer, Foreman, Senior Security Officer, Design Artist, Security Officer.

Hospitals: beds needed/available

19. Dr M S BARNARD asked the Minister of National Health and Population Development:

How many hospital beds were (a) available and (b) needed for (i) White and (ii) non-White patients in hospitals falling under the control of his Department as at 31 December 1988?

B73E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(a) Medunsa Dental Hospital

(i) and (ii) 10 beds,

(b) (i) and (ii) no additional beds.

Sandton: additional post offices/postal services

23. Mr D J DALLING asked the Minister of Communications:

Whether it is the intention to provide any additional (a) post offices and (b) postal services in the Sandton area in 1989; if so, (i) where, (ii) what services, and (iii) when, in each case?

B78E

The MINISTER OF COMMUNICATIONS:

(a) No;

(b) yes;

(i) Linbro Park and Sandton;

(ii) Linbro Park: The provision of a mail collection unit, and Sandton: The relocation of the existing post boxes to a separate lobby in the parking area of the same complex and the provision of an additional 1 500 post boxes; and

(iii) Linbro Park and Sandton: October 1989.

The following additional services are planned for the Sandton area for completion later than 1989:

(i) The construction of a new departmental post office with 2 000 private post boxes in Wendywood to replace the existing hired premises. The estimated date of completion is September 1990.

(ii) The establishment of a post office in Morningside. A departmental building is envisaged and a site has been identified. Negotiations for the purchasing thereof are underway.

Note:

In a written reply furnished in response to question No 130 on 15 March 1988, it was envisaged that a new departmental post office in Wendywood would be constructed during 1989. The project has unfortunately been unavoidably delayed as a result of changes in the planning of the building.

Telephone services: applications outstanding

47. Mr D J DALLING asked the Minister of Communications:

(1) How many applications for telephone services were outstanding in respect of (a) the exchanges of (i) Bryanston, (ii) Randburg, (iii) Benmore Gardens, (iv) Kelvin, (v) Bramley, (vi) Rosebank and (vii) Sunninghill Park, and (b) any other exchanges serving the Sandton constituency, as at 31 December 1988;

(2) when is it anticipated that the backlog in respect of each exchange will be eliminated;

(3) What steps are being taken to satisfy the demand for telephones in respect of each such exchange?

B96E

The MINISTER OF COMMUNICATIONS:

(1) (a) (i) 157,

(ii) 606,

(iii) 155,

(iv) 114,

(v) 146,

(vi) 136,

Academic hospitals 'being misused'

Health care in critical condition

By KAREN STANDER
Medical Reporter

TEACHING hospitals are in a crisis which could seriously affect the standard of health care in South Africa, a senior academic at Tygerberg hospital has warned.

In an article published in the latest edition of the South African Medical Journal, Professor A Coetzee, chairman of the hospital's academic medical staff association, accuses the government of getting its priorities wrong.

He predicts the exodus of doctors from academic hospitals would continue in spite of an improved pay packet.

He says unless drastic changes are made, reducing the work load, up-dating and providing additional equipment and posts, training of medical staff will become inadequate.

"This is unacceptable, not only for academic doctors, but also for the future of medicine in South Africa."

The teaching hospitals in the Western Cape are Groote Schuur and Tygerberg.

Professor Coetzee says an overflow of patients who do not belong in an academic hospital have caused a serious shortage of beds and lowered patient care below standard.

"Training is no longer the first priority.

"The academic institution ought to be the centre of excellence where only referred patients are seen.

"The academic atmosphere has been almost destroyed. This is illustrated by the quality of the knowledge of recently trained students."

There was "an overwhelming demand" for services that it was a physical inability to fulfill.

Work satisfaction had deteriorated systematically. Sustained efforts by senior academics to bring about changes had mostly failed, he said.

"The standard of medical services in South Africa is determined by (the quality of) training. If these unfavourable conditions influence medical training, the standard of health care in the country will deteriorate accordingly."

Unique

The recently improved salaries of doctors ought to be regarded as merely a correction.

"In order to prevent another crisis adjustments must be made timeously."

"The state will have to be responsible for a large section of the population's medical care. These services ought not to be the task of the training hospitals, as is presently the case. Provision must be made elsewhere for this service."

It was essential that universities and academic hospitals be seen as unique and therefore managed and financed differently to provincial and state hospitals.

CAPE TIMES 9/3/89 (98)

Strike: Kalk Bay nurses back on payroll

Staff Reporter

THIRTY-SIX trained nurses went on strike yesterday at the New Kings home for the aged in Kalk Bay.

Two nurses — Ms Cynthia Vanyaza and Ms Sarah Msutu — who were dismissed recently for disciplinary reasons — appealed to the Health Workers Union to mediate on their behalf. The dismissals were overruled by the management of the holding company, Life Care, in Johannesburg, and they were told to return to work this week.

On their return they were moved from ward duty to the occupational therapy department, which they maintain demeaned their standing as trained nurses. In addition, they complained of being treated as inferiors by senior staff. A strike was called.

After private talks between the secretary of the Health Workers Union, Mr Ivor Luke, and the manager of the home, Mr Hennie Van der Walt, the two nurses were returned to ward duties and the strike was called off.

STRIKE VICTORY ... Jubiliant nurses at the New Kings Old Age Home in Kalk Bay celebrating the reinstatement of two nurses following negotiations between the Health Workers Union and management. Picture: ALAN TAYLOR

Benoni medical aid fraud probe

JOHANNESBURG. — East Rand police are investigating allegations of fraud against a Benoni pharmacist and a doctor suspected of collaborating to claim from a medical aid fund for toiletries described as "medicine".

A complainant told police he had sent his employees with letters to a certain doctor who had then referred them to a certain pharmacist to get their medicine. In all cases, the amounts charged were different.

On March 3, a policeman visited the doctor and went with a prescription to the pharmacist in question. There, he was allegedly informed by an assistant that he could buy R100 worth of toiletries, instead of medicine, which he did.

Later, the Altron Medical Aid offices in Boksburg received a claim of R137,51 for "medicine" supplied to the patient.

On Monday, police staked out the pharmacy and confronted a woman who left the shop with two carrybags.

The woman told police she had taken a prescription for her husband to the pharmacy. She was allegedly told that she could buy toiletries or anything else worth up to R145. — Sapa

Outrage at IRA murders

DUBLIN. — The IRA, committed to cutting down civilian casualties, was accused of blatant sectarianism by church and political leaders after killing three Protestants in front of terrified schoolchildren.

The gunmen laughed, cheered and fired volleys into the air after the triple slaying at a garage in the County Tyrone village of Coagh on Tuesday, witnesses and police said.

HOUSE OF REPRESENTATIVES

QUESTIONS

†Indicates translated version.

For written reply:

General Affairs:

Sheltered employment: institutions

5. Mr W J DIETRICH asked the Minister of Manpower:

(1) (a) How many institutions providing sheltered employment were there in the Republic as at the latest specified date for which information is available, (b) what are their names, (c) where is each situated and (d) which of them are viable;

(2) whether any of these institutions are non-racial; if not, why not; if so, (a) how many and (b) what are their names?

C20E

The ACTING MINISTER OF MANPOWER:

(1) (a) 13 as at 28 February 1989

(b) and (c):

(i) Service Products Bloemfontein.

(ii) Service Products Crown Mines, Johannesburg.

(iii) Service Products Durban.

(iv) Service Products East London.

(v) Service Products Epping, Cape Town.

(vi) Service Products Johannesburg.

(vii) Service Products Kimberley.

(viii) Service Products N'Dabeni, Cape Town.

(ix) Service Products Pietermaritzburg.

(x) Service Products Port Elizabeth.

(xi) Service Products Potchefstroom.

(xii) Service Products Pretoria.

(xiii) Service Products Rand, Industria, Johannesburg.

(d) All of them are viable.

(2) (a) and (b) Yes, all of them.

Note: The abovementioned information is in respect only of institutions falling under the Department of Manpower.

HOUSE OF DELEGATES

QUESTIONS

Precedence given to question for oral reply pursuant to Resolution adopted by this House today.

†Indicates translated version.

For oral reply:

General Affairs:

Natal provincial hospitals: tariff increase

*1. Mr M RAJAB asked the Minister of National Health and Population Development:

(1) Whether tariffs at Natal Provincial hospitals are to be increased; if so, (a) what tariffs are affected and (b) (i) by how much will they be increased, and (ii) when, in each case;

(2) whether he has received any representations in this regard; if so, (a) from whom and (b) what was the purport of each of these representations?

D15E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) Yes;

(a) all tariffs are affected by the increase with the exception of the out-patient charge for persons earning less than R251,00 per month, this tariff remains at R2,00 per visit,

(b) (i) the tariffs will be increased by varying amounts but the overall average is 20%. Notwithstanding, these tariffs are still considerably less than the approved medical aid tariffs,

(ii) the new tariffs will be applicable with effect from 1 April 1989;

(2) no, (a) and (b) fall away.

Mr M RAJAB: Mr Chairman, arising from the hon the Minister's reply, could I ask him whether in fact he would be prepared to make any concessions for pensioners in that regard?

The MINISTER: Mr Chairman, the question as far as pensioners are concerned is the same as it has always been. Those that are on welfare get free medical treatment, as the hon member knows. The same sliding rule applies to those who recieve civil pensions.

Does the hon member understand the difference between those on civil pensions and those on welfare? Welfare pensioners get their pensions from the Department of Health and Welfare, while civil pensioners are those who obtain their pensions either as a result of work which has been done over the years in one of the State departments, at universities or at provincial administrations or from other private pension funds.

Mr P T POOVALINGAM: Mr Chairman, further arising from the hon the Minister's reply, is the hon the Minister aware that any family consisting of a father, a mother and three children, needs a minimum of R400 a month to be above the property datum line? If anyone earns less than that they are on the semi-starvation basis that is the subsistence level. Is the hon the Minister further aware that that being the case, a considerable number of poor people will be deprived of the opportunity of low-cost medical attention?

The MINISTER: Mr Chairman, I would like to reply to the hon member for Reservoir Hills by saing that the number of children is also taken into account on the sliding scale. In other words, the more children there are to take into account, the higher the cut-off line will be.

Mr M NARANJEE: Mr Chairman, further arising from the hon the Minister's reply, I just want to enquire whether he has any intention of addressing the pensioners' problem of having to pay the maximum fee of something like R22 when they are attended to over a weekend. Could he indicate if his intention is to change that, because that certainly creates a tremendous amount of problems.

The MINISTER: Mr Chairman, I would like to reply to the hon member's question. If any patient, whether he is a pensioner or not, cannot afford the tariffs laid down, such a patient can always make representations to the superintendent of that particular hospital and he can then be reclassified as a hospital patient. Then, in other words, he can also get free treatment. There are also other categories of patient that get free treatment, for instance those with infectious dis-

eases, psychiatric patients and those with rare diseases like cystic fibrosis, brittle-bone disease and other such conditions.

However, the fact that I would like to reiterate is that any person — who perhaps has had a lot of illness in the family or other medical problems — can apply to the medical superintendent for reclassification as a hospital patient. In other words, they can be reclassified to get free medical treatment.

Mr J V IYMAN: Mr Chairman, further arising from the hon the Minister's reply, I would like some clarity. The regulations specifically state that regardless of whether the people are pensioners or not, over weekends they will definitely be charged R22,50 per attendance . . .

The CHAIRMAN OF THE HOUSE: Order! I regret to interrupt the hon member but the time for this question has expired.

INTERPELLATIONS

The sign * indicates a translation. The sign †, used subsequently in the same interpellation, indicates the original language.

General Affairs:

Mossgas: foreigners employed on projects

1. Mr J V IYMAN asked the Minister of Economic Affairs and Technology:

Whether he will make a statement on the (a) number of foreigners employed on Mossgas projects and (b) job categories involved?

The MINISTER OF ECONOMIC AFFAIRS AND TECHNOLOGY: Mr Chairman, please accept my apology for being a bit late in answering this interpellation.

It is first of all a statistically difficult question to answer absolutely correctly. However, I will try to give as much information as is available from our statistical records.

The point that I have to make right at the beginning is that it is an accepted policy that we are looking at a local content of not less than 80% to 85%—that is my target. I think it stands at about 75% at the moment. Just about all of the semi-skilled, unskilled and skilled labour will be local labour.

Firstly, I will now give a summary of the manpower position on the off-shore contract. The figures are as follows: For project management we have 144 persons, for engineering 104, and for fabrication 919. That is as far as staffing is concerned. As far as supervisors and engineers are concerned, we have 36 for project management, 34 for engineering and 60 for fabrication.

With regard to skilled tradesmen we have 54 for fabrication. That gives us a total of 1 167 which excludes non-technical and unskilled staff. It includes only skilled and semi-skilled staff.

The figures for the on-shore part of the project are as follows: With regard to project management there are 246 persons whilst there are 51 supervisors and engineers. With regard to engineering the figure for staffing is 885. There are 192 engineers and supervisors. For fabrication and construction the figure is 1 407. For staffing, engineers and supervisors the figure is 25. There are 29 skilled tradesmen. This gives a total of 2 538.

As far as the infrastructure is concerned, we only have staffing for construction because it is basically handled by the private sector. For this there are 504 persons which gives a total of 4 209.

As I said at the beginning, it is not possible to give precise figures for the number of foreigners. We presume that "foreigners" mean non-residents or expatriates involved in the project.

We do not get returns stating whether the manpower used by suppliers of equipment and materials are local or from overseas. We can, however, give figures as far as expatriate staffing is concerned. For the on-shore project we have a total expatriate staffing of 2 538. The supervisors and engineers number 268, the skilled tradesmen 29 . . . [Time expired.]

Mr J V IYMAN: Mr Chairman, in view of the information given by the hon the Minister I am convinced today that all is not well as far as the operational functions of the Mossgas project are concerned. As a consequence I would like to know why a foreigner with no apparent skills is employed as a purchasing manager by the project management company. Why is this person being paid R24 000 per month? It amounts to R288 000 per annum which is more than twice the hon the Minister's salary.

Apart from this, I would like to know why an

additional $1 368 381 was paid to an overseas company to accept a letter of credit from a certain South African bank.

I would like to know why established, internationally acceptable South African banks were not engaged for this deal. To my mind it is highly irregular to pay a premium of $1,368 million. Furthermore, I am interested to know at what price and under what conditions Gencor and another unnamed party were awarded their 30% and 20% respectively of shares in the Mossgas project and why none of the existing oil companies was given an option to participate in the Mossgas project?

I am keen to know how many millions of rands in premiums South Africa had to pay for the platforms that are being manufactured in Saldanha by Genrig, the present contractors. In addition I would like to know why Enco had to discharge an electrical buying manager on the grounds that his position had become redundant and subsequently within five weeks engaged a foreigner in his stead. I would like these questions to be answered.

Mr M Y BAIG: Mr Chairman, within the time constraint of the minute at my disposal, I want to confine myself to the interpellation as it appears on the Order Paper. The Mossgas project, as we know, is highly technically orientated. As such it requires persons of tremendous expertise to work on the project in certain positions. It is understandable that since this is work of such a highly technical nature, local labour may not be available easily and therefore, in some instances, it is necessary to import expert labour. However, it is not my intention to do the hon the Minister's work here, but in response to some of the points raised by the hon member for Camperdown in respect of high salaries earned by certain staff, the answer is simple. These are people of tremendous expertise in certain fields. Obviously it is important to have these people, who will on the whole save the country millions—or maybe billions—of rands or US dollars. Perhaps, therefore, for short-term sacrifices the Government is looking towards long-term benefits.

I think the hon member for Camperdown may have inferred that we should also rely on local labour. If that is so, I cannot but agree with him. We should create the necessary infrastructure in this country so that we can train our local labour so that they could satisfy the demands made by such highly technically orientated industries. We have no objection to foreigners being employed here, provided that the Government has the intention of providing the necessary technikon training so that people in South Africa, especially the non-Whites, receive the necessary training to fill these job opportunities.

Mr P T POOVALINGAM: Mr Chairman, there are indeed large numbers of South Africans who are not White who are perfectly capable of providing the technical as well as other labour requirements for the Mossgas project. I want to ask the hon the Minister what steps he has taken to persuade his colleagues to have Mossel Bay declared a free settlement area, because if people are going to work on the Mossgas project in Mossel Bay—and only in Mossel Bay—they must have adequate and suitable residential accommodation. They must have facilities for the schooling of their children, and there is no point in saying that they will be employed if those amenities are not made available. The hon the Minister has a duty to sit upon his colleague who is responsible for free settlement areas, to ensure that those are created.

I would also like the hon the Minister to tell us what steps were taken, if any, in regard to the options that were taken by a certain gentleman who had inside information about the development of Mossgas.

This person, through a number of nominees, took options on the purchase of properties in Mossel Bay. Was any appropriate action taken? Was legal action taken against the offender in that particular case, quite apart from just having him removed from a certain official position which he held at the State's expense?

The other thing which I would like to know from the hon the Minister, whose department really controls the awarding of all kinds of contracts, transport contracts, building contracts and so on, is whether any member of Parliament has any interest, direct or indirect, in any company or close corporation or firm which has entered into contracts in regard to the Mossgas project. If so, I invite the hon the Minister to give information regarding this to Parliament. It is necessary for the public at all times to be kept fully aware of every stage of . . . [Time expired.]

Mr J V IYMAN: Mr Chairman, my response to

Striking nurses to be disciplined?

Staff Reporter

DISCIPLINARY action could result from Wednesday's strike by 36 Kalk Bay nursing assistants at the New Kings old-age home.

Mrs Hester la Grange, of the SA Nursing Association's W Cape branch, said the association was "extremely upset" about the incident and that it was "totally illegal". Disciplinary action could result, she said.

The strike was called over job allocation for two nursing assistants who had previously been dismissed but were given back their jobs after talks between management and the Health Workers' Union.

After being reinstated, the two nursing assistants refused to work in the occupational therapy department and a strike was called.

Nurses are barred by law from striking and could face disciplinary action.

Natal medical fees to go up by 20%

Political Staff

MEDICAL fees at all Natal provincial hospitals will go up by 20% on average from April 1, the Minister of National Health, Dr Willie van Niekerk, said yesterday.

He told Mr Mahmoud Rajab (PFP, Springfield) that all tariffs would be affected excepting the out-patient fee for people earning less than R251 a month. This fee would remain at R2 a visit.

Dr Van Niekerk said: "The tariffs will be increased by varying amounts but the overall average is 20%. The tariffs are still considerably lower than the approved medical-aid tariffs."

Groote Schuur Hospital boss gets job back

SHARON SOROUR (98)

CAPE TOWN — The ousted medical superintendent of Groote Schuur Hospital, Dr Jocelyn Kane-Berman, has been fully re-instated.

In terns of an agreement with the provincial administration she has dropped legal proceedings over the sacking controversy. Star 11/3/89

She retracted certain public comments made in the *Weekend Argus* in October last year and apologised to "those persons and offices embarrassed thereby".

This was announced last night by the Administrator of the Cape, Mr Gen Louw, in what he described as "the final statement to be issued on this matter".

The full statement said: "Dr Kane-Berman withdraws legal proceedings instituted against the CPA and other respondents.

"A mutually satisfactory arrangement has been reached regarding costs ... Dr Kane-Berman is restored to her previous position as medical superindent of Groote Schuur Hospital by the CPA as of the issuing of this statement."

ar March 11 1989

Dr Jocelyn Kane-Berman

Kane-Berman gets job back

By ANDRE KOOPMAN

DR Jocelyn Kane-Berman, who was axed from her job as chief medical superintendent of Groote Schuur Hospital last November for saying that Mr Nelson Mandela should head the government, was yesterday reinstated.

The Administrator of the Cape, Mr Gene Louw, said in a statement yesterday that Dr Kane-Berman had been reinstated with immediate effect.

This follows legal action which Dr Kane-Berman had instituted against the administrator and provincial authorities which was due to be heard in the Supreme Court next month.

Dr Kane-Berman said last night that she was "quite delighted" by her reinstatement. "I'm very pleased that the matter has been amicably resolved. I am particularly grateful to Mr Louw for the part he has played in ensuring a satisfactory outcome and, for his courteous handling of the issue."

Mr Louw said that an agreement had been reached between himself and Dr Kane-Berman which stated that:

- Dr Kane-Berman withdraws the legal proceedings instituted against the administration and other respondents. A mutually satisfactory agreement has been reached regarding costs.
- Dr Kane-Berman retracts certain comments made in the Argus of October 22, 1988 and tenders her apology towards those persons and offices that were embarrassed.

Mr Louw said the statement was the final word on the matter from the provincial administration.

Soon after her axing, Mr Louw said the decision to transfer her from Groote Schuur to the post of regional medical superintendent was "final from the outset" and that her statements had caused the provincial hospital services "incalculable damage".

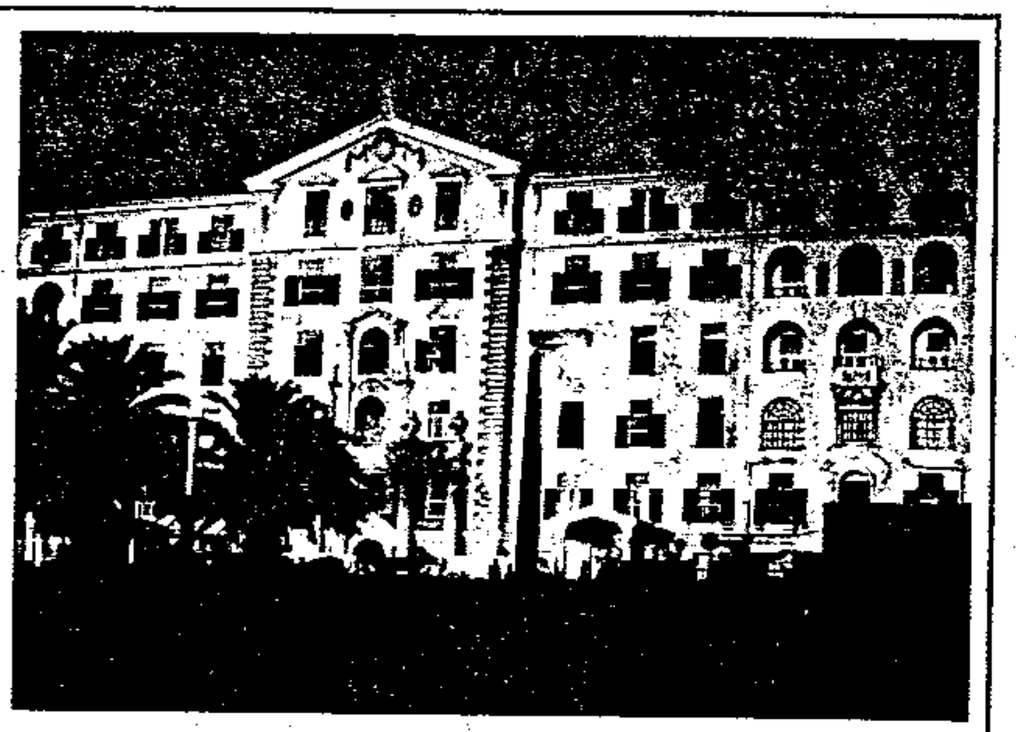
Asked last night why there had been a sudden about-face, Mr Louw said: "I can merely say that I took the initiative to bring it about. I thought it was in the best interests of Groote Schuur Hospital."

He said that he and Dr Kane-Berman had met yesterday afternoon and that the agreement had been "amicably reached".

"I am very glad that it has taken place," he added.

The medical fraternity, which had rallied to Dr Berman's support and which had described her axing as "arrogant", was last night "delighted" with the news.

- Dr Marius Barnard, PFP spokesman on health, said last month that President P W Botha had probably ordered Dr Kane-Berman's transfer because, he said, Mr Botha "felt insulted by one of her remarks".



GROOTE SCHUUR HOSPITAL ... Dr Kane-Berman back in charge

...probably of ... mist Azar Jammine says the

Clinic opts out for your good

Business Times Reporter

SOUTH Africa's largest private hospital group, Clinic Holdings, has launched a spirited defence of its decision to opt out of the medical aid societies scale of fees.

Chairman Barney Hurwitz says in the company's first annual report since it was listed on the JSE that it has no option but to contract out if it is to maintain standards of medical service.

"To continue with our policy of widening the range of clinical services and upgrading existing medical and surgical facilities in order to maintain standards equal to and surpassing the best in the world, it is essential to keep up with the latest technology advances.

"While it is costly, the equipment required to maintain this standard often reduces the stay in hospital and lessens the need for protracted medical care."

In spite of high costs, the company — one of the biggest 1987 listings — exceeded its prospectus forecasts for turnover and earnings in the year to September 30.

Turnover increased by 34% against a forecast 29% and earnings were 21,5c a share. The forecast was 20,5c.

Mr Hurwitz says a comparison of the increase in private health care costs with the economy as a whole provides an insight into Clinic's decision to opt out of the medical aid schemes.

Slower

A study by Unisa School of Business Leadership professor of management economics Jan Hupkes for 1983-1987 shows that the cost of medical services increased at a slower rate than other sectors.

The all-items consumer price index rose by 78,5% from the 1983 base in the four years. The CPI for services increased by 71,1%; pharmaceutical, surgical, medical and allied products increased by 96,2%; and the cost of medical services increased by 49,7%.

In a First World economy the price of service would generally rise faster than inflation. This occurred in SA in 1984-1985, but then the general graph rose faster, says Mr Hurwitz.

The likely reason is that the rand's fall hit the cost of goods more severely.

Hansard.

HOUSE OF ASSEMBLY

QUESTIONS

†Indicates translated version.

For written reply:

General Affairs:

Lawsuits against Minister

40. Dr M S BARNARD asked the Minister of National Health and Population Development:

(1) Whether any lawsuits were brought against (a) him in his capacity as Minister of National Health and Population Development and/or (b) any specified chief executive director of provincial hospital services in (i) 1987 and (ii) 1988; if so, what (aa) were the circumstances of each lawsuit and (bb) was the outcome in each case;

(2) whether (a) he and/or (b) any specified chief executive director of provincial hospital services paid out any money (i) as a result of successful lawsuits brought against them and (ii) in out-of-court settlements in each of the above years; if so, what amount in respect of each case? B97E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) (a) (i) Yes (4)

(ii) Yes (3)

(aa) 1987

1. Application for an order setting aside a decision in terms of which 16 containers of imported mechanically deboned poultry were released from detention and declared fit for sale.
2. Application for an order setting aside the decision of the Director-General to dismiss the Applicants from their employment.
3. Application for an order declaring that on a proper interpretation of Rules 9(1) and 9(2) of the Rules of Conduct for Medical Practitioners and Dentists, it is permissible for medical practitioners and dentists to co-operate with practitioners registered as such under the Associated Health Service Professions Act, 1982, in respect of medical or health treatment of a particular patient.
4. Damages for injury of name and reputation (R25 000,00) and special damages for loss of income (R6 800 000,00).

1988: 1. Application for the release of a person detained at Weskoppies Hospital.
2. Application for an order declaring that Applicant is an associated institution for the purposes of the Associated Institutions Pension Fund Act, 1963.
3. Application for an order declaring that Applicant be permitted to collect contributions from the public in terms of section 4 of the Fund Raising Act, 1978.

(bb) 1987:

1. Application dismissed.
2. Applicants did not proceed with the case.
3. The Minister is the second respondent, and will not oppose the application and will abide by the judgement of the Court.
4. Case pending.

1988: 1. Application dismissed.
2. Out-of-court settlement — no costs.

3. Application dismissed by Supreme Court.

EXECUTIVE DIRECTORS OF PROVINCIAL HOSPITAL SERVICES

CAPE PROVINCIAL ADMINISTRATION

(1) (b) (i) Yes (16)

(ii) Yes (13)

(aa) 1987:

1. Loss of four fingers.
2. Fell on way from bathroom.
3. Fell out of hospital bed.
4. Internal bleeding after operation.
5. Injuries sustained after fall in hospital.
6. Unsuccessful sterilisation.
7. Buzzing sound in ear after injection.
8. Complications after head injuries sustained in a motor vehicle accident.
9. Unsuccessful treatment.
10. Stillborn baby.
11. Renal failure after treatment for backache.
12. Scissors left in stomach after operation.
13. Lesions of the skin.
14. Damages after caesar ean section under epidural anaesthetic.
15. Metallic foreign body left in buttock.
16. Death due to brain damage after tonsillectomy.

1988:
1. Stillborn baby.
2. Allergic reaction due to administration of drug.
3. Complications after operation on ankle.
4. Dysphasia due to thrombosis after catheterisation procedure.
5. Post-operative complications.
6. Fruitless expenditure due to postponement of operation.
7. Stillborn baby.
8. Strangulated spermatic cord after hernia procedure.
9. Incorrect diagnosis.
10. Pain and suffering due to delayed diagnosis for mastectomy.
11. Bad treatment.
12. Faulty machine during operation.
13. Testicle biopsy without permission.

(bb) 1987:

1. Settled out-of-court.
2. Case was withdrawn.
3. Case pending.
4. Case was withdrawn.
5. Settled out-of-court.
6. Settled out-of-court.
7. Case pending.
8. Case was withdrawn.
9. Case was withdrawn.
10. Case was withdrawn.
11. Case was withdrawn.
12. Settled out-of-court.
13. Case pending.
14. Case pending.
15. Case was withdrawn.
16. Case pending.

1988: 1–13 Cases pending.

NATAL PROVINCIAL ADMINISTRATION

(1) (b) (i) Yes (1)

(ii) Yes (1)

(aa) 1987

1. Omitted sterilisation at Caesarean section and subsequent live birth.

1988 1. Unattended birth.

(bb) 1987

1. R27 000,00 awarded subject to appeal.

1988 1. Out-of-court settlement.

ORANGE FREE STATE PROVINCIAL ADMINISTRATION

(1) (b) (i) Yes (4)

(ii) Yes (6)

(aa) 1987:

1. Sustained brain damage during operation.
2. Permanent damage to leg as a result of too tight plaster cast.
3. Injury to buttock as a result of an injection with an infected needle.
4. Death due to burns.

1988:
1. Legs paralysed as a result of incorrect treatment after a coronary by-pass operation.
2. Needle left in kidney.
3. Death due to lack of treatment in casualty ward.
4. Fell on hospital floor.
5. Permanent disability of shoulders and elbows as a result of incorrect treatment.
6. Skin burns during operation.

(bb) 1987

1. Case pending.
2. Case pending.
3. Case pending.
4. Out-of-court settlement.

1988:
1. Case pending.
2. Case pending.
3. Case pending.
4. Case pending.
5. Case pending.
6. Case pending.

TRANSVAAL PROVINCIAL ADMINISTRATION

(1) (b) (i) Yes (18)

(ii) Yes (14)

(aa) 1987:

1. Brain damage suffered during induction of anaesthetic.
2. Diathermy burn on buttock.
3. Instrument left in abdomen.
4. Displacement of arm.
5. Paralysis due to fracture of T8 vertebra.
6. Intoxicated patient died after treatment of apparently less serious stab wounds.
7. Drainage pipe left in abdomen.
8. Mini sterilisation was followed by a pregnancy.
9. Extensive burns during pre-operative preparation of the skin.
10. Reduced eye sight due to infection setting in because of delayed transfer from one hospital to another.
11. Infection due to being discharged after giving birth without suturing the episiotomy.
12. Left facial nerve palsy after tympanotomy for reduced hearing on the left side.
13. Strike by General Assistants.
14. Appointment of applicant as Senior House Officer.
15. Transfer of Senior Superintendent.
16. Loss of two teeth caused by anaesthetic procedure.
17. Strike by General Assistants.
18. Strike by General Assistants.

1988:
1. Internal injuries due to fall out of bed.
2. Brain damage caused by administered medication.
3. Multiple operations to restore skin lesions caused by failure to remove a drainage tube.
4. Death as a result of a penicillin injection.
5. Burn on scapula caused

by theatre equipment during operation.
6. Injury due to inadequate supervision.
7. Contracted Aids following blood transfusions.
8. Wound sepsis caused by inadequate treatment after operation.
9. Insufficient plaster-of-Paris applied to left forearm.
10. Inadequate treatment.
11. Injured in ambulance in transit from the hospital to home.
12. Injury to right hip due to fall from ambulance trolley.
13. Fractured rib sustained from falling off ambulance stretcher.
14. Paralysed right arm due to faulty traction.

(bb) 1987

1. Case pending.
2. Case pending.
3. Case pending.
4. Case pending.
5. Case pending.
6. Case pending.
7. Court ruling in favour of Plaintiff.
8. Case pending.
9. Case pending.
10. Case pending.
11. Case pending.
12. Case pending.
13. Case pending.
14. Order in favour of Applicant — on appeal at present.
15. Case pending.
16. Case pending.
17. First case by four employees was dismissed with costs. In the second case the Supreme Court ruled that the audi alteram partem rule was not applied properly and that the workers had to be reinstated. This case is on appeal at present.
18. As the audi alteram partem rule with regard to the legitimate expectation of a pension at the age of sixty was not applied the Supreme Court ruled that the strikers belonging to a pension fund had to be reinstated. Since the ruling the audi alteram partem rule was applied and at present a further case is sub judice.

1988
1. Case settled.
2. Case pending.
3. Case settled.
4. Case pending.
5. Case pending.
6. Case pending.
7. Case pending.
8. Case pending.
9. Case pending.
10. Case pending.
11. State Attorney is of the opinion that the Town Council of Johannesburg is responsible. State Attorney regards case as closed.
12. Case pending.
13. Case settled.
14. Case pending.

(2) (a) MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(i) No money was paid out.

(ii) No money was paid out.

(b) EXECUTIVE DIRECTORS OF PROVINCIAL HOSPITAL SERVICES

CAPE PROVINCIAL ADMINISTRATION

(i) No.

(ii) Yes.
1987: 1. R20 000,00.
5. R 7 500,00.
6. R 1 000,00.
12. R 2 000,00.
1988: None.

NATAL PROVINCIAL ADMINISTRATION

(i) No.

(ii) Yes.
1988: 1. R4 500,00.

ORANGE FREE STATE PROVINCIAL ADMINISTRATION

(i) No.

(ii) Yes.
1987: 4. R392,50.

OTHER CLAIMS SETTLED OUT-OF-COURT DURING 1987

1. Plaintiff claimed during 1985 — settled in 1987 — R6 832,00.
2. Plaintiff claimed during 1986 — settled in 1987 — R5 979,20.
3. Plaintiff claimed during 1986 — settled in 1987 — R7 000,00.
4. Plaintiff claimed during 1986 — offer of R600,00 was made but has not been accepted yet.

TRANSVAAL PROVINCIAL ADMINISTRATION

(i) Yes.
1987: 7 R818,42

(ii) Yes.
1987: None.
1988: 1. R1 650,00.
3. R 266,70.
13. R1 000,00.

Other successful lawsuits brought against the Administrator of the Transvaal.

1987: R15 000,00.
1988: R 3 313,00.

Other lawsuits brought against the Administrator of the Transvaal and settled out-of-court.

1987: R1 120,00
R1 000,00
R2 750,00.

1988: R25 000,00
R40 000,00
R 4 908,17
R 1 000,00
R20 000,00.

Language Monument Fund: reserve amount

53. Mr A GERBER asked the Minister of National Education:†

(1) Whether, after the erection of the Language Monument in Paarl, there was a reserve amount in the Language Monument Fund; if so, what was this amount;

(2) whether any allocations have been made to institutions from this reserve fund; if so, (a) to which institutions, (b) what amounts, (c) for what purpose, and (d) when, in each case;

(3) whether there is a body which exercises control over this fund; if so, (a) what body, (b) who are the members of this body, (c) (i) by whom, (ii) when and (iii) for what period have they been appointed and (d) to whom do they report;

(4) what is the current position of the fund?
B146E

The MINISTER OF NATIONAL EDUCATION:

The "Afrikaanse Taalmonumentfonds", which consisted of contributions collected by a committee, was used to establish the Afrikaans Language Monument. After the handing over of the Afrikaans Language Monument and the Afrikaans Language Museum to the State in 1977, the "Afrikaanse Taalfonds" was established. The "Fonds" *inter alia* administers the remaining funds of the "Afrikaanse Taalmonumentfonds". The "Fonds" is an organisation that administers its affairs in terms of its own constitution. Particulars regarding the "Afrikaanse Taalfonds" and its activities should therefore be obtained from that organisation itself.

Medunsa: students qualified as doctors

56. Dr M S BARNARD asked the Minister of Education and Development Aid:

How many students in each race group qualified as doctors at the Medical University of Southern Africa at the end of 1988?
B155E

Star 14/3/89 - (98)

R59 000 in law suits paid out by provincial hospitals

The four provincial hospital services had paid out R58 938,82 in law suits in 1987 and 1988 for reasons ranging from being infected with Aids to falling out of a hospital bed, **Minister of Health Dr Willie van Niekerk** said in the House of Assembly yesterday.

In a written reply to a question from Dr Marius Barnard, (PFP, Parktown), Dr van Niekerk said the payments were the result of court awards and out-of-court settlements on 13 claims in the two years. 51 claims were still pending.

In addition, the Administrator of the Transvaal had paid out R114 091,17 over that period as a result of successful lawsuits and out-of-court settlements.

In the Transvaal, courts had awarded plaintiffs R818,42 for a drainage pipe left in an abdomen, R1 650 for internal injuries due to a fall out of a bed and R1 000 for a fractured rib from falling off a stretcher.

The province still faced claims resulting from "displacement of arm"; an instrument left in a patient's abdomen; a mini-sterilisation followed by a pregnancy; the loss of two teeth due to anaesthetic procedure; death after a penicillin injection; a hip injury due to falling off a trolley; and contracting Aids after a blood transfusion.

The Cape executive directors of hospital services had settled out of court for "loss of four fingers"; an unsuccessful sterlisation; and a pair of scissors left in a patient's stomach. — Sapa.

Hansard

(98)

privatisation policy is that it will eventually be cheaper as a result of a smaller public sector, lower taxes and a higher employment rate. A lot can be achieved if privatisation can help to contain the cost of hospital and health services. It is imperative that privatisation of the present facilities can only be considered if the private sector is willing to provide the full spectrum of health services and maintain the standard of care at an affordable cost. If this is not achieved, the public interest is not protected and privatisation cannot be considered.

*I believe that the fact which the private sector will have to confront, is that they will have to charge realistic tariffs which will be acceptable to the State. If private hospital entrepreneurs do not charge realistic tariffs, the State will not be able to afford to consider the subsidisation of State patients in private hospitals. I want to give the assurance once again that the State will not ignore its responsibility towards patients who need help. [Time expired.]

*Dr W J SNYMAN: Mr Chairman, private hospitals recently announced that they were going to increase their tariffs substantially despite the fact that the RAMS had granted an increase of 12%. This will mean that from now on patients will have to pay the difference between the scale of benefits and the new scale which private hospitals are demanding.

In practice, this means that an estimated cost of an operating procedure is going to be demanded in the form of a deposit, for example, at the time that the patient is admitted, and that in many cases the full account will have to be settled by the patient, who will then be able to claim the portion of the scale of benefits from the fund at a later date. The medical aid funds have been compelled to notify their members that they themselves are responsible for the portion of the account which exceeds the scale of benefits.

This development could result in private hospitalization eventually becoming totally out of reach of the man in the street. I really want to ask the hon the Minister, seeing that he has now announced that a board of private hospitals is to be appointed, whether apart from advice, quality and standards, there is going to be a degree of control over exorbitant tariffs. Let me give hon members one example.

A patient was admitted to a private institution. After seven weeks his account came to R47 000, and the portion of that account which was in respect of medicines, came to approximately R19 000. This particular patient was terminally ill, and after his death, his entire estate was wiped out by this account, and his dependants were apparently left destitute. This is a serious matter and I think that it is up to the Government to look into this matter, in the interests of the public sector.

*The MINISTER OF HEALTH SERVICES AND WELFARE: Mr Chairman, I should very much like to tell the hon member for Pietersburg and all hon members, as well as the public of South Africa, that in order to curtail the costs of hospitalization in private institutions, we are considering giving preference when processing all new applications, to the approval of those applicants who undertake in writing to limit their fees to the tariff of fees stated by medical schemes. When we come to this board on private hospitals—the hon member for Pietersburg enquired about this—the board must have the power to deal with all complaints which are received from the public.

The board will have to deal with any matter or complaint which it receives, whether administratively, executively or in terms of the powers which the board will have. The board will consider any matter which is submitted to it by the public, for example, with regard to the account to which the hon member referred, and with regard to tariffs which are charged for services rendered in the relevant institutions in terms of the Medical Schemes Act, 1976, and the relevant regulations which are issued in terms of the Act. The only matters which this board for private hospitals cannot deal with, are matters concerning the powers of the South African Medical and Dental Council, the South African Nursing Council, the South African Pharmacy Council and the professional councils of the ancillary health professions in terms of the relevant legislation.

I want to give the assurance this afternoon that we would like to provide everyone with the best health and hospital services. The State simply does not have the necessary funds to do everything. For that reason we welcome private hospitals, but there will and must be control, particularly over tariffs and exorbitant accounts.

Debate concluded.

QUESTIONS

*Indicates translated version.

For oral reply:

Own Affairs:

Committee in charge of investigating introduction of levies

*1. Mr R M BURROWS asked the Minister of the Budget and Works:

(1) Whether, with reference to his reply to Question No 3 on 15 March 1988, the committee in question is still investigating the introduction of levies to be imposed by own affairs departments for the use of certain services; if so, (a) (i) on what dates has this committee met and (ii) who are the members thereof and (b) what services are involved;

(2) whether this committee or any other committee or body has made any recommendations on the introduction of such levies; if not, why not; if so, what levies have been (a) recommended and (b) introduced?

B385E

The MINISTER OF THE BUDGET AND WORKS:

(1) No

(a) (i) and (ii) Fall away

(b) Falls away.

(2) No, the Committee did not make any recommendations as its instructions were only to explore the various possibilities which may exist for levies.

(a) and (b) Fall away.

Teacher/pupil ratio: inquiry

*2. Mr R M BURROWS asked the Minister of Education and Culture:

(1) Whether, with reference to his reply to Question No 4 on 29 March 1988, the inquiry by an advisory committee of the Committee of Heads of Education into the matter of teacher/pupil ratios in schools under his control is still in progress; if so, (a) who are the members of this advisory committee and (b) what are the terms of reference of this committee;

(2) whether any recommendations have been made and/or decisions have been taken in respect of teacher/pupil ratios; if not, (a) why not and (b) when is it anticipated that decisions will be taken; if so, (i) what recommendations and/or decisions, (ii) when were they made or taken, (iii) who was consulted and (iv) when will they be implemented?

B386E

†The MINISTER OF EDUCATION AND CULTURE:

(1) No,

(a) and (b) fall away;

(2) yes,

(a) and (b) fall away,

(i) the advisory committee recommended that pupil density be adjusted over a period of ten years to ensure uniformity in the provision of staff in the various provinces,

(ii) 27 January 1988,

(iii) the Teachers' Federal Council,

(iv) on 1988-11-17 the Ministers' Council of the House of Assembly approved that the first phase of the recommendation be implemented in 1989 and 1990 and resolved that further research should be undertaken.

Disciplinary action against Johannesburg lecturer

(89)

(53)

*3. Mr A GERBER asked the Minister of Education and Culture:†

(1) What were the circumstnaces under which his Department took disciplinary action against a lecturer at a Johannesburg college, particulars of whom have been furnished to the Minister's Department for the purpose of his reply;

(2) whether the decision of his Department was set aside in a court; if so, what are the relevant particulars;

(3) whether any further action has been taken or is being considered against the lecturer concerned; if so, what action;

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

B390E

The MINISTER OF EDUCATION AND CULTURE:

(1) Mr A C Hofmeyr, a lecturer at the Johannesburg College of Education, was

charged with misconduct by the Transvaal Education Department on the grounds of his absence from duty without leave or valid cause on 16 June 1986. He was found guilty and cautioned;

(2) yes, an appeal has, however, been lodged by the Department of Education and Culture and the matter is therefore sub judice;

(3) falls away;

(4) no.

For written reply:

General Affairs:

Rabies in animals: cases reported

46. Mr R J LORIMER asked the Minister of Agriculture:

Where any cases of rabies in animals were reported to his Department in 1988; if so, (a) how many, (b) where did each outbreak occur and (c) what steps were taken in each case?

B83E

The MINISTER OF AGRICULTURE:

Yes.

(a) 420

(b)

Transvaal Region	16
Northern and Eastern Tvl Region	45
High Veld Region	69
Free State Region	45
Natal Region	143
Eastern Cape and Karoo Region	37
Western Cape Region	7
Venda	1
KwaZulu	31
Transkei	26

(c) All dogs in the rabies controlled areas of Natal and Northern Transvaal are annually inoculated against rabies. After each outbreak contact animals are destroyed where necessary and all dogs and cats in a radius of 15 km around an outbreak are inoculated. All movements of dogs and cats to, within and from the rabies controlled areas are subject to permit control. During 1988 altogether 743 909 animals were inoculated against rabies.

National servicemen: qualifications

112. Mr R R HULLEY asked the Minister of Defence:

(a) How many national servicemen in the (i) August 1988 and (ii) February 1989 intakes had a (aa) Std 8 certificate, (bb) matriculation certificate and (cc) tertiary education diploma or degree and (b) what percentage the respective intakes did this constitute in each case?

B264E

The MINISTER OF DEFENCE:

(a) (i) and (ii) It is policy not to divulge personnel strengths.

(b)

	(aa)	(bb)	(cc)
(i)	24,13%	52,72%	16,74%

(ii) The figures for the February 1989 intake is not available as yet.

National servicemen placed in institutions outside SADF

113. Mr R R HULLEY asked the Minister of Defence:

(1) How many national servicemen in the (a) August 1987, (b) February 1988 and (c) August 1988 intakes were placed in organizations or institutions outside the South African Defence Force in terms of section 16 of the Defence Act, No 44 of 1957;

(2) how many such servicemen in the (a) August 1987, (b) February 1988 and (c) August 1988 intakes were placed in (i) the Office of the Receiver of Revenue, (ii) Infoplan, (iii) the Small Business Development Corporation and (iv) other specified organizations or institutions;

(3) what criteria are applied in determining where such servicemen are placed?

B265E

The MINISTER OF DEFENCE:

(1) (a) 21

(b) 52

(c) 34

(2) (a) (i) 0

(ii) 0

(iii) 0

(iv)

SA Transport Services	1
Department of Water Affairs	1
Department of Development Aid	4
Department of Trade and Industry	4
Cape Prov. Administration (Hospital Services)	2
Department of National Health and Population Development	2
Adminsitration House of Assembly (Department of Agriculture and Water Supply)	1
Bureau for Information	1
Department of Agricultural Economics and Marketing	1
Provincial Administration OFS	1
Department of Mineral and Energy Affairs	3
	21

(b) (i) 0

(ii) 0

(iii) 2

(iv)

Pretoria Metal Pressings	1
Bureau for Information	1
CSIR	1
Department of Foreign Affairs	2
Cape Prov. Administration (Hospital Services)	4
Natal Prov. Administration (Hospital Services)	3
Tvl Prov. Administration (Hospital Services)	4
Prov. Administration OFS (Hospital Services)	3
Department of Development Planning	4
Admin. House of Assembly (Department of Agriculture and Water Supply)	14
Department of Agricultural Economics and Marketing	2
Department of Mineral and Energy Affairs	1
Armscor	1
Department of Finance	1
Departmentof Justice	1
Department of Education and Training	1
Prov. Administration OFS (University of the OFS)	2
Admin. House of Assembly (Department of Education and Culture)	4
	50

(c) (i) 0

(ii) 0

(iii) 1

(iv)

Department of Agriculture Forestry (Gazankulu)	2
Department of Foreign Affairs	9
National Parks Board	1
Department of Mineral and Energy Affairs	1
Department of Agriculture and Environment Affairs (Kwa-Ndebele)	1
Department of Agriculture and Environment Affairs (Lebowa)	3
Department of Agricultural Economics and Marketing	5
CSIR	1
Department of Agriculture and Environment Affairs (Venda)	1
Cape Provincial Administration (Hospital Services)	1
Department of Health (Kwazulu)	1
Department of Agriculture and Environment Affairs (Kangwane)	4
Natal Provincial Administration	1
Kentron	1
Department of Transport	1
	33

(3) The stipulations of Section 16(2) of the Defence Act (Act 44 of 1957) and also the requirement of and possible future utilization of these members in the SA Defence Force, measured against the requirement of the institutions who are involved.

Noxious plants: amount spent on herbicides

116. Mr R J LORIMER asked the Minister of Agriculture:

(a) What amount was spent on herbicides for the control of noxious plants in the 1988-89 financial year, (b) what noxious plants were

Inland Revenue in conjunction with the Department of National Education

(2) and (3)
In terms of section 18A of the Income Tax Act donations to any university or college (i.e. tertiary institution) or educational fund established for schools providing education beyond Standard Six are deductible for tax purposes up to an amount of R500 or 2 per cent of taxable income in the case of individuals and 5 per cent in the case of companies.

In paragraph 18.51 of its report the Margo Commission recommended not only that section 18A be retained but that it should be extended to cover donations to primary schools, subject, however, to tightening up control to eliminate avoidance, abuse and evasion.

The Government's response is to be found in paragraph 9.1.3 of the White Paper on the Report and reads as follows:

"The Government is aware of the many abuses involving this concession; but it supports the principle that the private sector should make a larger contribution to the growing financial needs of educational institutions. The Government therefore accepts the Commission's recommendation, but as far as donations to schools are concerned the administration of the scheme will have to be improved before it will be extended to include primary schools."

The investigation referred to in (1)(b) above is still in progress.

INTERPELLATIONS

The sign * indicates a translation. The sign †, used subsequently in the same speech, indicates the original language.

Own Affairs:

Private hospitals

1. Dr W J SNYMAN asked the Minister of Health Services and Welfare:

(1) How many private hospitals were registered with his Department during the latest specified period of 12 months;

(2) whether he contemplates taking action in respect of the high cost of private hospitalization?

*The MINISTER OF HEALTH SERVICES AND WELFARE: Mr Speaker, during the period 1 March 1988 to 28 February 1989, six new private hospitals and new operating theatre units were registered with the department. During the same period, 61 applications were received of which 40 were for the creation of new facilities. Of these, 28 applications were received from private hospitals, of which nine applications have already been approved. Twelve are still being considered, five have been rejected and two developers have cancelled their applications. Twelve applications for the creation of new free-standing operating theatre units were received. Three were approved, seven were rejected and two applications are still being considered. At the moment 23 private hospitals and 62 free-standing operating units are registered with the department in the Republic. The costs of private hospitalization and medical services are determined by the supplier, and not by the State. The Medical Association of South Africa does provide doctors with a guideline of average fees for medical services.

The scale of benefits—that is the tariff of fees—for medical schemes is determined by the Representative Association of Medical Schemes, for implementation by the medical schemes.

All complaints about tariffs are investigated by the Department of Health Services and Welfare in co-operation with the Representative Association of Medical Schemes.

During July 1988 a Bill was published by the hon the Minister of National Health and Population Development with a view to making provision for the appointment of a board for private hospitals. This board will consist of 15 members, who will be appointed by the Minister, and who will represent the four health departments, the South African Co-ordinating Consumer Council, the Medical Association of South Africa, the Representative Association of Medical Schemes, private hospitals, the South African Nursing Association and the Pharmaceutical Society and will include a legal practitioner and a person who is qualified in the field of mental health.

The duties of this board will be to advise the Minister on matters in which private hospitals are affected by statutory provisions, the promotion of a cost-effective service by private hospitals and on measures which are necessary to ensure the quality of service and the application of standards in private hospitals. Any submissions, recommendations or complaints with regard to the service provided by private hospitals will be investigated and considered. The head of the department who is responsible for the registration of the establishment, will be advised. In order to curtail the cost of hospitalization in private hospitals and institutions, it is now being considered, with regard to new applications . . . [Time expired.]

*Dr W J SNYMAN: Mr Speaker, it is very clear from the reply of the hon the Minister that there is much activity with regard to private hospitalization. In Schedule 1 of the Constitution, the registration and control of private hospitals—one of the subjects in section 14 of the Constitution—is regarded as a so-called own affair. We now find that in practice, apart from the fact that these private hospitals are anything but own affairs hospitals, they must, nevertheless, fill a vacuum because insufficient funds are being granted for provincial hospital services.

Firstly, this results *inter alia* in provincial hospitals being closed down as a result of a shortage of nursing personnel or general operating capital, and secondly, that nowadays certain expensive and highly sophisticated equipment is only available at private hospitals. We can therefore justifiably say that the standard of hospital services in the provinces is deteriorating, and this essentially affects our academic hospitals as well.

We recently received a report from an association at Tygerberg Hospital according to which it was found that the quality and the standard of training could suffer because of this. The academic hospital is more of a service hospital which has to provide certain services, and in reality it is actually suffering due to a lack of the correct equipment which it needs to achieve the necessary academic qualifications. We cannot escape from the fact that the standards in the private hospitals will also depend on the quality of the academic training which will be available.

The hon the Minister will now tell me that this part of the service does not fall under his department. That is true enough, but without the knowledge which is obtained from the academic institutions, the service in the private sector will also deteriorate at private institutions.

As a result of the vacuum which exists, we find on the other hand, as the hon the Minister mentioned in his reply, that there is a burgeoning of private hospitals, accompanied by consequent increases in costs with regard to hospitalization insofar as the public is concerned, a situation which has become totally unacceptable in the present economic situation in South Africa. The Association of Medical Schemes recently granted a general increase of 12% to private hospitals and an increase of 29% with regard to operating theatres and intensive care units. [Time expired.]

Mr H H SCHWARZ: Mr Speaker, I would like to ask the hon the Minister the following questions. Firstly, what actually is his policy in regard to the privatisation of hospital services and is it his policy to encourage the establishment of more private hospitals? Secondly, I would like to know from him why the private hospitals are regarded as a White own affair when I still have to see a private hospital which is not multi-racially staffed, and if it was not multi-racially staffed, it could not function. In addition to that very many private hospitals are open to all races. The logic therefore as to why this should be a White own affair absolutely escapes me.

Thirdly, I would like to ask if he realises what is happening to the middle classes in South Africa who are being squeezed in the sense that those who are entitled to get free or low cost hospitalization, can obtain it; those who are rich and well-off can afford to pay the tariffs, or their medical schemes can pay them; but middle-class people who do not have the benefit of medical aid schemes, or have to pay substantially in excess of what the charges are to be at certain hospitals, find it impossible to see that they get adequate medical and hospital services in South Africa.

Lastly, Sir, may I ask the hon the Minister if we are actually a caring society, because the measure of a civilised society is whether one cares for the aged, the incapacitated and for the sick. Does this administration show that it is a caring society? I think there is a very serious question mark over this administration as to whether it really cares for the people of South Africa. [Time expired.]

*The MINISTER OF HEALTH SERVICES AND WELFARE: Mr Speaker, I want to reply very frankly to the hon member for Yeoville by saying that this administration is very definitely responsible, that it carries out its responsibility towards the aged and less privileged people in South Africa to the full, and that with the funds at our disposal we do everything in our power to help everyone.

†Privatisation is one way of helping the State to possibly spend less. It is also a way of ensuring that the State does not have to subsidise those who are already covered by medical aid. Two thirds of our population are dependent on the State for basic health services and one third is self-supporting and belongs to some or other medical aid scheme.

One of the main arguments in support of the

privatisation policy is that it will eventually be cheaper as a result of a smaller public sector, lower taxes and a higher employment rate. A lot can be achieved if privatisation can help to contain the cost of hospital and health services. It is imperative that privatisation of the present facilities can only be considered if the private sector is willing to provide the full spectrum of health services and maintain the standard of care at an affordable cost. If this is not achieved, the public interest is not protected and privatisation cannot be considered.

*I believe that the fact which the private sector will have to confront, is that they will have to charge realistic tariffs which will be acceptable to the State. If private hospital entrepreneurs do not charge realistic tariffs, the State will not be able to afford to consider the subsidisation of State patients in private hospitals. I want to give the assurance once again that the State will not ignore its responsibility towards patients who need help. [Time expired.]

*Dr W J SNYMAN: Mr Chairman, private hospitals recently announced that they were going to increase their tariffs substantially despite the fact that the RAMS had granted an increase of 12%. This will mean that from now on patients will have to pay the difference between the scale of benefits and the new scale which private hospitals are demanding.

In practice, this means that an estimated cost of an operating procedure is going to be demanded in the form of a deposit, for example, at the time that the patient is admitted, and that in many cases the full account will have to be settled by the patient, who will then be able to claim the portion of the scale of benefits from the fund at a later date. The medical aid funds have been compelled to notify their members that they themselves are responsible for the portion of the account which exceeds the scale of benefits.

This development could result in private hospitalization eventually becoming totally out of reach of the man in the street. I really want to ask the hon the Minister, seeing that he has now announced that a board of private hospitals is to be appointed, whether apart from advice, quality and standards, there is going to be a degree of control over exorbitant tariffs. Let me give hon members one example.

A patient was admitted to a private institution. After seven weeks his account came to R47 000, and the portion of that account which was in respect of medicines, came to approximately R19 000. This particular patient was terminally ill, and after his death, his entire estate was wiped out by this account, and his dependants were apparently left destitute. This is a serious matter and I think that it is up to the Government to look into this matter, in the interests of the public sector.

*The MINISTER OF HEALTH SERVICES AND WELFARE: Mr Chairman, I should very much like to tell the hon member for Pietersburg and all hon members, as well as the public of South Africa, that in order to curtail the costs of hospitalization in private institutions, we are considering giving preference when processing all new applications, to the approval of those applicants who undertake in writing to limit their fees to the tariff of fees stated by medical schemes. When we come to this board on private hospitals—the hon member for Pietersburg enquired about this—the board must have the power to deal with all complaints which are received from the public.

The board will have to deal with any matter or complaint which it receives, whether administratively, executively or in terms of the powers which the board will have. The board will consider any matter which is submitted to it by the public, for example, with regard to the account to which the hon member referred, and with regard to tariffs which are charged for services rendered in the relevant institutions in terms of the Medical Schemes Act, 1976, and the relevant regulations which are issued in terms of the Act. The only matters which this board for private hospitals cannot deal with, are matters concerning the powers of the South African Medical and Dental Council, the South African Nursing Council, the South African Pharmacy Council and the professional councils of the ancillary health professions in terms of the relevant legislation.

I want to give the assurance this afternoon that we would like to provide everyone with the best health and hospital services. The State simply does not have the necessary funds to do everything. For that reason we welcome private hospitals, but there will and must be control, particularly over tariffs and exorbitant accounts.

Debate concluded.

QUESTIONS

*Indicates translated version.

For oral reply:

Own Affairs:

Committee in charge of investigating introduction of levies

*1. Mr R M BURROWS asked the Minister of the Budget and Works:

(1) Whether, with reference to his reply to Question No 3 on 15 March 1988, the committee in question is still investigating the introduction of levies to be imposed by own affairs departments for the use of certain services; if so, (a) (i) on what dates has this committee met and (ii) who are the members thereof and (b) what services are involved;

(2) whether this committee or any other committee or body has made any recommendations on the introduction of such levies; if not, why not; if so, what levies have been (a) recommended and (b) introduced?

B385E

The MINISTER OF THE BUDGET AND WORKS:

(1) No

(a) (i) and (ii) Fall away

(b) Falls away.

(2) No, the Committee did not make any recommendations as its instructions were only to explore the various possibilities which may exist for levies.

(a) and (b) Fall away.

Teacher/pupil ratio: inquiry

*2. Mr R M BURROWS asked the Minister of Education and Culture:

(1) Whether, with reference to his reply to Question No 4 on 29 March 1988, the inquiry by an advisory committee of the Committee of Heads of Education into the matter of teacher/pupil ratios in schools under his control is still in progress; if so, (a) who are the members of this advisory committee and (b) what are the terms of reference of this committee;

(2) whether any recommendations have been made and/or decisions have been taken in respect of teacher/pupil ratios; if not, (a) why not and (b) when is it anticipated that decisions will be taken; if so, (i) what recommendations and/or decisions, (ii) when were they made or taken, (iii) who was consulted and (iv) when will they be implemented?

B386E

†The MINISTER OF EDUCATION AND CULTURE:

(1) No,

(a) and (b) fall away;

(2) yes,

(a) and (b) fall away,

(i) the advisory committee recommended that pupil density be adjusted over a period of ten years to ensure uniformity in the provision of staff in the various provinces,

(ii) 27 January 1988,

(iii) the Teachers' Federal Council,

(iv) on 1988-11-17 the Ministers' Council of the House of Assembly approved that the first phase of the recommendation be implemented in 1989 and 1990 and resolved that further research should be undertaken.

Disciplinary action against Johannesburg lecturer

*3. Mr A GERBER asked the Minister of Education and Culture:†

(1) What were the circumstnaces under which his Department took disciplinary action against a lecturer at a Johannesburg college, particulars of whom have been furnished to the Minister's Department for the purpose of his reply;

(2) whether the decision of his Department was set aside in a court; if so, what are the relevant particulars;

(3) whether any further action has been taken or is being considered against the lecturer concerned; if so, what action;

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

B390E

The MINISTER OF EDUCATION AND CULTURE:

(1) Mr A C Hofmeyr, a lecturer at the Johannesburg College of Education, was

Hospital lawsuits net R59 000

CAPE TOWN — The four provincial hospital services paid out R58 938,82c in lawsuits in 1987 and 1988 for various reasons, including an AIDS infection as a result of a blood transfusion, Minister of Health Dr Willie van Niekerk said yesterday.

In reply to a question by Dr Marius Barnard (PFP Parktown), Van Niekerk said the payments were the result of court awards and out-of-court settlements of 13 claims.

The Administrator of the Transvaal paid out R114 091,17c over the same period. — Sapa.

Budget blow

Western Cape hospitals dilemma: Cut services or charge more

By TOM HOOD, Business Editor, and
KAREN STANDER, Medical Reporter

HOSPITALS in the Cape face cuts in services unless they raise their fees as a result of lower provisions in yesterday's Budget.

Hospital fees would have to be tripled or quadrupled to make up the shortfall, according to Professor Geoff Everingham, head of the department of accounting at the University of Cape Town and former Progressive Federal Party chief spokesman on finance in the Provincial Council.

The MEC for hospitals and roads, Mr André van Wyk, said today he was unhappy with the provision made for hospitals and was being forced to consider increasing fees.

"I appreciate the dilemma faced by the Minister of Finance, but it would not be correct to say that I am completely happy. It does not satisfy us or our needs. We were hoping for much more.

"Terrible state"

"The Budget doesn't take cognisance of inflation. This will mean that the completion of Groote Schuur will be delayed, we won't be able to progress with the building of community health centres and our ambulance service is in a terrible state. We won't be able to do anything about that now."

The allocation was attacked as "scandalous" by Professor Everingham and "insufficient" by Professor J P van Niekerk, deputy-dean of UCT's faculty of medicine.

Libraries, roads, traffic control, repairs and maintenance and nature conservation services may also find their cash allocations will lead to cuts in services.

Western Cape hospitals (excluding teaching hospitals) will have a budget of about R248-million in the coming year against a revised R247-million for 1988-89 — a rise of only 0,7 percent.

Slightly better

The teaching hospitals — Groote Schuur and Tygerberg — are only slightly better off with an increase of 9,3 percent from a revised expenditure of R591-million to R646-million for the coming year.

Confirming the figures, Mr Gerhard Croeser, chief executive of policy in the Department of Finance, said: "They must look at their whole Budget structure or reconstruct their tariffs."

Professor Everingham said that in real terms the Budget was being reduced when an inflation rate of 15 percent was taken into account.

The hospitals' positions would be aggravated by the exchange rate on imported equipment.

"Traditionally, hospital fees have not been linked directly to expenditure — for very good reason. Income from fees is about five percent of running costs and fees would have to be tripled or quadrupled to make up the shortfall, hitting the poorer sector the hardest.

"This is disgraceful. Hospital services are pared to the bone as it is and are already showing signs of considerable stress after fairly heavy cutbacks last year.

"Teaching hospitals are slightly better off, but this (increase) is still below the rate of inflation."

Professor van Niekerk said there was underspending on health services generally. The vast majority of the population was not covered by medical aid schemes and it was com-

(Turn to page 3, col 2)

Inside today: Budget digest

Bread price rise likely this year

By PETER FABRICIUS
Political Staff

THE bread price is likely to rise later this year — possibly in two instalments — after a R20-million cut in the subsidy announced by Minister of Finance Mr Barend du Plessis last night.

Minister of Agriculture Mr Greyling Wentzel said today that unless more funds were allocated the price would have to rise.

Mr du Plessis indicated in an interview last night that he did not favour subsidies as they helped the rich as much as the poor.

RELIEF

Other ways would have to be found for giving relief to the poor, he said.

A spokesman for Mr Wentzel said today that a bread price increase was "under consideration" but no decision had been made.

However, government sources believe that the price will rise twice this year in small instalments.

In August after the last price increase, Mr Wentzel said that if it had not been for an increase in the government subsidy of R42-million and another R20-million from the wheat industry, the price of brown bread would have risen 11 cents and white by 6 cents.

The actual increases were 6 cents for brown which rose to 69 cents and 4 cents for white which rose to 85 cents.

Picture: LEON MULLER, The Argus.

OUT OF HIDING: Mr Johnny Issel outside the court today.

Issel out of hiding after three years

By BRONWYN DAVIDS
Staff Reporter

POLITICAL activist Mr Johnny Issel made a dramatic break from three years in hiding when he turned himself over to authorities at Goodwood Magistrate's Court today.

He was released on R2 000 bail on condition that he reports to Manenberg police station once a week, that he gives his address to the investigating officer and that if he changes his address or finds employment he should also report this to the police.

He is not restricted to any magisterial district.

HEARING POSTPONED

The hearing has been postponed to April 10 for further investigation.

Mr Moosa said outside the court that Mr Issel would probably be charged with furthering the aims of a banned organisation.

A relieved Mr Issel arrived at court with his wife Zubeida Jaffer and their two-year-old daughter Rushka.

Among those who waited outside were Dr Allan Boesak, Mr Jan van Eck, MP for Claremont, Mr Luc Serot Almeros, first secretary of the French Embassy, a large Press contingent and wellwishers from extra-parliamentary organisations.

"VERY STRANGE"

Dr Boesak said: "It's very strange to way things have gone. I'm glad that Johnny can come out in the open."

A large contingent of uniformed and plainclothes police monitored the situation but did not approach Mr Issel.

As he left the court he was greeted with cries of "Amandla" and "Viva Johnny".

SA-Angola PoW swop on Havana

Budget squeeze on hospitals

(Contd from page 1)

munity health-care which was particularly under-funded.

"When you have a fragmentation of services and the cost infrastructure at this level it is very difficult to make effective use of the existing budget."

WORSE OFF

Said PFP finance spokesman Mr Harry Schwarz."With inflation running at 15 percent, this can only mean a reduction in services."

Hospitals in the Eastern Cape are even worse off — their budget is cut by 8,5 percent to R322-million. If allowance is made for inflation, this could mean a cut of about 24 percent in real terms.

Library services are cut by 2,7 percent to R28-million and nature and environmental conservation by 5,3 percent to R16-million.

The provincial budget for salaries, wages and allowances is up 23 percent to R8-million.

But the provision for improvement of service and conditions ("augmentation of salaries, wages and allowances") is slashed by 95 percent to R2,7-million. The provision last year was R19-million — later increased to R59-million as a result of the Public Service pay rise.

Black nurses 'humiliated' at Johannesburg Hospital

Sowetan 17/3/89

BLACK nurses working at the "white" Johannesburg Hospital are forced to work under degrading, racist restrictions, the Dean of the Medical Faculty at the University of the Witwatersrand, Professor Clive Rosendorff, said on Wednesday night.

Speaking at the BC Alexander Nursing College's graduation ceremony, Professor Rosendorff said that while black nurses had at last been allowed to work at the Johannesburg Hospital, they had been subjected to unequal conditions of service.

These included:

- Ineligibility for creche facilities available to white nurses;
- Ineligibility for medical care at the hospital;
- A quota restriction on entry to post-basic courses;
- Ineligibility for accommodation at the nurses' home; and
- Problems with transport to work on the racially-segregated Johannesburg buses.

"How humiliating that a black nurse has to suffer these degrading, racist restrictions," Professor Rosendorff said.

He said had it not been for these nurses, the hospital would have had to drastically curtail its services.

Professor Rosendorff said the diminishing pool of white nurses and the unfavourable conditions of service for black nurses had resulted in a desperate shortage of nurses at the hospital.

He said the medical school, the hospital board and the council of the nursing college were deeply concerned at the determination of the Transvaal Provincial Administration authorities to keep the college white. — Sapa.

'Racist, degrading' situation for nurses

ARGUS 17/3/89

The Argus Correspondent

JOHANNESBURG. — Black nurses at the "white" Johannesburg Hospital had to work under degrading, racist restrictions, said the Dean of the Medical Faculty at the University of the Witwatersrand, Professor Clive Rosendorff.

Speaking at the BC Alexander Nursing College's graduation ceremony, Professor Rosendorff said that while black nurses had at last been allowed to work at the Johannesburg Hospital, they had been subjected to unequal conditions of service.

These included: ineligibility for creche facilities available to white nurses; ineligibility for medical care at the hospital; a quota restriction on entry to post-basic courses; ineligibility for accommodation at the nurses' home and problems with transport to work on the racially-segregated Johannesburg buses.

"How humiliating that a black nurse has to suffer these degrading, racist restrictions," Professor Rosendorff said.

Cape hospitals face bleak

choices

By MEG BRITS

DRASTIC cutbacks in budget allocations for Cape hospitals create the impression that the government is trying to make these institutions self-financing, according to Professor Geoff Everingham, head of the department of accounting at the University of Cape Town.

The cutbacks would probably mean hospitals were now faced with either dropping standards and limiting service, or charging more, he said.

He said it seemed as though the government was trying to link the expenditure in hospitals to income, something which had never been considered before.

"Hospital fees have traditionally accounted for only 5 to 6% of running costs, the principle being that health care services for those unable to afford private care are paid for by the State out of taxes."

Prof Everingham, formerly PFP spokesman on finance in the Provincial Council, said yesterday the implication of the budget cuts was that government was now trying to do with hospitals what it had done with white education — ask the user to pay pro rata for the services required.

"To apply this to hospital services, which cater for those with little or no ability to pay, is immoral. It is unthinkable that one has to be rich to receive proper health care. And who takes the responsibility for the patient who has delayed coming to a hospital because of the cost and now needs greater care for a longer period of time?"

Prof Everingham said that the budget cuts as applied to teaching hsopitals would also probably mean that those who worked hardest to maintain standards of excellence in health care would have to face a lowering of these standards if they wished to continue to provide a service for as many people as possible.

The budget allocation for Western Cape hospitals in 1989/90 is R248,7m — just 0,7% higher than last year; that for teaching hospitals 9,3% higher at R646,7m and that for Eastern Cape hospitals 8,5% lower than last year at R322,1m.

The total hospital and health services budget for the province is estimated at R1,6 billion, 3,6% higher than last year, compared with a year-on-year inflation rate of 13,3%.

Those for the Transvaal and Natal were each increased by 14,8%.

Mr Hannes Smit, chief director in the Treasury, said the discrepancy could arise because the different provincial budgets took cognisance of large items of non-recurring expenditure — for example, the commissioning of new hospitals or community health centres.

He said that, during the 1988/89 financial year, the Cape Provincial Administration had transferred R77m worth of annual expenditure to the House of Assembly and the House of Representatives, as well as the Department of National Health, while the Transvaal services, for example, had received R36m worth from the department.

The MEC for hospitals and roads, Mr Andre van Wyk, was reported last week as saying that the budget allocation did not take cognisance of inflation.

This meant that the completion of the new section of Groote Schuur would be delayed; the building of community health centres would not progress and nothing could be done about the ambulance service, which was in "a terrible state".

Some 70 new community health centres were needed, specifically to take the pressure off overloaded hospitals.

Dr George Watermeyer, executive director of hospital and health services in the Cape, said it was probably too early to tell whether hospitals would raise their fees to accommodate the budget, but agreed that hospitals were now caught between increasing costs and numbers of patients and decreased availability of funds.

He said earlier this week that public health service provision in the Cape province, as in the rest of the country, was already in an unsatisfactory condition.

He said infrastructural services such as community health centres, ambulance services and primary care facilities were underprovided and not readily accessible to the population.

This was a major reason hospitals had become overstressed in providing walk-in and casualty services.

CAPE TIMES 21/3/89 (9B)

Hospital fees in the Cape may triple

By MEG BRITS

DRASTIC budget cuts imposed on Cape hospitals could mean that patients will soon be charged more than in private clinics.

Experts have said the budget cuts will mean that state and provincial hospitals in the Cape will probably have to double or even triple their fees to meet expenditure.

This would take the standard general ward fee from R86,25 a day to R172,50 or as high as R258,75 a day. A scale of rebates is available to those whose income tax assessment is less than R1 090 a year.

The general ward fees covered by medical-aid schemes in private hospitals are R101 a day for hospitals with up to 70 beds and R138 a day for those with more than 70 beds.

These fees were approved from January by RAMS, the Representative Association of Medical Schemes, which limited its cover to a 12% increase in private hospital fees.

It also increased medical-aid subscriptions by 18%, which it was hoped would cover both increased hospital fees and medicine costs.

The cost increase in the provision of hospital care during the past year has been estimated at as much as 62%, while the total 1989/90 budget allocation for hospital and health services in the Cape was increased by just 3,6% last week — which will mean state and provincial hospitals will either have to limit services or increase fees.

tombstones yesterd

Detainees: new turn

● From Page 1

with the detainees to protect them from the rigours of detention without trial by refusing to discharge them back to the environment which caused their ill-health. Any action to the contrary must be seen as collusion with the State and the system of detention without trial.

● The four former emergency detainees who took refuge in the West German Embassy in Pretoria would "communicate their position" at 10am today, their lawyer, Mrs Priscilla Jana said last night.

She said after consulting the four at the embassy at Blackwood Street, Arcadia, that the Minister of Law and Order's offices had given lawyers "various assurances" by telephone.

"Our clients are taking a position, and they will be able to communicate their position this morning at 10am."

Mr Clive Radebe, Mr Mpho Lekgoro, Mr Job Sithole and Ephraim Nkoe's decision would be conveyed at the embassy today, she said.

Asked about their condition, Mrs Jana said: "They look quite well."— Sapa.

Letter urges health worker action

HOSPITAL superintendents, district surgeons and private doctors in whose care detainees on hunger strike are should resist any move to send them back to prison, a letter issued by a health workers' organisation said yesterday.

The letter sent to the medical authorities by the South African Health Workers' Congress (Sahwco) said any move to discharge those detainees back into custody was against the ethical and moral code of conduct of a health worker.

"In the noble tradition of the United Charter of Human Rights and the Tokyo Declaration we urge you and every other health worker involved

● To Page 2

Hospital growth curbed

98 BIDY 22/3/89

PRETORIA — The dire need for funds is hampering the essential growth of Transvaal hospitals, MEC in charge of hospitals Daan Kirstein said here yesterday.

He said under current financial constraints it was not always possible to provide adequate services.

Kirstein said building programmes had to be slowed to match the lack of funds. However, tenders for the R60m 800-bed hospital in Soweto would go out in the second half of the year and, hopefully, work would start in 1990.

Basic low-level work had started at the new Pretoria academic hospital, but the construction period would have to be stretched over 12 years.

Estimated cost, Kirstein said, was

GERALD REILLY

R230m but this would accelerate in the years ahead because of inflation.

The province had also run into problems with the proposed new Medunsa academic hospital at GaRankuwa.

Originally construction was programmed for seven years but had had to be stretched to 12 to 14 years.

Meanwhile the building of four 25-bed wards at Baragwanath with private sector funds is expected to start later this month or next month.

The funds were donated by the Anglo American and De Beers chairman fund, Barlow Rand, SA Breweries and JCI (R300 000 each).

Hospital cannot cope, — doctor

98
CAPE Times
30/3/89

Staff Reporter

A SENIOR consultant at Tygerberg Hospital has said that the outpatient section is "understaffed and unmanagable".

He was referring to the case of Mrs Janap Danty who this week took her one-year-old son Saeed to the hospital for treatment and was kept waiting for nearly five hours, after which she took her son to her own doctor.

The consultant, who cannot be named for professional reasons, says "the situation is out of hand, we cannot cope".

The problem he says, is that strictly speaking, Tygerberg is a "referral" hospital that breaks its own rules on moral grounds by attending to anyone who comes to the outpatient section without a letter from their own doctor.

At weekends particularly, patients are being told by private doctors to go to Tygerberg without the patients first being seen by these doctors. This problem is on the increase, according to the consultant and the lengthy wait that Mrs Danty faced is a "common one".

He maintains that up to "a million people live between the hospital and the sea" and with the increasing population in Cape Town, the problem will escalate dramatically.

The trauma unit copes with 5 000 cases a month and at weekends "training doctors" are operating continuously. Tygerberg has 1 850 beds with occupancy sometimes reaching 140%.

For some reason people are reluctant to go to "day hospitals", he said, which overloads Tygerberg even more.

The consultant believes that Tygerberg Hospital is one of the finest in the country, but "something must be done" about the present state of affairs.

R7-m medical centre opens in Athlone

By ANTHONY DOMAN
Staff Reporter

ATHLONE entrepreneurs have opened the first large-scale medical facility in the suburb.

The first operation at the R7-million, 133-bed Gatesville medical centre will be performed on Saturday, hospital administrator Mr Riedwaan Allie said yesterday.

Marketing director Mr Joe Regal said businessman Mr Ebrahim Bhorat had initiated the project about two years ago.

Specialist facilities covered radiology, pathology and physiotherapy. There were five operating theatres and a night operating service.

Two of the theatres would have facilities for specialised neurological and orthopaedic operations.

Health services kitty falls short by R240m

Hough warns of big TPA budget curbs

B/Day 5/4/89

TPA services will be cut almost across the board in the next financial year.

Administrator Danie Hough also told the Extended Public Committee on Provincial Affairs yesterday its officials would receive a 15% rise.

He added that if these increases were excluded the 1989/90 provincial budget would have shrunk by 3% over last year's revised estimate.

Hospital Services gets an extra R86m, but its total allocation is about R240m short of the amount required to meet all medical needs.

Hough said 19 functions were being assessed for privatisation.

He said it was estimated about 3 135 of the Chief Directorate of Works' 4 877 posts could be eliminated to save R57m annually.

The overall budget is R3,744bn — an increase of 14,98%, over the estimate for the previous year.

PETER DELMAR

Hough said the hospitals cut would make it impossible to replace obsolete, expensive equipment.

Of the extra R86m budgeted for hospitals, R36,2m was for additional functions transferred to the province by the National Health and Population Development Department. Hospital Services pay increases and "miscellaneous reasons" accounted for a further R42,1m.

Contracts

Hough said most proposed road and bridge contracts would have to be cancelled.

He forecast a considerable shortage of bridging finance to local authorities resulting from the Community Development cut.

Hough noted that, compared with the revised estimate, the new budget was increased by only 3,4%. Excluding salary and service adjustments from the revised estimate for 1988/89, and the draft budget for 1989/90, spending fell R128m — 3%.

Draft estimates show the General Administration budget rose by R14,8m (9,5%) of which R8,5m was for computer equipment.

Other departmental votes:

- ☐ Library and Museum Services decreases by R300 000, 2,02%. Subsidies to local authorities and book purchases will be cut;
- ☐ Works' share cut R8,7m, 4,1%.
- ☐ Hospital Services up R86m, 5,05%.
- ☐ The Nature Conservation budget increases by R1m, 4,93%.
- ☐ Roads and Bridges construction programme is curtailed to enable the department to make a R31m cut; and
- ☐ Community Services' has the biggest cut of R170m, 19,8%.

World Health Day call for hospitals to be desegregated

JANET HEARD

APARTHEID came under attack today (International World Health Day) as one of the root causes of ill-health for most South Africans.

One way to tackle the problem was to desegregate hospitals immediately, it was said.

The National Medical and Dental Association (Namda) publicity secretary, Dr Max Price, said today's international focus on health presented a challenge to the State to make health acceptable and affordable to most South Africans.

This should not stop people from demanding the authorities improve the health services immediately.

"The rural areas, peri-urban informal settlements, and farmworkers have almost no access to health care. In urban areas, where access is better, the overcrowding and high fees often deter people from using the services.

"Namda calls for the immediate desegregation of all hospitals. We want to see the integration of preventive and curative services under unified, regional and non-raical authorities."

Namda called for the provision of adequate services in the informal settlements.

"Ultimately people will only be assured of decent health care once they have the political power of the vote to influence the allocation of resources."

The challenge to communities was to put health on to the political agenda alongside housing, rent and removals.

Govt drops 20% surcharge on selected medical goods

DIANNA GAMES

GOVERNMENT has dropped the 20% import surcharge on selected items of medical equipment and is to refund the industry for those paid out retrospectively to August 15 last year, when the surcharge was introduced.

Leonard Swanson, of Rand Medical Supplies, said he had initiated a protest to government about the surcharge but had so far had only eight or nine out of 50 items removed.

A Board of Trade and Industry spokesman was not available for comment.

Salters medical supply company director Stanley Engelberg said they stood to have around R150 000 paid back to them in surcharges and goods would have to be recosted.

Swanson said the surcharge was inflationary and pushed up the costs not only for the man-in-the-street but also for government hospitals, which already had a R240m shortfall.

He said representatives from 18 supply companies around the country had spoken to government on the issue and, although some gains had been made, they did not go far enough and he was still fighting to have more items removed.

Star 11/4/89

98

Surcharge on certain medical equipment dropped

Medical Reporter

Importers of medical equipment are expecting refunds of thousands of rands following a Government decision to drop surcharges on some goods. The import surcharge on all medical equipment, enforced last August, has been dropped from certain items.

Imported equipment, which is not also made in SA, is now exempt from the surcharges. Items such as monitoring equipment, thermometers and surgical instruments will be exempt. But those items which are made locally, such as rubber gloves, certain syringes and bandages, are not — a move which suppliers believe is an attempt to encourage local buying.

Suppliers said yesterday it would take a while before they got back all the money they had paid in surcharges but one firm estimated it could expect about R150 000.

MET MINISTER

Mr Len Swanson, of Rand Medical Supplies, said suppliers would continue to urge the Government to have the surcharge dropped from as many items as possible.

Mr Swanson, supported by at least 18 suppliers, met the Deputy Minister of Economics and Technology in Cape Town shortly before the Easter weekend. The Minister was very sympathetic, Mr Swanson said, and as a result some surcharges had been dropped.

"He said we should feel free to go back to him if there were other items that needed to be released. I'm making a list and writing to him about it."

Mr Swanson pointed out that the surcharge had pushed up costs not only for the patient but also for State hospitals.

A private hospital spokesman said medical equipment had to be imported because there was not a big enough demand to justify a local manufacturing industry.

Star 11/7/89 (98)

J G Strijdom set to lose bulk of staff

By Toni Younghusband, Medical Reporter

The J G Strijdom Hospital in Johannesburg stands to lose much of its medical staff as a result of a Government decision to make it an "own affairs" hospital, sources have revealed.

An "own affairs" hospital is racially segregated and falls under the control of the respective tier of the tricameral Parliament.

According to a recent *Government Gazette* the J G Strijdom has been made an "own affairs" hospital along with another 35 provincial hospitals.

But unlike the others, the J G Strijdom is a teaching hospital and according to legislation laid down by the Minister of Health, academic hospitals must be "general affairs" institutions. For this reason, the large number of academic staff from the University of the Witwatersrand attached to the J G Strijdom may not be able to work there any longer in view of the new "own affairs" policy.

Sources told The Star yesterday that a majority of the hospital's staff would be unable to work in a segregated non-teaching hospital and suggested that a large contigent of nursing staff would leave the hospital once the Wits doctors had left.

Talks with authorities

Wits vice-chancellor Professor Robert Charlton yesterday confirmed that the hospital had become an "own affairs" institution but said it was too early to say what the outcome would be. He said the university had not been informed of the Government's intention although he and the Dean of the Medical Faculty, Professor Clive Rosendorff, had held discussions last year with health authorities concerning this issue.

Professor Charlton said Wits would have to "explore the consequences" of this Government decision and he urged hospital staff not to panic. The issue was a complicated one as some staff were employed jointly by the provincial authorities and by Wits.

Dr Marius Barnard, MP, yesterday said he hoped Wits would withdraw from the hospital. He said this Government move was an attempt to enforce racial segregation at its hospitals. Of the estimated 7 000 beds at white hospitals in the Transvaal, about 2 000 were standing empty, Dr Barnard added.

A doctor, who asked not to be named, said that from the point of view of an academic doctor it was sad to see the impending death of one of the best teaching hospitals in South Africa.

Comment from "own affairs" health authorities and the Department of Health had not been received at the time of going to press.

Director of Hospital Services in the Transvaal Dr Hennie van Wyk said that as the hospital no longer fell under provincial authority he could not comment.

A spokesman for the hospital said this was a matter for the relevant health authorities.

Medicine exemptions

REPRESENTATIONS regarding the exemption of certain medicines from the import surcharge list were being considered, the Board of Trade and Industry (BTI) said yesterday.

BTI chairman Laurence McCrystal said apart from exempting selected items of medical equipment from the list last week, it had also exempted certain agricultural implements.

He confirmed government had exempted certain medical equipment from surcharge retrospectively to August 15.

Items taken off the list included X-ray equipment, therapy and surgical appliances, electro-diagnostic apparatus and dental instruments, while those still on it included microscopes, thermometers, artificial joints, hearing aids, heart pacemakers, blood and plasma transfusion equipment.

DIANNA GAMES

Sectors of the medical equipment industry whose products were not taken off the list are to continue making representations to government to get more items exempted.

Frik Prinsloo, financial accountant of Research Instrumentation, which specialises in microscopes, said they had reapplied last week for microscopes to be removed from the surcharge list.

He said they had originally applied for removal when the surcharges were introduced but had been turned down.

Barry Furnaux, of Laboratory and Scientific, said the surcharges were a constraint on stockholding and cash flow and would push up the already high cost of health research and development.

African ministers want new aid deal

ADDIS ABABA — African finance and planning ministers want to strike a new deal with foreign donors on a strategy for economic reforms, they said after a joint meeting here yesterday.

They adopted a strategy giving high priority to social and long-term development needs neglected in traditional reforms sought by the IMF, the World Bank and other donors in return for aid.

The strategy necessitated partnership among African governments and with development partners, a communique said.

The UN Economic Commission for Africa played a leading role in preparing the strategy, yet to be made public. — Sapa-Reuter.

ESKOM TO AWARD R859,5m WORTH OF CONTRACTS

ESKOM plans to award R859,5m worth of major contracts between 1989 and 1993, Eskom's Engineering group said in a supplier communique.

The money will be spent on civil engineering projects, plant life extensions, power station and transmission contracts and modification projects throughout SA.

The programme is based on the

EDWARD WEST

forecast electricity growth rate and could be altered at any time, the communique said.

The Tutuka, Lethabo, Matimba and Kendal power stations would be completed by the end of 1993, with the last station in the current generation of thermal plants, Majuba, planned for completion in 2020, a report in Engineering Week said.

Eskom has 2,5m potential customers in SA, with the strongest growth potential in the western and eastern Cape and Border areas. It also aims to supply electricity networks throughout southern Africa during the next 20 years.

Australian troops take up UN positions after arriving at Oshakati to monitor Swapo's withdrawal from Namibia to Angola. Picture: REUTER.

Mediator for lay-offs strike

B1Day 12/4/89

SIEMENS and the National Union of Metalworkers called in a mediator last night in an attempt to end a two-day-old strike over impending mass lay-offs.

At least 900 workers at six locations stopped work over the planned shedding of about 130 employees.

Siemens says the lay-offs are necessary because of a 35% cut, from R439m last year to R286m this year, in the P & T digital equipment budget.

Altech, whose STC subsidiary is the other major supplier of digital equipment to P & T, said its Boksburg factory workforce had been cut by about 300 for the same reason.

Altech group executive Jacques Sellschop said yesterday STC began months ago to let natural attrition reduce the workforce. Lay-offs were then negotiated with unions.

ALAN FINE

Siemens joint MD John Trotskie said he was "very disappointed" talks yesterday afternoon, in which the company indicated willingness to improve severance payments, had deadlocked.

He said the company could not accede to union demands that it should negotiate on the need for lay-offs.

Numsa negotiator Enoch Godongwana said Siemens's attitude to negotiating all issues related to lay-offs was the key issue in dispute.

SA council of the International Metalworkers' Federation secretary Brian Fredericks said Numsa's West German counterpart, I G Metall, had been asked to press Siemens's parent company into ensuring the dispute was resolved through negotiation.

Row over own affairs hospital

98

B1Day 12/4/89

DIANNA GAMES

THE decision to make one of the Reef's teaching hospitals an own affair hospital goes against government's plan to rationalise hospital services.

This was said yesterday by Cedric De Beer of Wits University's Centre for the Study of Health Policy.

De Beer said government, which recently made the JG Strijdom Hospital a white own affairs hospital, was thereby further entrenching apartheid and further fragmenting services instead of making them more cohesive to save costs.

An own affairs hospital falls under a specific house of the tricameral parliament.

The hospital's superintendent, Dr Idallette Coetzee, said she would not comment on the possibility of doctors from the Wits Medical School not being allowed to work at the hospital because it was now segregated. She confirmed, however, that the majority of the doctors working at the hospital were from the school.

Government legislation dictates that teaching hospitals should fall under general affairs, and therefore students from the university might now not be able to continue staffing the hospital.

National Medical and Dental Association (Namda) spokesman Dr Max Price said he would urge the university to refuse to allow its doctors to work in the hospital because of its commitment to the desegration of hospitals.

"If people want whites-only hospitals they must appreciate the consequences," he said.

Private-state hospital ties urged

MARITZBURG — There is an urgent need for medical authorities to accept a dual private and provincial hospital system in SA, says former Medical Research Council president Professor Andries Brink.

Brink, who is carrying out an assessment of hospital systems in SA, was speaking yesterday at the 56th congress of the Medical Association.

"We should no longer contest the inevitable — provincial hospitals are unable to maintain their high technology facilities and private hospitals are playing a larger role in high-tech medicine," he said.

The private hospital sector had grown tremendously and now had more than 40 000 hospital beds, compared with about 81 000 in provincial hospitals.

"People do not realise that half the beds in private hospitals are not for affluent patients.

"They are used on a contracted-out basis for the chronically ill and psychiatric and tuberculosis patients at a cost less than the state can provide."

Brink said private hospitals provided high-tech medical care and in some cases were more modern, with more sophisticated facilities, than even teaching hospitals.

"The standard of care and the maintenance of high ethical practice is likely to be ensured if the two cultures become more integrated. Better use could also be made of medical equipment to the benefit of all," he said. — Sapa.

CSS surveys hospitals

BDay 13/4/89 GERALD REILLY (98)

PRETORIA — Private hospitals' incomes totalled R548,33m in 1987 and net profits amounted to R46,3m, a Central Statistical Service (CSS) survey says.

Government subsidies to some private hospitals totalled R47,59m during the year.

The survey shows the number of beds available to whites in all hospitals — provincial and private — amounted to 28 171, to coloureds 3 196, Indians 590 and blacks 52 082. Unclassified beds numbered 57 751 and the total 141 790.

Salaries and wages at private hospitals amounted to R252,41m, or 4% of the total debits of R613,48m.

Private hospitals spent 16,5% of all expenditure on medicines, anaesthetics and antiseptics.

Wits, govt row over 'whites only' hospital

98 B1Dy 13/4/84

DIANNA GAMES

THE University of the Witwatersrand and government are in disagreement about whether the reclassification of Johannesburg's J G Strijdom Hospital as a "whites only" hospital means the academic staff will have to be withdrawn.

The majority of the hospital's staff are from the university's medical school and the hospital could be in dire straits if they were to withdraw.

Wits vice-chancellor Professor Robert Charlton said yesterday, according to the official definition, academic hospitals were listed as general affairs and the university could not staff own affairs hospitals.

Meanwhile, chief director, health services and welfare, administration, in the House of Assembly, Dr Martin van Rensburg, said there was no problem with medical school doctors staffing own affairs hospitals.

He said he would discuss the matter with the university.

The reclassification only meant the hospital would now be funded by the House of Assembly instead of the province, he said. The province would still administer it.

Charlton said the change, effective from March 31, was made without consulting the university.

J G Strijdom staff will not lose jobs

By Toni Younghusband, Medical Reporter

The MEC for Hospital Services in the Transvaal, Mr Daan Kirstein, yesterday gave assurances that staff at the J G Strijdom Hospital would keep their jobs despite a change in the hospital's administrative status.

Some 44 hospitals in the Transvaal, including the J G Strijdom, are now admininstered under racially-separated "own affairs" departments.

In the past, as a teaching hospital the J G Strijdom has operated as a "general affairs" hospital. Strictly speaking, now that its status has changed to "own affairs", all academic medical staff at the hospital should be required to leave. Mr Kirstein said the staff situation would not change and all personnel would keep their jobs.

R20-million vaccine facility to make SA self-sufficient

Star 14/4/89

98

By Toni Younghusband
Medical Reporter

The South African Institute for Medical Research has commissioned a R20 million vaccine production facility which it hopes will make this country independent of imported vaccines.

At the launch of the institute's 75 th anniversary celebrations last night, Professor Jack Metz said the new serum and vaccine production facility was one of the most modern in the world.

"For very many years now the institute has produced almost all the bacterial vaccines used in this country.

"With the commissioning of the new facility we will increase both the scope and amount of our vaccines with the aim ultimately of making South Africa independent of imported vaccines and also to compete on the international market," said Professor Metz.

Professor Metz said during the anniversary year there would also be much development in the Aids field.

"Last year the institute established the first Aids Training and Information Centre in the country.

"We have this year received additional funding for the centre from the private sector and we will double the present number of staff," he said.

He said the institute had also just opened a new molecular biology laboratory and one of the major programmes in this laboratory would be fundamental studies on certain enzymes of the Aids virus as targets for the development of therapeutic drugs against the virus.

Professor Metz expressed the hope that all private organisations who had financially supported the institute in the past would continue to do so.

Nurse shortage 'very worrying'

The critical nursing shortage suffered by most provincial hospitals in the country could be alleviated if salaries were increased and training programmes upgraded.

In a letter submitted before the council, Dr F J van der Merwe of the J G Strijdom's medical advisory committee, said his committee was very worried about the shortage.

There was a 30 percent shortage among all nursing disciplines at his hospital, and the lack of staff was also being felt at many others.

Besides poor salaries, he said training was inadequate with student nurses spent too much time in lecture rooms.

They were not getting enough exposure to patients.

He added that an intensive recruitment drive for nursing staff was urgently needed.

land,
rter

Louw warns on health, black housing

By SHARON SOROUR
Staff Reporter

LACK of money threatens to undermine the Cape's ability to maintain health services, meet the demand for black housing and maintain roads, says the Administrator, Mr Gene Louw.

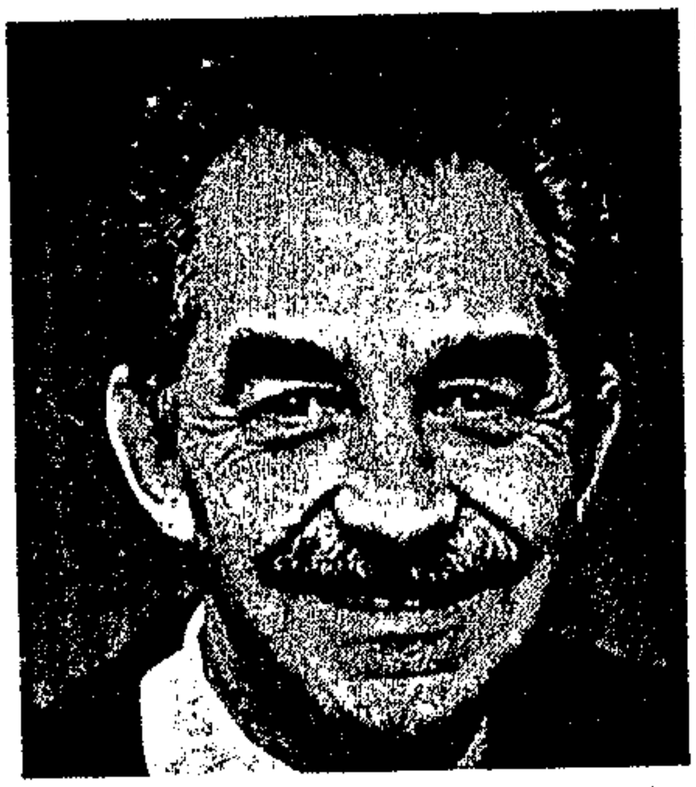
He was opening the Cape Province Municipal Association congress in George yesterday.

"I am worried about our ability to maintain our precious road infrastructure and accommodate the many Third World patients who stream to our hospitals.

"The fact that the staff is overworked and posts have been frozen has a demoralising effect.

"I am also concerned about our ability to supply the necessary infrastructure for black housing.

"In this respect we have only R49-million for this year. We need R2 000-million over the following five years, beginning with R352-million this year."



Mr Gene Louw

Intense control

He urged the delegates, representing the Cape's 212 local authorities, to exercise "intense financial control and priority planning".

Given the present job and money shortages, he appealed to delegates to guard against corruption, theft and fraud, to exercise control "as never before" and to expose irregularities.

Evidence of criminal irregularities should be reported to the police.

"My administration will show no mercy in this respect."

He was worried that the combination of own and general affairs functions made it difficult for the executive committee.

"From a policy point of view I can relate to the division of own and general affairs. From a cost-effectiveness point of view it raises doubts. From a management point of view the duplication of functions is a threat."

The present system of property valuations was "a waste of time and money".

It was not advisable to continue for much longer with the system being used in the Cape.

The most likely alternative was for rates to be levied on the site value — except possibly in the case of business or industrial development — or on the erection of flats where improvements played a role.

Mugger murders boy, 6

AGRIGENTO (Sicily). — Giuseppe Clemente di Vincenzo, 6, who tried to protect his pregnant mother by offering his piggy bank to a drug-addict mugger, has died of knife wounds. The attacker smashed the piggy bank and stabbed the boy and the woman. — Sapa-Reuter.

to institute prosecution against the persons responsible.

VAT: information on application

*8. Mr D J N MALCOMESS asked the Minister of Finance:

(1) Whether he will furnish information on the application of the value added tax system (VAT); if not, why not; if so,

(2) whether it is his intention to exempt charitable institutions from this tax; if not, why not; if so, (a) when and (b) what criteria are to be applied in the granting of such exemption?

B620E

The DEPUTY MINISTER OF FINANCE:

(1) No. In my recent budget speech I made reference to the fact that the draft VAT Bill has already been prepared but is subject to extensive refinement. I also mentioned that a comprehensive document on VAT will shortly be submitted to Cabinet for consideration. It is for this reason that I am presently unable to furnish any further details in this regard.

(2) Falls away.

Mr D J N MALCOMESS: Mr Speaker, arising out of the hon the Deputy Minister's reply, may I ask if the hon the Minister or his department would be prepared to recommend to the Cabinet that charitable institutions be exempt from the payment of VAT, particularly in the light of the fact that donations to charity by companies are not tax-deductible whereas donations to sport are deductible at a special rate? In other words one gets the impression that rugby is more important than charity within the NP Government.

The DEPUTY MINISTER OF FINANCE: Mr Speaker, this extensive document will be published after the Cabinet decides on the main issues. We will then expect organisations like charitable institutions to submit their cases to the Government.

Children's Hospital in Durban: re-opened

*9. Mr M J ELLIS asked the Minister of National Health and Population Development:

(1) Whether there are any plans to re-open the Children's Hospital in Durban; if not, (a) why not and (b) what are the future plans for the building; if so, when is it anticipated that it will re-open;

(2) whether there are any plans to move the children's out-patients sections from its present site in the Children's Hospital building; if so, where to?

B621E

†The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) No;

(a) — the current limited financial circumstances and the need to effect savings wherever possible mitigate against reopening the Children's Hospital,

— in the opinion of the Natal Provincial Administration the siting of both the Children's Hospital and Addington Hospital is not ideal. Recommissioning the Children's Hospital would compound this problem,

— the overall need for paediatric services is adequately catered for in the accommodation presently provided in Addington and other hospitals in the Durban functional region,

— the old Children's Hospital currently serves an important role in providing essential accommodation for certain auxillary services for Addington Hospital such as a staff crèche and stores,

(b) there are no specific plans at present;

(2) no.

Mr R M BURROWS: Mr Speaker, arising from the reply of the hon the Minister, is he aware of the fact that the old Children's Hospital building was originally erected as a specific children's hospital and is fully fitted out including the utilisation of facilities downstairs for such children's hospital? Is he aware that the children are currently on the thirteenth floor of the building and for exercise have to use the corridors of the building?

The MINISTER: Mr Speaker, I am aware of these facts. [Interjections.]

Stein Report on Children's Hospital in Durban

*10. Mr M J ELLIS asked the Minister of National Health and Population Development:

Whether the Stein Report on the Children's Hospital in Durban is available or is to be made available to (a) members of the public and (b) members of Parliament; if not, why not; if so, when?

B622E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(a) No,

(b) no;

The Executive Council of the Natal Provincial Administration decided on 9 December 1985 that the Report should not be made public. The Executive Council was of the opinion that the Report was incomplete.

SWA: cost of withdrawal of troops

*11. Mr R A F SWART asked the Minister of Defence:

Whether the Chief of the South African Defence Force stated at a press conference in Pretoria on or about 27 January 1989 that the withdrawal of South African troops from South West Africa would cost approximately R143 million; if so, how is this amount made up?

B623E

†The DEPUTY MINISTER OF DEFENCE:

The Chief of the SA Defence Force actually said that the estimated cost will amount to RM146,4. The amount is made up as follows:

(a)	Transfer of Permanent Force members and their families	:	RM 47,9
(b)	Transport of other troops by road, rail and air	:	RM 24,1
(c)	Transport of stores by road and rail	:	RM 47,4
(d)	Withdrawal and relocation of computer and telecommunication services	:	RM 8,8
(e)	Packaging material and handling equipment	:	RM 17,0
(f)	Operating of an equipment collecting point in the RSA	:	RM 1,2
	Total		RM146,4

Monitoring of media: amount allocated

*12. Mr S S VAN DER MERWE asked the Minister of Home Affairs:

(a) What amount of the total amount allocated to his Department for the 1989-90 financial year is to be set aside for the monitoring of the media and (b) how is this amount to be made up?

B624E

The MINISTER OF HOME AFFAIRS:

The amount allocated to the Sub-program: Media Relations for the 1989/90 financial year amounts to R1 238 500 which includes an amount of R438 500 which is earmarked for liaison and information services. The objective with this program is the promotion of public relations and the application of media control in terms of the Media Emergency Regulations. A variety of functions to promote this objective is being executed in head office and in regional and district offices and the monitoring of the media *per se* forms a small part of this comprehensive task. It is further interwoven in such a way with other functions in the programs that it is not possible to vest the expenditure relating thereto in precise monetary terms.

Expropriation of land on N3: cost involved

*13. Mr R W HARDINGHAM asked the Minister of Transport Affairs:

What was the cost involved in the expropriation of land to accommodate the new section of road on the N3 national road from Frere to the Tugela Plaza?

B630E

†The MINISTER OF TRANSPORT AFFAIRS:

R684 380.

Frere/Tugela Plaza: commissioning body

14. Mr R W HARDINGHAM asked the Minister of Transport Affairs:

(1) What body commissioned the construction of the recently opened section of the N3 national road from Frere to the Tugela Plaza;

(2) (a) when was the construction of this section (i) commenced and (ii) completed and (b) (i) at what cost was it constructed

Tourists weren't kidding about visiting the hospital

Star 19/4/89

98

By Toni Younghusband,
Medical Reporter

The average tour operator wouldn't dream of taking a party of overseas tourists to visit a Johannesburg hospital, but Mr Pat Barta had little choice in the matter — the tourists insisted.

Mr Barta, whose organisation specialises in arranging golfing tours to this country, recently brought out a Taiwanese party on a week's sightseeing trip. While they did not play golf they had one special request — 16 of the 32 suffered kidney ailments and needed regular dialysis.

Before the tourists arrived, Mr Barta spoke to no less than five of the country's largest hospitals in an attempt to secure regular dialysis sessions for his party.

HOSPITALS OVERCROWDED

Only the J G Strijdom Hospital in Johannesburg was able to help. The other hospitals were overcrowded and their staff overworked and they could not accommodate an additional 16 patients every 48 hours.

"We had to organise a tour to suit their special requirements and this meant flying them back to Johannesburg every 48 hours for dialysis."

The final itinerary included city tours of Pretoria, Johannesburg, Durban and Cape Town as well as sightseeing trips along the coast and in the countryside. "They arrived early on a Wednesday morning and we took 25 of them on a city tour of Pretoria. The remaining eight were taken straight to hospital for dialysis.

"When the party from Pretoria returned that afternoon, they were taken for dialysis.

"The next day we went off to Sun City, spent the night there and returned to Johannesburg the following morning to get eight of the tourists back into hospital," said Mr Barta.

And so it went on. When the party flew to Cape Town, they spent two days there before flying back for more dialysis. The following day it was down to Durban and back on Wednesday for dialysis before leaving for home.

For most people this sounds like an incredibly hectic schedule but Mr Barta says the Taiwanese insisted. "They are very hardworking people and don't like to take more than a week or two's holiday each year so when they do go on tour each minute must be filled," he said.

The continual stream of Taiwanese tourists didn't phase the J G Strijdom at all. "The hospital staff were absolutely fantastic, from the superintendent to the nurses," Mr Barta said.

The tourists were so delighted with the treatment they received at the hospital they donated R5 000 towards its renal unit.

2-year 'service' stint for doctors

Gpt. Times 19/4/89

Staff Reporter

DOCTORS who are not liable for national service will have to do a two-year stint of community service before they are fully registered by the South African Medical and Dental Council (SAMDC).

This is evident from a resolution adopted in Johannesburg calling on all doctors who want to register with the council to do compulsory community service.

"We initiated the move as we are concrened about the standard of health care in the country," Dr Bernard Mandell, chairman of the federal council of the South African Medical Association, said last night.

'Left the country'

Dr Mandell said that rural hospitals and health clinics were critically understaffed.

Hundreds of newly-qualified doctors left the country and only white male doctors were forced through the present conscription system to serve for two years while others who had qualified could start private practices.

Dr Mandell said that although only the principle had been adopted, it was "virtually certain that this new measure would be implemented as the SAMDC is a statutory body".

He said community service would not be offered as an alternative to national service. The new measure will affect only those doctors who do not qualify to do national service.

Rudolph seeks grant for Bara

Star 17/4/87

By Shirley Woodgate,
Municipal Reporter

Baragwanath Hospital should be given a one-off grant by the Central Witwatersrand Regional Services Council to help with its R4 million extensions, Professor Harold Rudolph (Johannesburg) argued at last night's RSC meeting.

Although it was ruled that his plea for R100 000 to the fund-raising committee at the University of the Witwatersrand Medical School was not in line with the functions of the RSC, chairman Mr John Griffiths agreed to reconsider the council's rejection.

Professor Rudolph said it was vital that the RSC should lean over backwards to assist the hospital which was in a crisis.

More and more patients were flocking to the hospital and people were streaming into the region.

● Mr Jan Burger was unanimously elected deputy chairman of the RSC after the death of Mr Danie van Zyl.

White neighbour speaks up

THE presence of blacks in "white" residential areas was not defiance of any law but caused by landlords looking for occupiers and blacks looking for accommodation, the Johannesburg Magistrate's Court was told yesterday.

Actstop president Cassim Saloojee told the court that as whites left places like Hillbrow, the CBD and Mayfair for upmarket houses in the suburbs, landlords were left with no white takers for accommodation, while blacks were desperately looking for places to live.

Saloojee was testifying for the defence at the trial of attorney Lawley Shein, of Orange Grove, who is charged with allowing a non-qualifying person to live in his house in Mayfair West from July 1986; and Daveechand Ramjee, an Indian charged as the illegal occupant of the house.

Both have pleaded not guilty to the charges.

THEO RAWANA

Saloojee said although government had vowed to wipe out the black housing backlog, there was no substantial housing development taking place.

"Instead, government has given housing to private developers who have put prices beyond the reach of the lower- and middle-income groups."

A white neighbour, Anne-Marie Ham, told the court her family had had no problems with the Ramjees; there was no culture conflict; and they would be greatly upset if Ramjee was ejected.

She said her husband had refused three times to sign a petition calling for the eviction of the family.

The case continues today.

25 doctors disciplined in six months

SOME 25 doctors have been found guilty of improper conduct by the SA Medical and Dental Council in the past six months, a council executive committee meeting heard in Johannesburg yesterday.

The council agreed to remove one of the doctors, a surgeon, from the register while penalties agreed on for the rest included temporary suspensions and warnings. They are to be notified of the penalties today.

This follows a series of disciplinary committee hearings during the past six months at which the doctors were present.

DIANNA GAMES

During yesterday's third and final day of the biannual council meeting it was also agreed that, because of the number of women doctors qualifying, the regulations should be changed to allow students to qualify as doctors through part-time training. At present only full-time students can qualify.

'Academic hospitals poor'

Health care in SA threatened, says professor

Star 20/4/89

By Toni Younghusband, Medical Reporter

Academic hospitals should serve solely as tertiary referral centres and alternative arrangements must be made for the current uncontrolled influx of patients into these institutions, a memorandum before the South African Medical and Dental Council (SAMDC) has suggested.

The memorandum, drawn up by Professor Andre Coetzee of Tygerberg Hospital in the Cape, said academic doctors were worried about their future in this country.

He said doctors were overworked and the hospitals they worked in were poorly equipped and overcrowded. He said specialists could not be expected to handle huge numbers of uncomplicated cases purely because there was a shortage of doctors in hospitals.

Professor Coetzee said the present uncontrolled flood of patients into academic hospitals had had the following effects:

- The academic hospital's training function was no longer a top priority.
- There was a severe shortage of beds.
- Patient care was below standard.

SHORTAGE

- There was a relative shortage of medical personnel on all levels, particularly nurses.

Professor Coetzee said if training conditions at academic hospitals were being adversely affected, the standard of health services throughout the country would obviously deteriorate.

He pointed out, however, that Government authorities had indicated that conditions at the hospitals were unlikely to change due to a shortage of funds.

"Because an academic hospital is responsible for the quality of health care in this country it should be seen as a unique institution separately financed from other provincial and State hospitals," he said.

OK

Some good news for hospital patients

By MOKGADI PELA

GREAT strides have been made by the Transvaal Provincial Administration in improving hospital services.

In recent months there has been a public outcry about poor health facilities in many hospitals which were highlighted in the *Sowetan*.

The year 1989 seems to have ushered good news to patients in some hospitals in the country.

What with Lenasia South Hospital having been opened after 17 years after residents in the area near Johannesburg first made representations to the authorities.

Just three years ago Khutsong residents near Carletonville were provided with a hospital for the first time after a wait of 32 years.

Khutsong has had to transport patients to Leratong Hospital which is 75 km away.

Ferrying a patient to Leratong cost R150; a factor that worsened the situation.

After conditions at Philadelphia Hospital at Dennilton near KwaNdebele were exposed facilities have reportedly slightly improved.

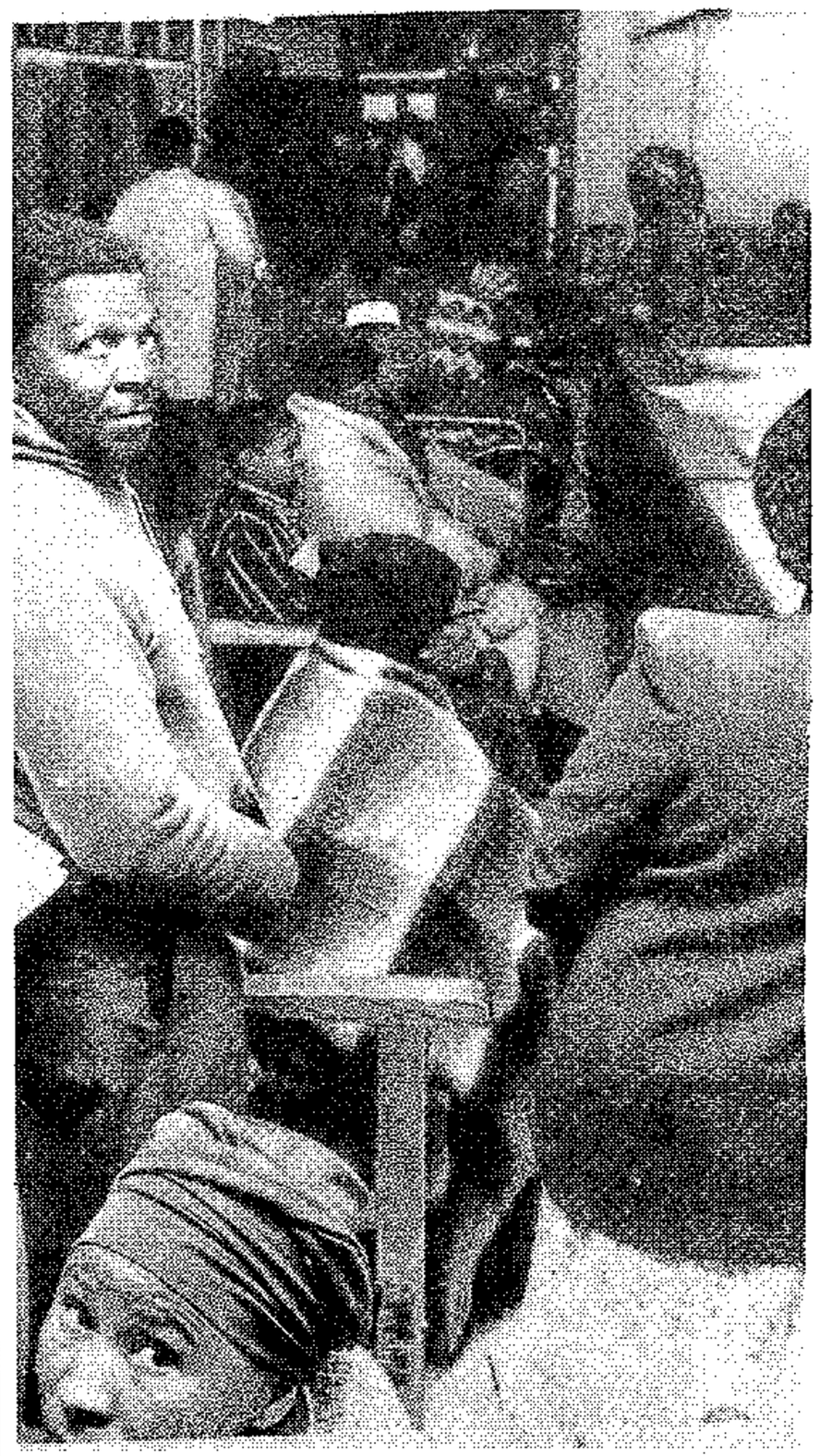
At the time the *Sowetan* visited the hospital, newly born babies shared cots. But after public awareness of the situation the issue of babies sharing cots was stopped.

The Far East Rand Hospital will hopefully be relieved of the load with the building of a new hospital near Tsakane.

Garankuwa is set to become the biggest hospital in the southern hemisphere, exceeding even Baragwanath Hospital. The completion date for this plan has been set at 1993.

An article in the *Sowetan* said overcrowding at Baragwanath Hospital would be eased with the expenditure of R4 million to build additional wards to cater for more than 300 patients.

According to Professor D J du Plessis, chairman of the fund-raising committee appointed by the University of the Witwatersrand the project would be complete before the end of the year.



LONG queues are a common sight at hospitals for blacks.

Star 21/6/89 98.

Recuperating hunger strikers kept chained to hospital beds – Namda

Staff Reporter

Two awaiting-trial prisoners and a security detainee are being kept chained to their beds in the Johannesburg Hospital as they recover from the after-effects of hunger strikes.

The National Medical and Dental Association and lawyers acting for the men have expressed anger at this treatment.

Namda has urged doctors treating the three to demand that their chains be removed. Describing the shackling as incompatible with medical care, it has advised doctors to ask their patients if they wish to receive treatment while so confined and to refuse to treat them if care is unwelcome.

The awaiting-trial prisoners are Mr Aubrey Simon Modise, who was charged two weeks ago after several months in solitary confinement, and Mr Veli Zwane who was charged yesterday after fasting for 29 days in protest at his continued detention without trial.

The third man is Mr Charles Malunga, a Vosloorus school teacher being held in terms of Section 29 of the Internal Security Act. Mr Malunga, who recently had minor surgery, was admitted to hospital during a hunger strike of some 28 days.

Police have acknowledged that it is their policy to use leg-irons on occasion.

Liaison officer Captain R Bloomberg commented: "When persons have to be detained this is usually done in a safe place such as a cell.

"When, however, this is not possible — for example when a person is undergoing treatment in a hospital, alternative methods must be used to prevent escape. When circumstances warrant it, shackles are used."

Mr Amichand Soman, the attorney acting for Mr Modise, said wards in which his client and others were being held were guarded at the entrance by two armed policemen. "To chain them to their beds is totally unnecessary."

Mr Soman said his client — who was previously an Internal Security Act detainee — may well have been charged in a court of law, but he was innocent until proven guilty and should be accorded the rights due an awaiting-trial prisoner.

Mr Modise was unable to sit up in bed and if he wished to get out of bed for any reason he was obliged to call the guard to unlock his chains, he said.

Mr Soman added that Mr Modise had been shot shortly before his arrest and seriously injured. Months later he still required physiotherapy and needed to be mobile in order to recover properly.

Furore after trapped nurse is 'left to die'

By THANDEKA GQUBULE and ANDREW CLARK

THE issue of segregated health services took on tragic dimensions this week when a woman was allegedly left to die after a car accident.

A debate which raged between the Transvaal Provincial Administration, police and members of the public was sparked by the death of Irene Mzizi of Soweto in what was viewed by her family as a clear result of apartheid health facilities.

Mzizi died in a car crash in Winburg this week. Soon after the accident, a ambulance aircraft airlifted two injured whites to hospital, leaving four blacks on the site. Mzizi and her husband were left trapped in their car. When freed some time later, Mzizi was dead.

It has been alleged by members of the family that Mzizi, an Orlando East nursing sister, had been left to die slowly after being ignored by a helicopter crew.

A Johannesburg newspaper reported "the family of the woman had pleaded in vain with the white helicopter crew not to leave them behind but their pleas fell on deaf ears". The family claimed the victims had been left unattended for five hours..

Reacting to the allegations, the Orange Free State's Provincial Administration said this week it did not run separate white and black ambulances and all its ambulances were used for all population groups.

The Mzizis had been left behind, as Irene Mzizi was already dead and the others were not seriously injured, according to the provincial administration.

The police liaison department has also said in a statement that because of the nature of her injuries, Mzizi "must have either died on the spot or soon after".

Mzizi had served for 40 years at Baragwanath and Hillbrow hospitals

Shortly after she was buried in Orlando West, Soweto, on Sunday, her son, Pecc, spoke about it. "My mother would treat people of all races. If a white person won't help a black lady after she had spent her life treating whites, that's very bad. If I need help from you, you need help from me.

"I'm not saying she wouldn't have died if they had helped, but for two hours in the car, she was breathing and screaming for someone to free her."

Pecc was also hurt in the accident, breaking a leg and his arms so badly that he had to be rolled out in a wheelchair to the funeral.

"Sister Mzizi has gone to a new heaven where there is no discrimination," said a matron at Baragwanath who had worked with Mzizi during her 31 years there. "There is only one helicopter there; there is only one jaws of life there; there is only one doctor there — and that is the Almighty God."

Whatever the details of this case, certain health services remain segregated and available only to members of a particular race group.

According to a representative of the Transvaal Provincial Administration in Pretoria, certain hospitals became "own affairs" when they were transfered to the House of Assembly on the April 1.

The JG Srydom Hospital in Johannesburg is one such hospital. It has been a white hospital for some time; however its transfer to the House of Assembly has entrenched its image as a segregated hospital.

The University of the Witwatersrand, which has used the hospital as a teaching facility, announced this week it would reconsider its contribution to the hospital.

Dr Max Price, speaking on behalf of the Health Workers' Assocation, said that the university should withdraw its contribution from the hospital as a demonstration of its opposition to segregated health services.

A TPA public relations officer told the *Weekly Mail:* "Blacks would only be admitted to such a hospital in cases of great emergency."

Price — a member of the Centre for the Study of Health Policy Studies and the National Medical and Dental Association — compares child mortality rates in Johannesburg and Soweto to show one effect of the racial segregation of health facilities.

"Johannesburg and Soweto may well be unique in the world," he says, "in that while the child mortality rate for Africans is higher in Soweto than in Johannesburg, the rate of stillbirths is higher for Africans in Johannesburg than in Soweto.

"The difference is due to the fact that while the socio-economic conditions are worse in Soweto, the access to health services is worse in Johannesburg.

"The statistics suggest that the absence of appropriate facilities for Africans in Johannesburg is associated with stillbirths and newborn deaths."

According to the statistics of the Centre for the Study of Health Policy, Johannesburg has a population of half a million whites and about 165 000 Africans.

Yet there are no ante-natal facilities in Johannesburg for pregnant African women to deliver their babies under supervised professional care.

Hospital fees to rise

FEES at provincial hospitals in the Cape will go up on May 1.

A statement from the office of the Administrator of the Cape yesterday said the maximum tariffs for the use of general wards, intensive-care and high-care units, private wards and theatre services would in future equal the medical fund benefit scales.

The statement emphasised that this applied to maximum tariffs, and that 90% of all patients would be assessed at a lower tariff.

The tariffs would be decreased on a sliding scale according to the income tax payable by the patient.

People who do not pay income tax will pay a nominal tariff of R2 or R3 per in-patient day or out-patient visit. — Sapa

Work goes fast on Bara's facelift

98

Star 24/4/89

Building has started at Baragwanath Hospital to extend 13 existing wards to provide 325 additional beds. Ultimate cost: R4 million at R312 500 a ward.

A tribute to the generosity of Johannessburg is the splendid news that the Anglo American and De Beers Chairman's Fund, Barlow Rand, SA Breweries and JCI have already pledged R312 500 each and further donations have been promised by other companies and individuals.

"We are especially thankful to Professor D J du Plessis, former vice-chancellor of Wits, who has undertaken the task of fundraising" says Dr Chris van den Heever, chief superintendent of Baragwanath.

He also thanked the companies that have responded to his call.

"Patients and staff are thrilled to see positive developments at the hospital."

Professor Asher Dubb adds that the department of medicine at the hospital is impressed with the speed at which building operations have got under way.

"My department appreciates the initiative and enthusiasm of Professor du Plessis as well as the generosity and social consciousness of the donors, the support of the university and co-operation of the hospital authorities".

Dr Woodthorpe Matsie, chairman of the Baragwanath Board, is seen turning the ground for the first extensions to Baragwanath Hospital. He is in the happy company of Professor D J du Plessis, former vice-chancellor of Wits University, who has undertaken the task of raising R4 million, and Mrs Sabbeth Nkosi of the medical section of Baragwanath.

'African states get SA petrol'

Political Staff

CAPE TOWN — SA oil companies were exporting petrol to unnamed countries in Africa at a foreign exchange profit, Economic Affairs and Technology Minister Danie Steyn said yesterday.

SA also supplied petrol to the three BLS countries (Botswana, Lesotho and Swaziland), the four independent homelands (Transkei, Bophuthatswana, Venda and Ciskei) and Namibia, but as they were within the Customs Union these were not technically regarded as exports.

The only difference in prices between SA and these countries was due to different levels of levies and transport costs, he said.

SA oil companies also exported petrol to other countries subject to the conditions that no financial support by the Equalisation Fund was applicable on these exports, that any of these exports would not detrimentally affect the supply situation in SA, and that "a foreign exchange profit" was realised.

Steyn did not name the African countries outside the Customs Union and said the selling prices in these countries were not recorded on a continuous basis.

1 796 vacancies in Cape Town hospitals

Political Staff

CAPE TOWN — There were 1 796 vacancies at the five state-run hospitals in the Cape Town area at the end of last year, National Health and Population Development Minister Dr Willie van Niekerk said yesterday.

He also disclosed the average occupancy at the Red Cross Memorial Hospital for Children over the past two financial years was more than 106%.

Van Niekerk, who was replying to a question by Dr Marius Barnard (PFP, Parktown), said there were 172 medical vacancies at Groote Schuur Hospital at the end of last year, four at Red Cross, 87 at Tygerberg, two at Woodstock and eight at Somerset.

All told, there were 873 vacancies at Groote Schuur, 67 at Red Cross, 701 at Tygerberg, 32 at Woodstock and 123 at Somerset.

The total staff establishment at these hospitals at the end of last year was 19 959.

This means that almost 9% of the posts were vacant at the end of last year.

Call to ease influx at teaching hospitals

The Argus Correspondent

JOHANNESBURG. — A memorandum before the South African Medical and Dental Council suggests that academic hospitals serve exclusively as tertiary referral centres and that alternative arrangements be made for the influx of patients into these institutions.

The memorandum, drawn up by Professor Andre Coetzee of Tygerberg Hospital, said academic doctors were worried about their future in this country.

He said doctors were overworked and the hospitals they worked in were poorly equipped and overcrowded. Specialists could not be expected to handle huge numbers of uncomplicated cases purely because there was a shortage of doctors in hospitals.

Flood

The present uncontrolled flood of patients into academic hospitals had had the following effects:

- The academic hospital's training function was no longer a top priority;
- There was a severe shortage of beds;
- Patient care was below standard; and
- There was a relative shortage of medical personnel on all levels, particularly nurses.

Professor Coetzee said if training conditions at academic hospitals were being adversely affected, the standard of health services throughout the country would deteriorate.

He pointed out that government authorities had indicated conditions at the hospitals were unlikely to change due to a shortage of funds.

His memorandum was referred to the SAMDC's teaching committee.

Offences concerning drugs For example dealing in drugs and possession of drugs.	4 260
Other offences not yet mentioned Drunken driving, possession of fire arms and explosives without a licence, arson, offences against the security of the State, Aviation Act, etc.	21 679

Analysis of offences concerning the 11 957 prisoners who were serving sentences of more than 6 months up to 2 years on 20 January 1989.

Violent offences	3 283
Economic offences	13 086
Offences concerning drugs	1 174
Other offences	3 131

Western Cape: 1988 matriculation examination

297. Mr K M ANDREW asked the Minister of Education and Development Aid:

How many pupils (a) (i) wrote and (ii) passed the 1988 matriculation examinations, and (b) obtained (i) A, (ii) B, (iii) C, (iv) D and (v) E aggregates, in respect of each secondary school falling under the control of his Department in the Western Cape?

B637E

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

	(a) (i)	(ii)	(b) (i)	(ii)	(iii)	(iv)	(v)
Fezeka secondary	95	45	—	—	—	5	9
Intshukumo comprehensive school	56	13	—	—	—	—	3
ID Mkize secondary	74	15	—	—	—	—	2
Luhlaza secondary	83	63	—	—	4	10	11
Malizo secondary	203	87	—	—	—	4	6
Langa secondary	70	35	—	—	—	3	8
Isilimela comprehensive school	66	13	—	—	1	1	—
Crossroads No 3 secondary	53	31	—	—	1	3	7
Sizamile secondary	121	68	—	—	2	7	7
Simon Hebe secondary	67	17	—	—	—	1	2

Prisons Service: staff shortages

304. Mr D J DALLING asked the Minister of Justice:

Whether the Prisons Service is experiencing staff shortages; if so, what (a) is the extent of the shortages and (b) is being done to remedy the situation?

B644E

The MINISTER OF JUSTICE:

(a) and (b) Yes. Shortages are experienced in the following vocational groups:

— Work study officer

— Integrated information system (computer personnel)

— Agriculturist

— Agricultural technician

— Tradesmen

— Finance personnel (Accounts clerk)

— Logistics personnel (Material supporting clerk)

— Musician

— Nurse

— Pharmacist

— Psychologist

— Typist

Due to the general under-supply on the labour market, these vacancies simply cannot be filled.

There were no vacancies on the fixed establishment of the disciplinary occupational group, on 1 April 1989. However, the existing fixed establishment as on 1 April 1989 does not reflect the shortage of 5 306 posts which, due to financial realities, are being attended to on a planned and continuous basis by means of the provision of funds on the South African Prisons Service's budget.

HOUSE OF ASSEMBLY

QUESTIONS

† Indicates translated version.

For written reply:

General Affairs:

Television satellite dishes: restrictions

138. Mr R M BURROWS asked the Minister of Communications:

(1) Whether there are any restrictions on private persons and companies owning and/or using television satellite dishes; if so, what restrictions;

(2) whether any person or authority licenses the private ownership of television satellite dishes; if so, (a) what person or authority and (b) (i) how many have been so licensed and (ii) in respect of what specified period is this information furnished;

(3) whether any applications have been received for the private use of television receiving installations by private persons and/or companies; if so, how many such applications were (a) received and (b) granted;

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

B337E

The MINISTER OF COMMUNICATIONS:

(1) Yes; if such dishes can be used for the transmission and/or reception of signals relayed via satellites;

(2) yes;

(a) the Postmaster General,

(b) (i) one, namely the South African Broadcasting Corporation, and

(ii) from 12 June 1986 to date;

(3) yes;

(a) approximately 45,

(b) none;

(4) not at this stage. In view of the interest displayed in privately-owned earth stations and with due regard to developments in other countries, the Department is studying the entire matter. A statement will be issued when the time is appropriate.

Ellisras: land bought for SADF

200. Mr S P VAN VUUREN asked the Minister of Public Works and Land Affairs:†

Whether the State has purchased certain land in the Ellisras district for use by the South African Defence Force; if so, (a) when, (b) for what price, (c) for what purpose (i) was this land purchased and (ii) is it being used at present (d) (i) what improvements have been made by the State since the acquisition and (ii) what is the cost of these improvements per square metre of such improvements?

B481E

The ACTING MINISTER OF PUBLIC WORKS AND LAND AFFAIRS:

Yes, Portion 1 of the farm Piquetberg No 523, Registration Division L Q, Transvaal, measuring 2,094,398 hectares.

(a) 30 March 1988

(b) R104 720,00

(c) (i) To accommodate the Logistic Element of Group 29 of the SA Army and for the use of the airfield by the SA Airforce.

(ii) The purpose for which it was purchased.

(d) (i) Five corrugated-iron stores, each measuring 18 metres × 36 metres.

(ii) R170,00 per square metre.

Hospitals: posts

207. Dr M S BARNARD asked the Minister of National Health and Population Development:

(1) How many posts had been established as at 31 December 1988 for (a) nurses, (b) paramedics, (c) medical staff, (d) administrative staff and (e) other staff at the (i) Baragwanath Hospital, (ii) Coronation Hospital, (iii) H F Verwoerd Hospital,

(iv) Johannesburg Hospital, (v) Kalafong Hospital and (vi) Paul Kruger Memorial Hospital in Rustenburg;

(2) whether any posts at these hospitals were frozen as at 31 January 1989; if so, how many in each category in respect of each hospital;

(3) (a) how many applications were made from each of these hospitals in each category for the unfreezing and filling of posts in 1988 and (b) how many applications were (i) granted and (ii) refused in each case?

B491E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) (i) Baragwanath Hospital

(a) nurses	4 105
(b) paramedics	417
(c) medical staff	589
(d) administrative staff	517
(e) other staff	1 977

(ii) Coronation Hospital

(a) nurses	762
(b) paramedics	89
(c) medical staff	166
(d) administrative staff	111
(e) other staff	400

(iii) H F Verwoerd Hospital

(a) nurses	2 125
(b) paramedics	592
(c) medical staff	600
(d) administrative staff	556
(e) other staff	1 334

(iv) Johannesburg Hospital

(a) nurses	1 932
(b) paramedics	536
(c) medical staff	691
(d) administrative staff	686
(e) other staff	2 008

(v) Kalafong Hospital

(a) nurses	1 578
(b) paramedics	144
(c) medical staff	293
(d) administrative staff	243
(e) other staff	656

(vi) Paul Kruger Memorial Hospital

(a) nurses	400
(b) paramedics	21
(c) medical staff	57
(d) administrative staff	54
(e) other staff	244

(2) No,

(3) (a) none,

(b) (i) falls away,

(ii) falls away.

Certain hospitals: number of commissioned beds

234.Dr M S BARNARD asked the Minister of National Health and Population Development:

(1) What was the (a) number of commissioned beds as at 31 December 1988 at the (i) J G Strijdom, (ii) Coronation, (iii) Johannesburg, (iv) Hillbrow and (v) Baragwanath Hospital, (b) average bed occupancy rate, expressed in percentage, in respect of each of the above hospitals for the 1986-87 and 1987-88 fincial years, respectively, and (c) staff establishment at each such hospital as at 31 December 1988 (i) in total and (ii) for (aa) medical, (bb) nursing,(cc) paramedical, (dd) adminsitrative and (ee) each specified other category of staff;

(2) how many vacant posts were there (a) in total and (b) in each specified category of staff at each of these hospitals as at 31 Decembr 1988?

B538E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(See table. Cols. 873 and 874.)

Hospital	(1)(a) Number of beds 31/12/88	(b) Average bed occupancy 1986/87 %	(b) Average bed occupancy 1987/88 %	(c)(i) Total staff establishment 31/12/88	(c)(ii) Detail staff establishment 31/12/88 (aa) Medical	(bb) Nursing	(cc) Paramedical	(dd) Administrative	(ee) General	Other
(i) J. G. Strijdom	495	62,0	55,7	1 958	133	892	98	185	650	
(ii) Coronation	558	92,1	84,1	1 528	166	762	89	111	400	
(iii) Johannesburg	897	65,7	78,2	5 853	691	1 932	536	686	2 008	
(iv) Hillbrow	795	94,1	88,1	2 987	254	1 165	278	327	963	
(v) Baragwanath	2 629	107,5	108,8	7 605	589	4 105	417	517	1 977	
Grandtotal				19 931	1 833	8 856	1 418	1 826	5 998	

Hospital	2(a) Total vacant posts 31/12/88	(b) Number of vacant posts in each specified category 31/12/88 (aa) Medical	(bb) Nursing	(cc) Paramedical	(dd) Administrative	(ee) General	Other
(i) J. G. Strijdom	338	16	183	18	7	114	
(ii) Coronation	187	9	95	8	13	62	
(iii) Johannesburg	1 145	114	433	176	103	319	
(iv) Hillbrow	145	18	0	45	35	47	
(v) Baragwanath	306	17	200	8	2	79	
Grandtotal	2 121	174	911	255	160	621	

Certain hospitals: number of commissioned beds

235. Dr M S BARNARD asked the Minister of National Health and Population Development:

(1) What was the (a) number of commissioned beds as at 31 December 1988 at the (i) Groote Schuur, (ii) Red Cross War Memorial, (iii) Tygerberg, (iv) Woodstock and (v) New Somerset Hospital, (b) average bed occupancy rate, expressed in percentage, in respect of eachof the above hospitals for the 1986-87 and 1987-88 financial years, respectively, and (c) staff establishment at each such hospital as at 31 december 1988 (i) in total and (ii) for (aa) medical, (bb) nursing, (cc) paramedical, (dd) administrative and (ee) each specified other category of staff;

(2) how many vacant posts were there (a) in total and (b) in each specified category of staff at each of these hospitals as at 31 December 1988?

B539E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(See table. Cols. 877 and 878.)

Government Service Pension Fund: actuarial report

248. Mr H H SCHWARZ asked the Minister of National Health and Population Development:

(1) Whether an actuarial report on the Government Service Pension Fund was completed in 1988; if so, what surplus or deficit did it show; if not, (a) why not and (b) when is it anticipated that it will be completed;

(2) whether the report is or will be available to members of Parliament; if not, why not; if so, when;

(3) whether actuarial valuations have been made of any other pension funds under the control of his Department; if not, why not; if so,(a) of which funds, (b) when and (c) what were the results of each such valuation;

(4) whether these valuations are available to members of Parliament; if not, why not?

B553E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) No,

(a) Due to the magnitude of the task,

(b) April/May 1989;

(2) yes, after the report has been submitted to the Minister of National Health and Population Development;

(3) yes;

(a) Associated Institutions Pension Fund, Temporary Employees Pension Fund;

(b) associated Institutions Pension Fund: 30 September 1985, Temporary Employees Pension Fund: 31 March 1986,

(c) Associated Institutions Pension Fund: 80,7% funded, Temporary Employees Pension Fund: 70,2% funded.

(4) Yes, these valuations are available on request.

Public service: time bonuses

250. Mr H H SCHWARZ asked the Minister of National Health and Population Development:

(1) Whether public servants receive any time bonuses for years of service for the purpose of determining the size of their gratuities; if so, what is the (a) nature and (b) cost to the State of the gratuities given for such bonus time;

(2) whether any time bonuses were taken into account in determining gratuities paid out in (a) 1985, (b) 1986, (c) 1987 and (d) 1988; if so, what total amount of money ws involved in each case?

B555E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) No;

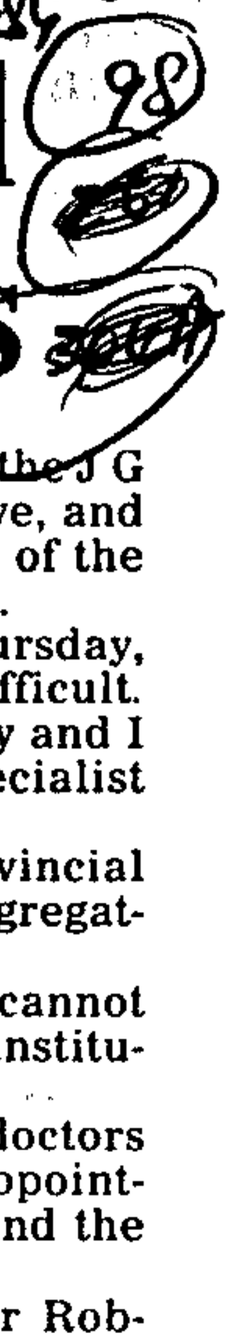
(2) no,
(a) (b) (c) and (d) fall away.

Hospital	(1) (a) Number of commissioned beds, 31/12/88 (Actual)	(b) Average bed occupancy % 1986/87 %	(b) Average bed occupancy % 1987/88 %	(c) (i) Total staff establishment 31/12/88	(c) (ii) Detail staff establishment 31/12/88 (aa) Medical	(bb) Nursing	(cc) Paramedical	(dd) Administrative	(ee) Professional	Other Technical	Other General	(2) (a) Vacant posts total 31/12/88	(b) Vacant posts per specified category 31/12/88 (aa) Medical	(bb) Nursing	(cc) Paramedical	(dd) Administrative	(ee) Professional	Other Technical	Other General
(i) Groote Schuur	1 467	85,76	83,92	8 818	825	3 426	398	816	107	445	2 801	873	172	309	59	42	15	49	227
(ii) Red Cross War Memorial Childrens	347	106,38	106,79	1 674	108	751	61	135	17	95	507	67	4	18	3	5	1	6	30
(iii) Tygerberg	1 981	77,14	75,94	7 459	618	2 728	338	,695	106	443	2 531	701	87	232	44	40	12	61	225
(iv) Woodstock	175	65,96	66,34	467	35	202	14	32	4	1	179	32	2	15	0	1	0	0	14
(v) New Somerset	437	82,09	78,08	1 541	85	820	24	88	11	35	478	123	8	49	1	1	0	4	60
Grandtotal				19 959	1 671	7 927	835	1 766	-245	1 019	6 496	1 796	273	623	107	89	28	120	556

Dr T Zabow, a ... The hearing continues today.

'Own affairs': Jhb hospital chief resigns

Cape Times 3/5/96



JOHANNESBURG. — The superintendent of the J G Strijdom Hospital, Dr Annette van der Merwe, and at least 12 doctors have resigned as a result of the hospital's new "own affairs" administration.

Dr Van der Merwe, who resigned last Thursday, said yesterday that her decision had been difficult.

"I do not agree with the 'own affairs' policy and I cannot run a hospital where at least 12 specialist doctors have already resigned," she said.

The J G Strijdom and at least 30 other provincial hospitals were transferred to the racially segregated "own affairs" administration on April 1.

As a teaching hospital the J G Strijdom cannot technically be administered as a segregated institution.

Dr Van der Merwe confirmed that those doctors who had already resigned had been jointly appointed by the University of the Witwatersrand and the Transvaal Provincial Administration.

The university's vice-chancellor, Professor Robert Charlton, has urged university staff at the hospital not to panic and to "hang on" until he has "clarity on the issue". He is due to meet "own affairs" officials in a couple of weeks' time.

"We will definitely do everything in our power to continue the services the hospital has to offer — we do not want our patients to suffer. But it is going to be very difficult for some of our departments to continue without doctors," Dr Van der Merwe said. — Sapa

MRS SOPHIE MATHIBELA with twins Mpho and Mphonyana after they were separated at Baragwanath Hospital.

THE DAY WORLD HELD ITS BREATH

Sowetan 7/5/89 98

A year ago to the day history was made at Bara

IT'S a great day today for siamese twins Mpho and Mphonyana, and for Baragwanath Hospital.

Exactly a year ago, the Mathibela twin sisters were separated after a gruelling seven and a half hour operation and when news of the successful operation was broken the world heaved with relief.

When Bara superintendent Dr Chris van der Heever announced at 5.20pm on that day that Mpho and Mphonyana were two babies he was obviously thrilled.

Local and foreign journalists were at the hospital from 7.30am waiting for news as it filtered through from theatre.

On the same day a prayer service was held in the hospital chapel and was led by Bishop Suffragan of Johannesburg East, Father Simeon Nkoane.

Optimism

Neurosurgeons began operating on Mpho and Mphonyana at 10.20am in what was hoped would be the final operation to separate the two girls.

The leader of the surgical team, Professor Robert Lipschitz, telephoned the hospital's Press office from theatre to say the operation was progressing as planned and that he was satisfied with the condition of his patients thus far.

The optimism of the medical team which operated on the twins was understandable because soon after their separation, both were off life support and breathed independently.

Their mother, Mrs Sophie Mathibela, was in the intensive care unit when the little girls were brought through from the theatre shortly after 8pm.

Although a glass panel prevented her from touching her babies, she was there to see Mphonyana first, followed soon after by Mpho.

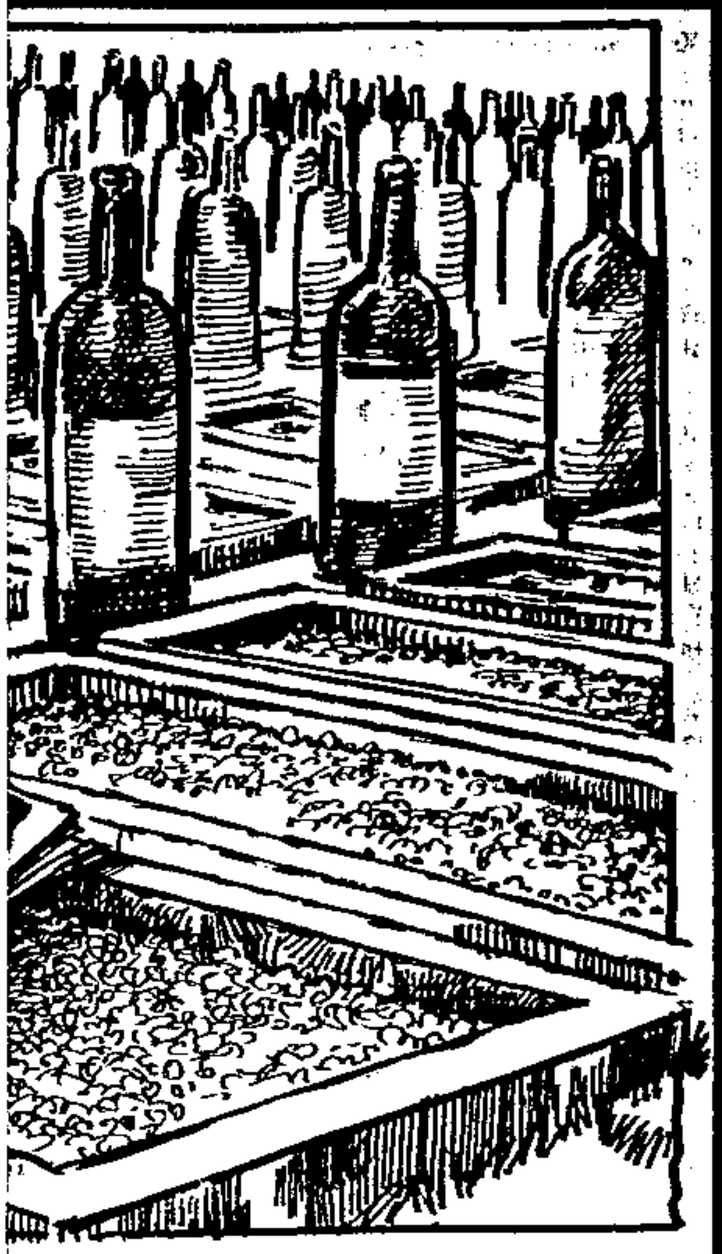
The birth of the twins dramatically changed the lifestyle of Sophie Mathibela who until they were born was an R80 a month domestic servant.

The father of the twins disappeared when Mrs Mathibela came home from confinement.

Sophie became a celebrity overnight, meeting overseas dignitaries and local Cabinet Ministers as well as the wife of the State President, Mrs Elize Botha.

From the humble servant's quarters in the backyard of her employer, Mrs Mathibela has now moved to a three-bedroomed house bought from donations by well-wishers who shared in the happiness of the separation of the girls.

Today the girls are three and a half years old. South Africa prays for their well-being.



FOCUS

By MOKGADI PELA

Lagging

Mphonyana has lagged behind her sister, Mpho, in progress.

Mpho is with her mother at their Jouberton, Klerksdorp home while Mphonyana is still being cared for at Tshepong Hospital.

The medical staff at the hospital this week confirmed that Mphonyana was making good progress. They hinted at her possible discharge in the near future.

Tshepong Hospital also came into the limelight when the two babies were born by caesarian section on December 7 1986. They were joined at the head and were then transferred to Baragwanath for a possible separation. A series of tests and operations were done on the twins before the May 3 operation.

Explaining how the operation was done Dr van den Heever said surgeons cut away a large skin flap from their joined heads.

"A major shared vessel was clamped off in a previous operation and surgeons were confident that the shared blood flow had been taken up by smaller separate veins.

"The twins were placed on their backs for the operation and surgeons entered their skulls from the front," Dr van den Heever said.

Bleeding

Mphonyana suffered extensive blood loss at the operating table, but it was soon brought under control. About 12 units of blood were used during the operation.

Although an American surgical team performed a similar operation on West German siamese twins in 1987, the Bara operation was far more complex and was performed in three phases as opposed to one.

It was this that led Dr van den Heever to declare the operation as "the world's first of its kind."

The surgical team was euphoric when the twins' heads were finally separated. Congratulations poured in from all over the world. Indeed Bara showed the world that they had the manpower and all they needed was a challenge.

Political comment in this issue by Aggrey Klaaste and Sam Mabe. Sub-editing, headlines and posters by Sydney Matlhaku. All of 61 Commando Road, Industria West, Johannesburg.

• Write to the Editor at PO Box 6663, Johannesburg 2000. Nom-de-plumes can be used, but full names and addresses should be supplied or the letter will not be published.

Top doctors quit Strijdom Hospital

The Argus Correspondent

JOHANNESBURG. — The Superintendent of the JG Strijdom Hospital, Dr Annette van der Merwe, and at least 12 doctors have resigned as a result of the hospital's new "Own affairs" administration.

Dr van der Merwe said her decision had been a difficult one. She tendered her resignation last Thursday.

"I do not agree with the 'Own affairs' policy and I cannot run a hospital where at least 12 specialist doctors have already resigned," she said.

The JG Strijdom and at least 30 other provincial hospitals were transferred to the racially-segregated "Own affairs" administration on April 1. However, as a teaching hospital the JG Strijdom could not technically be administered as a segregated institution. If it was, all academic staff should pull out.

Dr van der Merwe confirmed that doctors who had already resigned had been jointly-appointed to the JG Strijdom by Wits University and the Transvaal Provincial Administration.

The university's vice-chancellor, Professor Robert Charlton, urged Wits staff at the hospital not to panic and to hang on until he had "clarity on the issue". He and the dean of the medical faculty, Professor Clive Rosendorff, are due to meet "Own affairs" officials in a couple of weeks' time.

Professor Rosendorff said, "It was not what Wits was going to do but what the government had done." He said political considerations had overridden all others in this issue. "We have made it perfectly clear to the government that 'Own affairs' is incompatible with an academic teaching hospital," said Professor Rosendorff.

Dr van der Merwe said she was not optimistic about the hospital's future. She said the resignation of doctors meant many of the hospital's specialist departments would have to close.

● Mr Daan Kirstein, MEC for Hospital Services in the Transvaal, said he was sorry to hear of the resignations. He had tried to persuade Dr van der Merwe that the status of the hospital remained unchanged.

"The fact that it has become an own affairs hospital has nothing to do with its status as a training hospital. The province is still running the hospital, the staff is still on the payroll and it is a pity this is happening," he said.

'Own affairs' status: 12 specialists quit, more likely to follow

Crisis in J G Strijdom hospital

Star 31/5/89. (98)

By Toni Younghusband,
Medical Reporter

A major crisis is developing at the J G Strijdom Hospital in Johannesburg, and there are fears some of the specialist departments may have to close following the revolt by 12 doctors and the superintendent against a Government decision to declare it a white "own affairs" hospital.

The superintendent, Dr Annette van der Merwe, and at least 12 specialists have already resigned. Further resignations are expected.

Health Minister Dr Willie van Niekerk was attending a Cabinet meeting today and was not immediately available to comment.

Dr van der Merwe said yesterday her decision had been a difficult one. "I do not agree with the own affairs policy and I cannot run a hospital where at least 12 specialist doctors have already resigned," she said.

'Don't panic'

The J G Strijdom and at least 30 other provincial hospitals were transferred to the racially segregated "own affairs" administration on April 1. However, as a teaching hospital the J G Strijdom cannot technically be administered as a segregated institution.

Dr van der Merwe confirmed that those doctors who had already resigned had been jointly appointed to the J G Strijdom by Wits University and the Transvaal Provincial Administration.

The university's vice-chancellor, Professor Robert Charlton, has urged Wits staff at the hospital not to panic and to hang on until he had "clarity on the issue". He and the dean of the medical faculty, Professor Clive Rosendorff, are due to meet with "own affairs" officials this month.

Professor Rosendorff said it was not what Wits was going to do but what the Government had done. He said political considerations had overridden all others in this issue.

"We have made it perfectly clear to the Government that 'own affairs' is incompatible

The woman who quit . . . Dr Annette van der Merwe outside J G Strijdom Hospital yesterday.

© Picture by Stephen Davimes.

Three identikits released in

Bill to give

have already resigned. Further resignations are expected.

Health Minister Dr Willie van Niekerk was attending a Cabinet meeting today and was not immediately available to comment.

Dr van der Merwe said yesterday her decision had been a difficult one. "I do not agree with the own affairs policy and I cannot run a hospital where at least 12 specialist doctors have already resigned," she said.

'Don't panic'

The J G Strijdom and at least 30 other provincial hospitals were transferred to the racially segregated "own affairs" administration on April 1. However, as a teaching hospital the J G Strijdom cannot technically be administered as a segregated institution.

Dr van der Merwe confirmed that those doctors who had already resigned had been jointly appointed to the J G Strijdom by Wits University and the Transvaal Provincial Administration.

The university's vice-chancellor, Professor Robert Charlton, has urged Wits staff at the hospital not to panic and to hang on until he had "clarity on the issue". He and the dean of the medical faculty, Professor Clive Rosendorff, are due to meet with "own affairs" officials this month.

Professor Rosendorff said it was not what Wits was going to do but what the Government had done. He said political considerations had overridden all others in this issue.

"We have made it perfectly clear to the Government that 'own affairs' is incompatible with an academic, teaching hospital," he said.

Dr van der Merwe said she was not optimistic about the hospital's future. She said the resignation of doctors meant many of the hospital's specialist departments would close.

"We will definitely do everything in our power to continue the services the hospital has to offer. We do not want our patients to suffer."

She said she had not been informed that the hospital was to transfer to "own affairs".

"The announcement (in the *Government Gazette* of March 31) came as quite an unpleasant shock," she said.

Dr van der Merwe is to take up the post of medical administrator at the Sandton Clinic.

The superintendent and staff of the JG Strijdom Hospital have been congratulated by the Democratic Party.

Mr Pat Poovalingam, DP health spokesman said they had "established once again the hollowness of Mr F W de Klerk's claim that his party wants to lead South African away from racial discrimination.

"The fact that the Government wants to push health into an own affair proves that racism still rules.

"These 13 doctors are rejecting the hypocritical attitude of the Government in favour of the Hippocratic Oath.

"No doctor who is true to his profession can agree to working in an own affairs hospital."

The

Three
hunt fo

By Dawn I

An intensive police
white men suspected
ty of Witwatersrand
apartheid activist Dr
was killed outside hi
burg on Monday.

Last night police r
the men based on info
ness. The witness has
for his protection.

Minister of Law an
Vlok has given his con
ster's family and pr
stone unturned to tra
for his death.

R10 000 RI

The Commissioner
Vlok's request, has or
der be investigated by
and Robbery Squad un
Colonel Floris Mostert
vision of Major-Gener
the detective division.

The commissioner ha
of R10 000 for informa
rest and conviction.

A statement from th
and Order said: "On bel
ment — and in the ligh
the media that the kill
motivated — the minis

No Star to

The Star will not be pu
Ascension Day.

We will be back on F
urday Star and Sunday
lished as usual.

The price includes gold-plated fittings.

'Revolt' to close some hospital departments?

JOHANNESBURG. — Some specialist departments at J G Strijdom Hospital here may have to close following the revolt by 12 doctors and the superintendent against a government decision to declare it a white "own affairs" hospital.

Superintendent Dr Annette van der Merwe and at least 12 specialists have already resigned. Further resignations are expected.

Dr Van der Merwe said yesterday that her decision had been a difficult one. "I do not agree with the own affairs policy and I cannot run a hospital where at least 12 specialist doctors have already resigned."

She said: "We will definitely do everything in our power to continue the services the hospital has to offer. We do not want our patients to suffer."

Dr Van der Merwe said she had not been informed that the hospital was to transfer to own affairs. "The announcement (in the Government Gazette of March 31) came as quite an unpleasant shock," she said.

The J G Strydom is one of about 30 hospitals countrywide which were changed by government decision from a general affairs hospital to an own affairs hospital. The change took effect on April 1.

The dean of the University of the Witwatersrand's Medical School, Professor Clive Rosendorf, says a meeting with the Deputy Minister of Health Services and Welfare in the House of Assembly, Dr Michael Veldman, to discuss the status of the hospital, one of Wits's five teaching hospitals, will be held on May 17.

Professor Rosendorf says he was distressed about this, because the decision changes the nature of the hospital from teaching to a non-teaching hospital.

The Minister of Health Services and Welfare in the House of Assembly, Dr Piet Badenhorst, said in Parliament yesterday that the resignations were "shortsighted" and "not in the interests of health".

Nor were they in the interests of the students who received part of their training at the hospital, he said.

The Democratic Party has congratulated the superintendent and the staff of the hospital.

Mr Pat Poovalingam, DP health spokesman, said: "The fact that the government wants to push health into an own affair proves that racialism still rules.

"These doctors are rejecting the hypocritical attitude of the government in favour of the Hippocratic Oath." — Sapa

Privatisation is not a priority — official

There was no question of the J G Strijdom Hospital in Johannesburg being privatised "at this point in time" despite strong rumours to the contrary, the Deputy Minister of Health Services and Welfare in the House of Assembly, Dr Michael Veldman, has said.

Dr Veldman said speculation that the hospital was earmarked for privatisation should be put down as nothing but rumours. "There is no question that the Strijdom is on the priority list," he said.

However, Dr Veldman agreed that some of the more than 30 hospitals recently transferred to "own affairs" administration, including the Kempton Park Hospital, were under consideration for privatisation.

"We are concerned about the unused beds in some so-called own affairs hospitals and we are in the process — in line with the Government's privatisation policy — of looking at the different models of privatisation.

"We have had some offers from private companies and are looking into this whole matter," said Dr Veldman.

He emphasised that the matter was not simply a question of privatising an institution.

"We will have to make provision for the State-dependent patients and the services in a privatised institution should be affordable to all patients," he said.

Dr Veldman said he was very concerned about the resignations at the J G Strijdom and his department was carefully investigating all aspects of the matter.

(98)

Govt reiterates policy on J G Strijdom Hospital

MIKE ROBERTSON

CAPE TOWN — White own affairs Health Minister Piet Badenhorst said yesterday he found it strange that the resignations of the J G Strijdom Hospital's superindent and 12 doctors were being attributed to the fact that it had been classified as a white own affairs hospital.

He said there was no intention of changing any existing hospital policy in regard to staffing, appointment of academic staff, patient population or any other activities carried out by the hospital.

Appeals to academic and other staff to withdraw themselves from service at J G Strijdom were shortsighted and not in the interests of health in general and students in particular.

Badenhorst said talks had been held with the chairman amd members of the hospital board, the advisory committee's chairman and the hospital superintendent. A programme of action to ensure continuous service to patients had been drawn up and more discussions would be held.

□ DIANNA GAMES reports that the MEC for Transvaal's hospital services, Daan Kirstein, said three specialist departments at the hospital would be badly affected by the resignations and it was possible they would have to close them if the situation worsened.

He said he did not know exactly which the three badly affected departments were and the superintendent, Dr Annette van der Merwe, would not speak to Business Day.

However, Beeld quoted her on Wednesday as saying the departments most affected would be orthopaedics, cardiology and intensive care.

Kirstein said the departure of specialist staff — most would not leave before the end of June — would not close the hospital down but would render it an ordinary community hospital.

Dr Cedric de Beer, of the National Medical and Dental Council (Namda), said there was an urgent need to rationalise health services in at least the Johannesburg metropolitan area.

This would prevent duplication of specialist services, empty beds and under-utilised white services and crowded black hospitals.

Hospital Services director Hennie van Wyk said the Johannesburg Hospital had less than half its 2 000 beds filled, while estimates of Soweto's Baragwanath Hospital said there was an average shortage of 200 beds at any time in medical wards. The J G Strijdom had some empty beds but the situation was not serious.

□ GERALD REILLY reports from Pretoria that Masa federal council chairman Bernard Mandell said the declaration of the J G Strydom as an own affair was another undesirable result of the fragmentation of health services.

He said Masa had consistently opposed the fragmentation of medical services and had told government so on a number of occasions.

Govt reiterates policy on J G Strijdom Hospital

MIKE ROBERTSON

CAPE TOWN — White own affairs Health Minister Piet Badenhorst said yesterday he found it strange that the resignations of the J G Strijdom Hospital's superindent and 12 doctors were being attributed to the fact that it had been classified as a white own affairs hospital.

He said there was no intention of changing any existing hospital policy in regard to staffing, appointment of academic staff, patient population or any other activities carried out by the hospital.

Appeals to academic and other staff to withdraw themselves from service at J G Strijdom were shortsighted and not in the interests of health in general and students in particular.

Badenhorst said talks had been held with the chairman amd members of the hospital board, the advisory committee's chairman and the hospital superintendent. A programme of action to ensure continuous service to patients had been drawn up and more discussions would be held.

□ DIANNA GAMES reports that the MEC for Transvaal's hospital services, Daan Kirstein, said three specialist departments at the hospital would be badly affected by the resignations and it was possible they would have to close them if the situation worsened.

He said he did not know exactly which the three badly affected departments were and the superintendent, Dr Annette van der Merwe, would not speak to Business Day.

However, Beeld quoted her on Wednesday as saying the departments most affected would be orthopaedics, cardiology and intensive care.

Kirstein said the departure of specialist staff — most would not leave before the end of June — would not close the hospital down but would render it an ordinary community hospital.

Dr Cedric de Beer, of the National Medical and Dental Council (Namda), said there was an urgent need to rationalise health services in at least the Johannesburg metropolitan area.

This would prevent duplication of specialist services, empty beds and under-utilised white services and crowded black hospitals.

Hospital Services director Hennie van Wyk said the Johannesburg Hospital had less than half its 2 000 beds filled, while estimates of Soweto's Baragwanath Hospital said there was an average shortage of 200 beds at any time in medical wards. The J G Strijdom had some empty beds but the situation was not serious.

□ GERALD REILLY reports from Pretoria that Masa federal council chairman Bernard Mandell said the declaration of the J G Strydom as an own affair was another undesirable result of the fragmentation of health services.

He said Masa had consistently opposed the fragmentation of medical services and had told government so on a number of occasions.

on April 1.

Privatisation is not a priority — official

There was no question of the J G Strijdom Hospital in Johannesburg being privatised "at this point in time" despite strong rumours to the contrary, the Deputy Minister of Health Services and Welfare in the House of Assembly, Dr Michael Veldman, has said.

Dr Veldman said speculation that the hospital was earmarked for privatisation should be put down as nothing but rumours. "There is no question that the Strijdom is on the priority list," he said.

However, Dr Veldman agreed that some of the more than 30 hospitals recently transferred to "own affairs" administration, including the Kempton Park Hospital, were under consideration for privatisation.

"We are concerned about the unused beds in some so-called own affairs hospitals and we are in the process — in line with the Government's privatisation policy — of looking at the different models of privatisation.

"We have had some offers from private companies and are looking into this whole matter," said Dr Veldman.

He emphasised that the matter was not simply a question of privatising an institution.

"We will have to make provision for the State-dependent patients and the services in a privatised institution should be affordable to all patients," he said.

Dr Veldman said he was very concerned about the resignations at the J G Strijdom and his department was carefully investigating all aspects of the matter.

Specialist services hardest hit by 'own affairs' rule

Superintendent concerned over future of J G Strijdom

By Toni Younghusband
Medical Reporter

The superintendent of the J G Strijdom Hospital, Dr Annette van der Merwe, has expressed grave concern over the hospital's future — particularly that of its specialist services.

Dr van der Merwe and 12 specialist doctors have resigned from the hospital as a result of the hospital's new "own affairs" administration.

The J G Strijdom and at least 30 other provincial hospitals were transferred to the racially-segregated "own affairs" administration on April 1.

However, as a teaching hospital the J G Strijdom cannot technically be administered as a segregated institution.

In an interview with The Star, Dr van der Merwe said the J G Strijdom had been a very good hospital with excellent patient service. "But I am worried about the future of those patients and of the staff working here," she said.

She said if the University of the Witwatersrand decided to withdraw from the hospital as a result of the new "own affairs" status, many specialist departments might have to close.

The doctors who have resigned were jointly appointed to the J G Strijdom by Wits University and the Transvaal Provincial Administration.

"I am thinking particularly of our cardiology department. We have between 6 000 and 7 000 patients on our books who come in regularly for check-ups and treatment. Where will these people go? The Johannesburg Hospital is already overburdened as it is," Dr van der Merwe said.

Dr van der Merwe said she was not against the Government's "own affairs" policy as such, but rather what it had done to her hospital.

CANNOT AGREE

"I am not a politician and I am not interested in politics. But I am unhappy at what the 'own affairs' transition has done to this hospital and because I love this hospital I cannot agree with what has happened," she said.

The Minister of Health Services in the House of Assembly, Mr Piet Badenhorst, gave the assurance that there would be no change of existing policies at the hospital.

He said a programme of action to ensure a rendering of continuous service to patients had been drawn up and this included talks with the principal of Wits University on May 17.

Mr Badenhorst said the administration of the House of Assembly had no intention of changing existing hospital policy in regard to staffing, appointment of academic staff, patient population or any other activities carried out by the hospital.

The Medical Association of South Africa said the J G Strijdom issue was a further "undesirable result" of the continued fragmentation of health services in South Africa. "For the sake of the patients who could suffer as a result of these developments, Masa urges the doctors who have resigned, as well as the authorities, not to act rashly and to endeavour to reach an agreement."

● See Page 11.

Privatisation is not a priority — official

There was no question of the J G Strijdom Hospital in Johannesburg being privatised "at this point in time" despite strong rumours to the contrary, the Deputy Minister of Health Services and Welfare in the House of Assembly, Dr Michael Veldman, has said.

Dr Veldman said speculation that the hospital was earmarked for privatisation should be put down as nothing but rumours. "There is no question that the Strijdom is on the priority list," he said.

However, Dr Veldman agreed that some of the more than 30 hospitals recently transferred to "own affairs" administration, including the Kempton Park Hospital, were under consideration for privatisation.

"We are concerned about the unused beds in some so-called own affairs hospitals and we are in the process — in line with the Government's privatisation policy — of looking at the different models of privatisation.

"We have had some offers from private companies and are looking into this whole matter," said Dr Veldman.

He emphasised that the matter was not simply a question of privatising an institution.

"We will have to make provision for the State-dependent patients and the services in a privatised institution should be affordable to all patients," he said.

Dr Veldman said he was very concerned about the resignations at the J G Strijdom and his department was carefully investigating all aspects of the matter.

People

Hospital 'super' is still defiant

By TONI YOUNGHUSBAND, Medical Reporter

Her defiant stand over the J G Strijdom Hospital issue should not be seen as a political crusade but as an expression of her love for the hospital and its staff, says 36-year-old superintendent Dr Annette van der Merwe.

She vacates her post after five years on June 30, but says she hates politics and wishes only to ensure that the hospital continues to offer the excellent services it has in the past.

A graduate of the University of Pretoria, Dr van der Merwe chose a career in medicine because she loved people and patient contact.

But in the past 10 years her strong leadership skills have torn her away from the patients' bedside to the world of administration.

She took on the post of superintendent in 1984 — then the youngest and only woman superintendent in South Africa.

Despite a lack of business management training, she won the Barclays Businesswoman of the Year award.

"I really never expected to win, but I suppose running a hospital is a business.

"Not many people control a staff of 2 000 or a budget like mine."

During her five-year term at the hospital, she has had to deal with many major crises, including the Westdene Dam disaster.

STAFF MORALE

"We have had difficult years, especially financially. It wasn't easy keeping staff morale up. But I am proud of this hospital and we have done wonderful work here."

Her decision to resign from the hospital was not an easy one.

"If I live to 70, I will still remember these last five years as the richest in my life.

"I feel extremely sad to leave. I feel as though I am abandoning it."

Being a superintendent is a thankless task, says Dr van der Merwe, but is truly the best job in the world.

"In this job you cannot measure your success. It is a much more long-term situation, and very difficult to know whether you were successful or not".

In the past week, Dr van der Merwe has been called to Pretoria for meetings with health authorities after her disclosures to the press about her unhappiness with the current state of affairs at the hospital.

"I am not a crusader, but I feel very deeply about health services, and I am concerned about the future of health services and the future of teaching at our hospitals. I will fight for this."

Fired man hits at Red Cross 'tokenism'

BONGANI KHUMALO, a regional vice president who was dismissed last week by the South African Red Cross Society's Southern Transvaal region, has charged his dismissal follows repeated calls for effective black participation in the organisation.

A one-day strike is expected today at Johannesburg Red Cross offices in solidarity with Khumalo.

Khumalo was served with a letter of dismissal on Friday last week by the Southern Transvaal regional director, Neill Ross. When Ross was approached by the *Weekly Mail* for reasons leading to the dismissal, he said,. "It is purely a domestic and management issue."

However Khumalo believes there is a connection between his dismissal and a campaign he has been waging to introduce effective black participation in the organisation.

Changes he tried to instal were met with fierce resistance, he said, charging he was asked, for example, to disband the Henri Dunant Coalition which was meant to facilitate communication in labour relations.

"The South African Red Cross Society is a racially structured organisation in its leadership structure and the focus of its activities," Khumalo said this week.

The leadership is composed of whites and the Red Cross is not directing its efforts to the basic needs of the black community, he said.

He gave the example of the financial involvement of the Red Cross in white old age homes and creches while black staff working as paramedics in the townships have little or no equipment.

"There are many ambulances parked in town and gathering dust but many people die every day in Soweto for the lack of transport to take them to the hospital," Khumalo said.

When the *Weekly Mail* inquired about allegations of lack of proper facilities for the black staff, Ross said "It is a general problem ... one of the drawbacks in the Red Cross. Facilities are not allocated on the basis of race."

Khumalo thinks his "biggest sin" was an editorial he wrote for the *Humanitarian*, a Red Cross publication, in September last year, charging in effect that the Society discriminated against blacks.

In the article, he wrote: "The SARCS has been reminded over and over again about the importance of meaningful black participation from

Racism rules the roost at the SA Red Cross and blacks are used as window-dressing to mislead a hostile world, charges a black official recently dismissed by the organisation. MUSA ZONDI reports

different angles of the interpretation of the Red Cross mandate in South Africa.

"Year after year, the SARCS made promises to fulfil them but has employed various strategies of resistance against meaningful black participation."

When the SARCS attended international meetings, "the incumbent SARCS have made sure to include a black person in the delegation for tokenism. That 'tomfoolery' has not worked".

The editorial drew heavy, hostile responses from various regions. The Border Region called for the immediate resignation of "the individual concerned". The Southern Transvaal region described the report as "disastrous".

In a letter to the SARCS, Dr Byron Hove, national chairman of the Zimbabwe Red Cross Society, said he did not expect "window dressing" but a meaningful change in the structure of the SARCS. He stopped short of calling for the expulsion of South Africa from the international movement.

However most member countries of the International Red Cross movement have called for the suspension of South Africa from the league.

Another issue the Red Cross has failed to address is the question of the prisoner of war status on African National Congress guerrillas, Khumalo said.

The surge of struggle and work ... members of the National Union of Namiblan workers in a militant mood at a May Day rally in Windhoek this week. Thousands of South African workers also gathered at rallies to mark the day. Although a mass meeting at Soweto's Orlando Stadium was banned, the security forces maintained a low profile, and no violent incidents were reported.
Picture: JOHN LIEBENBERG, Afrapix

Police must 'scour own ranks'

©From PAGE 3

of this wicked murder," said the Black Sash.

Groups associated with the Mass Democratic Movement have said Webster was a logical target for assassins because of his central position in a variety of anti-apartheid initiatives, and in particular his up-front position in opposing detention and other forms of repression.

Webster was a founder member of the Detainees' Parents Support Committee, and when that was banned la year, he helped form a group calle Detainees' Education and Welfare.

He played a central role in organis ing the last three tea parties, for th families of detainees — all of whic were disrupted by security police.

Webster's funeral will be held a 10am tomorrow.

©See PAGES 10/11

Bus fare hike

Red Cross chief fires activist

(98) c Press 7/5/89

Questions asked about segregation within the society

By SAMKELO KUMALO

THE international spotlight will focus on the South African Red Cross Society following the recent dismissal of its black assistant regional director, Bongani Khumalo.

Khumalo's dismissal by the Southern Transvaal regional director, Neil Ross, has been expected following his outbursts against racism in the organisation.

Khumalo in turn has refused to accept the dismissal signed by Ross on the grounds that it is not in line with procedure and that Ross has no power for the action.

Ross, the man at the centre of the controversy, is reported to have confirmed that Khumalo was dismissed, despite the fact that he had refused to accept the letter terminating his services.

Khumalo said: "I could see no reason why they got upset when I questioned why ambulances were still segregated and blacks had very few facilities while white ambulances were parked on the premises gathering dust and were only active on big sports days.

"These are glaring disparities which needed attention and I had to point these out to the community.

"The international body would not have called for South Africa's expulsion had my criti-

ference as a delegate of the South African Red Cross Society, which was kept in the International Federation because it was believed it would institute changes to rid the Red Cross of apartheid in its structures.

That was when Khumalo interpreted his selection to the Geneva Conference as "tokenism" to show the structure of the organisation was racially balanced.

"I have always believed that the way to preserve our rightful place in the international movement and its conferences is to place the society beyond reproach.

"We have to uphold the humanitarian ideals of the IRC which are humanity, impartiality, neutrality, independence, voluntary service, unity and universality," he said.

The present trouble between Khumalo and the national Red Cross body started in last September's editorial comment in

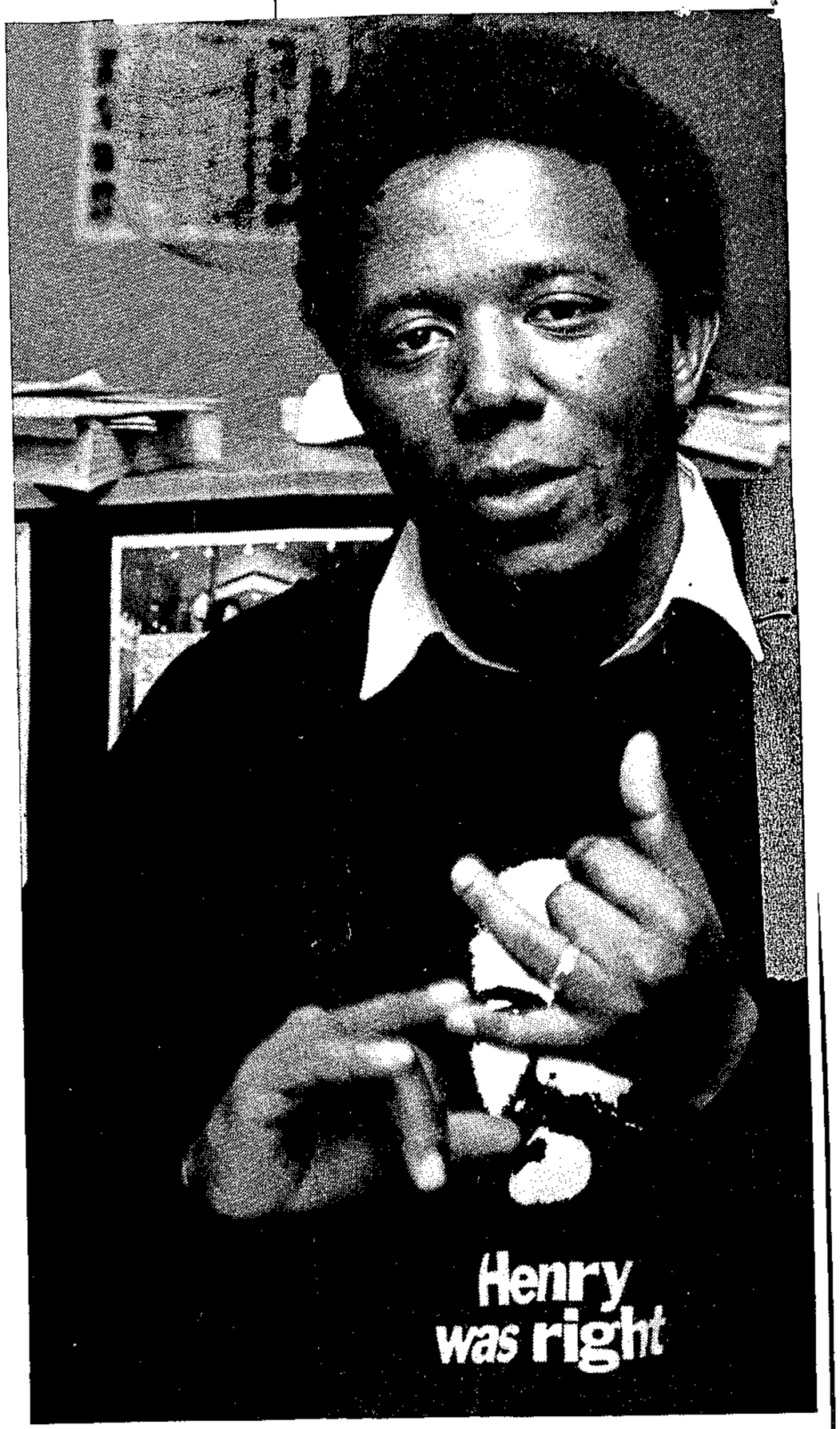
the Zimbabwe Red Cross protecting South Africa.

Khumalo said in the official Red Cross publication: "Indeed, the SARCS has been reminded over and over about the importance of meaningful black participation in the Red Cross in South Africa and the running of the organisation.

"The SARCS has made promises year after year and has not fulfilled them, but has employed various strategies against meaningful black participation."

Khumalo's comments drew hostile comments from various regions and there were calls for him to resign. Khumalo's Southern Transvaal region saw his comment as disastrous.

In an interview with *City Press*, Khumalo said he was standing by his allegations against the SARCS and accused it of practising racism.



South African Red Cross regional director Bongani Khumalo . . . dismissed for his outbursts against racism in the organisation?

● Pic: PETER NKOMO

Developers plan to build clinic, hospital in Fish Hoek

By MICHAEL DOMAN
False Bay Bureau

THE Fish Hoek municipality has been approached by developers who want to build a clinic and private hospital in the town and a formal application has been called for.

Town clerk Mr Doug Smit said the developers had written a letter to the municipality to say they intended to buy two plots on the corner of Third Avenue and Kommetjie Road as the site for a clinic.

"The plots would have to be rezoned from single residential to general residential and we requested details of the number of patients the developers foresaw and what illnesses would be treated at the clinic," Mr Smit said.

He said the council would make a decision on the proposal only when it had received a full and proper application.

It is understood the Fish Hoek Residents' Assocation is in favour of a private hospital in the town, but not on the site proposed by the developers. It is in a well-established residential area and the plan might require the demolition of some houses.

● Fish Hoek's mayor, Mr Gerald Matchett, said at a meeting of the False Bay Hospital Association last week that a 24-bed frail-care centre was to be built by the Housing League in the grounds of the False Bay Hospital.

This would form part of the Silverleaf Retirement Village which was already on the drawing board, he said.

● Fish Hoek rates are to rise owing chiefly to a substantial increase in interest rates on loans raised to found capital projects and increased salaries and wages determined by the Provincial Administration.

The new rates schedule will be finalised at a Fish Hoek council meeting on May 22.

Change will not affect patients — Badenhorst

THE reclassification of the J G Strijdom hospital as a white own affairs hospital would have no effect on the admission of new and existing black patients, House of Assembly Own Affairs Health Minister Piet Badenhorst said.

The only significance of the reclassification was that the hospital's funds would now come from the Health Services and Welfare Department in the House of Assembly and not from the Transvaal Provincial Administration, he said.

The Medical Association of SA's (Masa) federal council chairman Dr B Mandell said yesterday staff resignations at the hospital, as a result of the reclassification, were an undesirable result of the continued fragmentation of SA's health services.

ADELE BALETA and DIANNA GAMES

Mandell said Masa had made several representations to government about such fragmentation.

He added Masa urged the doctors who had resigned, and the authorities, not to act rashly and to try to reach agreement on the issue.

Masa has requested an interview with the authorities concerned to assist in solving the problem, he said.

Badenhorst said discussions with Wits University departmental heads would be held on May 17 to plan a programme of action to ensure continuation of service to patients.

He said there would be no change to existing hospital policies in regard to staffing, appointment of academic staff, patient population and other hospital activities.

Wits' medical school dean Prof Clive Rosendorff said the university had made its position clear that, by government's own definition, the change to own affairs stripped the hospital of its position as a teaching hospital.

Appeal against Bara doctors

Sowetan 10/5/89 - (4) (18)

THE Administrator of the Transvaal, the director of hospital services and the superintendent of Baragwanath Hospital yesterday appealed to the Appeal Court in Bloemfontein against the judgment that set aside the director's decision not to approve the appointments or reappointments of six doctors as senior officers at Baragwanath Hospital from the beginning of 1988.

SA Press Association

Dr Beverley Traub and Dr Hubert Hon were senior house officers, whose appointments were for six months, while Dr Linda Jivhuho, Dr Zolela Ngcwabe, Dr Gideon Frame and Dr Mark Friedman were completing periods of internship.

The decision not to appoint the six doctors was taken because they had signed a letter addressed to the South African Medical and Dental Council by a number of doctors at the hospital.

The letter, which was seriously critical of Transvaal Provincial Hospital policy, was published in the SA Medical Journal on September 5, 1987.

In the Witwatersrand Local Supreme Court on December 14, 1987, Mr Justice R J Goldstone directed the Administrator to consider the applications himself or have them considered by a person — other than the director or superintendent — to whom he delegated the duty.

This was to be done as a matter of urgency before December 31, 1987 and the applicants were to be afforded a fair hearing.

Yesterday Chief Justice Mr Justice Corbett heard that the doctors had been granted a hearing after the lower court decision.

The majority had eventually obtained positions at Baragwanath hospital, so the practical relevance of the appeal is mainly concerned with the issue of the costs of the case.— Sapa.

Star 11/8/89

The J G Strijdom holds open days

Medical Reporter

The J G Strijdom Hospital, which hit the headlines last week with news of its superintendent's resignation, will be open to public scrutiny for the next three days.

A hospital spokesman said the three day open door programme would reveal the true "inside story" of the hospital.

The hospital will be open to the public from 9 am to 8 pm today and tomorrow and from 9 am to 2 pm on Saturday.

Its medical, paramedical, nursing and administrative departments will portray their services in the form of exhibitions while other departments will open their doors to allow members of the public to wander through.

An entertainment programme has been arranged to coincide with the inspection. This will include a drum majorette march and a 5 km fun run on Saturday.

For further information contact Mariaan van Kaam at 726-5128.

CITY NATIONAL

Work to start soon on Paarl hospital

CAMb Times 11/5/89 98

By CLIVE SAWYER
Tygerberg Bureau

WORK on a R10-million private hospital in Paarl begins at the end of the month, according to a spokesman for the developers.

The 82-bed hospital, MediCity Paarl, is scheduled to open at the end of May next year.

The building, near the Provincial Hospital, will cover 2 763m² of a one-hectare site. Allowance has been made for future expansion.

The hospital will have four operating theatres, four intensive care units and a 12-bed maternity ward.

The single-storey building will have a consulting block with suites available to doctors by sectional title.

A Paarl Municipality spokesman said the transfer of the land for the development would be finalised after consultation between town planners and the developers.

A MediCity spokesman said construction, originally due to start at the beginning of May, had been delayed by a "few problems."

The concept of private hospitals had been well received elsewhere and privatisation of health services had been encouraged by the State, the spokesman said.

The hospital would attract more specialists to the area and so benefit the community at large, she said.

The hospital would charge standard medical aid tariffs, the spokesman added.

● Michael Doman of The Argus's False Bay Bureau reports that a specialists' hospital in Somerset West, which opened in January 1988, had embarked on a R4-million expansion programme.

The 82-bed MediCity, in Main Road, Somerset West, belongs to the country-wide group Medicor and has had a 90 percent occupancy rate at times in the last 15 months.

Hospital administrator, Mr Willie van Aardt, said demand for the hospital's services had led to the need for expansion.

Mr van Aardt said it was planned that an extension housing about 40 more beds would be completed by early next year and, depending on the demand, another 40 might be built in two years' time.

Work to start soon on Paarl hospital

CAPE TIMES 11/5/89 98

By CLIVE SAWYER
Tygerberg Bureau

WORK on a R10-million private hospital in Paarl begins at the end of the month, according to a spokesman for the developers.

The 82-bed hospital, MediCity Paarl, is scheduled to open at the end of May next year.

The building, near the Provincial Hospital, will cover 2 763m² of a one-hectare site. Allowance has been made for future expansion.

The hospital will have four operating theatres, four intensive care units and a 12-bed maternity ward.

The single-storey building will have a consulting block with suites available to doctors by sectional title.

A Paarl Municipality spokesman said the transfer of the land for the development would be finalised after consultation between town planners and the developers.

A MediCity spokesman said construction, originally due to start at the beginning of May, had been delayed by a "few problems."

The concept of private hospitals had been well received elsewhere and privatisation of health services had been encouraged by the State, the spokesman said.

The hospital would attract more specialists to the area and so benefit the community at large, she said.

The hospital would charge standard medical aid tariffs, the spokesman added.

● Michael Doman of The Argus's False Bay Bureau reports that a specialists' hospital in Somerset West, which opened in January 1988, had embarked on a R4-million expansion programme.

The 82-bed MediCity, in Main Road, Somerset West, belongs to the country-wide group Medicor and has had a 90 percent occupancy rate at times in the last 15 months.

Hospital administrator, Mr Willie van Aardt, said demand for the hospital's services had led to the need for expansion.

Mr van Aardt said it was planned that an extension housing about 40 more beds would be completed by early next year and, depending on the demand, another 40 might be built in two years' time.

The Mayor of Johannesburg, Mr Koos Roets and his wife, Mrs Mona Roets, were accompanied on their tour of the hospital's "open days" exhibition by the superintendent, Dr Annette van der Merwe.

Hospital and Wits officials hold meeting

Star 12/5/89

By Toni Younghusband, Medical Reporter

The superintendent of the J G Strijdom Hospital, Dr Annette van der Merwe, held discussions with Wits University's dean of medicine, Professor Clive Rosendorff, yesterday over the hospital's controversial transfer to "own affairs" administration.

Dr van der Merwe said after the meeting that no decision had been taken on whether the university would withdraw from the hospital. She said the meeting had been a question of discussing the "complications and possibilities" involved.

The J G Strijdom was transferred from "general affairs" administration to "own affairs" on April 1. Since then Dr van der Merwe and 12 specialist doctors have tendered their resignations.

Technically, all Wits University staff should withdraw from the hospital, as an academic institution — which the J G Strijdom has been for the past 20 years — cannot be administered by "own affairs" and must be run under "general affairs".

The university's medical faculty executive committee will meet today to discuss the issue.

Professor Rosendorff told The Star he preferred not to comment at this stage.

He and other university officials are due to meet with "own affairs" authorities next Wednesday to discuss the hospital's transfer, after which the university is expected to make a public announcement.

● Sapa reports that the Minister of Health Services and Welfare in the House of Assembly, Mr Piet Clase, said yesterday the J G Strijdom would continue to function as before.

Speaking during his department's budget vote, he said that if the hospital did not function as before, the blame would lie with those doctors who had resigned.

Mr Clase said all that had happened was that the hospital — with others — had been transferred to his department's control from April 1, but his department "did not interfere" with its running.

The Transvaal Provincial Administration ran it, as an agent, he said.

The hospital had been declared an academic hospital a few years ago when it had been hoped that the Rand Afrikaans University would get a medical faculty, but this had subsequently been allocated to the University of the Orange Free State.

The hospital could not now function as an autonomous academic one, Mr Clase said.

Frame 12/5/89

HEALTH

Diagnosing colour

What's in the principle of white "own affairs?" Government's message to the 12 J G Strijdom (JGS) specialists and the superintendent who resigned in protest last week, is: "Nothing."

However, the dean of the Wits medical faculty, Professor Clive Rosendorff, says government has broken its promise. He says its decision on April 1 to incorporate the hospital under white own affairs effectively disqualified the hospital from academic status. Says Rosendorff: "The agreement struck up in 1986 with Minister Willie van Niekerk was that academic hospitals would be 'general affairs.' By inference, we assumed the five hospitals in the Wits group would fall under this category."

In an attempt to soothe matters, white own affairs Health Minister Piet Badenhorst says the move will not affect previous administration policy regarding staffing, appointment of academic medical staff, and patient population.

Meanwhile, the Transvaal MEC in charge of hospital services, Daan Kirstein, disputes Rosendorff's claim that the deal struck up three or four years ago with the Cabinet included the JGS. He says only two hospitals, the Johannesburg Hospital and Baragwanath, were in the deal. Kirstein describes the resignation of the specialists as "a pity," and says the JGS is "in trouble." However, he expects no further reaction from the other 31 TPA hospitals placed under own affairs.

According to Rosendorff, the JGS is on "the verge of collapse" and the academic staff are very distressed about the situation. "The executive of the university medical school will hold an emergency meeting this week to discuss the issue," he says. Senior officials of the medical school will meet Deputy Minister of Health Services Michael Veldman on May 17.

Kirstein, however, says the JGS will remain a "teaching hospital," and that "we will have to advertise (the resigned specialists') jobs." He says that despite claims from sources that he is "unhappy" at the own affairs move, "the fact is that the Cabinet has decided to place the JGS under own affairs and I am happy with that."

What the own affairs shift will mean in practice remains unclear. Before the segregatory move the authorities were allowing some black patients into white hospitals, if facilities and technology were not available in black hospitals. Also, the white nursing shortage led to black nurses being employed at some white hospitals. However, it is not certain if black doctors will be allowed to practise general medicine, surgery, obstetrics, gynaecology, and paediatrics at white own affairs hospitals, as was possible under general affairs.

Rosendorff says: "We don't know what the policy will be. Up to now we have had no problem under general affairs, except that our black doctors have refused to work at a hospital which would not accept them and their families as patients. I can understand that."

This strange debate takes place in the face of a warning from the College of Medicine that health services are degenerating to crisis level. In a recent report the college warns: "Inadequate resources, fragmentation of health services, failure to recognise the importance of academic medicine, and continuing discrimination in the provision of medical care all seriously threaten academic medicine and overall health care."

Dr Max Price, publicity officer for the National Medical and Dental Association, says the own affairs move is an attempt to provide the coloured and Indian Houses in parliament with influence and credibility in an area unthreatening to government: "It has nothing to do with health and can only be detrimental." He says continued fragmentation of the State health services is affecting the morale of doctors, who believed government's promise that integration was the necessary way to go. ■

Health care the US way

Star 13/5/89.

RESPONSIBILITY for the provision and financing of the bulk of health services should be returned to the State to solve the crisis in private sector health care, Dr Jonathan Broomberg, of the Centre for the Study of Health Policy, said today.

In a paper presented to the National Medical and Dental Association conference in Johannesburg, Dr Broomberg said the trend was however increasingly moving towards privatising health services and it was therefore necessary to look for alternatives within the present medical aid schemes.

Rising costs

The cost of private sector health care services has escalated rapidly in recent years, far outstripping wage increases over the same period.

The average monthly contributions of all members to medical aid schemes (black and white South Africans), showed an increase from R17,72 in 1977 to R112,43 in 1987. "A recent projection suggests that by the year 2 000 the monthly contribution will vary from R849 to R2 200."

Dr Broomberg said an increasing number of black South Africans were using private medical aid schemes, partly because of the deterioration in standards of care at public facilities, and the rising costs of using such facilities.

JANET HEARD

In 1977, 0,9 percent of blacks were covered by schemes, whereas in 1987, the figure increased five-fold to five percent.

Outlining the shortcomings of the present private health care service, he said all providers were reimbursed on a fee-for-service basis, which encouraged providers to increase the supply of services. "In health, consumers are not able to 'shop around', and this results in the excessive use of health care services."

Dr Broomberg said rising costs would soon mean only the wealthiest of workers would be able to afford medical aid. In the light of this, he proposed an alternative scheme based on one in the United States called "managed care".

He stressed that because of the inevitability of privatisation, it was necessary for the progressive movement, and the labour movement in particular, to intervene to ensure some form of control over its operation.

Managed care, he said, differed from the existing scheme because the functions of financing and providing health care services were integrated under one body.

"Once it is fully developed, the scheme will collect monthly contributions from members and employers, and in return, will offer members and their dependents, a wide range of health services. It will do this by employing its own doctors and other professionals, and by contracting with clinic and hospitals to provide services to its members."

The GP's, specialists, and other professionals employed would operate out of health centres, at which members would be able to obtain a comprehensive range of preventive and primary curative services.

The scheme had to provide services to each member at a pre-determined, fixed rate, which would be a strong incentive to ensure that its costs per member did not overrun its income from contributions. Doctors and other providers would be paid a salary, removing the fee-for-service incentive.

The cost savings would be passed on to members in the form of lower contribution rates, said Dr Broomberg.

Health care the US way

RESPONSIBILITY for the provision and financing of the bulk of health services should be returned to the State to solve the crisis in private sector health care, Dr Jonathan Broomberg, of the Centre for the Study of Health Policy, said today.

In a paper presented to the National Medical and Dental Association conference in Johannesburg, Dr Broomberg said the trend was however increasingly moving towards privatising health services and it was therefore necessary to look for alternatives within the present medical aid schemes.

Rising costs

The cost of private sector health care services has escalated rapidly in recent years, far outstripping wage increases over the same period.

The average monthly contributions of all members to medical aid schemes (black and white South Africans), showed an increase from R17,72 in 1977 to R112,43 in 1987. "A recent projection suggests that by the year 2 000 the monthly contribution will vary from R849 to R2 200."

Dr Broomberg said an increasing number of black South Africans were using private medical aid schemes, partly because of the deterioration in standards of care at public facilities, and the rising costs of using such facilities.

JANET HEARD

In 1977, 0,9 percent of blacks were covered by schemes, whereas in 1987, the figure increased five-fold to five percent.

Outlining the shortcomings of the present private health care service, he said all providers were reimbursed on a fee-for-service basis, which encouraged providers to increase the supply of services. "In health, consumers are not able to 'shop around', and this results in the excessive use of health care services."

Dr Broomberg said rising costs would soon mean only the wealthiest of workers would be able to afford medical aid. In the light of this, he proposed an alternative scheme based on one in the United States called "managed care".

He stressed that because of the inevitability of privatisation, it was necessary for the progressive movement, and the labour movement in particular, to intervene to ensure some form of control over its operation.

Managed care, he said, differed from the existing scheme because the functions of financing and providing health care services were integrated under one body.

"Once it is fully developed, the scheme will collect monthly contributions from members and employers, and in return, will offer members and their dependents, a wide range of health services. It will do this by employing its own doctors and other professionals, and by contracting with clinic and hospitals to provide services to its members."

The GP's, specialists, and other professionals employed would operate out of health centres, at which members would be able to obtain a comprehensive range of preventive and primary curative services.

The scheme had to provide services to each member at a pre-determined, fixed rate, which would be a strong incentive to ensure that its costs per member did not overrun its income from contributions. Doctors and other providers would be paid a salary, removing the fee-for-service incentive.

The cost savings would be passed on to members in the form of lower contribution rates, said Dr Broomberg.

'BLACK' CP MEMBER: Staunch Conservative Party member Mr Robert Sargent is fed up with the jokes being made by his wife and black colleagues. © Photograph: Stephen Davimes.

Storm over R100 000 win by SABC worker

STAFF REPORTER

A R100 000 HOME offered as a prize in a competition run on SABC-TV has been won by an employee of the corporation which now insists he forfeit the prize.

The dream-in-a-lifetime win by Mr Elias Molane, who works in the record library of the corporation, has sparked a row between the sponsors, the Maize Board and Wimpey Homes, and the SABC.

The SABC says that according to its regulations staff were not eligible to enter the competition.

But a spokesman for the promoters, Mrs M Rowland, said Mr Molane was the legitimate winner.

Mrs Rowland refused to comment about the SABC's decision to disqualify Mr Molane, saying she would not like to "cross swords" with the corporation.

The R100 000 house, donated by Wimpey Homes, will be built in Spruitview, on the East Rand.

Wimpey spokesman Mr Bob Gregory, said the SABC had no right to disqualify Mr Molane.

The corporation had not run the competition.

d rvise1The chairman of the Maize Board, Mr H P de Lange, said: "As far as we are concerned, Mr Molane still remains the winner, with or without their approval. He is their employee, not ours."

Mr Molane said yesterday he was hopeful the matter had been resolved, and said he had already consulted legal advisers on the matter.

Black day for a CP supporter

JANET HEARD

BLACK colleagues have been taking the micky out of an ardent Conservative Party member after discovering he was mistakenly registered black.

Mr Robert Sargent, (43) a mechanic who lives in Marister, received his unemployment insurance card from his former employers from Halfway House last week. His wife, Marie, was shocked to see the word "black" on the card, and then he saw the identification number "006". Whites are "008".

Mr Sargent said black workers at the construction firm where he is presently employed have been laughing at him and calling him "brother".

"It's a joke, but I am starting to get annoyed at the cracks coming my way. My wife also rocks me sometimes and I don't appreciate it".

He said his former employers requested he return the card to them to rectify the error, but he is first seeking legal advice.

Change means one man one vote, Gandhi tells SA group

SALLY SEALEY

NOTHING short of universal adult suffrage in a single parliament for all South Africans would satisfy India that South Africa had changed, Indian Prime Minister Rajiv Gandhi told a visiting South African delegation yesterday.

Representatives of the Transvaal Indian Congress, the Natal Indian Congress and the Congress of South African Trade Unions (Cosatu) met the Mr Gandhi yesterday to discuss a wide range of issues relating to the struggle against apartheid.

International campaign

The delegation, which included TIC president Mr Cassim Saloojee, Mr Reggie Vandeyar, Mr Charm Govender, Mr Yunus Carrim and Mr Fred Gona of Cosatu, have been in India for the past seven days.

Mr Gandhi reaffirmed India's commitment to the international campaign against South Africa and said the country was prepared to do everything possible to bring about a peaceful resolution to South Africa's problems.

He said: "The struggle for independence in India was born in South Africa. Who knows, if Mahatma Gandhi had not been exposed to the shock of apartheid, Indian history might have taken a very different course."

Mr Gandhi expressed concern over the continuing state of emergency in South Africa and the plight of detainees on hunger strike.

The delegation told him of the harsh restrictions imposed on many of the ex-detainees.

He said he was disturbed to learn that some ex-detainees were restricted to their homes for up to 20 hours day to their homes and were expected to call at the police station twice daily in the four hours they were allowed outside.

Mr Gandhi said he would raise the issue in international forums.

The talks are expected to end early next week with the issuing of a joint statement covering the major issues discussed.

Red Cross workers strike

By SAMKELO KUMALO

THE majority of the members of the Johannesburg branch of the South African Red Cross Society went on strike this week following the dismissal of one of its members a few days ago.

According to reliable sources, only one black worker is believed to have been reporting for duty since the strike was initiated on Monday.

Following the dismissal of Bongani Khumalo, Southern Transvaal's assistant regional director this week, workers decided to picket the regional headquarters in De Villiers Street and the national head office in Jeppe Street, demanding Khumalo's unconditional re-instatement.

Due to a lack of response to the workers' demands, they then submitted a memorandum to the head of the International Red Cross Committee and a Red Crescent delegation in Pretoria on Tuesday.

Meanwhile, the long awaited meeting with regional director Neil Ross – at which Khumalo was supposed to publicly state his case – ended with the staff passing a vote of no confidence in Ross, who did not arrive.

The staff stressed their determination to continue with the strike until Khumalo was re-instated.

On Friday Ross wrote his striking staff a letter (right), stating that if they do not resume their duties tomorrow at 8am he will be forced to consider disciplinary steps against them, which may lead to their dismissal.

The strikers emphasised that the Khumalo issue was only a tiny part of their structural and racial grievances against the South African body.

When Ross was approached for comment on the events he said: "Khumalo remains expelled and there is no other action which we can take in re-instating him.

"If he feels he was unfairly dismissed, he must then use the channels that are available to him and he is aware of what he should do."

When Ross was asked to give reasons for Khumalo's dismissal and whether it was because of an article Khumalo wrote last September in a Red Cross publication alleging racism in the organisation, he said that was not the reason.

"I repeat that his dismissal was purely an internal management decision and had nothing to do with his editorial comment. I am not prepared to reveal anything further.

"The letter of his dismissal has already been sent to him by registered mail and he should receive it shortly."

Ross said he was aware of the memorandum that the Red Cross workers handed to Pretoria on Tuesday week, but he was not aware of its contents.

He rejected Khumalo's allegations that racism was rife in the organisation and said it was not true that facilities like ambulances were "racially distributed".

Khumalo last week refused to accept the dismissal letter when it was handed to him by Ross, claiming that Ross did not follow the organisation's procedures and was not competent to fire him.

According to Khumalo only the regional chairman and the executive have the power to hire or fire either the director or his assistant.

The strikers have resolved to continue the action and to consider further actions tomorrow.

They said they were deeply concerned at the contents and threats contained in the letter and issued a warning of tragic consequencies to the entire Red Cross organisation in the country.

No-confidence vote passed on director

Bongani Khumalo's dismissal has sparked off a row in the Red Cross.

THE SOUTH AFRICAN RED CROSS SOCIETY
(Southern Transvaal Region)

TO: REGIONAL OFFICE STAFF, COMMUNITY ORGANISERS & BRANCH SECRETARIES

12th May 1989

Dear Staffmember

The events of the last few days have caused me much distress. Not because of the personal attacks on me, because I know them to be untrue, but for one reason only. Sight has been lost of the sole purpose of our existence - the alleviation of suffering and the provision of care and protection to those in need. These are the people who have and will suffer as a result of the current situation. We must all recognise that the Red Cross, its ideals, principles and mandate, and the South African Red Cross Society itself are more important than any individual or group of individuals.

You all know that this Region has committed itself to the extension of its services to all communities in the Region and that we have, with the help of outside independent consultants, re-examined our mission and objectives. We have decided on, and the Regional Council has approved of, a new direction for the Region. We will now be concentrating our energies on those areas that are in total accord with the mandate, ideals and principles of the Red Cross and Red Crescent Movement. We face an enormous challenge to fulfill these new goals and we cannot afford to have our energies diverted, or we will fail and it will not be us who ultimately suffer.

I will continue to work with all employees and members of the Red Cross in the Region, towards the progress and improvement of the SA Red Cross in this Region and towards the fulfillment of the declared objectives of the Region. We will continue to create the the opportunities and channels neccessary to develop and implement plans and strategies for this purpose. Any concrete and constructive proposals, within the limitations of our resources, have been and will always be welcome.

For this reason, we cannot allow the current work stoppage to continue any longer. Unless those involved return to work at 8.00 am (08h00) on Monday, 15 May 1989, we will be forced to consider disciplinary steps against them. Ultimately this may lead to their dismissal, though that is something we would prefer to avoid.

We have not, and do not intend, to victimise anybody for any reason whatsoever. Furthermore if those involved return to work as requested no disciplinary action will be taken against them. Obviously no staff will be paid for any time not worked.

I expect that each member of staff declares his or her loyalty to the South African Red Cross Society and commits him or herself to working, through the channels of the Society, for the progress and improvement of the Society and the ideals, principles and mandate of the Red Cross and Red Crescent Movement.

Let us please focus our attention on the sole reason for our existence as a Red Cross Society - the practical and compassionate alleviation of human suffering.

Yours Sincerely

NS ROSS
REGIONAL DIRECTOR
/ner

> "Unless those involved return at 8am on Monday, May 15, 1989, we will consider disciplinary steps."

Doctors 'should remain impartial prescribers'

Pharmacists losing out to physicians, congress told

Bloemfontein, 16/5/89

96

THE full, comprehensive pharmaceutical service rendered by pharmacists was becoming non-viable in many parts of SA because of the loss of services to the trading doctor, Pharmaceutical Society of SA (PSSA) president Willie Kock said yesterday.

Opening the PSSA's annual conference in Johannesburg, he said a doctor should remain an impartial prescriber and not have a vested interest in the cost of medicine prescribed.

With the increasing demand for health services in SA, Kock said, a larger group of medicines had to be made available for dispensing by the pharmacist, which would allow him to relieve the financial burden on medical schemes.

The PSSA had helped fight health costs by implementing the Maximum

DIANNA GAMES

Medical Aid Price system, self-medication schemes and discounts of about R35m allowed to medical schemes, between June 1987 and 1988.

Kock said it was hoped new legislation regarding the control of medicines, expected next year, would allow pharmacists more discretionary powers over a list of medicines for which alternatives could be substituted.

Role

He said pressures on the community pharmacist had increased, resulting in a discount war and, although it benefited the patient, a pharmacy could not continue providing full services if discounts were pushed over 25% on present prices.

Pharmacy Council president Prof A Goossens said the pharmacist would play an important role in SA's health services if government successfully implemented the privatisation of health services.

He said the single greatest criticism of the private pharmacist was that he was too expensive.

Goossens asked for reflection on the cost of abuse, misuse and wastage of medicines if supplied outside the controlled environment of a pharmacy, bypassing the professionals who were specifically trained for this work.

The cost structure of the total distribution chain, from manufacturer to retail pharmacy, had to be taken into account rather than just the price of medicine paid by the public.

Kock also reiterated the strong objection by the PSSA and SA Association of Retail Pharmacists to the registration of hydroquinone, used in skin lightening preparations, as a medicine.

Travel agents, pharmacist launch health campaign

BDay 16/5/89

THEO RAWANA

RENNIES Travel and pharmaceutical company Smith Kline and French have launched a joint immunisation awareness campaign to protect travellers' health.

The main aim of the campaign is to emphasise those vaccinations necessary for travel to different parts of the world, an article in The Rennies Traveller says.

Charts indicating which diseases occur in what areas and what precautions can be taken are displayed at Rennies Travel outlets and books on the subject are also available.

Special emphasis is placed on the disease Hepatitis B, which is caused by a virus resulting in an unpleasant, sometimes fatal, illness, with fever, nausea, vomiting, jaundice and extreme lethargy.

The report says the prevalence of Hepatitis B is very high in parts of Asia and Africa and also commonly occurs in Latin America, the Middle East and Southern and Eastern Europe.

But it warns South Africans do not have to travel that far to be at risk, as carriers are also found in SA.

*The CHAIRMAN OF THE HOUSE: Order! The hon member for Greytown will withdraw from the Chamber. [Interjections.] The hon member deliberately said the hon the Minister was telling lies. He may not say it, particularly not after I had observed that he should make fewer interjections. The hon member will withdraw from the Chamber.

Mr D J N MALCOMESS: Mr Chairman, on a point of order: It is customary in this House, as you are well aware, to call upon an hon member to withdraw what he has said before summarily dismissing him. May I suggest or may I ask you kindly to ask the hon member whether he is prepared to withdraw or not before summarily dismissing him from this House?

The CHAIRMAN OF THE HOUSE: Order! The hon member must realize that I am charged with the interpretation of the rules and regulations and decorum in this House. The hon member for Greytown was continually making interjections and immediately after I had called upon him to stop doing so he interjected that the hon the Minister was telling lies. I think that is going too far but in view of the fact that the hon member put the interpellation, I will ask him to withdraw that remark.

Mr P C CRONJÉ: Mr Chairman, I withdraw it.

*The MINISTER: Mr Chairman, I hope I can be given a little injury time, otherwise I am not going to complete the match. [Interjections.]

*The CHAIRMAN OF THE HOUSE: The hon the Minister will receive injury time.

*The MINISTER: I just want to tell the hon member for Pinetown that he knows why we cannot succeed in arraigning these people before the courts. It is because there is so much intimidation that people do not want to come forward as witnesses. Now the hon member wants us to appoint a commission of inquiry to find witnesses. They will not testify. Intimidation plays a role before a commission and it plays a role before the courts.

That is why we say let us stabilise the situation as we are now doing and then I ask UDF and Cosatu and the hon member for Greytown to stay out of it . . . [Interjections] because the UDF is the public arm of the ANC. [Interjections.] The ANC stands for violence. They are not prepared to renounce violence. That is why violence is continuing; they do not want peace. After all, we have a great deal of evidence of this . . .

*The CHAIRMAN OF THE HOUSE: Order! Even the injury time of the hon the Minister has now expired.

Debate concluded.

QUESTIONS

†Indicates translated version.

For oral reply:

General Affairs:

Meyerton: SAP present at public meeting

*1. Mr J H VAN DER MERWE asked the Minister of Law and Order:†

Whether any members of the South African Police were present at a public meeting held at Meyerton on or about 20 April 1989 and attended by a certain Minister, whose name has been furnished to the Police for the purpose of the Minister's reply; if so, (a) how many members were present there and (b) what is the name of the Minister concerned?

B932E

†The MINISTER OF LAW AND ORDER:

Yes.

(a) Sufficient police officials to deal with any given situation which could have arisen.

(b) The name furnished by the hon member.

Stella Hospital: medicine disappearing

*2. Dr W J SNYMAN asked the Minister of National Health and Population Development:†

(1) Whether a quantity of medicine disappeared at the Stella Hospital recently; if so, (a) when and (b) what is the estimated cost of this medicine;

(2) whether a charge of theft was laid with the South African Police in this regard; if not, why not;

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

B940E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) No,

(a) and (b) fall away;

(2) falls away;

(3) no.

†Dr W J SNYMAN: Mr Chairman, arising out of the reply of the hon the Minister, the fact that the price of the missing medicine was paid by the doctor concerned was probably the reason for no charge being laid with the Police. Does the Minister agree, however, that the disappearance of the medicine, which has been admitted, is a serious ethical offence? Secondly, the hospital board concerned requested an investigation into the management of medicine in that particular hospital. I am asking the Minister if he knows anything about that.

†The MINISTER: Mr Chairman, the facts at my disposal, furnished to me by the Cape Provincial Administration, are the following. Firstly, the Stella hospital is privately subsidized. Secondly, it does not have a hospital board, but is managed by an autonomous committee. Thirdly, the standards and the tariffs fall under the Provincial Administration, but nothing else. Fourthly, according to facts at my disposal, a doctor who worked sessions in the hospital bought medicine amounting to R470 from the hospital.

SADF/SWA Territorial Force: full/partial pay

*3. Mr J VAN ECK asked the Minister of Defence:

Whether any members of the South African Defence Force and the South West African Territorial Force who belong to units that (a) have been demobilised since 1 April 1989 and (b) are still to be demobilised are being retained in South West Africa/Namibia on full or partial pay; if so, (i) how many, (ii) for what purpose and (iii) for what period?

B941E

†The DEPUTY MINISTER OF DEFENCE:

Although elements of the South West African Territorial Force were demobilised in accordance with the settlement plan, the infiltration by heavily armed Swapo forces necessitated certain re-mobilisation. Negotiations are at present being conducted to re-instate the settlement plan as it was on 31 March 1989. It is for this reason that I can at present not reply to the hon member's questions. (a) and (b) Fall away.

Skin-lighteners: representations regarding potential danger

*4. Mr J VAN ECK asked the Minister of National Health and Population Development:

(1) Whether he and/or his Department has received any representations with regard to the potential danger of the use of so-called skin-lighteners; if so, what is the nature of these representations;

(2) whether he is considering taking any steps with regard to the distribution of these products; if so, what steps; if not, why not?

B942E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) Yes, the banning of skin-lighteners was requested;

(2) yes, I have already banned the sale and distribution of skin-lighteners with effect from 1 January 1991.

Civil case on hormonal herbicides

*5. Mr R M BURROWS asked the Minister of Agriculture:

(1) Whether, with reference to the now withdrawn civil case on hormonal herbicides which was before the Natal Supreme Court, his Department supplied any aid and/or information to either of the parties then involved; if so, (a) to which party, (b) what information and (c) why;

(2) whether he and/or his Department has at any time considered or discussed with any parties the question of compensation for damage caused by the use of hormonal herbicides; if so, what was considered or discussed?

B945E

†The DEPUTY MINISTER OF AGRICULTURE:

(1) Yes. (a), (b) and (c) The relevant scientific information as well as the results and findings of the advisory committee on the use of hormone herbicides were made available to both parties in order to

Star 18/5/89 98

SAIRR reports on effects of growth rate

Many Government services 'suffering'

By Lloyd Coutts

Black education is not the only state service which is suffering because of the country's poor growth rate, says the South African Institute of Race Relations' (SAIRR) latest edition of "Social and Economic Update".

A report by researcher Ms Elaine Cosser said that the Government's attempts to improve black facilities were under increasing pressure, and various schemes being initiated or explored faced financial and political problems.

While privatisation schemes ran up against affordability problems, attempts to ensure white subsidisation of black services via the Regional Services Councils (RSCs) faced resistance from some white municipalities which feared a backlash from their ratepayers.

In the face of these problems, together with an overall lack of finance, there was evidence that the burden of funding some services was being shifted back to black communities.

The report pointed out that officials had said sanctions and disinvestment were largely responsible for the Government's inability to upgrade black services adequately.

Examining plans to extend and improve electricity to black areas, "Social and Economic Update" said township residents might be unable to afford partly privatised electricity.

While Eskom's intervention had created some momentum for the extension of electricity to black areas, the research had found that there was no agency pressing for adequate water and sewerage, and that these services were poor in urban as well as rural areas.

If such services were to be subsidised by the RSCs, white consumers would have to foot the bill and white municipalities might face a backlash from their constituents.

"But if upgrading costs are passed on to black consumers, the result could be a sharp rise in defaulting, since township residents already have difficulties affording the cost of services."

"Social and Economic Update" said the amount of state money available for health care remained inadequate, while attempts to privatise existing public health facilities had made little progress.

Economic and political pressure to improve health facilities was not nearly as apparent as in areas like housing and education.

The publication said that because only 5 percent of expenditure could be recovered from patients at black hospitals like Baragwanath this was hardly an incentive to private enterprise to take over black health services.

Only 7 percent of blacks belonged to medical aid schemes in 1987, the report added.

Acquisitions quadruple Presmed turnover

ACQUISITIONS greatly boosted President Medical Investments' (Presmed) turnover for the year to February.

It went from R5,4m to R22,1m.

Attributable income rose by 27% to R677 000 (R533 000), largely reflecting a drop in operating margins to 10,9% (23,2%) and an eightfold rise in interest payments to R914 000 (R116 000).

A dividend of 2,7c (2,1c) a share has been declared, covered three times on earnings of 8,1c (6,1c) a share.

CHARLOTTE MATHEWS

Presmed was listed on the DCM in June 1986 as a holding company operating three day clinics. It now runs three private hospitals and seven day clinics.

In the past year it commissioned the Bloemfontein Rosepark Hospital and bought controlling interests in the Jan S Marais private hospital and four other clinics.

Directors say prospects are encouraging.

Wits gives govt ultimatum on J G Strijdom

WITS University yesterday called on government to reinstate Johannesburg's J G Strijdom Hospital as a general affairs hospital by the year end, to enable it to continue as a teaching hospital, or it would withdraw its staff.

The university issued the ultimatum after a meeting in Johannesburg between Wits vice-chancellor Prof Robert Charlton, medical school dean Prof Clive Rosendorff and Health Services Deputy Minister (Administration: House of Assembly) Dr M H Veldman.

DIANNA GAMES

The university urged government to accept the J G Strijdom as an academic hospital and transfer it back to the general affairs administration so Wits could continue its present service.

"In the hope that this will occur, Wits will continue until December 31 1989, to act as if there had been no change in the status of the hospital," it said.

Wits said earlier this year it would have to withdraw its services from the hospital after its change on March 31 to an "own affairs" hospital, on the basis that this change removed its status as a teaching hospital.

The statement said the hospital was not included in the list of hospitals classified by the Commission for Administration as academic "general affairs" hospitals.

"The J G Strijdom Hospital has, therefore, been classified as a regional hospital and is no longer an academic hospital."

Government has maintained the hospital remains a teaching hospital and the reclassification has only facilitated a change in funding.

Veldman's office said he did not want to comment at this stage.

98

No decision in case 'own affairs' status changes

Wits will remain at Strijdom hospital

By Toni Younghusband, Medical Reporter

The University of the Witwatersrand would not pull out of Johannesburg's J G Strijdom Hospital despite the hospital's transfer to "own affairs" administration, a statement by the university said yesterday.

The statement, issued jointly by the Dean of the Medical Faculty, Professor Clive Rosendorff, and the university's vice-chancellor, Professor Robert Charlton, said the university would continue to act as if there had been no change in the status of the hospital until December 31 in the hope that it would be transferred back to general affairs administration.

If by that date the hospital was still an "own affairs" institution, Wits would reconsider its position.

The J G Strijdom was declared an "own affairs" hospital on March 31.

Yesterday's statement was issued hours after a meeting at Jan Smuts Airport between university officials and "own affairs" authorities.

The university has urged staff at the hospital to remain in their posts in order to give the Government an opportunity to reconsider the hospital's status.

The transfer of the Strijdom to "own affairs" has already resulted in the resignation of its superintendent, Dr Annette van der Merwe, and at least 12 specialists.

The Deputy Minister of Health Services and Welfare in the House of Assembly, Dr Michael Veldman, said no statement regarding the Strijdom would be issued by "own affairs" authorities at this stage.

HEALTH

RAU for the gap?

The supreme irony of turning Johannesburg's J G Strijdom (JGS) hospital into a white Own Affairs institution is that hundreds of the hospital's white patients stand to lose essential services.

The future of the services and of more than 50 University of the Witwatersrand physicians and medical students was due to be clarified this week following more than a month of negotiations between the Wits medical school and government on the hospital's new status.

Government officials maintain the hospital's status — which would permit only 5% of its patients to be black — does not disqualify it from being used as a teaching institution. But Wits academics say the law prevents them from teaching in anything but General Affairs health centres.

Caught in the crossfire are 750 JGS patients — 95% of them white — who rely on specialised services such as intensive care and haemodialysis manned by Wits staff. Government says if Wits pulls out, it will advertise for replacements. But that promise has done nothing to set JGS officials at ease. Even Transvaal MEC in charge of hospital services Daan Kirstein admits the search will "not be easy."

Services shutdown . . . J G Strijdom faces apartheid realities

"Under normal circumstances, a search to replace one or two specialists would take about two months," says hospital secretary Johannes Visagie. "These circumstances are not normal and a search for 50 specialists would definitely be the largest I have ever heard of."

So far, one physician has resigned in protest against the hospital's status change. Ten more have asked for transfers to other city hospitals. Further resignations will force even more paitents to seek services elsewhere and could spell trouble for Johannesburg's four remaining General Affairs hospitals, according to JGS spokesman Mariaan van Kaam.

While a General Affairs hospital can accept as many blacks as it can serve, a whites-only hospital must seek government approval to exceed the 5% limit on black patients required by law. That restriction, combined with a decline in specialised services, could force many JGS patients to larger, more crowded centres like the Johannesburg Hospital.

The 20-odd Wits medical students who pass through JGS each day would also have to begin studying in other hospitals. Black medical students have already refused to work in a hospital which would not accept them or their families as patients.

National Health Deputy Minister Michael Veldman told the *FM* the potential "academic boycott" by Wits staff is "unethical." "Those people should read the Hippocratic oath. Strijdom has always been a segregated institution and Witswatersrand's medical school has been part and parcel of it since its first days," he argues. "Incorporating the JGS under white Own Affairs is the start of putting what we have in mind — an eventual separation of services among blacks, whites, coloureds and Indians — into practice."

One solution to the problem might see non-academic doctors combining their private practices with hospital duties at the JGS. But Van Kaam says such a move would damage the "neighbourhood feeling" at suburban Strijdom.

Much more to the hospital's liking would be the establishment of a medical school at neighbouring Rand Afrikaans University (RAU). JGS opened its doors in 1969 partly to provide a future medical facility for RAU. Financial constraints have thus far prevented the opening of that faculty, but RAU's nursing students train at Strijdom and show no sign of pulling out with their Wits colleagues.

Van Kaam says she has heard no official talk of RAU stepping into JGS but adds such a move would "make a lot of sense." ■

PHARMACISTS (96) Fmail 19/5/89

New dispensation

Pharmacists are taking a more open-minded view of discounting, as they face new business challenges from dispensing doctors and rival distribution channels.

Pharmaceutical Society of SA (PSSA) president Willie Kock told the annual meeting in Johannesburg this week: "Certain pharmacies and pharmaceutical organisations have ranged against each other to provide greater discounts. But a pharmacy can't continue to provide the full range of pharmaceutical services if discounts are pushed beyond 20%-25% on present prices."

The PSSA, though, doesn't ignore discounting. Through a national network, it offers discounts of 10%-15% on standard medicine prices to medical aids. This may increase as a result of competition from the breakaway Mediscor discount network, whose CE Kosie van Zyl insists he can set up a national network.

TPS mutual trust chairman David Boyce, who runs the PSSA's discounting operation in the Transvaal, says: "We provide a nationwide network, in every town and suburb. So far, we've been lax in marketing our services as we don't deal directly with the general public but with medical scheme administrators. We're going to be more high-profile in future."

Pharmacists hope they'll soon be given more discretionary pricing powers. Because most drugs are available only with a prescription, doctors wield huge power. When doctors dispense medicines themselves, the PSSA argues, they lose their impartiality and have a vested interest in expensive prescribing.

Boyce . . . we've been lax

However, government is proposing to pilot a law through parliament which would reschedule drugs and bring them within the pharmacists' domain.

Says Kock: "Until we have more power to dispense drugs on our own initiative, we aren't in a position to make full use of our knowledge and skills. After we're given more discretion, we expect the threat from the dispensing doctor to diminish."

He says manufacturers have agreed to a single price in the private sector — so dispensing doctors can no longer buy for less than pharmacists.

The PSSA conference passed a motion asking the Competition Board (CB) to "declare as a restrictive trade practice the non-compliance with the concept of one-exit price, based on volume, to all buyers in the private sector."

CB chairman Pierre Brooks tells the *FM* he accepts it's wrong to impose dissimilar conditions on similar transactions.

"However, all parties seem to be against price discrimination and they could draw up a voluntary code rather than expect legal constraints." ■

from the death sentence was the alcohol they had consumed on the night of the murder.

Province asks staff to stay at J G Strijdom

DIANNA GAMES

THE province has joined Wits University in urging staff not to leave the J G Strijdom hospital in view of Wits' decision to maintain all services until the year end, pending a government decision on whether to return it to a general affairs hospital.

Transvaal Hospital Services Director Dr Hennie Van Wyk said he was pleased with the university's urging staff to stay on but said he did not want to speculate on what might happen if government did not change the hospital's "own affairs" status, as requested by Wits.

The hospital's bed occupancy has been declining since 1985, when it was 73%.

In 1986/87 it was 62%, 1987/88, 56,6%, and so far this year it was 52,16%. However, the number of patient days dropped from 7,9 a patient to 6,9 last year, which brought down the occupancy, Van Wyk said.

A spokesman for the J G Strijdom said only three staff members had formally applied for transfers to other hospitals since the change to "own affairs" on March 31, and not 12 as has been reported.

She could not say if superintendent Dr Anette van der Merwe would be prepared to reconsider her resignation for the moment due to the university's stance.

Van der Merwe, who is on leave, resigned due to the hospital's change of status and is due to leave at the end of June.

Red Cross workers walk out

SAMKELO KUMALO

BLACK members of the council of the Southern Transvaal region of the Red Cross Society this week walked out of a meeting that ended in deadlock over the issue of fired assistant director Bongane Khumalo.

Khumalo said Monday's walk-out was in protest against his "unconstitutional and arbitrary dismissal" two weeks ago.

A worker who attended the meeting said Khumalo had not been found guilty of inefficiency, yet the meeting's chairman, Nigel Carman, insisted Khumalo should follow the body's appeal channels.

This triggered the walk out because black council members did not believe he should appeal. They said Khumalo's record was clean as he had never been reprimanded.

They linked his dismissal to an editorial he wrote for the organisation's publication, in which he alleged racism was rife in the South African body.

Meanwhile, the workers have been on strike for two weeks and are demanding Khumalo's unconditional re-instatement. They also want the address of their grievances, which include the removal of racist structures and attitudes.

The regional chairman, Nigel Carman, has told the strikers he is willing to meet this week to discuss their grievances.

He says he has requested a meeting between himself and the Henri Dunant Coalition – a group formed to challenge the encumbent leadership on structural, attitudinal and other changes.

Khumalo's dismissal and the strike were highlighted on Friday in Geneva, where a special meeting was convened to deal with the matter.

Carman could not be reached for further comment by the time of pub-

PresMed's surge in turnover continues

Finance Staff

Results of President Medical Investments (PresMed) for the year to February show a continuation of the three-fold rise in turnover in its first half-year as a result of its stated expansion policy.

The rise in net profit of 27 percent reflects the cost pressure to which the medical industry is subject.

The growth in turnover was a result of the commissioning of the Bloemfontein Rosepark Hospital at the beginning of the financial year and subsequent acquisitions of controlling interests in the Jan S Marais Clinic in the Cape and several other day clinics elsewhere.

These facilities, though not yet significant contributors to profit, pushed turnover up sharply from R5 387 million to R22 102 million in the past financial year.

Established interests helped nearly double operating income to R2 401 million (R1 249 million).

Interest paid rose sharply to R914 023 (R116 451), in line with the rise in capital employed to finance the expansion programme — largely by means of an issue of convertible debentures and long-term financing.

After tax of R746 796 (R561 791) and R32 261 (R37 942) attributable to outside shareholders, net income before extraordinary items rose 33 percent to R707 604 (R533 390).

Earnings per share were8,1c (6,1c)giving shareholders an earnings yield of 17,6 percent on a share price of 46c.

A dividend of 2,7c (2,1c) share has been declared.

PresMed is the holding company of a group operating three private hospitals and seven day clinics in Bloemfontein, Bellville, Pretoria, Roodepoort, Boksburg, Witbank, Welkom and Rustenburg.

task. Members of the Force who would have carried out the task, already perform long hours of duty under difficult circumstances. They can only perform this task at the cost of other important police functions. Such a task can, in addition, not be accounted for economically. On these grounds the furnishing of the requested information can therefore not be justified.

(2) and (3) Complaints and charges lodged against members of the South African Police are fully investigated. In the case of departmental investigations, the commanding officers of those members decide whether there is sufficient evidence available to institute departmental steps. In the case of criminal charges, the case dockets are referred to the various Attorneys-General for a decision.

I wish to point out to the honourable member that the South African Police maintain strict discipline. Offences are not tolerated and suitable steps are taken without hesitation against members who commit departmental and/or criminal offences.

SAP: members suspended/dismissed

303. Mr P C CRONJÉ asked the Minister of Law and Order:

Whether any members of the South African Police were (a) suspended and (b) dismissed in 1988 as a result of arrests, interrogations, detentions or other unrest-related activities; if so, how many in each case?

B643E

The MINISTER OF LAW AND ORDER:

(a) 35 members

(b) 25 members

Grey's Hospital: non-Whites

346. Mr C J DERBY-LEWIS asked the Minister of National Health and Population Development:

(1) (a) How many non-Whites were admitted to Grey's Hospital, Pietermaritzburg, in each of the latest specified three years for which figures are available, (b) what was the average length of their stay and (c) for what reasons were they admitted;

(2) whether equivalent facilities were available to the non-Whites so admitted at hospitals allocated to their own race groups; if so, why were they not treated at these hospitals?

B703E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) (a) and (b)

	Patients	Average length of stay
1986/87	88	12,19 days
1987/88	645	5,11 days
1988/89	939	4,32 days

(c) The general admission policy of the Natal Provincial Administration is that emergency treatment is rendered at the nearest hospital irrespective of the race of the patient and, in regard to extremely expensive specialist treatment, such treatment is rendered at the hospital that has the facility, in this regard the race of the patient is not a consideration.

It is for this reason that there is an escalation in the number of non-white patients treated at Grey's Hospital as this hospital has over recent years increased its capability of providing sophisticated expensive specialist treatment which is not readily available at the non-white hospitals from where the patients were referred;

(2) no.

Lung cancer

370. Mr M J ELLIS asked the Minister of National Health and Population Development:

How many persons in each race group in each province died of lung cancer in 1988?

B772E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Province	Population Group				
	Indian	Black	Col.	White	Total
CP	3	52	176	134	365
Natal	16	8	7	84	115
OFS	0	0	0	0	0
Transvaal	2	15	2	48	67
Total	21	75	185	266	547

Information in respect of the Self Governing National States is included.

SAP: colleges for training

380. Mrs H SUZMAN asked the Minister of Law and Order:

(1) (a) How many colleges for the training of (i) policemen and (ii) policewomen were there in the Republic, (b) where were tney located in each case, and (c) how many (i) Whites, (ii) Coloureds, (iii) Asians and (iv) Blacks were on the teaching/instructor staff of each of these colleges, as at 31 December 1988 and the latest specified date for which figures are available, respectively;

(2) how many (a) Whites, (b) Coloureds, (c) Asians and (d) Blacks were trained at each of these colleges in 1988?

B782E

The MINISTER OF LAW AND ORDER:

(1) (a) (i) and (ii) 4

(b) Pretoria
Bishop Lavis
Wentworth
Hammanskraal

	31 December 1989	30 April 1989
(c) (i)	193	193
(ii)	34	35
(iii)	13	14
(iv)	101	101

(2) (a) 4 201 students

(b) 905 students

(c) 246 students

(d) 2 522 students

Persons under 18: awaiting trial

383. Mr R A F SWART asked the Minister of Law and Order:

How many persons under the age of 18 years were awaiting trial in police cells as at 31 December 1988?

B785E

The MINISTER OF LAW AND ORDER:

841 persons at 810 police stations countrywide.

Black spots

436. Mr P G SOAL asked the Minister of Education and Development Aid:

(1) (a) How many Black spots were removed in each (i) magisterial district and (ii) province in 1988, (b) what was the (i) name and (ii) population of each such Black spot and (c) where were the inhabitants of each such spot resettled;

(2) what was the total (a) amount paid out in compensation for, and (b) cost of removing, each of these Black spots in that year?

B857E

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

(1) (a) None.

(b) and (c) Fall away.

(2) Falls away.

Resettlement of persons

437. Mr P G SOAL asked the Minister of Education and Development Aid:

Whether any officials attached to his Department helped to resettle any persons in 1988; if so, (a) on what dates, (b) from what specified areas were persons moved, (c) in what specified areas were they resettled, (d) why was it necessary to resettle them and (e) how many persons were resettled in each case?

B858E

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

Yes.

(a) On a continuous basis.

(b) (i) Zaaiplaats, District Groblersdal

(ii) Cornfields, District Estcourt.

(iii) Inanda Dam Basin, Ndwedwe, KwaZulu.

(c) (i) Langkloof, District Witbank.

(ii) Boschhoek/Craig, District Estcourt;

J G Strijdom tussle centres on own affairs

Star 24/5/89. (98)

The wrangle between State health authorities and the University of the Witwatersrand over the J G Strijdom Hospital is essentially a battle of terminology, yet it could result in the collapse of one of this country's finest teaching hospitals. **TONI YOUNGHUSBAND, The Star's Medical Reporter**, reports.

For the past 21 years, specialist doctors appointed jointly by the University of the Witwatersrand and provincial authorities have worked at the J G Strijdom on the understanding that the hospital is a teaching institution operated under "general affairs" administration.

Legislation demands that a teaching hospital be administered by "general affairs".

However, on March 31 the hospital was transferred to whites only "own affairs" administration — a move, health authorities said, which would have no real effect on patient services.

The hospital would continue to operate as before and they encouraged the university to stay on.

Wits gave the authorities until December 31 to reverse their decision or it would withdraw.

Protestors believed that, as a non-racial liberal insitution, the university should immediately pull out of this "racist" hospital which would now refuse to admit black patients.

Specialist treatment

In fact, the hospital has always been segregated. Until five years ago, no black patients whatsoever were allowed through its doors.

It was only when Dr Annette van der Merwe was appointed superintendent five years ago that a few black patients were admitted for specialist treatment. "We never had many and they came mainly to our intensive care and paediatric intensive care units," she said.

"Quite often we took patients from Hillbrow Hospital or Baragwanath because there were not enough beds.

"In the past five years we have had only one complaint from a white patient and they all share the same wards and facilities. We had some complaints from nurses initially, but they were told to accept it or leave," she said.

Dr van der Merwe said she hoped the "own affairs" authorities would still allow black patients treatment at the Strijdom.

"There are not enough facilities elsewhere," she pointed out.

According to Dr van der Merwe, black patients have continued coming since the hospital's transfer to "own affairs".

"And I hope it will go on this way," she said.

Mr Daan Kirstein, the MEC for Hospital Services in the Transvaal, insisted that black patients would still be allowed access to the hospital.

"The criteria for transfer to "own affairs" was that the number of patients of other colour admitted to the hospital be under five percent. The Strijdom has never had many black patients and will continue to admit that five percent," Mr Kirstein said.

He said Wits had only threatened to pull out because it was unhappy with the idea of working in a white "own affairs" institution.

But vice-chancellor Professor Robert Charlton yesterday insisted politics played no part in the university's decision. "The fact of the matter is that if the hospital is no longer classified as an academic institution it cannot have a joint staff establishment and Wits therefore cannot be there," he says.

He said if the university withdrew on December 31 it should not be blamed for not caring about the patients.

"The State health authorities have already damaged patient care by their decision. The reason doctors are leaving the hospital is because they feel it now has something of a lesser status than Baragwanath or the Johannesburg Hospital. This whole matter is a question of the status of the hospital," he said.

Never desegregated

Professor Clive Rosendorff, dean of the university's medical faculty, said last week it was not the fact that the hospital was segregated that Wits felt it should withdraw.

"Our staff work in segregated institutions all over the place, the hospitals are all segregated. Our problem is that as it has now been classifed whites only "own affairs", this hospital will never be desegregated and allowed to admit black patients," he said.

Dr van der Merwe said Wits's withdrawal would have serious consequences for the Strijdom. "Many specialist departments will have to close. Where will our patients go?" she said.

Research output further privatised

DIANNA GAMES

THE Medical Research Council (MRC) further privatised its research output in the last financial year, partly with a view to investigating possible new avenues of import replacement for medical electronic equipment, MRC president Philip van Heerden said yesterday.

He said in his annual report the MRC had registered two companies — Medical Technologies Investments and Medical Technologies Development (Medtech).

Although the MRC held 100% of the shares in the companies, it was envisaged at least 75% of the share capital would be taken up by the private sector.

Medtech, together with other interested parties, would use information from a market survey on medical electronic equipment to investigate possible new avenues of import replacement with locally made equipment.

The MRC operating account showed a surplus of R10,6m, which was transferred to the Accumulated Fund. This showed a 23,6% increase over the previous year.

The bulk of MRC funding — R30,9m in the last financial year — came from parliamentary grants. Of that, R18,4m was paid out for running costs, R11,4m for research grants and bursaries and R1m for contract research. It also spent R17m on its own research programmes and R11,9m on salaries, wages and allowances.

The MRC last year opened a new Research Institute for Environmental Diseases, a hitherto neglected field, and would be looking at diseases resulting from water, air and food pollution, among other things.

Extensive

Van Heerden said in spite of threatened isolation and boycotts, international co-operation was still satisfactory and researchers still had access to the best centres in the US and Europe. But attendance at international congresses had been more difficult due to visa problems for countries such as Canada and Australia.

SA was the only country in the subcontinent with its own extensive infrastructure for doing advanced medical research and it was essential standards were maintained.

Van Niekerk mum on claims

DIANNA GAMES

HEALTH Minister Willie Van Niekerk has not responded to expressions of lack of faith in him by the Pharmaceutical Society of SA (PSSA) or the SA Association of Retail Pharmacists (SAARP).

The PSSA last week passed a resolution expressing displeasure at the "insensitive treatment and unco-operative attitude" of Van Niekerk towards the pharmaceutical profession because of his failure to act on the question of provinces taking business from trading doctors in outlying areas.

SAARP passed a motion of no confidence in him at their annual meeting earlier this year.

They said he had not addressed problems created by discriminatory pricing policies of medicine manufacturers, unnecessary delays on taking action on skin lightening creams and failure to take action to curtail dispensing activities of trading doctors.

A spokesman for Van Niekerk said the minister considered SAARP's call premature as he had already dealt with the matter of their complaints.

He said Van Niekerk would not comment on the PSSA resolution until it had been formally communicated to him.

The PSSA national executive is to discuss the resolution at its meeting next month before it can be sent to the minister.

SAARP president Gary Kohn said yesterday they had heard nothing from Van Niekerk since their conference.

He said it seemed government was waiting for the results of yet another commission before taking action — the Wim de Villiers Commission into the Deregulation and Privatisation of Health Services.

However, a pharmaceutical delegation is to meet the Health Department's director-general next month and it was hoped it would yield some information from government's side, Kohn said.

26/5/89.

PHARMACISTS (96) Email 26/5/89.

Sick of neglect

Pharmacists want to be taken seriously. They are determined to show there's still a role for the community chemist — and that he deserves the support of both government and public.

In March, the SA Association of Retail Pharmacists passed a vote of no confidence in National Health Minister Willie van Niekerk for his decision to transfer the dispensing of district surgeons' (DS) prescriptions from retail pharmacies to provincial hospitals.

Last week, the Pharmaceutical Society of SA (PSSA) expressed displeasure at the minister's "insensitive treatment and uncooperative attitude" towards the profession.

There's no doubt that bypassing the community pharmacist will save patients money. But pharmacists argue such a policy amounts to "de-privatisation", by taking business away from the private sector.

Says PSSA president Willie Kock: "Old age pensioners and other State patients are being deprived of the comprehensive services provided by private sector community pharmacists. The move has seriously eroded the profitability of many pharmacies, especially in the platteland."

The counter argument is that retail pharmacists have no divine right to business. Provincial officials take the view that if hospitals can offer cheaper health care, they should be able to.

Transvaal MEC in charge of hospital services Daan Kirstein says the switch to district surgeons dispensing medicines has resulted in significant savings in the hospital budget.

"We've managed to save R14m out of a total medicine bill of R33m. We believe we can save R20m a year in future. In circumstances where people are seriously inconvenienced, we let retail pharmacies distribute medicines which we supply them directly," he says.

This year, pharmacists will spend R1,5m on a Pharmacy Professional Awareness Campaign (PPAC), to increase awareness of their role in all communities. They are determined to rid themselves of the pejorative "pill-counter" label.

Also ranged against them are dispensing doctors, who both prescribe and dispense to their patients.

In their latest campaign, for which they budgeted R160 000, pharmacists argue that only they are qualified to dispense medicines and only a pharmacist stocks a wide enough range of them — over 2 000 different types.

A major campaign target area has been the black sector. Because there are so few black pharmacies, 54% of patients make their purchases through pharmacies in towns. The rest use provincial outlets. PPAC chairman Neville Lyne says the campaign has helped bring blacks into pharmacies; the next step is for more blacks to join the profession.

Pharmacists are also striving to appear more socially aware. Some are already taking part in after-hours discussions at schools and clubs on the dangers of drug abuse.

In the latest phase of the Pharmacists Against Drug Abuse campaign, committee members plan to co-operate with the SAP Narcotics Bureau in tackling Wellconal addiction. Programme co-ordinator Debbie Cruickshank says community pharmacists will set up support groups for addicts' parents. ■

Mobile unit saving lives in a wasteland

Five years ago Metro opened a mobile unit in Guguletu after more and more assault victims died in police station before ambulances could take them to hospitals. Cape Times reporter **PATRICK COLLINGS** and photographer **GLENN SHERRATT** visited the unit on Saturday night.

"YOU are going to die, you're going to visit (the archangel) Gabriel," a young "skollie" shouts. A nursing sister chases him out of the makeshift trauma ward.

The target of his taunt — a 20-year-old man — gestures back defiantly, but then turns and grimaces with pain as he clutches the bleeding stab wound in his side.

He does not want to die — and the youth's prediction is not appreciated by him or the nursing sister who is doing her best to calm and stabilise him.

Less than two metres away, nursing sisters and medical personnel battle to save the life of a young gang member who has been stabbed in the heart.

Drips have been inserted in both arms, an oxygen mask is held firmly over the man's nose and mouth and his feet are held up to help contain his plummeting blood pressure.

A makeshift ward

The fight for the man's life is not taking place in a white-tiled trauma ward of a provincial hospital but under a canvas tent on the brick driveway of a service station in Guguletu.

This is where Metro have been setting up their mobile treatment unit every Friday and Saturday night for the past five years.

Staffed by nursing sisters, ambulancemen and volunteers the unit has saved countless lives since its conception. Their function is not to make the final repairs to the wounds but rather to stabilise the patients before loading them into waiting ambulances and rushing them to hospital.

Last year only six people died at the unit.

"It is a bloody good thing this, in the past people would have to go to the police station and wait while they (the police) called the ambulance. Most times it is too late,"says Mr July Tafeni, who has just brought an elderly woman in for treatment.

"She is not feeling well, so I bring her here. This is our hospital," he says.

A sentiment which Sister Elizabeth Crossley, who has been with the unit since the beginning, agrees with. "Yes, many people here regard us as their hospital," she says proudly.

The unit [illegible] wounds of gang fights. [illegible] 50% of their cases [illegible] a grazed knee or cut finger.

The makeshift trauma ward [illegible] truck which contains the medical [illegible] rooms where the injured can be treated. [illegible] the unit acquired a canvas tent which [illegible] tached to the side of the truck [illegible] room to work in.

Two ambulances serve the unit, ferrying [illegible] ously injured to Groote Schuur [illegible] less serious injuries to Woodstock [illegible]

The number of people who staff the unit [illegible] fluctuates around five but not all are medical personnel.

As sisters and ambulancemen administer [illegible] cy treatment, Miss [illegible] the small tent gathering the vital [illegible] accompany the patient to hospital.

"She's worth her weight in gold. [illegible] we would do without her," Sister Crossley [illegible] as she rushes between patients.

The unit arrives at the Eyethu Service [illegible] about 6pm and immediately starts [illegible]

The casualties include a man with a [illegible] wound in his arm, an elderly man who has been knocked down by a minibus, [illegible] their heads stitched for stab wounds. A [illegible] victim with stab wounds in his chest [illegible] awaits attention.

Gang-fight [illegible]

"They are the worst" [illegible] fireman who has done [illegible] for the past three years.

Ambulanceman Mr Sifiso [illegible] sures patients in their [illegible] the treating of them.

By 7.45pm the first wave of patients [illegible] taken care of, including a pregnant [illegible] gone into labour and is rushed to Groote Schuur Hospital. Time for a breather, a cup of tea and a chance to wash the blood off the [illegible] brick paving.

By 10pm the unit [illegible] field hospital with the [illegible] the lives of victims of [illegible] serious stab wounds sit [illegible]

At 10.45pm a woman [illegible] month-old baby. The [illegible] sleeping has just gone up in flames. [illegible] suffering from 3rd-degree burns [illegible] body.

The child's wide eyes [illegible] over to Sister Crossley. "Oh no baby," she rushes the baby in [illegible]

Five minutes later it is [illegible] War Memorial Children's [illegible] child cry.

The infant died shortly after [illegible]

Asked whether her work ever [illegible] Crossley smiles and says yes.

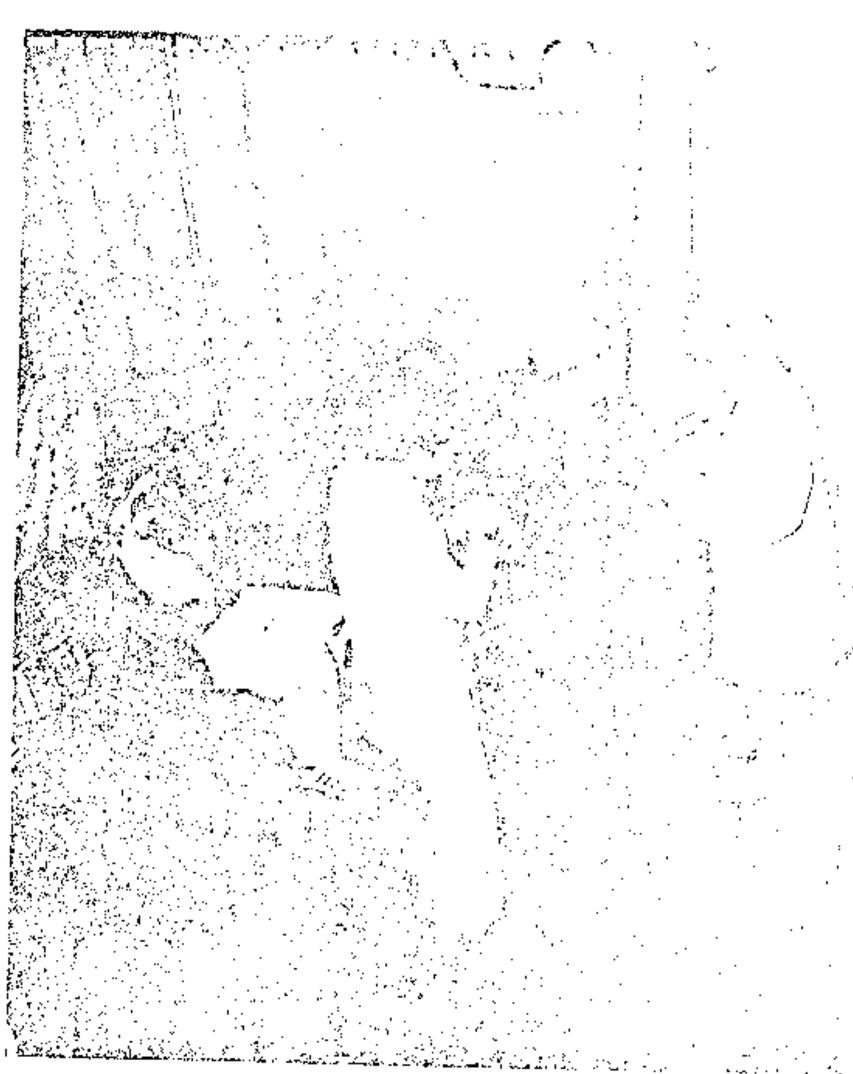
"When it gets to you, you have to [illegible] long as you know that you have done [illegible] can work through it."

FIGHTING FOR LIFE . . . Sister Elizabeth Crossley carries a badly burnt eight-month-old baby to an ambulance after the shack the child was sleeping in caught fire. The infant died soon afterwards.

TOP LEFT: Sister Johanna Nel tends to a young man who was brought into the unit after being stabbed in the heart. His condition was stabilised before he was taken to Groote Schuur Hospital by a waiting ambulance.

LEFT: A stabbing victim is carried into the Metro mobile treatment unit by a friend. Most of the patients treated by the unit are victims of gang fights or muggings.

RIGHT: Staff of the unit give emergency treatment to stabbing victims in a makeshift ward on the driveway of a Guguletu service station.



Consumer will save if chemists 'buy better'

System change mooted

PHARMACIES could not afford to discount medicine prices to medical aids unless the system was changed to allow pharmacists to "buy better" and pass the final saving to the consumer.

That was the view of SA Association of Retail Pharmacists (SAARP) president Gary Kohn, who said the average net profit for a pharmacist was only 5%, and to increase discounts in this situation would be unrealistic.

Kohn was responding to the possibility of increasing numbers of medical aids contracting exclusively to pharmacies in return for major discounts in the wake of MDS Mediscor's innovative discounting scheme of at least 22% of prescribed medicines.

He said last year pharmacies had paid out R53m in discounts. It was estimated 29% of their expenses were dispensing costs.

DIANNA GAMES

Kohn said a pharmacist would have to be guaranteed volume if he contracted directly to a medical aid.

A resolution on the discounting issue was taken at a closed session of the Pharmaceutical Society of SA (PSSA) conference this month, to be discussed at a pharmacists' meeting next week.

He said medical aids working on squeezed margins obviously wanted to lower their medicine costs, which comprised 26% of the total medical aid bill. Subscriptions would be unaffordable by the year 2 000 at their present rate unless the structures were changed.

Mediscor GM Kosie Van Zyl said he was negotiating contracts — expected to be in operation from September — with a large number of medical aids. Mediscor, established earlier this year, acts as an intermediary between medical aids and retail pharmacies to which it sub-contracts and negotiates discounts on medicines to medical aid members, starting at 22%.

This is considerably higher than the average PSSA discounts of between 7% and 15% to member pharmacies. Mediscor is not a member.

Van Zyl said while large discounts could affect profit margins initially, this would be compensated for by the volume of business such discounts would draw. "I believe in free enterprise, private initiative and competition," he said.

He said a future possibility was that Mediscor would further bring down the cost of medicines by tendering its medicines directly.

Van Zyl said a prescription could amount to several hundred rand, with the average price of one prescription medicine being around R70.

(98)

9/w 29/1/89

Warning of blood shortage at depot

By Julienne du Toit

Johannesburg's main transfusion centre has practically run out of blood and is running on a day-to-day basis.

Wednesday's public holiday has sparked fears of a shortage.

Mr Bill Nortman of the South African Blood Transfusion Service in Hillbrow claimed one of the causes of the severe shortage in recent years had been the increase in sophisticated surgery.

"Ten years ago, cardiac bypass surgery was very rare. Now they do dozens a week."

A liver transplant operation, for example, used up to 40 units in 72 hours.

Another reason for the diminishing of supplies was the high population density of Johannesburg, said Mr Nortman.

DEMAND

The transfusion centre had found that the higher the population density, the lower the level of social awareness. The demand for blood in Johannesburg was huge, and supplies had to be supplemented from the less-busy East and West Rand branches.

"A number of people think they can get Aids from donating blood," said Mr Nortman. "This is impossible, since the centre uses only new sterilised equipment, all of it disposable.

"Every single unit of blood is tested for Aids, syphilis and hepatitis."

He said the centre needed an additional 1 500 donors a week to catch up with the demand.

Cancer care centre opens

Sun 24/5/87

98

Medical Reporter

The country's first cancer care centre, which offers cancer sufferers and their families psychological and educational support, opened in the Western Cape last week. The cancer care centre is the realisation of a dream by Mr Doug Eyre who died of cancer last year.

Mr Eyre started the "Flight for Hope" project which involved the construction of a light aircraft to raise funds to help fellow cancer patients. The care centre will follow a holistic approach, dealing with the whole person rather than just the disease.

The emphasis will be on stimulating a positive attitude, helping patients to live with cancer and to help them to become involved in their own healing process.

Patients will be encouraged to make use of the therapeutic, educational and supportive services offered at the centre as well as the emotional support staff members will provide to newly-diagnosed sufferers and their families. The cancer care centre is situated in Mowbray.

CMH- Trips 30/5/89 (98) 90

BALANCE OF LIFE . . . One-year-old Vuyiswa is weighed by Sister Miriam Gekisani at the new Shawco nutrition clinic at Nyanga. Looking on is her mother Mrs Nothandekili Ngalo. Picture: ANNE LAING

Clinic to treat malnutrition, killer of the Flats

Staff Reporter

MALNUTRITION on the Cape Flats is turning normal childhood diseases into killers.

Measles, which is common among children and easily treatable, is taking its death toll because emaciated childrens' bodies have no resistence, says Dr Trudy Thomas of the Child Health Unit at the University of Cape Town.

About 40 children are being treated at a nutrition clinic recently opened by Shawco in Nyanga, and that figure is believed to be the tip of the iceberg. One 11-month-old baby is blind, also possibly because of malnutrition.

According to Sister Miriam Gekisani, who runs the clinic, the major problem is to make people aware of the clinic's existence. "We had to go to the people and find mothers with malnourished children to persuade them to come for help," she said.

Dr Thomas, who says that there are no real statistics for the area, believes that there are many cases of severely malnourished children who "never" have medical help.

She says that it is impossible to keep track of people because of the shifting and temporary nature of the population.

Shawco, which gives out 25 000 meals daily at schools on the Cape Flats, is battling to keep up with inflation and the expanding population. Costs are rising all the time and it is becoming more difficult for people to give to charity, according to the student president, Mr Graham Herbert.

CNA Times 31/5/89 98

110 arrested in Vaal hospital corruption raid

JOHANNESBURG. — Private investigators and police have raided nine major Transvaal hospitals and have arrested 110 suspects in a huge probe into theft and corruption in hospitals.

Investigators from Sandton-based Security Service Consultants (SSC) and police swooped on hopitals in Johannesburg, Pretoria, on the East Rand and in western Transvaal over the past seven weeks.

Those raided were the Johannesburg Hospital, J G Strijdom Hospital, Hillbrow, Pretoria's H F Verwoerd and Andrew McColm hospitals, Boksburg-Benoni, Natalspruit Hospital in Germiston and two Klerksdorp hospitals.

Suspects arrested include a maintenance manager at the J G Strijdom, security guards, nurses, catering staff and others.

Stolen goods reovered included various kinds of ammunition, drugs, towels, toilet bowls, welding equipment, food and surgical instruments.

The maintenance manager concerned was allegedly found in possession of AWB posters and nine types of ammunition. Investigators found a full R-1 rifle magazine, shotgun rounds and a machinegun ammunition belt at his home in Westdene, Johannesburg.

Also seized were several car radios, believed stolen from the hospital's parking area.

The latest raid took place at the J G Strijdom Hospital yesterday.

Most of those arrested have either appeared in court or are being handled departmentally by the hospitals.

The investigation at J G Strijdom was conducted by SSC's special operations director, Mr Declan Condon, and various branches of the CID, including Johannesburg's Robbery Reaction Unit.

The swoops have apparently reduced theft and corruption at many hospitals.

Responding to criticisim from hopital workers' unions that only black staff had been arrested, Mr Condon said his men acted on available information.

Where information was received on white suspects, it would be acted on, as happened at J G Strijdom.

Transvaal Provincial Administration (TPA) Hospital Services administration director Mr Koos Olivier said the investigation and arrests so far were just the tip of the iceberg.

"We are looking at bigger stuff and are continuing with the investigation. All 78 provincial hospitals will be investigated," he said. — Own Correspondent and Sapa

HEALTH AND DISEASE —

HOSPITALS AND CLINICS

1989

JUNE — ~~FEB~~ DEC.

Hospital scams 'make fortunes'

MANDY JEAN WOODS

TRANSVAAL provincial hospital staff had made fortunes by smuggling goods out in coffins, running private clinics, stealing to order and even diverting goods by the truckload, an investigator said yesterday.

Coffins — with stolen goods packed around the bodies — were used to ferry out pilfered food, linen, medicine and medical equipment, Security Service Consultants (SSC) director, special operations, Declan Condon said.

Almost 200 people have been arrested in the past seven months by police, following investigations by SSC on behalf of the Transvaal Provincial Administration.

People involved in this pilfering racket were making personal fortunes Condon said. Coffins, in particular, were used regularly for smuggling stolen goods because they were not checked by hospital security. At one hospital, his investigators found a coffin being carried out of a mortuary had 136kg of T-Bone steaks from the hospital kitchen packed around the body.

Other ingenious methods were also used. Female staff put produce between their legs — a nursing sister was caught carrying three chickens this way.

Goods were also stolen for specific purposes. One nursing sister admitted delivering stolen TPA towels and facecloths, dyed to hide the TPS markings, every Friday for the past two years to the owner of five hairdressing salons.

Another hospital employee, who had

□ To Page 2

'Fortunes made'

□ From Page 1

shares in a local chemist, was found to be supplying it with medicines and other stolen items.

A third employee made R75 000 in three months from selling stolen TPA goods. In another case a nursing sister operated a clinic out of her home using equipment and medicines stolen from the hospital. She earned R400 a month but was living in a R80 000 house, Condon said.

Cafes, shebeens, hawkers and dry-cleaning shops were most often the recipients of stolen TPA equipment and goods, he said. "We know of one cafe which actually took orders for stolen goods."

He had no idea how staff at one hospital managed to organise the removal of a bulky X-Ray machine valued at more than R200 000. It had not been recovered.

At another hospital, 17 000 theatre trousers valued at R170 000 were stolen and sonar equipment worth thousands of rands had been stolen from various hospitals' radiology departments.

One employee was found to have a huge hoard of pills for the treatment of gonorrhoea and syphilis which he was selling from his home for R5 each.

In many cases employees did not have to steal from hospitals — truckloads of goods were diverted before they arrived, although the goods had been signed for at the hospitals, Condon said.

A hospital security guard was found with five shovels wrapped up and ready for mailing to his home in a "homeland". He told SSC investigators that anything he found useful for use at his home eventually found its way there.

● See Page 3

(98) 1/6/89

Nation-wide hospital theft costs millions

RIP-OFF

CAPE TIMES 1/6/89 (98)

Goods ferried in coffins

Own Correspondent

JOHANNESBURG. — Coffins containing bodies were being used to ferry pilfered food, linen, medicine and medical equipment out of provincial hospitals, Security Service Consultants (SSC) director special operations Mr Declan Condon said yesterday.

Mr Condon said coffins, in particular, were used regularly for smuggling stolen goods because they were never checked by security. At one hospital a coffin being carried out of a mortuary was found to contain 136kg of T-Bone steaks packed round the body.

Other ingenious methods were also used. Female staff put produce between their legs — one nursing sister was caught carrying three chickens this way — and would wrap towels and sheets round their bodies under their clothes to get stolen goods out undetected, he said.

One hospital employee who had shares in a local chemist was found to be supplying it with medicines and other things stolen from the hospital he worked at.

Another hospital employee earned R75 000 in three months from selling stolen TPA goods, he said.

In another case a nursing sister operated a clinic out of her home using equipment and medicines stolen from the hospital. She earned R400 a month but was living in an R80 000 house.

"There are a lot of people earning a lot more than that," he said.

Cafes, shebeens, hawkers and drycleaning shops were most often the recipients of stolen TPA equipment and goods, he said.

"We know of one cafe which actually took orders for stolen goods."

An X-ray machine valued at more than R200 000 is another item that was "pilfered" by hospital staff.

Own Correspondent

JOHANNESBURG. — The large-scale theft found in only nine of Transvaal's provincial hospitals probably extended nationwide, including private clinics and military hospitals, a spokesman for a security firm involved in the investigation said yesterday.

Security Service Consultants (SSC) director special operations Mr Declan Condon said he had no doubt similar theft rings were operating in most hospitals and clinics throughout the country.

Stolen equipment recovered included goods marked as belonging to military hospitals.

He said it was difficult to estimate the cost to taxpayers but it would run into "millions of rands".

For example, if one hospital lost R200 worth of goods a day through pilfering, Transvaal provincial hospitals were losing more than R5,5 million a year.

'Tip of the iceberg'

TPA director of hospital services Mr Koos Olivier said it was difficult to put a value on the goods stolen.

"If you think that in one year, one laundry at Baragwanath Hospital lost R684 000 in linen, you can imagine what the cost to the taxpayer has been."

A year-long investigation of nine of the Transvaal's 78 state-run hospitals by SSC on behalf of the TPA has resulted in almost 200 people being arrested in the past seven months.

Mr Condon said he believed that only the tip of the iceberg had been exposed. "We have caught the small fry so far. We know there are doctors and chemists involved and they, for example, would be receivers of large quantities of stolen goods."

Investigations showed large numbers of hospital staff involved in pilfering in one way or the other.

"We found that within a month or two of starting work at a hospital, staff can become caught in the web. Some staff told us they have been doing this for eight or nine years," he said.

● Witwatersrand police said 10 people were expected to appear in court today in connection with pilfering hospital goods.

Thefts 'cost Transvaal hospitals R5,5m a year'

MANDY JEAN WOODS

THE large-scale thefts from nine Transvaal provincial hospitals probably extended nationwide, Security Service Consultants (SSC) special operations director Declan Condon said yesterday.

Stolen equipment recovered included goods marked as belonging to military hospitals, he said. He had no doubt that similar theft rings were operating in most hospitals and clinics throughout the country.

He said it was difficult to estimate the cost to taxpayers, but it would run into "millions of rands daily".

If one hospital lost R200 worth of goods a day through pilfering — a conservative estimate according to Conlon — then Transvaal provincial hospitals were losing more than R5,5m a year.

TPA Hospital Services director Koos Olivier said it was difficult to put a value on the goods stolen.

"If you think that in one year, one laundry at Baragwanath Hospital lost R684 000 in linen, you can imagine what the cost to the taxpayer has been," he said.

A year-long investigation of nine of the Transvaal's 78 state-run hospitals by SSC on behalf of the TPA had resulted in the arrest of almost 200 people.

Condon believed only the tip of the iceberg had been exposed. "We have only caught the small fry so far. We know that there are doctors and chemists involved."

Investigations showed many hospital staff were involved in pilfering.

Hospital staff told SSC investigators those who did not pilfer were often intimidated and coerced into participation, he said.

While all those arrested so far in connection with the thefts were found with suspected stolen TPA goods, it could not always be proved in court, Conlon said.

"Medicines are often not marked with names or dates, labels have been cut off blankets and towels dyed so we cannot prove they came from a TPA hospital. In one case telephones and typewriters which we suspect were stolen from the hospital were not marked."

Stolen goods were smuggled out in coffins, on thieves' persons, given to visitors, in doctors' cars (not subject to security checks), and carried out in bags.

□ A Witwatersrand police spokesman said 10 people were expected to appear in court today in connection with pilfering hospital goods.

'Medically unfit' only

Curbs on hospital transport

Cape Times 2/6/89 98

Political Staff

ONLY out-patients who are "definitely medically unfit" will in future be allowed to use hospital transport to Peninsula hospitals, the Minister of National Health and Population Development, Dr Willie van Niekerk, said yesterday.

This is the effect of changes in the provision of transport for ordinary out-patients to Groote Schuur and other Peninsula hospitals.

Dr Van Niekerk, replying to a question by Mr Ken Andrew (DP, Gardens), said the changes were being introduced because "conveyance of patients due to their poor financial position only, is not a function of the administration".

In future, "only patients who are definitely medically unfit . . . and not for indigent or welfare reasons, will be conveyed", Dr Van Niekerk said.

No changes would be introduced in regard to the transport of bed-ridden and wheelchair patients to Groote Schuur.

Asked what savings were anticipated, Dr Van Niekerk said: "An indeterminable expected higher income."

He said it was anticipated that there would be savings of between R1 million to R1,5 million for the Peninsula.

The changes were decided on by the Administrator-in-Executive committee on the recommendation of the executive director of hospital and health services, he said.

The changes would be introduced "as soon as the new contract had been finalised".

Dr Van Niekerk said the changes were being introduced "to keep up with the increased medical aid tariffs and thus ensure the state receives its just income".

The new costs of transport, due to come into effect on May 1, would range from R1 for a single journey of 50km, or part of it, for a patient with a monthly income of between R0 and R275, to R2 for a patient with an income of up to R315, to R13,60 for a single journey for a patient paying more than R334 income tax and R33 for a patient paying more than R384 income tax.

44 hospitals 'own affairs'

Cape Times 2/6/89

Political Staff

THE government has made 44 hospitals "white own affairs", the Minister of National Health and Population Development, Dr Willie van Niekerk, said yesterday.

He said three hospitals in Natal, five in the Free State, four in the Cape and 32 in the Transvaal had been transferred to the House of Assembly Administration, which is responsible for white own affairs.

One of these is the J G Strijdom Hospital in Johannesburg, which is used as a training hospital by the University of the Witwatersrand medical school and is threatened with collapse by the refusal of senior staff to work in a white own affairs institution.

Replying to a question from Mr Roger Burrows (DP, Pinelands), Dr Van Niekerk said that the William Slater Hospital in Cape Town, the Volks Hospital in Cape Town, the Provincial Hospital in Port Elizabeth and the white section of the Walvis Bay Hospital had also been transferred to own affairs.

Barrow pusher raises R70 000

98
87-Y
2/6/89
2000

By Dirk Nel, Northern Transvaal Bureau

The "barrow for marrow" project to collect money for the treatment of leukaemia sufferers, spearheaded by marathon barrow pusher Mr Derric Lang, has raised R70 000.

Mr Lang, who was back at his business in Pietersburg this week after walking from Beit Bridge to Johannesburg in six weeks, is confident the target of R100 000 will be reached soon.

Mr Lang left Beit Bridge on April 14 and reached the Johannesburg Hospital on May 25, where he was met by the mayor and members of the hospital's leukaemia unit.

The money raised will be used for the establishment of another leukaemia unit and research.

Mr Lang made a special effort to acknowledge donations personally. He particularly appreciated the generosity of the people of Messina, who gave R3 000, and the efforts of pupils from two Pietersburg schools, who gave a total of R5 000.

Anyone still wanting to make a donation can telephone Mr Lang at (01521) 7-4718.

Residents get together to fight widespread ailments

Staff Reporter

A health clinic has been opened in Lenasia by the Extension 10 Residents' Association (FRA) and the the Lenasia branch of the South African Health Workers' Congress (SAHWCO) at the weekend.

The reason for opening the clinic is the common occurrence of high blood pressure and sugar diabetes in the community.

"Often people go around unaware that they are suffering from these two diseases, hence they are considered silent killers," said a spokesman for the FRA.

With the type of tests available at the FRA clinic, cases will be detected early. Patients will be advised on what foods to eat and what exercises to perform.

The service is open to all the residents of Lenasia and is free of charge. The clinic will run once a month at the L M A Mosque and School Complex in Volta Street, Extension 10.

The next clinic will be run on Sunday June 18. For information telephone (011) 854-4260.

Hospitals lose R726 500 to pilfering

CAPE Tim 3/6/89

98

By MONICA GRAAFF

CAPE Provincial hospitals lost almost R750 000 to pilfering during the last budget year, the Department of Hospital and Health Services revealed yesterday.

This follows a recent security firm investigation into Transvaal hospitals which were found to be losing millions of rands to pilfering every year — a trend the firm thought to be nationwide.

But despite Cape losses of R650 000 worth of linen and R76 500 worth of actual theft cases reported to the police, the department has no intention of launching an outside investigation, Dr George Watermeyer, Director of Hospital and Health Services in the Cape, said yesterday.

"The CPA does not experience problems regarding losses to the same extent as certain other provinces — probably because so many of our cases have been tried and sentenced," he said.

'Many cases tried, sentenced'

However, most of the thieves got away without being caught because they were hospital employees — a problem that would not be solved by stepping up security personnel at hospital entrances, he said.

"It is difficult to control when you are trying to keep up employee trust and motivation at the same time. We are nevertheless constantly looking at ways to improve in-job discipline and have plans to step up our controls," he said.

Mr A J Van Wyk, MEC in charge of hospitals, said that the nett losses were "not beyond unreasonable boundaries" given that a total R1,6 billion was spent on dealing with 9,5 million outpatients and 700 000 inpatients at 95 hospitals and their satellites during the year.

"However, as this is the taxpayer's money, we remain concerned," he said.

Outcry over ward for the 'rich'

Sunday Times Reporter

THE opening of a new elite ward at Groote Schuur Hospital, in an apparent effort to shield wealthy patients from "drunks and ruffians", has been slammed by medical students.

The special services ward at the world-famous provincial hospital provides medical care in comfort comparable to that provided at private hospitals — but at rates well above the reach of most of the hospital's patients.

According to a report in a Student Progressive Health Group (SPHG) newsletter slamming the opening of the ward, its exclusivity disguises a racially-motivated attempt to segregate services at the hospital.

"Only wealthy whites will have access to Ward 13 because of the costs," said the report.

"This confers further privileges on whites, who are already privileged in South Africa."

And it slammed the inception of the ward as "a form of apartheid and an indirect form of racism".

Reasons allegedly given to students for the establishment of the new ward were that wealthier patients would be shielded from drunks and ruffians.

Hospital authorities also claimed it would allow students and registrars to communicate more fully with patients, develop their history-taking skills and that it would attract wealthy patients back to the hospital which would help fund research.

The report in the SPHG newsletter also said that the justification behind the creating of the ward seemed to indicate that poorer people "are necessarily less civil, more objectionable and less perturbed by the actions of drunks and ruffians than wealthier people.

Groote Schuur medical superintendent Dr D F Smith declined to comment.

WHITE WATER: Paul Marais and his team training on the Jukskei River in preparation for the Shire River expedition.

Bara beds plan bouncing along

"Beds for Bara" is taking off in a big way.

A housewife of Bramley, Johannesburg, feels so strongly about the shortage that she wants to form an action committee to co-ordinate efforts to give the hospital more beds.

The Scotswoman who started it all with a call to the Saturday Star a week ago, wanting to give a bed to the hospital with the money her husband would have spent on a silver wedding anniversary present, was later referred to the superintendent.

MICHAEL SHAFTO (98) Star 10/6/8?

Two more people — one an Indian from Lenasia — phoned this week wanting to know how to go about giving a bed. Both wanted to be anonymous. They have also been referred to the hospital superintendent.

The woman in Bramley, a mother of two grown-up children, decided to take action after reading of the Springs woman's intention to give her silver wedding anniversary present to the hospital.

"Ever since I became aware of the Barabarometer, I've felt I ought to try to do something," she said. "I've had five operations and spent a fair amount of time in hospital — and to have to lie on the floor on top of it all is just too much."

She said she was looking for as many like-minded people who cared to come forward to help "do our bit". She can be phoned at (011) 786-9751 at any time of the day.

"It would be nice if we could make progress."

BARA BAROMETER

A TOTAL of 1 755 patients slept on the floor at Baragwanath Hospital during the week June 1—7.

The worst night during the period was June 7 when 293 were without beds. The worst overcrowding occurred on the same night when 99 patients were admitted to a 35-bed ward.

This meant an overcrowding of 280 percent, with 64 patients sleeping on the floor.

B1Day 12/6/89

98

J G Strijdom Hospital staff begin exodus

DIANNA GAMES

JOHANNESBURG's J G Strijdom Hospital has a score of doctor wanting transfers and 40 nurses wanting either to transfer or resign.

A hospital spokesman said most nurses leaving were going into the private sector.

She added transfers and resignations would start becoming effective from July to September or October, so the hospital would not face a sudden staff problem.

Superintendent Dr Annette van der Merwe, who has also resigned, said there were no plans to close clinics at the hospital and services would be maintained.

She added provision would be made for all patients to be seen and the public would be informed of any changes in the situation.

A Transvaal Provincial Administration spokesman said the departureof staff from the hospital would be staggered and not result in a disruption of services. The situation was under control.

He added the number of nurses leaving for the private sector affected only the J G Strijdom.

The departure of staff was prompted mostly by government changing the hospital from a general affairs to an own affairs hospital. This removes its status as a teaching hospital.

Wits University, from where the hospital draws doctors, has given government health authorities until the year-end to change the hospital's status back to general affairs or it will withdraw staff.

'Own affairs' hospital faces staffing crisis

Cape Times 12/6/89 98

Own Correspondent

JOHANNESBURG. — The J G Strijdom Hospital in Johannesburg is facing a staffing crisis with 20 doctors having requested transfers and 40 nurses either wanting to transfer or to resign.

The departure of staff was mostly prompted by government changing the hospital from a general affairs to an own affairs hospital which removes its status as a teaching hospital.

The University of the Witwatersrand, from where the hospital draws its doctors, has given government health authorities until the year end to change the hospital's status back to general affairs or it will withdraw its staff.

A hospital spokesman said the majority of the nurses leaving were going into the private sector.

She said the transfers and resignations would only start becoming effective from July up to September/October and thus the hospital would not face a sudden staff problem.

The hospital's superintendent, Dr Annette van der Merwe who has also resigned, said there were no plans to close clinics at the hospital and services would be maintained.

She said provision would be made for all patients to be seen and the public would be informed of any changes in the situation.

A Transvaal Provincial Administration spokesman said the staff exodus was staggered and would therefore not result in a disruption of services and the situation was under control.

He said the numbers of nurses leaving for the private sector was peculiar to the Strijdom at present and had not spread to other hospitals.

Businesses fork out for large Bara extensions

Star 12/6/87

98

By Carina le Grange

Big businesses in Johannesburg are putting their hands deep into their pockets and contributing to health care in Soweto's Baragwanath Hospital to the tune of R3 million.

Former vice-chancellor of the University of the Witwatersrand, Professor D J du Plessis, revealed to The Star that 11 companies had each contributed R312 500, the amount needed to double the capacity of an existing hospital ward.

To complete the project, an amount just short of R4 million is needed.

The generous handouts to the fund-raising committee, of which Professor du Plessis is chairman, follow the Baragwanath crisis which was highlighted by The Star last year.

As many as 315 patients who sleep on the floor at night will by the end of the year be accommodated in the 13 to 15 hospital wards which are each being extended to house another 25 patients.

"I see it as pure compassion," Professor du Plessis said of the companies which have given money.

He said it was a vital prerequisite of health care to get people off the floor as quickly as possible.

Wits was asked by the Administrator of the Transvaal, Mr Danie Hough, to use this method as a temporary solution to the lack of hospital beds.

Using this "quick and cheap" method — the cost is a low R12 500 per patient — means that very few extra facilities or staff will be needed as the new beds provided are for patients who are already in the hospital.

The companies which have contributed so far are: Kangra Group, Standard Bank, Malbak, Genmin, Cape Gate, AngloAmerican/De Beers, Barlow Rand, SA Breweries, JCI, Anglovaal Group and the Claude Harris Leon Foundation.

98

HOSPITAL SERVICES WARNING

ADELE BALETA

SPECIALIST units at the J G Strijdom Hospital would close if the hospital remained an "own affairs" institution, Dean of Wits Medical Faculty Clive Rosendorff said yesterday.

Rosendorff predicted a "gross deterioration" in services by the end of the year and he said the closure of specialist units was inevitable.

A hospital spokesman said yesterday appeals had been made to staff wanting either to transfer or resign, to stagger their departures, so allowing time to replace them.

But Rosendorff said the likelihood of replacing 20 doctors and 40 nurses who were planning to leave was so remote that sections of the hospital would be jeopardised. He would not specify which sections, but it is believed that the kidney, intensive care and cardiac units are at risk.

The hospital spokesman said there were no closure plans and services would be maintained.

Rosendorff stressed that Wits had not given government an ultimatum to return the hospital to "general affairs" administration.

"We have asked staff to remain at the hospital until the end of the year in order to minimise the adverse affect the government action will have on the hospital and its patients.

"In the meantime, we have appealed to goverment to change its mind," he said.

Allendene residents arrested for trespass: removed by SAP

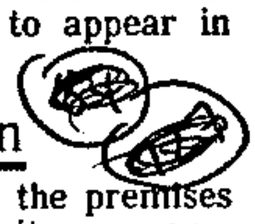
BIDM 14/6/89

POLICE yesterday confirmed that 45 adults were arrested for trespassing at Allendene flats in Berea, Johannesburg.

The arrests came after the eviction on Monday of the occupants of Allendene flats, in Soper Road, by the Deputy Sheriff of Johannesburg in terms of a court order served on May 23.

A spokesman for the SAP's Hillbrow Crime Unit said a few children, including a baby, had accompanied their mothers into a police truck.

Those arrested for trespassing face a R100 admission of guilt fine. Alternatively, they can choose to appear in court in due course.



Eviction

After police had left, the premises were secured by a security company.

On Monday, landlord Claudio Cerasoli said that only after several negotiating sessions — with both residents and Actstop — was an application for an eviction order for non-payment of rent made to the Supreme Court.

He said the eviction had only taken place two weeks after a court order had been served on the occupants.

Meanwhile, Actstop spokesman Cas Coovadia said the Johannesburg City Council should declare a moratorium on evictions in the inner-city area while it tried to find solutions to the homelessness problem.

He said this was the only way in which the council could show honest and positive intent towards seriously addressing the problem of homelessness in these areas.

The council should bear responsibility for the "un-Christian acts" perpetrated by landlords who evicted tenants from buildings, he said.

The only "crime" the Allendene tenants had committed was to demand reasonable living conditions for reasonable rentals.

"The response of the landlord was to serve notices on them to vacate the premises, and the courts backed this up by granting eviction orders. Is it any wonder that black tenants in the inner-city have become frustrated and sceptical of the law?"

He said he believed landlords had a social responsibility to the homeless in the country.

The action of tenants in resisting evictions had to be seen within the context of the housing crisis in SA. He quoted figures from the Urban Foundation that there are about 1,6-million to 2,5-million squatters in the PWV area alone. The estimated housing shortage in 1987 for blacks was 832 000 units, while the surplus for whites in that year was 37 000 units.

"These figures point directly to the source of the reason why tenants are beginning to resist evictions," Coovadia said. — Sapa.

PW appointees dismissed

458 BIDM 14/6/89

Own Correspondent

DURBAN — Three House of Delegates ministerial representatives will lose their salaries and allowances, amounting to about R130 000 a year, after being dismissed by State President P W Botha from July 1.

The three men — Ashwin Mohanlall and Sathi Naidoo of Durban and Perry Chetty of Johannesburg were appointed by Botha two years ago at the request of Amichand Rajbansi, then Minister's Council chairman.

Botha told them this week he was acting at the request of Minister's Council chairman Dr J N Reddy. No other reason was given.

The three are fighting seats in the general election.

A ministerial representative's salary is about R6 000 a month with a total package of about R11 000 a month.

It is believed their main task is to act as agents for HoD ministers at the latter's request.

Naidoo said he was aware Reddy was under pressure from the ruling Solidarity Party members to get rid of the representatives. "However, I am grateful to him for keeping us for so long," he said.

Reddy could not be reached for comment yesterday.

from America. Later this He would also have had more to say than Ed- of their preliminary bod

Students angered by 'elite' ward

Cape Times 14/6/89 98

Staff Reporter

UCT medical students want an "elite" ward at the new Groote Schuur Hospital closed because it is "racist" and "discriminatory".

At a protest meeting on the university campus today, students will say that the medical faculty is ignoring their "valid" opinions.

Two student representatives, Mr Dave Harrison and Miss Dora Wynchank, have already stood down from the professional standards' committee until they are "taken seriously".

The recently-opened F13 surgery ward is open only to patients earning enough to belong to medical aid schemes, or to special cases admitted at the professor's discretion.

A student spokesman told the Cape Times yesterday that though in theory any person of high socio-economic status, regardless of race, could enter F13, the "socio-ecomonic realities of South Africa" meant that F13 would be "predominantly white".

In a joint statement, the Students' Progressive Health Group and the Medical Students' Council argue that F13 "panders to the prejudice of a small group of racist bigots who refuse to lie next to a person of different class (and by inference colour)", "is an admission that desegregation of the new hospital has failed", "compromises the ethical standards of UCT" and "does not recognise the reasons for the exodus of wealthy patients to private clinics".

"F13 also disregards the fact that many poor patients also dislike overcrowding, queues and the impersonal atmosphere of the new hospital," the students said.

Chief medical superintendent Dr Jocelyn Kane-Berman said yesterday that discriminatory practices were "not acceptable" at Groote Schuur. The concept of ward F13 had been criticised and was under review, she said.

The deputy head of surgery at UCT Medical School, Professor Ed Immelman, was not available for comment yesterday.

Govt rethinks hospital's racial status

98
8 Dec 14/6/89

By Peter Fabricius,
Political Correspondent

CAPE TOWN — The Government is considering backing down on its controversial decision to proclaim J G Strijdom Hospital an "own affairs" institution.

Dr Michael Veldman, Deputy Minister of National Health, said the Ministers' Council in the Assembly would be discussing the problem at its meeting tomorrow.

The object would be for J G Strijdom Hospital once more "to render the excellent service it was rendering before".

Proclaiming it a general affairs hospital once again "might be an option", he agreed.

The decision earlier this year to make the hospital an own affairs institution led to the resignation of the hospital superintendant and the threatened withdrawal of academic medical staff from the University of the Witwatersrand.

Dr Veldman would not comment directly on speculation that the Ministers' Council would be considering whether or not to re-proclaim the hospital as a general affairs hospital.

But he said:"Obviously we would like to keep things going and render the services. We are concerned about staff leaving, which is preventing us from rendering the service we used to."

Wits denies 'blackmail' at hospital

Sthn 14/6/89

Medical Reporter

The University of the Witwatersrand had never "blackmailed" its staff to resign from beleagured J G Strijdom Hospital, Dean of the Medical Faculty Professor Clive Rosendorff said yesterday.

He was reacting to a statement last week by Minister of Foreign Affairs Mr Pik Botha, who said "a certain university blackmailed" staff at the hospital to resign.

More than 30 doctors and at least 50 nurses have resigned since the hospital was transferred to Own Affairs administration on April 1.

As staff at J G Strijdom are appointed jointly by Wits and the provincial authorities, Mr Botha was more than likely referring to Wits.

APPEALS TO STAFF

"His statement is absolutely untrue.

"On the contrary, the university has consistently appealed to staff at the hospital not to leave at least until the end of the year," said Professor Rosendorff.

The university had urged staff to stay to ensure its orderly transition from an academic institution to non-academic, and to minimise the effect of the university's withdrawal on patients.

Under Own Affairs, J G Strijdom may no longer operate as an academic hospital, but the university will stay on until December 31 to try to reduce the traumatic effects of its withdrawal.

JG Strijdom row may be resolved tomorrow

Argus 14/6/89

By PETER FABRICIUS
Political Staff

THE government may back down on its controversial decision to proclaim J G Strijdom Hospital an own affairs (whites-only) institution.

Dr Michael Veldman, Deputy-Minister of National Health, said last night that the Ministers' Council in the House of Assembly would discuss the problem tomorrow.

The object would be for J G Strijdom "to render the excellent service it was rendering before".

RESIGNATION

Reproclaiming it a general affairs (all-races) hospital "might be an option" he said.

The decision earlier this year to make the hospital an own affairs institution led to the resignation of the hospital superintendent and the withdrawal of academic medical staff from the University of the Witwatersrand.

The university has refused to allow its staff to return to the hospital until it becomes a general affairs institution once again.

Dr Veldman would not comment directly on speculation that the Ministers' Council would consider whether or not to re-proclaim the hospital.

But he agreed this "might be an option".

"We are concerned about staff leaving which is preventing us from rendering the service we used to.

"That's what we will be looking into. We will try everything possible to render the excellent service previously rendered."

His department had been "monitoring the whole problem carefully".

"POLITICAL"

Dr Marius Barnard, former Progressive Federal Party health spokesman, said he hoped the government had now realised that own affairs could not work in the medical field.

The decision to make the hospital an own-affairs institution had been "horribly politically motivated".

He believed it had been done because of empty beds and fears that neighbouring coloured areas would demand the hospital for their use.

"There is only one decision the government can make and that is to declare it once more a general affairs hospital," he said.

'Elite' hospital ward slated

Cape Times 15/6/87 98

By DI CAELERS

GROOTE SCHUUR HOSPITAL's new "elite" ward guaranteed the wealthy that once admitted they would not have to "lie next to skollies", UCT student representative Mr Dave Harrison told a protest meeting yesterday.

More than 100 UCT medical students voted at the meeting to demand the scrapping of admission criteria for the recently-opened F13 surgery ward and called for the admission of patients on the basis of need.

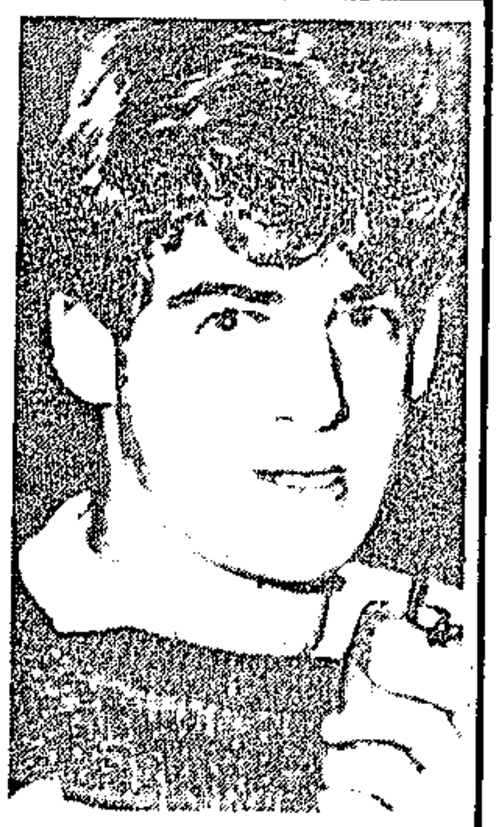
They further called on the medical faculty to "ask an independent group of experts on ethics from upper campus to meet with the faculty's executive committee and the Professional Standards Committee (PSC) to discuss the ethics of such a ward".

August 1 was set as their deadline.

F13 is open only to patients earning enough to belong to medical aid schemes or to special cases admitted at the professor's discretion.

Mr Harrison, who together with Ms Dora Wynchank stood down from the PSC until they were "taken seriously", told the meeting that the ward excluded patients simply because they were poor or unemployed. He said Ward F13 was "apartheid 1980s-style".

Neurologist Professor Frances Ames said the issue was that less than 20% of the population had private facilities for hospitalisation. She said there was "no need to establish a private unit in a teaching hospital".



Mr Dave Harrison

Decision expected soon on JG Strijdom

16/6/87 (98)

Medical Reporter

A decision on the status of the J G Strijdom Hospital would be taken in the very near future, the Deputy Minister of National Health, Dr Michael Veldman, said last night.

The Ministers' Council in the Assembly met yesterday to discuss the Strijdom Hospital, which was transferred from "general affairs" administration to whites-only "own affairs" on April 1.

As a result of the transfer the superintendent, Dr Annette van der Merwe, more than 30 doctors and 50 nurses have resigned.

The University of the Witwatersrand, which has been affiliated to the Strijdom Hospital for the past 21 years, has given the Government until December 31 to transfer the hospital back to "general affairs" or lose the services of the university.

Dr Veldman said yesterday an announcement wuld be made in the near future.

'Beds for Bara' is bouncing

Star 17/6/89 (98)

PAT DEVEREAUX

THE plight of patients forced to sleep on the floor at Baragwanath Hospital, which serves Soweto, has caused the public and private sector to dig deep into their pockets for "Beds for Bara". As a result, the overcrowded conditions are likely to be eased.

The telephone of a Bramley mother of two, Mrs Marilyn Corne — who last week said she wanted to form an action committee to provide Baragwanath patients with beds — is "red hot" and has not stopped ringing.

"So far I have received 38 calls, including many from the Indian community, women and church groups, small charity groups and businesses. They all want to ease the discomfort of Baragwanath patients."

Need for staff

Her decision to form a committee was made after reading in Saturday Star of a Springs woman's intention to give her silver wedding anniversary present to the hospital.

But because there is already a fund-raising committee — formed by the Wits Foundation and headed by the former vice-chancellor of the University of the Witwatersrand, Professor D J du Plessis, Mrs Corne's action group will join forces with them.

"We welcome the move and the public's concern," said Professor du Plessis. But he emphasised his fund-raising committee would need administration staff to deal with donations from the public.

"It would be a good idea if Mrs Corne's committee could handle that, and work with us."

He added that the matter of providing hospital beds is far more complicated than supplying money for a bed.

"What we are talking about is not simply a bed. It is also what is needed to accommodate a hospital patient, including toilet and medical facilities. The hospital has plenty of beds but there is no room for them."

The appalling overcrowding at the hospital was raised in September 1987 when 101 doctors published a letter in the *South African Medical Journal*.

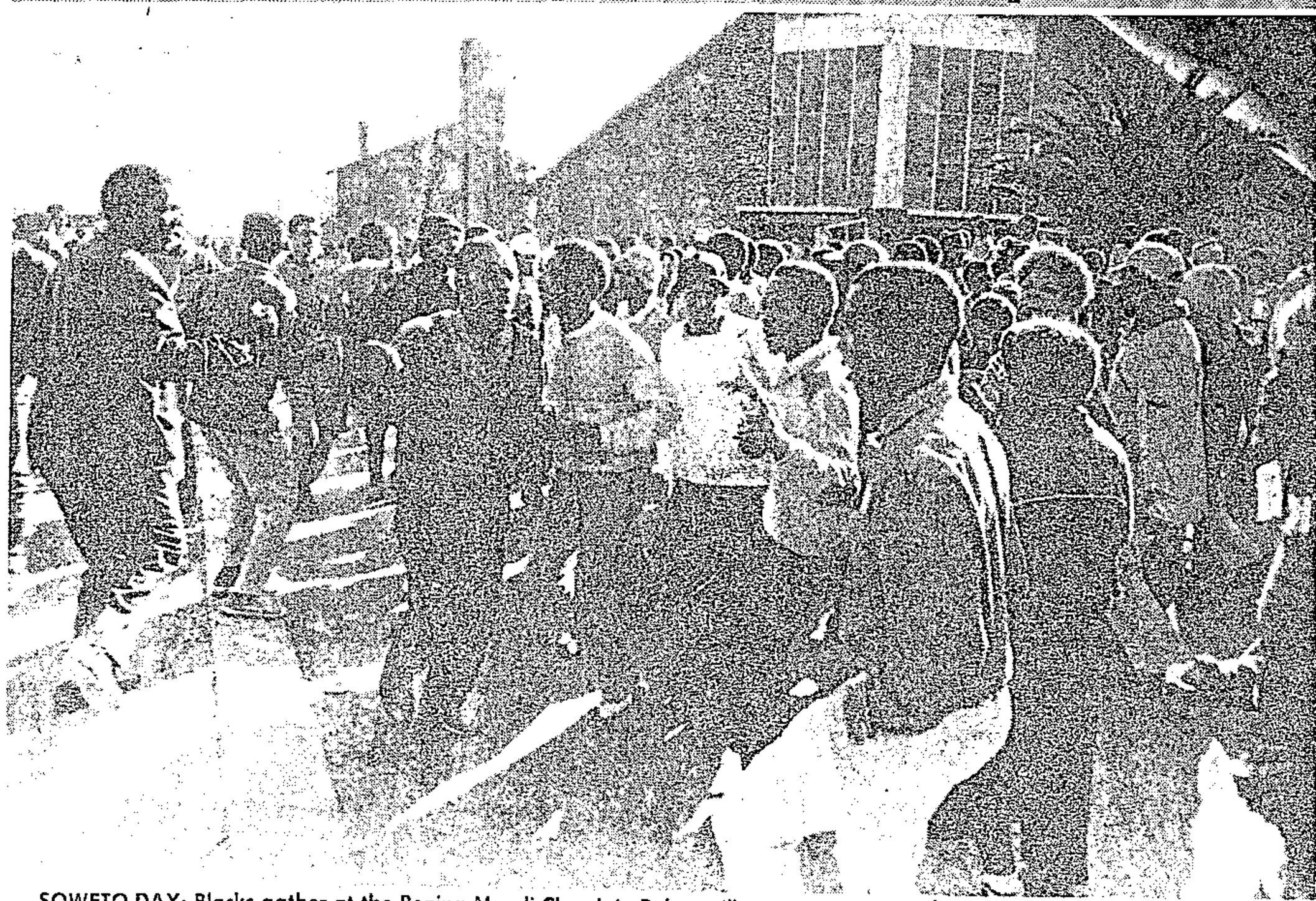
In an attempt to solve the overcrowding at the hospital, the fund-raising committee appointed by the Wits Foundation started a building project to extend wards to provide for about 400 patients.

A major snag is that, as the building extensions go ahead, wards have to be evacuated. This has led to even more overcrowding at the hospital.

The professor said: "Despite this, plans to extend 10 wards are forging ahead with the help of big business, which has already contributed R3 million. The project, which needs R4 million, will be complete by the end of the year."

● Anyone wanting to join the "Beds for Bara" action committee should telephone Mrs Corne at (011) 786-9751. Those wanting to contribute towards a bed can send cheques to Baragwanath Hospital Board Fund, Bertsham 2013. Stipulate that cheques are for "Beds for Bara".

No dancing for joy in township streets



SOWETO DAY: Blacks gather at the Regina Mundi Church in Dobsonville to commemorate the 1976 June 16 Soweto uprising.
● Photograph: Alf Kumalo.

Cautious welcome to AWB unity plea from UNIP

Miners warn on hospital integration

WHITE miners have threatened "serious repercussions" if the Chamber of Mines continues efforts to forcibly integrate hospital and medical services in the industry.

This follows a chamber announcement on Friday of its intention to close its whites-only, 155-bed Cottesloe Hospital, to merge with the black 650-bed Rand Mutual Hospital.

The chamber said the move was based on the under-utilisation of both hospitals.

Chamber senior GM, health care services, Daniel Pollnow said neither the country nor the mining industry could afford the waste of under-utilised hospital and medical facilities.

ALAN FINE

The hospital merger was also in keeping with mining industry's commitment to remove all vestiges of racialism, he added.

Council of Mining Unions (CMU) chairman Ben Nicholson warned at the weekend there would be widespread unhappiness at the decision.

He said it followed two years of employ-

☐ To Page 2

CMU threat

ers' efforts to tempt the CMU, which represented 27 000 artisans and qualified miners, into accepting the deracialisation of the industry's medical benefit fund.

"Mixed hospitalisation is one of the most sensitive of areas," he said, adding that both mine employees and their families would be forced to share these facilities with blacks.

"They took the hospital decision without first consulting us.

"We will definitely raise the issue next time we meet the chamber, and I can only foresee trouble," he said.

☐ From Page 1

He added that the chamber was trying to introduce a medical benefit system based on "comfort levels", whereby whites would have to pay more for better service and segregation.

The chamber described the Rand Mutual Hospital, situated in Eloff Street Extension, Johannesburg, as "one of the most modern and best appointed referral hospitals in the country, providing round-the-clock specialist services".

No decision had yet been made on the future of the Cottesloe Hospital building, recently refurbished at a cost of R7m.

Miners angry over hospital integration

Cape Times 19/6/89

98

Own Correspondent

JOHANNESBURG. — White miners have warned of "serious repercussions" if the Chamber of Mines continues with efforts to forcibly integrate hospital and other medical services in the industry.

This follows an announcement by the chamber of a decision to close its whites-only, 155-bed, Cottesloe Hospital and merge it with the presently black 650-bed Rand Mutual Hospital.

The chamber said the move was based on the under-utilisation of both hospitals.

Chamber senior general manager of health care services Mr Daniel Pollnow said neither the country nor the mining industry could afford the waste of under-utilised hospital and medical facilities.

The merging of the hospitals was also in keeping with the commitment of the mining industry to remove all vestiges of racialism, he added.

But Council of Mining Unions (CMU) chairman Mr Ben Nicholson warned at the weekend there would be widespread unhappiness at the decision.

He said it followed two years of employers' efforts to tempt the CMU, which represents 27 000 artisans and qualified miners, into accepting the deracialisation of the industry's medical benefit fund.

"Mixed hospitalisation is one the most sensitive of areas," he said. He added that not only mine employees, but also their families, would have to share these facilities with blacks.

"They took the hospital decision without first consulting us. We will definitely raise the issue next time we meet the chamber, and I can only foresee trouble," said Mr Nicholson.

He said the chamber was trying to introduce a medical benefit system based on "comfort levels" whereby whites would have to pay more for better service, and for segregation.

The chamber described the Rand Mutual Hospital here as "one of the most modern and best appointed referral hospitals in the country, providing round the clock specialist services in general surgery, orthopaedics, anaesthetics, neurosurgery, thoracic surgery, radiology, ear, nose and throat surgery, and opthalmology and psychiatry, as well as internal medicine".

No decision has yet been made on the future of the Cottesloe Hospital building.

Afrox set on a sure growth path

Star 20/6/89 (98)

Diagonal Street

LYNNE PEACH

Afrox, 58 percent-held by the UK's BOC Group, has managed to produce earnings growth in excess of 24 percent each year over the past three years.

This achievement is even more impressive when it is noted that Afrox is one of few companies to charge additional depreciation in order to reflect the real value of earnings.

In the six months to March, inflation-adjusted earnings per share increased by 29,4 percent from 67c to 86,73c.

On an historical accounting basis, earnings per share rose a higher 29,8 percent to 116,9c, compared with 90,03c in the first half of financial 1988.

An engineering group, Afrox has four major business areas — gases, welding, healthcare and specialised businesses.

The specialised businesses include cryogenic and high-technology manufacture, water-handling systems, human performance improvement systems and specialised ball and butterfly valves.

Group profit

The gas and welding operations account for a weighty 82 percent of group pre-interest profit.

Healthcare contributes 12 percent and other businesses the remaining 6 percent.

Chairman and MD Peter Joubert says the gas business is relatively stable and that growth is achieved mainly by the development of new applications in the use of various gases.

He says the welding business, on the other hand, is more closely tied to the consumption of steel, which is influenced by big projects.

Afrox's healthcare division comprises 10 hospitals, two day clinics and a minority stake in two otherhospitals.

The R30 million Glynnwood Hospital in Benoni was recently completed.

Mr Joubert says it will take about a year before the hospital is full and all sections are opened.

He estimates that Glynnwood Hospital will only start paying off in one to two years from now.

Mr Joubert says that, as was the case in the last financial year, the group plans to continue focusing its efforts on organic growth.

He will not earmark any particular major growth area, but says that all divisions are expected to continue contributing.

In the six months to March, group turnover increased by 29 percent from R268 million to R346 million.

Pre-interest profit increased by 34 percent, but a fourfold hike in the interest bill and additional depreciation of R9 million prevented the benefit from reaching the bottom-line.

Inflation-adjusted earnings per share inceased by 29 percent to 86,73c and the dividend was raised 33 percent from 30c to 40c.

The increase in borrowings is attributable to the expansion of the gas businesses, funding the Glynnwood Hospital and the purchase of medical equipment for the healthcare division.

Inflation-adjusted earnings place Afrox, priced at 2 250c, on a P/E ratio of 13,5.

If historical cost earnings are used, the P/E ratio reduces to 10,2.

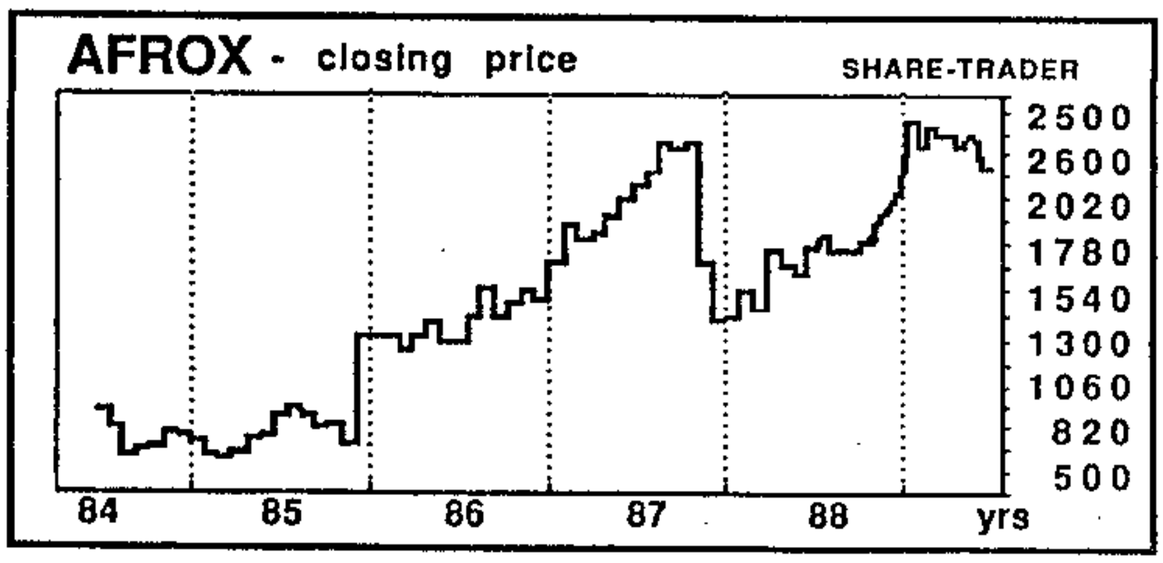
Sector average

Although both figures exceed the sector average of 8, Afrox is expected to continue to do well in the second half of the year.

Moreover, it tends to perform better than average in times of economic downturn.

Mr Joubert says that although the welding division does come under pressure in times of economic recession, the group's biggest division, gas, is relatively stable.

The hospital division is also relatively unaffected by the economic climate.



So far this year, the Afrox share price has not done much except lose a bit of ground. The chart indicates that the price might decline further from 2 250c before coming to rest.

11 held in raid on hospital

A POLICE raid at Kalafong Hospital in Atteridgeville on Tuesday netted 11 employees suspected of having stolen goods from the institution.

The liaison officer for the Northern Transvaal Police, Lieutenant Hennie Crowther, yesterday confirmed the raid and said the 11 suspects arrested were due to appear in court today.

Sources at the hospital said scores of labourers and some professional nurses were selected at random and a search was made of their lockers.

They said that later in the morning, during the tea break, a number of black hospital staff were taken away in about 17 police vehicles waiting inside the hospital property.

Sources said further searches were then made of their individual homes.

They said those whose homes were raided included a nursing sister and a number of labourers. These staff members had not arrived at work yesterday, said fellow employees.

Similar raids were conducted in a number of leading hospitals in Pretoria, Johannesburg, on the East Rand and in the Western Transvaal during last April and May.

During those searches — conducted by the Johannesburg Robbery Reaction Unit and the special operations division of the Sandton-based Security Services Consultants — a total of a 110 people were arrested.

Stolen goods were recovered and several people appeared in various courts while others had their cases handled departmentally.

Star 29/6/89

Nujoma condemns Koevoet

LONDON — Swapo leader Mr Sam Nujoma warned in London yeterday that the situation in Namibia was still fraught with danger.

He said South Africa was in breach of United Nations Resolution 435 by allowing the paramilitary force, Koevoet, to "terrorise the population".

Koevoet was formerly a counter-insurgency unit deployed against Swapo in northern Namibia and has been absorbed into the local police force.

It retains its armoured vehicles and heavy machineguns.

"They are killing people and the South African Government must accept UN Resolution 435," Mr Nujoma said. "That means dismantling Koevoet and Swatef (the South West Africa Territory Force)."

CONCERNED

Earlier yesterday, he raised the issue with Foreign Secretary Sir Geoffrey Howe. A Foreign Office spokesman said that Britain was concerned about Koevoet and had repeatedly raised the issue with South Africa.

At a UN Security Council meeting on Tuesday night, Secretary-General Dr Javier Perez de Cuellar described the continued deployment of Koevoet as a grave problem and said that the proposal by South African Administrator-General Mr Louis Pienaar for its withdrawal did not go far enough.

Mr Pienaar has offered to withdraw the Koevoet units when the threat of Swapo guerillas diminishes.

Mr Nujoma claimed yesterday that all Swapo guerillas had been confined to bases in Angola north of the 15th parallel. — The Independent News Service.

Star 29/6/89 (98)

Only emergencies accepted

Johannesburg Hospital is now in crisis

By Toni Younghusband
Medical Reporter

The Provincial Administration is urgently studying the future of the crisis-ridden Johannesburg Hospital, which is not only suffering from a serious shortage of nurses, but is also being forced to accept patients from the controversial J G Strijdom Hospital.

The Administrator, Mr Danie Hough, has appointed a four-man committee of inquiry into the hospital, which cannot use 1 167 of its 2 000 beds.

One of the few remedies available to the province is to raise nurses' salaries dramatically. Nurses are leaving in droves to take up lucrative jobs in commerce.

The superintendent, Dr Reg Broekmann, said yesterday: "We cannot cope with the demands being put on the hospital."

An additional burden being placed on the hospital is that it is being forced to accept patients who can no longer afford to go to private hospitals.

The committee has been called on to determine the hospital's future and Mr Hough is expected to make an announcement shortly.

Dr Broekmann said yesterday the medical and surgical wards were over 100 percent full and the hospital was still experiencing a nett loss of nurses each month.

He said patient intake had increased dramatically in the last few months, particularly since the crisis at the J G Strijdom Hospital.

The political row at the Strijdom has resulted in the resignation of at least 30 doctors and more than 50 nurses and is expected to result in the closure of some of its specialist departments.

Patients are therefore being referred to the Johannesburg Hospital or to private clinics.

Dr Broekmann said recent increases in private hospital fees, a dramatic increase in trauma cases and the added burden from the Strijdom meant the Johannesburg Hospital could no longer cope with the demands placed on it.

Only emergencies

He said the hospital had been forced to institute a new admission policy whereby only those patients who were really ill were admitted.

Any case which was not an emergency was referred elsewhere if possible. Only 833 of the hospital's 2 000 beds are in use. The nurse to patient ratio is 1 to 39 at present.

The hospital also provides specialist referral services to patients from Baragwanath and other provincial hospitals all over the country and houses the country's only trauma centre.

Star 29/6/89 (98)

JG Strijdom cardiology department to close down

Medical Reporter

The cardiology department at the J G Strijdom Hospital is to close within the next few weeks, sources confirmed yesterday.

The department has between 6 000 and 7 000 patients on its books who will have to be transferred either to the Johannesburg Hospital or to private clinics.

Sources said the resignation of top specialists and nurses in the department meant it could no longer operate.

RESIGNED

More than 30 doctors, 50 nurses and the hospital's superintendent, Dr Annette van der Merwe, have resigned since the hospital's controversial transfer from general affairs administration to own affairs.

The University of the Witwatersrand has threatened to pull out of the hospital on December 31.

The Ministers' Council in the House of Assembly was scheduled to meet yesterday to discuss the issue amid rumours that the Government may back down on its decision to transfer the hospital to own affairs.

NO COMMENT

The Deputy Minister of Health, Dr Michael Veldman, has refused to comment on these rumours.

Dr van der Merwe would not comment on the possible closure of some of the hospital's departments and referred all queries to Pretoria. Administration officials were not available yesterday.

Paragraph (c):

Prof. R. A. E. Thompson, Appointed by the Minister.

Mrs A. J. Senekal, Designated by the Administrators of the Provinces.

Paragraph (d):

Mr P. F. Retief.

Paragraph (e):

Prof. H. P. Wasserman.

Paragraph (f):

Dr D. J. Jacobs.

Paragraph (g):

Col M. E. S. Swanepoel.

Paragraph (h):

(i) Dr A. Bruwer.
Miss H. M. Findlay.
Prof. W. J. Kotzé.
Prof. M. C. van Huyssteen.
Prof. I. Venter.

(ii) Mrs T. M. Bendile.
Mrs D. Dlomo.
Mrs M. A. S. Makhaya.

(iii) Mrs M. E. B. Cunningham.

(iv) Mr S. Senjaveraj.

FRANK GERMISHUIZEN,
Registrar.
22 June 1989.
(30 June 1989)

Paragraaf (c):

Prof. R. A. E. Thompson, Deur die Minister aangestel.

Mev. A. J. Senekal, Deur die Administrateurs van die Provinsies aangewys.

Paragraaf (d):

Mnr. P. F. Retief.

Paragraaf (e):

Prof. H. P. Wasserman.

Paragraaf (f):

Dr. D. J. Jacobs.

Paragraaf (g):

Kol. M. E. S. Swanepoel.

Paragraaf (h):

(i) Dr. A. Bruwer.
Mej. H. M. Findlay.
Prof. W. J. Kotzé.
Prof. M. C. van Huyssteen.
Prof. I. Venter.

(ii) Mev. T. M. Bendile.
Mev. D. Dlomo.
Mev. M. A. S. Makhaya.

(iii) Mev. M. E. B. Cunningham.

(iv) Mnr. S. Senjaveraj.

FRANK GERMISHUIZEN,
Registrateur.
22 Junie 1989.
(30 Junie 1989)

BOARD NOTICE 59 OF 1989

THE SOUTH AFRICAN NURSING COUNCIL

APPOINTMENT/DESIGNATION OF MEMBERS OF THE COUNCIL FOR THE PERIOD ENDING 31 MARCH 1994

In terms of section 5 (6) of the Nursing Act, Act No. 50 of 1978, notice is given—

(a) of the appointment of Dr P. E. Beezhold as a member of the Council in terms of sections 5 (1) (f) and 6 (2) of the Act with effect from 5 June 1989 vice Dr D. J. Jacobs;

(b) of the designation of Dr N. Finkelstein as a member of the Council in terms of sections 5 (1) (d) and 6 (2) of the Act with effect from 30 May 1989 vice Mr P. F. Retief.

(30 June 1989)

RAADSKENNISGEWING 59 VAN 1989

DIE SUID-AFRIKAANSE RAAD OP VERPLEGING

AANSTELLING/AANWYSING VAN LEDE VAN DIE RAAD VIR DIE TYDPERK WAT OP 31 MAART 1994 TEN EINDE LOOP

Ingevolge artikel 5 (6) van die Wet op Verpleging, Wet No. 50 van 1978, word kennis gegee—

(a) van die aanstelling van dr. P. E. Beezhold as lid van die Raad ingevolge artikels 5 (1) (f) en 6 (2) van die Wet met ingang vanaf 5 Junie 1989, in die plek van dr. D. J. Jacobs;

(b) van die aanwysing van dr. N. Finkelstein as lid van die Raad ingevolge artikels 5 (1) (d) en 6 (2) van die Wet met ingang vanaf 30 Mei 1989 in die plek van mnr. P. F. Retief.

(30 Junie 1989)

BOARD NOTICE 60 OF 1989

TPA-BRANCH HOSPITAL SERVICES

REGULATIONS RELATING TO THE CLASSIFICATION OF, AND FEES PAYABLE BY PATIENTS AT PROVINCIAL HOSPITALS.—AMENDMENT

The Administrator of the Province of the Transvaal has on behalf of the Minister of Health Services and Welfare: House of Assembly, under sections 38 and 76 of the Hospitals Ordinance, 1958 (Ordinance No. 14 of 1958) (Transvaal), in so far as the administration of the provisions of those sections was assigned by State President's Proclamation No. 42 of 1989 to that Minister, read in conjunction with section 15 (1B) of the Provincial Government Act, 1986 (Act No. 69 of 1986), made the regulations contained in the Schedule hereto, with effect from 1 July 1989.

RAADSKENNISGEWING 60 VAN 1989

TPA—TAK HOSPITAALDIENSTE

REGULASIES BETREFFENDE DIE INDELING VAN, EN GELDE BETAALBAAR DEUR, PASIËNTE BY PROVINSIALE HOSPITALE.—WYSIGING

Die Administrateur van die Provinsie Transvaal het namens die Minister van Gesondheidsdienste en Welsyn: Volksraad kragtens artikels 38 en 76 van die Ordonnansie op Hospitale, 1958 (Ordonnansie No. 14 van 1958) (Transvaal), vir sover die uitvoering van die bepalings van daardie artikels by Staatspresidentsproklamasie No. 42 van 1989 aan daardie Minister opgedra is, saamgelees met artikel 15 (1B) van die Wet op Provinsiale Regering, 1986 (Wet No. 69 van 1986), die regulasies in die Bylae hierby vervat, met ingang van 1 Julie 1989 uitgevaardig.

Edendale doctors resign

THE KwaZulu Department of Health is to keep referrals to Pietermaritzburg's Edendale Hospital to the absolute minimum in a new strategy to reduce the work load on the institution.

The Edendale Hospital has been hit by the resignation of doctors. In future, only emergency cases will be admitted.

The KwaZulu Minister of Health, Dr Frank Mdlalose, said that as from July 1 there would be a shortage of doctors in the departments of surgery, orthopaedics, obstetrics and gynaecology.

However, he did not say how many doctors would be leaving the hospital.

"While the shortage has been brought about the normal resignations and rotation of doctors into other departments at Edendale, the number leaving the hospital has left it with a shortage of doctors.

"This shortage has also been partly due to recent frustrations experienced with the appointment procedure and prompt payment of salaries," he said.

Mdlalose said all those matters had been addressed at the highest level in the country. The streamlining of the procedures had already been implemented, but the positive effects would be seen in the next few weeks and months.

He said arrangements had been made so that a medical service would continue to be provided. These were:

- referring hospitals, both of KwaZulu and the Natal Provincial Administration, would be handling as many cases as possible locally and referring to other centres;
- ambulances from the Mpumalanga and Hammarsdale areas (halfway between Durban and Pietermaritzburg) would be transporting cases to the Prince Mshiyeni Memorial Hospital in Umlazi;
- all workmen's compensation and medical aid patients would be referred to the private sector and in particular to the Medicity Medical Centre in Pietermaritzburg which provided a 24-hour casualty service.

He said a number of applications had been received from doctors and it was hoped that with the help of relief staff the shortage would be of a temporary nature.

Free health clinic

A FREE health clinic will be conducted in Wattville on the East Rand on Sunday. (98)

The Community Health Awareness Project announced that people would be examined for diabetes, hypertension and heart disease. Sowetan 30/6/87

The clinic which starts at 10am will be held at a creche next to the stadium.

Crumbling health service must be probed, says MP

A COMMISSION of inquiry needed to be conducted into the health services in South Africa to find ways of reducing the rising cost of health care, Dr Marius Barnard, Parktown MP and former PFP spokesman on health, said yesterday.

He was responding to the shock increases of up to 50 percent in public hospital tariffs on the Reef which were announced by the Administrator of the Transvaal, Mr Danie Hough.

The increases, which do not include community hospitals, come into effect today.

"There must be a way to make the health services cheaper, more equal and better for everyone," Dr Barnard said.

He said the Government's racially segregated policy was "unnecessary and a waste of money", and placed an added burden on rising inflation and costs of medical equipment.

The Government was unable to cope financially, and increased the price of services while at the same time, the standards of health care in public hospitals was deteriorating, he said.

"We are getting higher fees, poorer facilities and generally, the whole service is falling to pieces," he said.

JANET HEARD

Dr Barnard said the rising costs of public hospital prices were forcing more and more people into private hospitals.

Apart from immediately opening hospitals to all races as a step towards reducing costs, Dr Barnard said private and public sector hospitals should inter-change services and co-operate with one another.

He said there was a tremendous reserve of private practice medicine available which could be used in the government sector, but there was "resistance" between the two sectors.

"Each works seperately and basically in competition with one another," he said.

Dr Barnard said the Government's policy was forcing SA into a stage were the phrase "health is now so expensive it makes you sick," became a reality.

He said ways of developing alternative funding, pooling together resources and maintaining and improving the standard of medicine and teaching facilities in the country urgently needed to be addressed.

all equal reward should ...nation.

'Beds for Bara' is getting underway

PAT DEVEREAUX

The action committee for "Beds for Bara" is almost ready to start operating, its initiator, a Bramley mother of two, Mrs Marilyn Corne, said.

"We've planned our first committee meeting for next week. Since we began I've had about 50 calls from people wanting to participate as committee members or donate towards the project," said Mrs Corne.

"Many callers have beds or mattresses they want to donate, but hospital beds have to be sterilised. We've asked them to sell their beds and donate the money instead," said Mrs Corne.

The committee plans to work closely with a fund raising committee appointed by the Wits Foundation and headed by Professor D J du Plessis. The Wits appointed committee has already managed to raise more than R3 million to extend wards at the hospital and accommodate about 400 more patients.

● Anyone wishing to join the action committee can call Mrs Corne at (011) 786-9751. Those wanting to contribute towards beds can send cheques to Baragwanath Hospital Board Fund, Bertsham 2013. Stipulate that the cheques are for "Beds for Bara".

Hospital fees hike spelt out

By SOPHIE TEMA

THE 50 percent hospital fee increase that came into effect yesterday will not affect pensioners or those with an annual income of less than R3 765.

Transvaal Administrator Danie Hough said on Friday that private patients treated in regional and academic hospitals' private wards would pay 67 percent more – R138 a day instead of R82,50.

Private patients – about 27 percent of all patients – will pay 42 percent more when admitted to a general ward.

Tariffs in community hospitals will rise from R71 to R101 a day.

The tariffs are to increase from R10 to R15 on a single admission for the H3 category, and from R20 to R30 for the H4 category. Tariffs at community hospitals will remain unchanged.

Transvaal Hospital Services MEC, Daan Kirstein, said the increases would only affect patients who were not on medical aid schemes.

The classification ceiling dividing private from hospital patients increases about 80 percent, from R5 000 annual income to R9 000 for a single person, and about 61 percent from R13 000 to R21 000 for a family of five and more.

Hough said the increases had been necessitated by the substantial rise in the running costs.

Chap holds 10th clinic

Sowetan 4/7/89.

THE Community Health Awareness Project conducted another free health clinic in Wattville at the weekend, the 10th on the East Rand this year.

The clinic, which was held at a nearby creche, treated 208 people according to records provided by Chap. Assisting the organisers were paramedics and members of Imbeleko Women's Organisation.

(98)

Projects co-ordinator for Chap Dr Oupa said most adults examined suffered from hypertension, influenza and other ailments. Some patients were referred to a nearby hospital for further treatment.

^OINCLUDE wcivil.spr^N

	FEES PER DAY	AFTER HOURS SUR-CHARGE	WARD ADMISSION
Jan 1985	H2 - Free H3 - R2 H4 - R2 Private - R20		
Before July 1 1989	H2 - R5 H3 - R8 H4 - R12 Private - R30		
After July 1 1989	H2 - -R5 H3 - -R12 H4 - -R18 Private - R45	H2 - R7,50 H3 - R18 H4 - R30 Private - R67,50	H2 - R5 H3 - R15 H4 - R30 per day Private R138 per day
% increase since 1985	H2 - 500% H3 - 500% H4 - 800% Private - 125%		

H2 = Pensioners, unemployed, persons earning less than R3 765 annually.
H3 = Persons earning more than R3 765 less than R18 000 annually (depending on number of family members).
H4 = Single person earning more than R6 000 but less than R9 000 annually.
P1 = Staff members working at the hospital for a number of years.
P2 = Medical Aid members
P3 = Prisoners etc. State dependants.

Soaring hospital fees will make patients wince

Star 4/7/89

98

The cost of running TPA hospitals has forced tariff increases of up to 50 percent. What does this mean to the man-in-the-street? **TONI YOUNGHUSBAND, The Star's Medical Reporter,** reports.

Health care is becoming a commodity which soon only the wealthy will be able to afford.

This is the fear of the Health Workers' Association (HWA), which has been monitoring rising medical costs since 1984.

The HWA is particularly concerned about those who make up the bulk of patients: pensioners, the unemployed, and the poor.

An HWA spokesman saod: "People just won't come to hospital any more because they will not be able to afford it. The problem you will have then is that they will come only when very sick and cannot wait any longer.

"In the long term, this is counterproductive. The hospital will be spending more money caring for a very ill patient than it would have if it had seen to the patient earlier on."

Before July 1, patients paid between R5 and R12 during the day, but must now pay up to R18. If they visit the hospital after 4 pm they will be charged an after-hours surcharge, which will mean between R7,50 and R30 for treatment.

To be admitted to a ward, a patient will have to fork out between R5 and R30. They are divided into categories based on income, number of dependants, and whether they belong to a medical-aid fund. The fees are calculated accordingly.

The tariffs for private patients, who represent about 27 percent of the total number, have gone up by about 67 percent from R82,50 to R138 a day in regional and academic hospitals, and by about 42 percent — from R71 to R101 a day — in community hospitals.

Theatre fees have also gone up. But unlike private hospitals, the fees are not calculated according to the surgical procedure performed. Howevwer, the fee does increase according to the time spent in the theatre.

The Administrator of the Transvaal, Mr Danie Hough, has blamed rising running costs and expensive medical equipment for the increases. Hospitals are desperately short of money.

Johannesburg Hospital can use only 800 of its 2 000-bed capacity because it has neither the funds nor the staff to open more.

The medical and surgical wards are 100 percent full, and new admission criteria, where only the really ill are admitted, has been introduced to stem the flow of patients.

Where possible, patients are referred to other institutions, and most medical-aid members are turned away.

A Baragwanath spokesman said yesterday that an estimated 88 percent of patients did not belong to medical-aid funds.

The TPA hopes the fee increases will solve some of its difficulties.

But the HWA believes the increases will only hurt the consumer, and in the long-term worsen the hospitals' plight.

"These fee rises show that the State is abdicating its responsibility in providing a free, equal and easily accessible health care system. It is promoting the privatisation of health.

"South Africa has 14 health departments, each with its own head and administrative staff. Our hospitals are segregated, meaning we have a duplication of services at double the cost.

"If we did away with segregation and unified all health departments, an enormous amount would be saved"

Mr Hough said on Friday that there was no doubt South Africa could no longer afford apartheid in its health services.

"It is not only morally offensive, but also very expensive. As I have already urged in the past, I think there is an urgent need for a commission of inquiry to see how the escalation in health care costs can be reduced.

"I ask the Minister of National Health and Population Development to immediately appoint such a commission."

There has been no response from Dr Willie van Niekerk yet.

Star 4/7/69. (98)

'No cause for alarm' over J G Strijdom

By Toni Younghusband, Medical Reporter

Almost all departments at the J G Strijdom Hospital were operating normally and there was no cause for alarm, doctors working at the hospital said yesterday.

The only department seriously affected by staff resignations was the cardiology department which had closed. All doctors in this department had resigned since the Government announced the hospital's transfer from "general affairs" administration to whites only "own affairs" on March 31.

"The majority of doctors and nurses in the other departments are still there. General surgery, obstetrics and gynaecology, paediatrics, ophthalmology, anaesthetics, radiology and many other departments are operating as usual. There is no cause for alarm," the doctors said.

They said the public was concerned that the hospital was on the point of collapse and could no longer offer the excellent services it had in the past.

"One medical ward has closed and the two sections of the intensive care unit have been amalgamated into one. Aside from these changes and the cardiology department there is no problem," the doctors said.

Ethical hurdle in nursing crisis

Hospital 'help us' plea to 5th year students

Medical students at the University of the Witwatersrand have been asked to help at the Johannesburg Hospital which is suffering a critical nursing shortage.

Fifth-year students were approached by the hospital's superintendent, Dr Reg Broekmann, last Friday and asked to fill in for senior nurses in some wards. A private nursing agency has been hired to alleviate the nursing shortage but is only due to start in two weeks' time.

By Toni Younghusband, Medical Reporter

"The students, both black and white, felt that it was important to go in and help in this crisis but they had other ethical considerations," student spokesman Mr John Parker told The Star.

He said students felt they would only work at the hospital if the work conformed to the principles of the Hippocratic Oath.

"This includes the provision of equal health services to all people, regardless of race, colour or creed. This would imply that admissions and transfers of patients are not done on the basis of race," Mr Parker said.

However, the hospital's superintendent, Dr Reg Broekmann, said the students had refused to provide the assistance requested in spite of stating that they were willing to help.

"It is deeply regretted that our medical students did not see their way clear to assist us and our patients in this crisis," Dr Broekmann said.

Inadequate pay

He said one student had turned up to help yesterday and another had promised to assist at the end of the week.

Mr Parker said students had asked that the work they were expected to do was in no way discriminatory and that the authorities acknowledged the difficult conditions under which nurses had to work.

"We have expressed a willingness to help the hospital but only under these conditions," said Mr Parker.

"We believe that the major cause of this crisis was inadequate pay and we want the authorities to acknowledge this crisis. We also want them to look at the nurses' grievances. Black nurses, for example, are prohibited from using the hospital's creche facilities or accommodation," Mr Parker pointed out.

He said the students had met Dr Broekmann on Monday and listed their demands. These demands have apparently been referred to Pretoria.

● A private company has been called to staff wards and theatres at Johannesburg Hospital.

The company is recruiting nurses for four wards, the intensive care unit and four theatres and is in search of staff for 12 night posts and staff nurses.

Dr Broekmann, said the company was approached because the hospital was struggling to recruit staff.

The hospital's medical and surgical wards are over 100 percent full and many nurses are leaving each month.

The private company has staffed a surgical ward and the Johannesburg Hospital's paediatric intensive care unit for the past two years. "It has worked very well," Dr Broekmann said.

He said there had been a lot of unhappiness among provincial nurses when the private nurses had first been recruited.

"But that settled down when they realised their jobs were not being threatened," he said.

Mr David Hoffman, managing director of Hofcor Holdings, said his nurses were invited to choose the hours they wished to work, and as 60 percent of qualified nurses were married women this was an extremely attractive proposition.

The Star OPERATION SNOWBALL

We didn't refuse to help — students

By Toni Younghusband
Medical Reporter

At no stage had medical students refused to help at the Johannesburg Hospital, which is suffering a critical nursing shortage, students said last night.

Fifth-year students said that a statement by the hospital's superintendent, Dr Reg Broekmann, that "students had unfortunately refused to provide the assistance requested" was a misrepresentation of the facts.

Dr Broekmann approached the students last week and asked them to fill in for senior nurses in some wards. A private nursing agency has been hired to alleviate the hospital's critical nursing shortage but is due to start only in two weeks' time.

In a statement issued on Tuesday, Dr Broekmann said: "It is deeply regretted that our medical students did not see their way clear to assist us and our patients in this crisis".

The students said that during a class meeting it was generally agreed, in principle, to help provide medical services during the crisis. "It was felt that it was ethically correct, as future health workers, to provide what services they could and when called to do so," one student said.

"We clearly stated that we would not treat patients on the basis of race, creed or colour and this implies that the admissions and transfers of patients are not done on the basis of race, creed or colour," he said.

He said students believed the crisis at the Johannesburg Hospital was a reflection of an ongoing crisis in all hospitals, Baragwanath and Hillbrow hospitals included.

"We recognise that the Johannesburg Hospital is in a crisis but we consider the value of life to be equal at all hospitals, both black and white."

He said students were waiting for a reply from Dr Broekmann regarding their demands.

98

Hospital struggling to recruit staff

Bid to end crisis infuriates nurses

By Toni Younghusband, Medical Reporter

Provincial hospital nurses are furious that private nurses are being employed to staff the Johannesburg Hospital, nurses told The Star yesterday.

One sister employed at the hospital said the private company was advertising salaries of between R1 800 and R3 000 for the same work performed by the provincial nurses who earned a great deal less.

The company has been asked to staff four wards, an intensive-care unit, four theatres and other posts. Its nurses are due to start in two weeks' time.

Handful of students

The hospital's superintendent, Dr Reg Broekmann, said the company had been approached because the hospital was struggling to recruit staff.

The nursing shortage at the hospital has reached crisis point.

One nurse said the stresses placed on those who were left were enormous.

She said often an intensive-care unit would be left in the charge of only one trained ICU sister and a handful of students.

"The responsibility is enormous and the stress terrible. A patient who is in ICU and pays the exorbitant rates charged for this treatment deserves ICU-trained staff.

"Sometimes they don't even have a trained sister on duty — it's just not ethical," she said.

The private company has already staffed one surgical ward and the hospital's paediatric intensive care unit for the past two years.

According to Dr Broekmann, there was no essential difference between the package that the private company offered its nurses and what the province employees were given. Provincial nurses yesterday angrily disagreed.

"Our basic salary is a lot lower than theirs but we get medical aid and pension benefits and a housing subsidy.

"When we get married we lose these benefits, which we had no choice but to take in the first place.

"Once you are married you are left with no benefits and a low salary. You are penalised because you are getting married.

"The private nurses get cash instead of these so-called benefits. It really isn't worth our staying on," one sister said.

She said the private nurses also had no loyalty to the hospital. "Many of them are part-timers so if equipment is broken they don't care. They won't be back the next day and won't be held responsible. It's the provincial nurses who take the flak.".

West German MPs visit Bara

A group of about 20 prominent German politicians paid a visit to Baragwanath Hospital in Soweto yesterday.

A spokesman for Hospital Services in the Transvaal said the 20 included MP Professor Manfred Abelein and provincial parliamentary leader Mr Dieter Hoerner.

The men are on an extensive tour of South Africa to examine the structure and funding of Regional Services Councils.

the community. — (256)

"Crayfish feed quite happily in human excreta as they are filter

tures were live to reduce the risk of being poisoned.

Medics in dispute over hospital's call for help

(98) STW 77789

By Toni Younghusband, Medical Reporter

A dispute has broken out between medical students at the University of the Witwatersrand over the Johannesburg Hospital's call for assistance during a nursing crisis.

And while students argue whether to go in and help or not, the hospital has asked neighbouring provincial institutions for emergency staff.

Nurses from other hospitals have been asked if they would like to work at the hospital on an overtime basis until the present crisis is relieved by a private nursing agency.

SA Nursing Association president Miss O H Muller said yesterday that the Government should review its curbs on health spending as the position at the large academic hospitals was now "really acute". She said the cut in hospital budgets was partly the reason these institutions were having critical nurse shortages.

On Tuesday, representatives of the Medical Students' Council told The Star it had been generally agreed in principle to help provide medical services during this time of crisis.

However, they considered it important that the work conformed to the principles embodied in the Hippocratic Oath, which included the provision of equal health services to all, regardless of race, colour or creed. They said they were waiting for a statement of intent from the Transvaal Provincial Administration and wanted the authorities to acknowledge the difficult conditions under which nurses worked.

The dean of the university's medical faculty, Professor Clive Rosendorff, said yesterday that some students were prepared to nurse patients at the hospital and some had already volunteered their services. Others would do so soon.

"The statement and position of a group of students in fifth year, namely that they would not help unless their demands were met, was not shared by all medical students and certainly not by medical school staff or the dean.

PATIENTS

"We would feel that the welfare of patients, black or white, was the only consideration in such a situation, he said."

Referring to the critical nursing shortage, Miss Muller said the inflexibility of working conditions for nurses should also be reviewed.

"We should be more flexible and offer nurses the choice of cash in the hand or long-term benefits.

"I think what the director of hospital services is doing at Johannesburg Hospital is the only short-term solution. I don't know that there is anything else he can do but call in a private nursing company," she said.

Nurse:patient ratio incorrect

In a report in The Star of June 29 it was stated that the nurse to patient ratio at the Johannesburg Hospital was 1:39. Hospital authorities have pointed out that the ratio is, in fact, 1,39 nurses per in-patient including matrons, sisters, staff nurses, nurse aids and student nurses. The Star regrets the error.

Unless otherwise stated, political comment in this issue is by H W Tyson, content approved by R G Anderson and D S Walker, and political cartoons by D Anderson, all of 47 Sauer Street, Johannesburg.

98 Sunday 7/7/87

Hospital still lose staff over status issue

GERALD REILLY

PRETORIA — Medical staff resignations from the J G Strijdom Hospital continue while government delays in making a decision on the hospital's future status. (98)

The resignations follow a switch in the status of the hospital from a general affairs academic hospital to an own affairs institution.

Wits Medical School dean Clive Rosendorff said yesterday services at the hospital had alreay been seriously affected by the staff drain.

Director of Provincial Hospital Services J van Wyk confirmed 33 doctors and 41 nurses had resigned.

Last week National Health Deputy Minister M H Veldman said Strijdom Hospital's issue had been discussed and a number of options considered. He gave no further comment.

Segregation is blamed for burgeoning nursing crisis

Star 8/7/89

98

PAT DEVEREAUX

RACIALLY segregated medical and nursing staff establishments are ultimately to blame for the current nursing shortage and a major overhaul is urgently needed at provincial level to solve the problem, said a number of medical groups this week.

The South African Health Workers Congress yesterday said it was appalled at the Johannesburg Hospital's attempt so brazenly to co-opt medical students into an ethically compromising position simply because "a white hospital" was suffering a nursing shortage.

Ethical code

The group emphasised that a nursing crisis of major proportions had existed at Baragwanath Hospital and at the Hillbrow Hospital for the past year.

"To their credit the students stood by their ethical code which means equal health care must be given to all irrespective of race, creed or colour," said SAHWCO spokesman, Dr A Dasoo.

"At times in my medical ward at the Hillbrow Hospital there are five nurses attending to up to 59 critically ill patients in a 27-bed ward," said Dr Dasoo.

The State's duplication of health facilities for race groups was also slammed. "How much extra does it cost the state to have 14 departments of health and four provinces all involved in the provision of health care instead of a single authority?" queried Mr Cedric de Beer of the University of the Witwatersrand's department of community health.

The Medical Students Council at the University of the Witwatersrand yesterday urged the Transvaal Provincial Administration to do "more than simply patch over the current nursing crisis which had finally spread to the Johannesburg Hospital".

"The nursing shortage at Johannesburg Hospital is prevalent all over the country in the rural areas and hospitals which do not serve whites," said Medical Students Council representative Mr John Parker.

"Nurses can't strike. The only outlet they've got is to resign.

"The appalling nursing conditions at Baragwanath Hospital were first raised two years ago by doctors working at the hospital. Now the on-going crisis has simply spread to a white hospital," said Mr Parker.

He pointed out that, unlike Johannesburg Hospital, Baragwanath could never have called in a private company.

A liaison officer for Johannesburg Hospital refused to give estimates of the number of nurses to patients. "It varies according to each unit," she said.

Spokesman for the National Medical and Dental Association (Namda) Mr Max Price said: "It is disturbing that Johannesburg Hospital is going to private companies to solve the problem rather than addressing the problem of racially segregated health facilities directly."

Medical services in a crisis — and there's no cure in sight

Between the Lines

MARGARET DE PARAVACINI

WHAT do you do in a crisis — just lie down and die?

That's more or less what pensioners, the unemployed and the poor, not to speak of the hard-pressed working classes, are going to be expected to do soon when ill-health strikes.

While hospitals in South Africa's most densely populated areas teeter and health authorities dither, the Transvaal Provincial Administration blindly raises its fees. The sick man in the street could literally land there when his money runs out.

Blaming rising running costs and expensive medical equipment, the Administrator of the Transvaal, Mr Danie Hough, added last week that South Africa could no longer afford apartheid in its health services.

"It is not only morally offensive, but also very expensive," was his reported comment.

Apart from being short of cash, the hospitals have suddenly discovered that nurses are leaving the sinking ship. One nurse said this week that, often, in the Johannesburg Hospital, an intensive-care unit would be left in the charge of only one trained ICU sister and a handful of students.

Their solution? To call in a private company to staff empty wards and theatres.

Naturally, those nurses still valiantly manning their posts up at what we used to call "The Gen" are angry. The private nurses are getting better money, for a start. But what really gets their goat, and mine, is that, while the provincial authorities have penalised nurses for marrying, the outside firm has tapped an enormous source of labour to everybody's benefit.

"We specifically encourage women who stopped nursing to look after their families and would like to get back into the job market," said Mr David Hoffman, MD of the firm concerned. Bearing in mind that 60 percent of qualified nurses are married, he said, his staff were invited to choose their working hours.

So, rather than allow a little flexibility into its rigid policy, especially in a time of crisis, the TPA finds itself able to afford outside services. How strange! Are they afraid or incapable of making snap decisions?

If cutting red tape could get them out of the red, why don't they get on with it, in triplicate if they insist? Or has the State a special grudge against married women?

The fifth-year medical students asked to help out are also guilty of pigheaded inflexibility. They are willing to do so, if certain conditions are met, including opening hospitals to all races. One appreciates their sentiments, but in a crisis, medical help is surely not dependent upon politics?

Would Hippocrates have hesitated?

Hospital tariff increase slammed

9/7/89.

By SOPHIE TEMA

INCREASED hospital tariffs are becoming too expensive for the poor and good health is becoming affordable to the rich only.

This warning was sounded by the SA Health Workers Congress (SAHWCO), who said the recent tariff increases would create serious problems for the unemployed, disabled and aged.

The organisation said the latest increase had to be seen as a further indication of the crisis in South African health services.

Unemployment and increases in the cost of living, bus fares, rentals and other charges had further aggravated the economic burden on the underprivileged.

The SAHWCO criticised Transvaal administrator Danie Hough for his statement this week that "substantial increases in the running costs of provincial hospitals made it necessary to increase the tariffs in order to maintain a high standard and wide range of services for patients".

The organisation called Hough's statement a farce, saying that while patients were sleeping on the floor at Baragwanath Hospital 1 200 of the 2 000 beds at the Johannesburg Hospital were not being used.

Hospital fees had increased by 500 to 800 percent since January 1985, the organisation said.

This meant the poor, unemployed, disabled and aged were being severely punished by the continual deterioration in the quality of health services, the congress added.

where Dos Santos and Savimbi shook hands and agreed to a June 24 cease-

● SAVIMBI ● DOS SANTOS

tive meeting, and I believe we'll be

Patients turned away from hospital in crisis

(98) 5 IDay/87 7 1&7

DAVE LOURENS

SERIOUSLY-ILL patients have to wait hours for attention from nurses stretched to breaking-point at the chronically understaffed Johannesburg Hospital.

Patients who should be in hospital have been turned away because of the bed shortage there, said Casualty Department head Dr Rick Wallace.

"We are exceeding the limits of patient safety and I don't see the situation improving," he said.

More than half the hospital's beds lie empty as there are not enough staff to tend patients.

Last week the hospital appealed to fifth-year Wits medical students to help out, but the students refused to pitch in unless certain conditions were met, including a bar on racially discriminatory policies at the hospital.

Transvaal MEC for Hospital Services Daan Kirstein replied that the provincial administration would not be "threatened by students into changing decisions taken by the executive committee years ago". Consequently, few students turned up to help.

DP Health and Welfare spokesman Mike Ellis said: "This crisis is a reflection of government's failure to ensure that personnel in the essential services (including teachers and policemen) are adequately remunerated."

Further pressure is being put on the Johannesburg Hospital by J G Strijdom Hospital's problems. More than 50 nurses and 30 doctors resigned when it was announced that the J G Strijdom was to become an "own affairs" hospital.

The Johannesburg Hospital has contracted 90 nurses from a private firm to help fill its 120 vacant nursing posts.

The hospital is losing about five nurses a month. Most have left for financial reasons.

Private nurses earn far more than provincial nurses who perform the same duties. The provincial nurses are entitled to housing and medical aid benefits, but lose these when they marry.

Many private nurses are married. If they wish they can work only 18 hours a week, compared with the 40-plus hours put in by provincial nurses.

A nurse attends to a critically ill patient in a trauma ward filled with patients who should be in an intensive care unit. The trauma wards have 12 patients and only two nurses. Ideally, a patient in intensive care should have five nurses. Picture: ROBERT BOTHA

Crisis cases only at Edendale

MARITZBURG. — Only emergency cases are to be attended to at Edendale Hospital from today due to a critical shortage of doctors, the KwaZulu Ministry of Health said.

The secretary to the minister, Mr Maurice Mazibuko, said in a statement that the shortage of doctors at Edendale Hospital had been brought about by the "normal resignations and rotations of doctors" into other departments at the hospital.

Mr Mazibuko said the hospital would be short of a number of doctors in the departments of surgery, orthopaedics, obstetrics and gynaecology. He said this shortage has also been partly due to "recent frustrations experienced with the appointment procedure and prompt payment of salaries".

"Although these matters have all been addressed at the highest level ... the positive effects will only be seen in the next few weeks and months," said Mr Mazibuko.

The Mr Mazibuko said part of the current strategy to reduce the work load on the hospital ensures that referrals are kept to the minimum and only emergency cases are admitted. — Sapa

Flexitime brings nurses back

Star 11/7/89

The inflexibility of provincial administration rules has meant thousands of qualified nursing sisters sit at home unemployed while hospitals battle to cope with a severe nursing shortage. **TONI YOUNGHUSBAND, The Star's Medical Reporter, reports.**

Hospitals countrywide are experiencing a serious shortage of nurses. For many years poor salary packages have been blamed.

But one very important factor which prevents qualified sisters taking up vacant hospital posts is the inflexibility of working hours. According to the South African Nursing Association, 60 percent of this country's nurses are married women. Women with husbands and families, and homes to run.

Nurses interviewed by The Star said the rigidity of shifts at provincial hospitals made it impossible for them to continue working.

"We had to make a choice — home or career. Obviously there are times when your home has to come first," one said.

"I kept on working when I had my first child but I found it hell. When they get sick you cannot do anything. You just put them in a creche, sick or not," said a woman who worked at the Johannesburg Hospital.

Cream of the crop

An ICU-trained sister who left the hospital six months ago and is now working in commerce said she earned a gross salary of R1 900 a month plus a R150 non-pension able allowance for specialised work.

"ICU sisters are the cream of the crop yet province was giving me a salary of R1 900 a month after 10 years. Private agencies are offering R3 000 for the same job at the same hospital," she said.

"I left the hospital because I could not work the inflexible hours and could not come out on that salary. The inflexibility of hours means you are forced to make a choice between your marriage and career. It was soul-destroying to leave and I thought long and hard about it," she said.

The sister said nurses deserved competitive salaries plus additional payment for responsibility and hard work.

"An ICU sister has to work shifts and weekends and has an enormous amount of responsibility, yet she is paid the same as a nurse working in the blood room whose major responsibility is not to bruise a patient," she pointed out.

"If we were properly paid we would not mind working extra hours or at weekends."

Many nurses are choosing private work.

"I worked in a provincial hospital for many years, then went on maternity leave. Knowing that the unit I was working in was short of nurses, I was in a turmoil about whether to go back or stay home with my kids. I resigned. My kids are my highest priority.

"When I approached the hospital some months later prepared to work part time they said they did not have any work for me. I scanned the newspapers and found a private nursing agency," a young mother said.

The agency, run by Hofcor Holdings, has staffed a surgical ward and the paediatric intensive care unit at the Johannesburg Hospital for the past nine years. It has now been asked to staff four wards, four theatres, an intensive care unit and to fill at least 12 other posts.

Managing director of Hofcor Holdings Mr David Hoffman said the shortage was not a shortage of heads but a shortage of active participation.

According to his nurses, their wards are the only ones fully staffed at the Johannesburg Hospital at present.

"Because they are able to work whatever shifts they choose, we are able to find staff. By accommodating each person we may find one post filled by three people, each working a different shift," he said.

One nurse, now employed by Mr Hoffman's company, said she had been out of nursing for 12 years.

"I left the profession to have babies and stayed at home for 12 years. I thought I would never come back because of the shift situation at the hospitals and the pressure under which nurses have to work."

A mother of two teenage children came back to work after 22 years.

"I was divorced and decided I wanted to go back to work. I was very nervous at first but the other nurses were very supportive. I started working just two days a week and am now working four days," she said.

One important feature of the flexitime programme is that there is less pressure on the nurses and they therefore have more time for training.

Come back

"You are not promoted to any position of responsibility for at least a year and you always have someone senior above you who can teach you. You don't have the fear that you won't cope with modern technology," one sister said.

The agency encourages mothers or women who have not worked for a while to come back into the job market.

The private nurses, like their provincial counterparts, work six-hour shifts but can choose how many shifts they would like to work and when.

"I work on Sunday nights and one afternoon a week. We also have the opportunity to swop so if my child is ill I can call on a colleague to take over my shift," another sister said.

Provincial nurses' employment packages include medical aid and pension benefits and a housing subsidy.

"But once you get married these fall away. You don't have a choice. You have to take them when you start out, then you lose them. But you are still earning the same low salary.

"At least the private nurses have a choice. They aren't forced to take these benefits and they get cash instead," a dissatisfied provincial sister said.

Sowetan 12/7/89

Hlongwa builds a better life in Nkwali

ONE of Natal's unsung heroes is a modest 50-year-old black man who has almost single-handedly mounted a fund-raising campaign for 19 years in an effort to better the life of his people at Nkwali, near Illovo on the Natal South Coast.

Robert Hlongwa stands in front of a clinic he raised funds for.

This is what started it all:

A man is stabbed and lies writhing in pain, bleeding profusely, but he is not taken to hospital because there is none locally. The nearest is King Edward VIII Hospital in Durban, more than 50km away.

Besides, there is no transport. The next day he is bundled in a wheelbarrow and wheeled for about five kilometres to Illovo where there are telephones.

An ambulance is called and he is taken to hospital but he dies shortly after arrival. Doctors say that his life could have been saved had he been rushed to hospital immediately.

Campaign

That happened almost 19 years ago at the black reserve of Nkwali and the waste of a life was too much for the Reverend Robert Magagane Hlongwa who thought something must be done.

Hlongwa of the Free Pentecostal Mission Church launched a one-man fund-raising campaign to build a "badly needed" clinic in the area. The campaign saw Hlongwa moving, cap in hand, from one factory to another in Durban asking for money.

As chairman of the Thuthukani Nkwali Child and Family Welfare Hlongwa had the backing of his committee for the campaign but somehow the exercise rested on his shoulders.

He did not see anything wrong in it: "It was tough doing that then and initially I managed to raise very little. But that did not deter me, instead I decided to intensify my campaign."

What made the campaign even more difficult for Hlongwa was that he did not believe in writing letters and ask for money but thought it was better to call personally at a factory or a prospective donor.

"I do write a letter but I don't post it. Instead I deliver it myself. I don't believe a letter can fully explain what the money is needed for.

"Besides, some people want to know exactly where their money is going to and the letter cannot give answers to all their questions."

That belief led Hlongwa in 1986 into the house of mining magnate Mr Harry Oppenheimer in La Lucia, Natal, where he was treated "warmly".

"I told Mr Oppenheimer the purpose of my mission and he was very pleased that I had called at his house. Although he did not give me money then, he promised me that he would refer the matter to his committee and that he was almost sure that I would get help," he said.

Friendship was struck between the two men from that day as they began to write to each other regularly. So pleased was Hlongwa after that meeting that he decided to take leave from the campaign for some days.

He was even more pleased when he received a letter from Anglo American saying that they had decided to pay towards the building of the clinic.

A well-equipped clinic, the only one in the area, with a sister in charge was built. The clinic, which sees about 100 patients a week, was officially opened on May 6 1987.

Writing to Hlongwa after completion of the clinic, Oppenheimer said: "I though that I should let you know how much I admire your efforts which I know will have demanded many sacrifices from you and your family.

"Your reward, of course, is the knowledge that you have done something really important for the people in your region."

The clinic, however, was not the only item in Hlongwa's fund-raising agenda. Next was a creche which was also needed "as a result of a growing number of women who work and who leave their children unattended to."

After the clinic was finished, Hlongwa did not rest and admire the product of his untiring efforts but continued to make his trips to Durban daily to raise more funds.

The result was that a creche was completed in August last year and started functioning in October.

"Although things are not perfect at the creche, it is pleasing to know that it has started functioning," he said.

The creche has three classrooms and can accommodate 100 children but it has actually only 18.

The reason is that there is not enough money to run the creche and there is no car to ferry the children to and from the creche for those parents who live far from it.

Hlongwa's next project is a comprehensive high school. A site has already been allocated and the school will have an enrolment of 1000 pupils by 1995.

A project appraisal has been done and the KwaZulu government has promised to supply the necessary staff and operating funds "provided the community requests government school classification."

Anglo American, through the Anglo American and De Beers Chairman's Fund, has agreed to make available a grant of R24 500 "for the preparation of a concept and development plan" for the school.

After finishing the school, Hlongwa intends raising funds for an old age home and then for a community hall and, finally a church "where people will be able to praise the Lord and thank him for all the good things that have happened to them."

FOCUS

The Media Council

THE South African Media Council is an independent body established to deal with various matters affecting media reporting and comment.

One of the council's functions is to receive and act upon complaints from members of the public who have not been able to get satisfaction by approaching a newspaper or other news media directly.

Complaints must relate to published editorial matter and should be lodged within 10 days of publication. But late complaints may be accepted if good reasons can be advanced.

The address is: The Councilliator/Registrar, SA Media Council, PO Box 5222, Cape Town 8000. Telephone: (021) 461-7117. Inquiries are welcomed.

Political comment in this issue by Aggrey Klaaste and Joe Thloloe. Sub-editing, headlines and posters by Sydney Matlhaku. All of 61 Commando Road, Industria West, Johannesburg.

• Write to the Editor at PO Box 6663, Johannesburg 2000. Nom-de-plumes can be used, but full names and addresses should be supplied or the letter will not be published.

Flood of support for Boksburg clinic

By Toni Younghusband
Medical Reporter

Offers of financial assistance and legal aid have poured in for a multiracial drug and alcohol rehabilitation centre threatened with closure by Boksburg's CP-controlled town council.

Last week the council turned down an application for a concession in terms of the Group Areas Act, a move which may force the clinic to close.

The Catholic Church-run House of Mercy in South Street, Plantation, is on the border of the coloured township of Reiger Park but according to the town council is still within a white residential area. Founder of the clinic Father Stan Brennan argues that it is in a mixed area.

Father Brennan said yesterday that since a report on the clinic's plight in the Sunday Star, offers of financial and legal assistance had flooded in.

Donations of more than R60 000 had been received from companies in the area and another company had offered legal assistance in the fight against the clinic's closure. Five new patients had also come forward for treatment.

The CP has suggested the clinic move into the township itself but Father Brennan is adamant this will not happen.

"The people who come here for treatment don't want their friends and family seeing them go into an alcoholics' clinic," Father Brennan said.

Kidney patients sent home

Cape Times 14/7/89

98

Own Correspondent

PATIENTS suffering from kidney disease in Natal are being sent home to face a lingering death as the province's renal units at Addington and Grey's Hospital are unable to cope with demand.

Medical experts say the patients face certain death which could take anything from a few weeks to a few months.

Addington has 21 dialysis machines and the hospital's only technician has been promoted to Groote Schuur Hospital in Cape Town. That hospital has 30 machines which are serviced by five technicians.

All kidney transplants are done in Durban.

The Addington renal unit is treating 220 patients of whom 110 are awaiting transplants and the rest are either receiving post-transplant treatment or dialysis.

Taxpayers' millions for health care go down ideological drain

Star 14/7/89

By CEDRIC DE BEER, co-director, Centre for the Study of Health Policy, Department of Community Health, Wits Medical School

Major fee increases at provincial hospitals were announced recently, increases that will result in real hardship for families with even quite modest incomes.

It is ironic that these increases come as we are reminded of crisis conditions at Johannesburg's major hospitals. Specialist units at the J G Strijdom Hospital are closing down, nurses and doctors are leaving the Johannesburg Hospital in droves, resulting in less than 40 percent of its beds being open and all but the sickest and poorest patients being referred elsewhere.

The "Beds for Bara" campaign highlights the fact that the authorities are not keeping that crisis-ridden hospital afloat.

Members of the public, whose taxes pay for the construction and staffing of these institutions, and to whom the hospital services should be accountable, are entitled to ask whether they were getting value for money before these recent increases, and what benefits will accrue to them from the substantial extra revenues that are being extracted from their pockets.

The authorities will argue that it is precisely the threatened collapse of hospital services that has necessitated these fee increases — that they will provide the funds needed to avoid complete catastrophe.

The reality, however, is that the threatening catastrophe is the result of public policies and the squandering of taxpayers' money in pursuit of those policies. Users of public health services should not accept these fee increases until those wasteful policies have been eradicated.

There are some specific questions we should be asking.

How much extra does it cost the state to have 14 departments of health and four provinces all involved in the provision of health care, instead of a single authority?

No one knows the answer to that question. Logic suggests that the duplication of everything from administrative structures to stationery, the multiplication of ministerial motorcars, the need for extra staff to send accounts between departments, and the existence of three separate structures to co-ordinate between all these fragments of the health service must cost the taxpayer several million rands a year — with no benefits in terms of additional services.

There are other costs to fragmenting services this way. A simple example illustrates this. The Johannesburg City Council runs excellent immunisation and child health clinics, many with a doctor on hand. However, any child who is found to have a health problem in need of curative care, may not be treated on site, but will be referred either to the family's general practitioner or to a provincial out-patients service.

The doctor on hand may not even write a script for penicillin for a throat infection. Such events are repeated daily all over our city.

What are the costs in terms of taxpayers' money for duplicating doctors' services and to the parent for the additional transport and time wasted in standing in another queue for a service that should be readily available at the first point of contact?

Apartheid requires the segregation of hospitals and other health facilities. What are the costs? In particular what are the costs of duplicating super specialist facilities in segregated institutions?

A letter in the SA Medical Journal in January suggested that in the Orange Free State alone, nearly R37 million is wasted annually to maintain apartheid in the academic hospitals. One wonders what the total figure would be if the analysis had been applied to the whole country, and to all health care facilities and not just academic hospitals.

Given all these unanswered questions, consumers of public health care are entitled to question whether the fee increases do not amount to throwing additional funds down the sink of administrative and ideological waste. Should we not be resisting any increase until the authorities present the public with a plan that integrates all aspects of health care into a single unit that makes the most cost effective use of funds, personnel and resources already at their disposal?

Consumers of health care have, for some time, been trapped between rising prices in the private sector and deteriorating standards of care in the public sector. Perhaps the additional blow of major price increases in provincial hospitals, will jolt us into demanding a whole new dispensation in health care in South Africa. Such a demand would not be a moment too soon.

● In September, the Centre for the Study of Health Policy is organising a conference entitled "Containing costs in health care — towards affordable care for all".

20% staff vacancies in hospitals

Crisis looms in nursing profession

Cape Times 14/7/89 98

By CHRIS BATEMAN

THE nursing profession faces a threatening crisis with an estimated 20% of staff vacancies in hospitals country-wide causing long patient waiting lists, a reduction in essential services and the closure of wards.

In a hard-hitting statement yesterday the president of the Nursing Association, Miss Odelia Muller, said this was caused by uncompetitive salaries, poor overtime payment and inflexible hours.

These factors contributed to a demoralised nursing corps and "inevitably" increased the danger of medico-legal risks, she added.

A recent survey had shown that 80% of nurses left state service within three years of completing their training. While working, they were "of necessity" undertaking off-duty private work to meet their financial obligations.

Immediate correction of the salary packages, increased overtime payment and other "actual steps" to solve grievances would go a long way towards improving the profession, Miss Muller said.

Responding yesterday, Dr George Watermeyer, executive director of Cape Hospital and Health Services, said he was aware of unhappiness in nursing ranks.

He said a national co-ordinating body was currently investigating all aspects of the nursing profession and that he would respond more fully once he had seen the full text of Miss Muller's statement.

Medical sources yesterday said that "moonlighting" by nurses was in contravention of their conditions of employment but that it took place on a large scale. Local hospital seniors were either unaware of this or were diplomatically ignoring the practice.

Groote Schuur Hospital medical superintendent Dr Jocelyne Kane-Berman said she wished the positive aspects of nursing received more media coverage.

"There are exceptional rewards for many members of the profession in a variety of challenging careers in education, for specialist nurse practitioners and in research.

"Nursing is not done justice by constantly emphasising the problems and difficulties; nurses are highly regarded members of the health-care team."

Critically ill patient 'waited 24 hours for bed'

Jo'burg hospital 'facing collapse'

Star 14/7/89.

(98)

State of emergency . . . Johannesburg Hospital experiencing a crisis.

By Toni Younghusband, Medical Reporter

Desperate medical staff at the Johannesburg Hospital yesterday warned that the hospital was on the verge of collapse.

A critical nursing shortage has forced the closure of hundreds of beds.

On one day, 30 nurses handed in their resignations.

Emergency staff are being brought in from neighbouring hospitals and a private nursing agency has been called in.

Staff told The Star the situation at the hospital was "worse than at Baragwanath", with patients being turned away.

The admissions or intake ward had 31 patients on one day, but only 20 beds.

"The rest of the patients had to lie on stretchers and trolleys in the passages and corridors. One elderly lady sat here from 8 am until 4 pm before we could find her a bed," a sister said.

In another ward, a critically ill patient was forced to wait 24 hours before an intensive-care bed could be found.

A doctor said: "The authorities keep saying the crisis is under control, but it isn't. The situation is getting worse and worse, and it's the public that is suffering."

He pointed out that while patients at Baragwanath had to lie on the floor and on stretchers, they were being admitted.

"We have to turn them away. We can't take any more."

Desperately ill

One of the hospital's ICUs is functioning with one-third of its staff complement. It has half the number of nurses it had last year.

An ICU sister said there were only eight nurses in the unit, which operates 24 hours a day, seven days a week.

"Sometimes we don't even have an ICU-trained sister on duty. Ideally, we should have one trained sister for each patient. These are desperately ill people," she said.

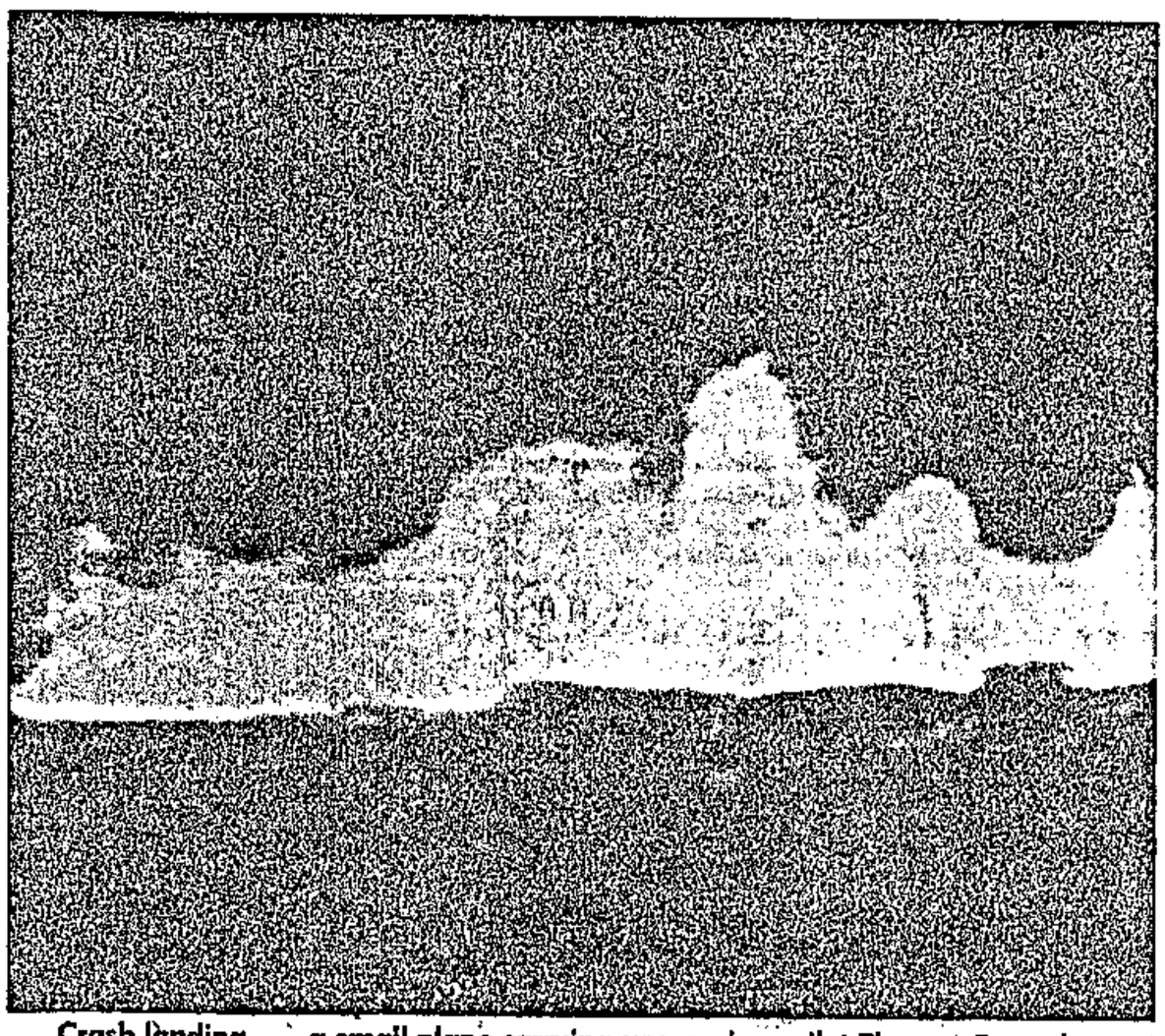
She said patients were coming in from the J G Strijdom Hospital, which had closed its ICU and cardiology department.

Another doctor said members of the public tended to believe that because the hospital was there, they could naturally expect treatment.

"This was true in the past but not any more. We don't have the nurses, beds are closed and we cannot take in patients," he said.

A sister said: "It's a tragedy. We have an excellent helicopter service and superbly trained paramedics who will airlift an accident victim to the hospital within minutes. But when the patient gets here, God help him."

She said the authorities had been shortsighted in hiring a private nursing agency as this had created animosity among provincial nurses and would not bring any long-term benefits.



Crash landing . . . a small plane carrying unconscious pilot Thomas Root plunges'

Unconscious pilot survives

Safe landing . . . Root is removed from a coast guard aircraft in Florida.

MIAMI –
apparentl
into the
after flyi
metres o
airborne
orities sa

Air Fo
into the
from his
helicopte
flown by

There
on the ex

Rescue
for near
pilot radi

Rescue
over his
one else

The pil
ton Nat
6.30 am,
North Ca

At 8.3(
traffic c
he was h
ficulty b

Air Fo
helpless
south ov

Eventu
and cras
central
east of th

The si
east of
the pilot'

The C
from the
were thi
water, so
all possib

"The j
Coast G
Petty O

Company wants 'key money'

Star 14/7/89

By Sue Olswang

One of the tenants in Johannesburg's controversial Voortrekker Building, which has allegedly been leased to an investment company for R13 000 a month, claims the investment company has asked him for R150 000 "key money" and a monthly rental of nearly R10 000.

"I will be forced to close my business if they insist on these amounts because there is no way I can afford to pay that much money," said Mr L Gil, who owns the Ritz Butchery on the corner of Hoek and De Villiers streets.

He said he estimated that Hoek Street Investments, the company now leasing Voortrekker Building, would make close to R1 million in "key money" and about R60 000 a month in rentals.

"I occupy about 10 to 13 percent of the ground floor space in this building. Hoek Street Investments want R150 000 key money and R10 000 rent from me, so you can just imagine what they want from other tenants."

Hoek Street Investments are listed in the Johannesburg telephone directory but their Voortrekker Building offices were empty when The Star visited the building yesterday. There was no reply from the telephone number.

● The Johannesburg Management Committee was accused yesterday of dissipating ratepayers' money by leasing the six-storey building to Hoek Street Investments for R13 000 a month. The accusation was made by Democratic Party councillor Mr Clive Gilbert.

His deadly mistake

When Constable Jetta Sethwala turned left

in the wee hours

injured. Building contractor Mike Voigt assesses the damage, while Jeremy and Darin Sabers search among the rubble. Police are still lookimg for the car's occupants, who fled after the crash.

Jo'burg Hospital is not 'facing collapse' — Broekman

ALTHOUGH there was a critical nursing shortage, the Johannesburg Hospital was not "facing collapse", the hospital's chief superintendent, Dr R J Broekmann, said yesterday.

Responding to a report in a Johannesburg newspaper, Dr Broekmann said there were a number of services within the hospital which were threatened.

The management of the hospital and the Director of Hospital Services were "gravely concerned" about the situation. In an effort to alleviate the immediate crisis, the employment of private agency nurses had been approved.

"In the longer term, it is hoped that the committee of investigation appointed by the Administrator of the Transvaal, Mr D Hough, will provide guidelines for the resolution of the many problems facing the hospital."

Dr Broekmann said she recognised that many staff were working under extremely difficult circumstances.

"There are delays in finding beds for patients and particularly for patients requiring intensive care."

However, she said the article in The Star yesterday made the assumption that there had been a mini-walkout of nurses with "30 resigning in one day".

"This is not the case. This hospital has approximately 30 resignations per month from nurses. This has been a fairly constant figure.

"We are extremely concerned about the current situation and are taking all possible steps to reduce adverse effects on patient care." — Sapa.

LOCAL HERO: Rev Robert Magagane Hlongwa at the clinic his efforts made possible.

Star 15/7/87

98

Clinic, creche result from one-man mission of hope

One of Natal's unsung heroes is a modest 50-year-old black man who has almost single-handedly mounted a fund-raising campaign for 19 years in an effort to better the life of his people at Nkwali, near Illovo on the Natal south coast. This is what started it all.

A MAN is stabbed and lies writhing in pain, bleeding profusely, but he is not taken to hospital because the nearest one is King Edward VIII hospital in Durban 50 km away and there is no transport.

The next day he is bundled into a wheelbarrow and wheeled for about 5 km to Illovo, Natal South Coast, where there are telephones.

An ambulance is called and he is taken to hospital but he dies shortly after arrival. Doctors say that his life could have been saved had he been taken to hospital immediately.

That happened almost 19 years ago at a black reserve of Nkwali, near Illovo, and the waste of a life was too much for the Rev Robert Magagane Hlongwa who thought something must be done.

Mr Hlongwa of the Free Pentecostal Mission Church launched a one-man fund-raising campaign to build a "badly needed" clinic in the area. The campaign saw Mr Hlongwa moving, cap in hand, from one factory to another in Durban asking for money.

As chairman of the Thuthukani Nkwali Child and Family Welfare Mr Hlongwa had the backing of his committee but the exercise rested on his shoulders.

"It was tough doing that then and initially I managed to raise very little.

What made the campaign even more difficult for Mr Hlongwa is that he did not believe in writing letters to ask for money but thought it was better to call personally at a factory or a prospective donor.

That belief led Mr Hlongwa in 1986 into the house of mining magnate Mr Harry Oppenheimer in La Lucia, Natal, where he was treated "warmly".

"I told Mr Oppenheimer the purpose of my mission. He did not give me money then but promised me he would refer the matter to his committee," Mr Hlongwa said.

A friendship was struck between the two men who began to write to each other regularly.

Not long afterwards, Mr Hlongwa received a letter from Anglo American saying they had decided to contribute towards the building of the clinic.

It was opened on May 6 1987. Well-equipped and with a sister in charge, the clinic sees about 100 patients a week.

After the clinic was finished, Mr Hongwa did not sit back to admire the results of his efforts but continued to make his trips to Durban daily to raise more funds.

The result was that a creche was completed last August. It has three classrooms and accommodates 100 children but it has actually only 18. The reason is that there is not enough money to run the creche and no transport to ferry the children to and from the creche.

And Mr Hlongwa is still not finished. His next project is a comprehensive high school.

A site has alredy been allocated and the school will have an enrolment of 1 000 pupils by 1995. A project appraisal has been done and the kwaZulu government has promised to supply the necessary staff and operating funds "provided the community requests Government school classification".

Anglo American, through the Anglo American and De Beers Chairman's Fund, has agreed to make available a grant of R24 500 "for the preparation of a concept and development plan" for the school.

Men gunned down in centre of Durban

PRETORIA. — Two men were gunned down in separate — and police believe possibly related — attacks in central Durban at the weekend, and faction fighting is believed to have been the motive.

In the first incident at a crowded Victoria bus terminus in Market Street, Mr Nqabakayi Tsheligana Mthembu, 60, died when he was shot four times by an unknown gunman.

He was struck in the left temple, the stomach and twice in the back.

Crowds scattered as the gunman opened fire at pointblank range in an area where thousands of commuters were waiting for buses to take them home from work.

In the second shooting, an unidentified man was shot in the right shoulder, the waist and the head near Berea Road railway station about midnight on Saturday.

The shooting was reported to the police by the manager of the Tropicale Restaurant, Mr Silvan Moodley, according to Lieutenant Bala Naidoo.

Four employees of the restaurant had been on their way to the station when the gunman approached them. Three men escaped, but the fourth fell in a hail of bullets.

Meanwhile, two men who are alleged to have killed one man and injured two others have been arrested in Mpumalanga, Natal, according to the weekend police unrest report.

● Chief Mangosuthu Buthelezi yesterday urged blacks in Maritzburg to work tirelessly for peace.

Addressing a mass prayer rally at Imbali, the Kwazulu Chief Minister said Inkatha would strive for peace "because it is determined to uphold the time-honoured ideals of the black struggle for liberation".

Chief Buthelezi again read the letter written to him by jailed ANC leader Mr Nelson Mandela and said: "We will not disappoint our heroes and our martyrs who went before us." — Sapa

Nurses to submit demands to minister

Own Correspondent

THE nursing crisis has reached unprecedented proportions and urgent corrective action is needed to prevent further deteriorations, senior members of the profession said at the weekend.

A delegation from the SA Nursing Association will submit demands for an immediate 15% increase to the Minister of National Health and Population Development, Dr Willie van Niekerk, later this week.

Meanwhile, association executive director Ms Susan du Preez said: "The shortage is affecting nursing services throughout the country.

"It is clear that at the root of the shortage is pay."

Ms Du Preez also said the gowth of the private hospital industry had lured nurses away from provincial and state services with higher pay and more flexible and shorter hours.

Police name dead lecturer

JOHANNESBURG. — A University of Fort Hare lecturer who died at the Potchefstroom offices of the SAP narcotics branch at the weekend has been named.

Police said Mr Tobias Benajmin van Niekerk, 36, was being questioned in connection with allegedly luring, molesting and committing an indecent act. While being questioned, he fell over backwards in the throes of an apparent heart attack, police said.

Preparations for an inquest are under way. — Sapa

Blackwell slashes at women's TV fashion

NEW YORK. — Designer Mr Norman Blackwell says there are some serious fashion problems on television.

His list of the worst-dressed women on the tube, compiled for TV Guide, includes Roseanne Barr ("takes thrift-shop chic to the terrifying limit"), Vanna White ("mall fashion at its worst"), the women of "Dallas" ("glamour by excess") and Bea Arthur of "Golden Girls".

He gives qualified praise to Melanie Mayron, saying her "Thirtysomething" character "makes her own kind of Bohemian-flavoured fashion music".

There are some nicely-dressed prime-time women, specially Candice Bergen of "Murphy Brown". He also praises Angela Lansbury, Barbara Walters, Nicollette Sheridan of "Knotts Landing", Jane Curtin and Susan Saint James of "Kate and Allie" and Jane Wyman of "Falcon Crest". — UPI

Mobil House, corner St Andrew's Road and St David's Place

Ampros's Mobil House completed

MOBIL HOUSE in Parktown is now complete.

Ampros will manage the development, which was put together by Stocks & Stocks and is owned by Edura Properties, a company in the Amaprop portfolio.

Of the total lettable area of 7 000m², about 63% will be occupied by Mobil's head office. The balance of the space has been taken by Concorde Insurance Broking Service.

The building complements Ampros's other office buildings in Parktown.

Wrangle over Fever Hospital is growing

THE row is escalating between the Johannesburg City Council and Office Accommodation Investments (OAI) over the proposed R140m development of the Braampark site overlooking Parktown.

On the one hand, OAI has refused either to put up its guarantees or to pay for the site until agreement has been reached with the National Monuments Council (NMC) regarding the future of the old Fever Hospital on the site.

On the other hand, the council has refuted any authority on the part of the NMC to interfere with the sale.

"The NMC has no standing in the matter," said acting city secretary Len Holgate. He denied the council had been under any obligation to inform OAI that the NMC had expressed an interest in the site prior to the sale.

The council is currently taking legal advice and is corresponding with OAI MD Konstant Bruinette through its attorneys. According to Holgate, the council would be willing to take the matter to court.

Bruinette, however, appears confident OAI and the council could still reach an amicable agreement.

"Once we have reached an agreement with the NMC we will have to discuss the implications of these restrictions on our development with the council," he said.

He refused to say whether he intended to propose a reduction in the agreed price for the site, but commented that, in a similar situation six years ago, the council had been "very fair" in accommodating him after lengthy delays over the rezoning of the Unipark site.

And he denied that he was in any way to blame for financial losses sustained by the council as a result of his delayed payment.

VAL PIENAAR

"I have also suffered financially. I tendered when the economy was good, it was easy to find tenants and finance was considerably cheaper than it is now," he said.

Meanwhile, Holgate says the terms of the National Monuments Act — which prohibits the demolition or alteration of any building over 50 years old without NMC permission — are "untenable".

"We are asking for a recommendation that government clarifies the terms of the National Monuments Act.

"As it stands, alterations to every house in Parktown and other older suburbs would require NMC approval — and the NMC doesn't have the infrastructure to take on that kind of responsibility.

Historical site

"The situation is clearly untenable, and we are willing to test the issue in court, if necessary," he said.

The Act states that "no person shall destroy, damage, excavate, alter, remove from its original site . . . any historical site . . . except in accordance with a permit . . ." It defines a historical site as "any identifiable building or part thereof . . . older than 50 years".

Bruinette denied having had any knowledge of the terms of this Act, and also maintained that he was in any case unaware that the buildings were over 50 years old.

'Crisis is daily norm at black hospitals'

(98)

Rand 18/7/89

Medical Reporter

What was perceived as a "major breakdown" at the Johannesburg Hospital was the daily norm at black hospitals, Dr Yussuf Veriava, a senior physician at Coronation Hospital said last night.

Dr Veriava said black hospitals had long been functioning under difficult conditions.

"Four to five times more is spent on white than on black patients. At the Johannesburg Hospital expenditure per patient per day is R209, at Hillbrow it's R108, at Coronation it is R84 and at Baragwanath R45," he said.

Addressing the University of the Witwatersrand's annual Medical Students' Congress, Dr Veriava said the hospitals' crisis revealed a definite need to train more nurses, integrate nursing schools and make the profession a more attractive career.

The dean of the medical faculty, Professor Clive Rosendorff, said racial discrimination, the creation of non-viable homelands with rapidly increasing populations, inadequate primary health care services and community hospitals, inadequate allocation of resources to health, maldistribution of medical personnel and political regulations and injustices combined to contribute to the disparity in health and access to medical care.

● To Page 2

Hospital squalor

98 Sowetan 20/7/89

ABOUT 40 mothers-to-be at the Elim Hospital in the Far Northern Transvaal are crammed in four rooms with broken windows, no beds and no toilet facilities.

Refuse is dumped behind the rooms as there are no refuse Bins.

Swarms of flies buzz around the place and a strong nauseating smell hangs over the area.

By MATHATHA TSEDU

Most of the women said they used the toilet at the out-patients clinic about 500m from where they are housed.

Sowetan journalists also found that patients sometimes sleep on the floor because of the shortage of beds.

The hospital's yard is generally dirty and weeds grow around the wards. Some drains are blocked.

● To Page 2

Squalor at Elim Hospital in N Tvl

98 Sowetan 20/7/89

● From page 1

The superintendent of the hospital, Dr P H Jaques, said expectant women were only admitted as patients once they go into labour. He said the four rooms were a mere shelter made available for those who wished to wait at the hospital for the last days before giving birth.

"A new toilet block was built for them and the public last year. But it is difficult to keep it spotless even though it is cleaned daily," Jaques said.

He said patients do share beds because of over-crowding but "generally there are none who sleep on the floor in our acute wards".

He said that although the hospital was old, all the buildings were maintained and repaired regularly.

"We are attempting to shift the emphasis from curative services to primary health care and promotive and preventive services," Jaques said.

Most women come from areas where there are no clinics and some stay there for four to six weeks before going into labour.

Nursing crisis hits ICU service

Cape Times
20/7/89
98

By YVETTE VAN BREDA

ONLY half the beds in the Intensive-Care Units (ICU) at Groote Schuur Hospital are being used because of a shortage of trained nurses, a senior intensive-care consultant at the hospital said yesterday.

Professor P D Potgieter added that if the salaries and working conditions of nurses were not improved, the situation would worsen.

"Nurses leave the profession constantly because of low salaries, stress, the huge responsibility and the physically and mentally demanding nature of their work — especially in intensive care," he said.

GSH medical superintendant Dr Jocelyne Kane-Berman said a 30% increase in beds in ICU had been planned in the "new hospital" but they would not be put to use immediately. She hoped they would be operative in the following two years.

Professor Potgieter said: "We have to do something to improve the nurses' lot otherwise we'll be left without any of them."

He said GSH was a "very good" training hospital and had about 10 ICUs. Ideally there should be one nurse to a patient at all times (which meant three nurses to a patient).

At GSH there was about 25 nurses to 10 beds and sometimes "one nurse to two or more patients at one time", which reduced patient care, he said.

"It takes about six to seven years before nurses are fully trained to work in ICU and they are not adequately remunerated," he said.

"There is an increase in ICU facilities in private hospitals and not enough trained nurses to run them.

"Private hospitals offer significantly better salaries — about 25% more than state hospitals — and nurses leave teaching hospitals to work there," Professor Potgieter said.

Nurses also left the profession to study further, have babies and start new occupations. Long hours, low salaries and night duty contributed to the exodus.

Dr Kane-Berman said that ideally there should be 4,25 nurses to one patient in ICU. Although she could not say how many nurses tended one patient at Groote Schuur, it was not that many.

Asked whether it was unusual for 20 nurses to leave the hospital in one monthl, she said it would not surprise her. Many nurses left in one month but as many replaced them.

She was unaware of nurses' salaries at private hospitals but felt they were only "slightly" higher than at state hospitals.

● Salaries and working conditions of nurses in government service are to be investigated, following a meeting between the Minister of National Health, Dr Willie van Niekerk, and representatives of the South African Nursing Association.

The commission of administration is to investigate salaries and the health matters advisory committee will probe working conditions, Dr Van Niekerk said.

Dying woman could not get aid at hospital, claim

ARGUS 20/7/89 98

By MICHAEL DOMAN
False Bay Bureau

A STRANDFONTEIN woman who died of a heart attack, could not get medical assistance at the Mitchell's Plain Private Hospital (MPPH) shortly before her death, despite the insistence of her family and a friend.

Mother of eight, Mrs Delia Jones, of Dinghy Circle, fell ill at home early on Sunday morning and was rushed to the MPPH by her husband, Herschel, and son, Paul, accompanied by her next-door neighbour Mrs Violet Abrahams.

Mrs Abrahams said she saw Mrs Jones slumped in a chair at home, and foaming at the mouth.

"The family wanted to call an ambulance, but we decided to take her to the MPPH because waiting for the ambulance might have taken too long," she said.

"We raced through several red traffic lights to the hospital at the Town Centre, arriving about 1am.

"A man inside was reluctant to open the locked door. He said there were no doctors at the hospital or the consulting rooms.

"When I asked if there was a sister who could help, he telephoned one inside the hospital.

"I was getting very worked up and asked if the sister could come down to the car because Mrs Jones was going cold.

"We needed help and the sister would have had much more knowledge than anybody else.

"The man said he was afraid we would have to take Mrs Jones to a doctor.

"The man seemed reluctant to call an ambulance instead when I asked him to, so I told the others we should just try something else.

"Passers-by directed us to a surgery in Park Road, Westridge, where a doctor tried to revive Mrs Jones."

Mrs Abrahams said that Mr Jones was so traumatised by events that he also had to be seen to by the doctor.

A spokesman for the all-night doctor's surgery confirmed that Mrs Jones was dead on arrival about 2am and that heart massage and mouth-to-mouth resuscitation were used on her unsuccessfully.

"I just feel that if the sister had come down to see Mrs Jones, it might have made a difference," Mrs Abrahams said.

Mrs Jones, 59, was a housekeeper at the Lentegeur Psychiatric Hospital.

A spokesman for the Mitchell's Plain Private Hospital, Mr Basil Leonard, said the hospital did not provide a 24-hour medical emergency service.

The hospital would, however, in the case of a serious emergency, arrange:

- **Provision of sophisticated first aid by Nursing Staff in an effort to stabilise the patient.**
- **A telephone call to either the patient's doctor or any other nearest doctor.**
- **If necessary, a call for an ambulance to transport the patient to either a doctor or another hospital.**

"After investigation of the case brought to our notice we could, because of contradictory evidence by the staff on duty at the time of the incident, unfortunately not establish without doubt whether this procedure was in fact neglected and if so, to what extent.

"The procedure is however a standing instruction to all staff at Mitchell's Plain Private Hospital and if this was not adhered to in the case under discussion it is sincerely regretted, and steps have already been taken to prevent a recurence of such an incident."

You're fired, clinic tells protesters

Star 20/7/87

At least 60 workers who apparently staged a protest march through a Sandton clinic have been dismissed.

A National Education, Health and Allied Workers Union spokesman yesterday said 107 workers had been told to leave Morningside Clinic.

Their dismissal comes after a dispute over telephone calls made by a worker on public phones reserved for patient use.

Star 21/7/89.

98

'City should have more say in running hospitals'

DP wants wards open to all

By Joe Openshaw

The Johannesburg City Council should have a greater say in the running of the city's hospitals, Democratic Party councillor Mr Les Dishy proposed in a motion for Tuesday's council agenda.

Mr Dishy told The Star yesterday all public hospitals serving greater Johannesburg should make available every bed to the sick and injured on a desegregated basis to correct the imbalance of overcrowding in black hospitals and to fill empty beds in white hospitals.

He proposes that the J G Strijdom Hospital revert to its status as an academic and teaching hospital and steps be taken to get back staff who have resigned.

"I feel the council should show concern and responsibility for the well-being of all those residing and working in Johannesburg and approach the health authorities with a view to providing health services for all race groups," he said.

He suggests the Johannesburg, South Rand, J G Strijdom, Edenvale, Hillbrow, Baragwanath and Coronation hospitals be consolidated to ensure they:

- Are neither overcrowded nor under-utilised.
- Are fully staffed with suitably qualified personnel.
- Provide a full range of services for all race groups.
- Are organised so that there is the least possible delay in admissions and treatment.

Mr Dishy proposes that the Johannesburg Medical Officer of Health be involved in discussions and decisions affecting hospital services in the city.

"An anomaly exists in greater Johannesburg where (in terms of statistics) there are 2½ beds to every patient at the Johannesburg Hospital and 2½ patients to every bed at Baragwanath.

"There are no maternity facilities for the 160 000 blacks living in Johannesburg itself.

Raw deal

"Because of apartheid, both blacks and whites who make up the city's three million inhabitants are being given a raw deal. I feel a limited number of wards in some public hospitals should be privatised on condition that entrepreneurs practise at medical aid rates," said Mr Dishy.

The impasse between private hospitals and medical aid schemes whereby patients are being asked for substantial up-front payments before admission should be addressed.

BDay 21/7/84 (98)

Sackings at clinic spark worker picket

SIPHO NGCOBO

MORE than 60 dismissed black workers of the prestigious Morningside Clinic in Sandton picketed the clinic yesterday in protest against their dismissals and "racist practices" by the clinic's management.

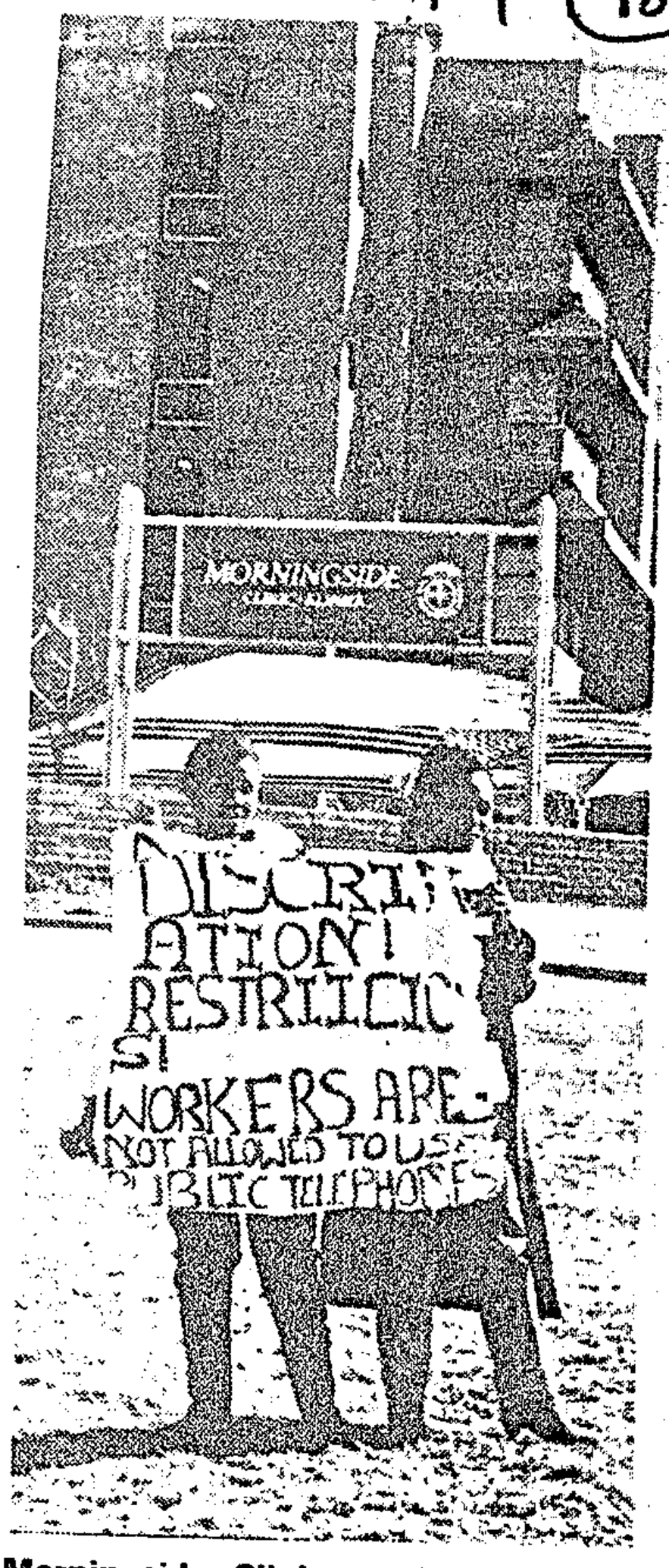
The picketers who are all members of the National Educational Health and Allied Workers Union (Nehawu) were dismissed last Friday for demonstrating in support of shopsteward Lydia Radebe, who was allegedly fired for using a public telephone on the premises.

Business Day yesterday found young white children vacuum-cleaning the carpets and manning the clinic's reception area.

The workers claimed they were not being allowed to use any of an estimated eight public telephones on the clinic's premises, at any time.

The clinic's manager Dr I J Fourie denied workers were refused access to public telephones but claimed the only public telephone they were not allowed to use was in front of the intensive care unit which was only for patients' use.

He said Lydia Radebe was not fired for using the public telephone but for refusing to attend a disciplinary hearing for using the telephone after she had been warned.



Morningside Clinic workers protest their firing and the clinic's alleged racist practices. PICTURE: Robert Botha

BDay 21/7/89 (98)

Sackings at clinic spark worker picket

SIPHO NGCOBO

MORE than 60 dismissed black workers of the prestigious Morningside Clinic in Sandton picketed the clinic yesterday in protest against their dismissals and "racist practices" by the clinic's management.

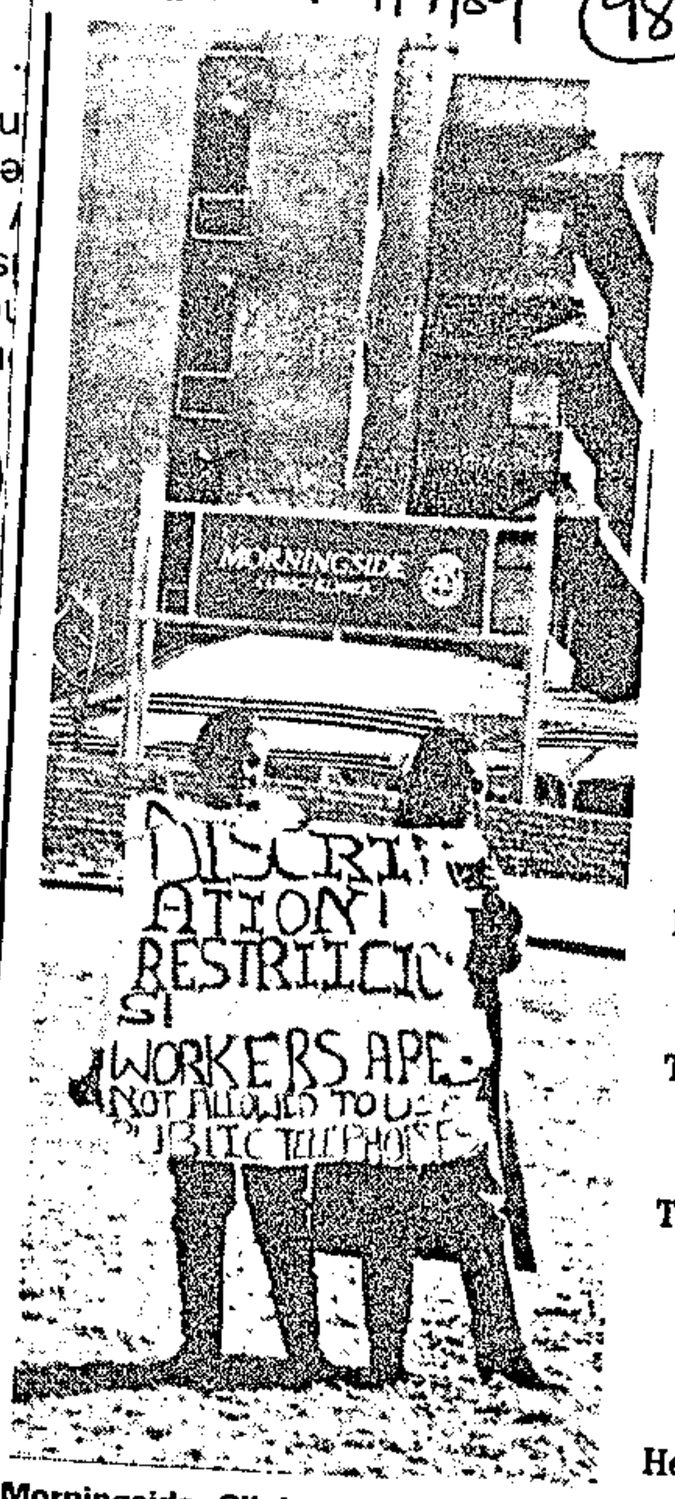
The picketers who are all members of the National Educational Health and Allied Workers Union (Nehawu) were dismissed last Friday for demonstrating in support of shopsteward Lydia Radebe, who was allegedly fired for using a public telephone on the premises.

Business Day yesterday found young white children vacuum-cleaning the carpets and manning the clinic's reception area.

The workers claimed they were not being allowed to use any of an estimated eight public telephones on the clinic's premises, at any time.

The clinic's manager Dr I J Fourie denied workers were refused access to public telephones but claimed the only public telephone they were not allowed to use was in front of the intensive care unit which was only for patients' use.

He said Lydia Radebe was not fired for using the public telephone but for refusing to attend a disciplinary hearing for using the telephone after she had been warned.



Morningside Clinic workers protest their firing and the clinic's alleged racist practices. PICTURE: Robert Botha

Expert forecasts trade surplus boost

KAY TURVEY

THE trade surplus for the first six months of 1989 — buoyed by slowing imports and a strong non-gold export performance — is likely to be adjusted by the Reserve Bank to reach R6,5bn, says Trust Bank economist Nick Barnardt.

This is markedly higher than the R5bn achieved over the same period in 1988.

In this half exports climbed a healthy 22% and despite gold's static performance, non-gold exports rose about 40%. Total imports rose 21% against the same period last year.

BDay 21/7/89

Improvement

Taking net service payments and transfers into account, the current account surplus probably amounted to R1,7bn from a mere R650m in the first half of 1988.

Barnardt expects the trade surplus and current account to show a further marked improvement.

Consequently the current account will register a surplus of at least R3bn in the second half, pushing the annual figure for 1989 to above R4,5bn, he estimates.

A further drop in imports could lift the 1990 figure to at least R7bn, while a recovery in the gold price could bring R8bn in reach.

Pik interview in Soviet magazine

Star 21/7/89

MOSCOW — In a sign of a softening Soviet attitude towards South Africa, a Soviet weekly magazine this week is to carry an interview with Foreign Minister Mr Pik Botha, who called for establishing trade relations.

A Tass news agency summary of the interview, which has not yet been published, said it was the first given by a member of the South African Cabinet.

"Botha said the development of trade between South Africa and the Soviet Union will not mean that the USSR approves of South African Government policy or that Johannesburg approves of (Soviet leader) Mikhail Gorbachev's policy," Tass said.

"(Botha) mentioned what he described as a realistic prospect of dialogue between the Government and the African National Congress, though traditionally linking it with the need for the ANC to renounce violent struggle," Tass reported. — Sapa-Reuter

Jo'burg hospital forced to move critical white woman to Bara

98

By Toni Younghusband and Sue Olswang

A young white East Rand woman was transferred to the Baragwanath Hospital in Soweto last night because all intensive care units at the Johannesburg Hospital were full.

A doctor told The Star the woman, aged 28, was unconscious and suffering from pneumonia, and had been brought from a private clinic to Johannesburg Hospital for specialist treatment.

21/7/89 Star

URGENT ADMISSION

"Two people arrived from private clinics at the same time both needing urgent admission. We managed to get a place for the one.

"The young woman lay around for quite a while before a decision was taken to transfer her to Baragwanath Hospital.

"Baragwanath had a bed available, but I have absolutely no doubt that by today they will need that bed again."

The medical superintendent of the Johannesburg Hospital, Dr Reg Broekman, apparently made the decision to transfer the young woman because she could not be treated at his hospital.

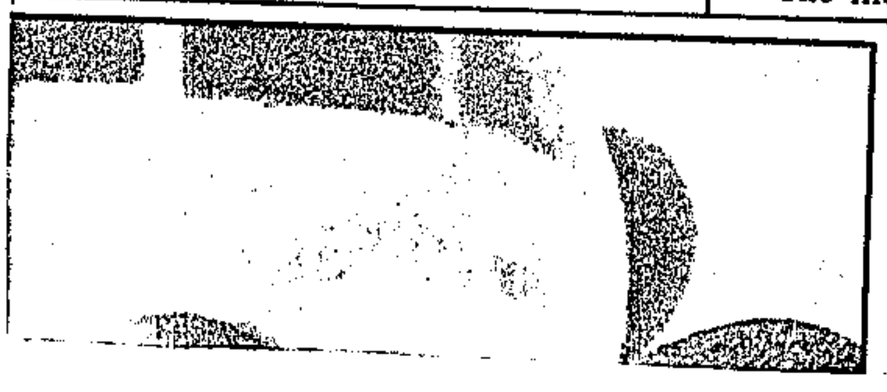
"She was a criticially ill patient who needed immediate intensive care treatment," Dr Broekman told The Star today.

"We could not take her in our intensive care unit and Baragwanath was the nearest hospital with a bed available. If we can't offer treatment to a patient, we try to do our best to ensure the patient is referred to another centre."

Staff at the hospital said they wanted to point out that patients were pouring in at an uncontrollable rate.

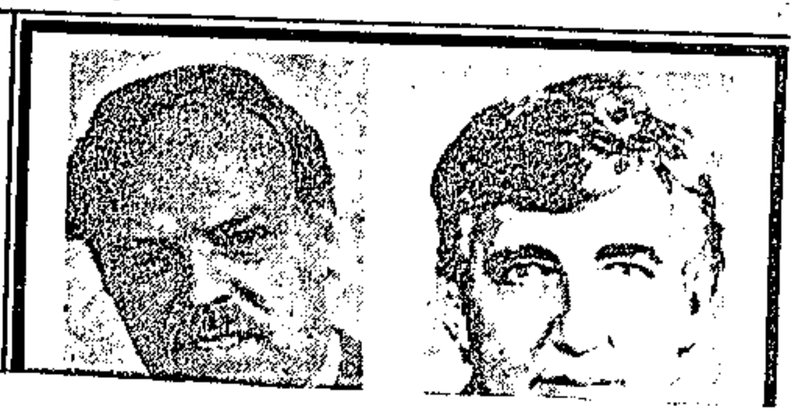
"The authorities don't seem to realise that we can take no more," they said.

"If the woman had been Harry Oppenheimer, she would still have had to go to Baragwanath. Something must be done to help us."



Transvaal warmer in daylight

Staff Reporter



(B) (98)
S(Times) 23/7/84

Race bars crash as hospital runs out of nurses

By ANDREW GILLINGHAM, TERRY VAN DER WALT and HAMISH McINDOE

AS South Africa's nursing crisis escalated this week, race bars tumbled in a desperate bid to save the life of a critically ill woman.

The woman — whom hospital authorities have refused to name — was moved to Soweto's Baragwanath Hospital when Johannesburg Hospital could not accommodate her in its intensive care unit.

Suffering from pneumonia, she had been taken to Johannesburg Hospital from a private clinic in Germiston on Thursday.

With two other patients waiting for admission to the ICU, the hospital decided to move the 28-year-old woman to Bara.

"We didn't have enough nurses to cope," said chief superintendent Dr Reg Broekmann.

The incident has highlighted the critical shortage of nursing staff at provincial hospitals throughout SA.

This week, Dr Willie van Niekerk, Minister of National Health and Population Development, ordered an urgent probe into the shortage.

Pressed

The Johannesburg Hospital has a 33 percent shortage of nursing staff.

Dr Broekmann said: "We have 833 beds open, but the hospital's capacity is twice that.

"If we had more staff we would open the other beds, but we are hard-pressed to just maintain existing services."

In Cape Town, half the beds in the Groote Schuur ICU are closed and there are vacancies for 359 nurses at five provincial hospitals in the Peninsula.

At Durban's Addington Hospital, the surgical ward in the paediatric department has already been closed and patients with chronic renal failure are being turned away from the life-giving dialysis unit.

Dr Dirk van Rooy, chief superintendent at Pretoria's H F Verwoerd Hospital, said pressure on staff was being controlled by limiting admissions.

Salaries

"We won't turn away anyone in real need, but we are losing nurses every month to the private sector," he said.

Mr Graham Anderson, executive director of Clinic Holdings, denied that private hospitals were to blame.

"Salaries in the private sector are not that much better. Nurses who have worked in state hospitals for some time — with perks such as housing subsidies — are often better off."

"Nursing is all too often run on military lines. Rules which state what time a nurse must return to the hostel don't help recruitment," he added.

A Baragwanath Hospital spokesman said: "Among black people, nursing is regarded as a high-status profession. We have no problem finding suitable applicants.

"Here, the shortage is beds, not nurses."

Bitter apartheid pill for whites

Chron 23/7/89.

SOPHIE TEMA

While white patients are beginning to share wards with blacks, State ambulances remain segregated.

HEALTH apartheid is a bitter pill blacks have had to swallow for many years. Now white patients are getting a dose of the same medicine.

Because of hospital apartheid, the near collapse of health services, and the shortage of qualified nurses, hospitals countrywide – including white hospitals – are in dire straits.

The situation has become so desperate that white emergency patients may have to be admitted to black hospitals because of staff shortages.

This week a white patient was transferred from the Johannesburg Hospital to Baragwanath's intensive care unit.

The hospital crisis led Democratic Party councillor Les Dishy to suggest that Johannesburg, South Rand, JG Strijdom, Hillbrow, Edenvale, Baragwanath and Coronation hospitals be run by the Johannesburg City Council to ensure that they:

- Are fully staffed with suitably qualified staff;
- Are not overcrowded or under-utilised; and
- Provide a full range of services for all race groups. Dishy said: "Because of apartheid both blacks and whites are given a raw deal."

Ambulance services for blacks have become so poor that seriously ill residents in some townships are taken to hospital in municipal police vans.

Daveyton mayor Shadrack Sinaba said the ambulance service in the township with a population of 230 000 had come to a complete standstill. The eight available ambulances had all broken down.

There have also been many complaints about the Transvaal Provincial Administration's multi-racial ambulance system. Ambulance delays have led to a number of fatalities in past weeks.

A spokesman for the Johannesburg Hospital said nursing agencies could no longer provide hospitals with the necessary staff.

On Thursday the hospital asked agencies for nurses for two seriously ill patients, but they provided staff for only one.

The second patient, a 28-year-old woman who was unconscious, had to be transferred to Baragwanath where there was a bed available in the intensive care unit.

■ See Page 2

Workers warned

Sowetan 25/7/89

MANAGEMENT of Morningside Clinic in Sandton, Johannesburg, has given dismissed workers until today to return to work.

A spokesman for the clinic said yesterday management had given the workers two options: either to return to work today and apply to be re-employed, or to report for duty and be reinstated.

The workers, dismissed on July 14 after a demonstration on clinic premises, met yesterday with their union - the National, Education, Health and Allied Workers' Union (Nehawu) - to try and resolve the issue.

98

The spokesman said the demonstration began before the dismissal of a worker for using a telephone reserved for patients, and not afterwards as some news reports claimed.

Bleak future for hospitals

98

Star 25/7/89 -

Medical Reporter

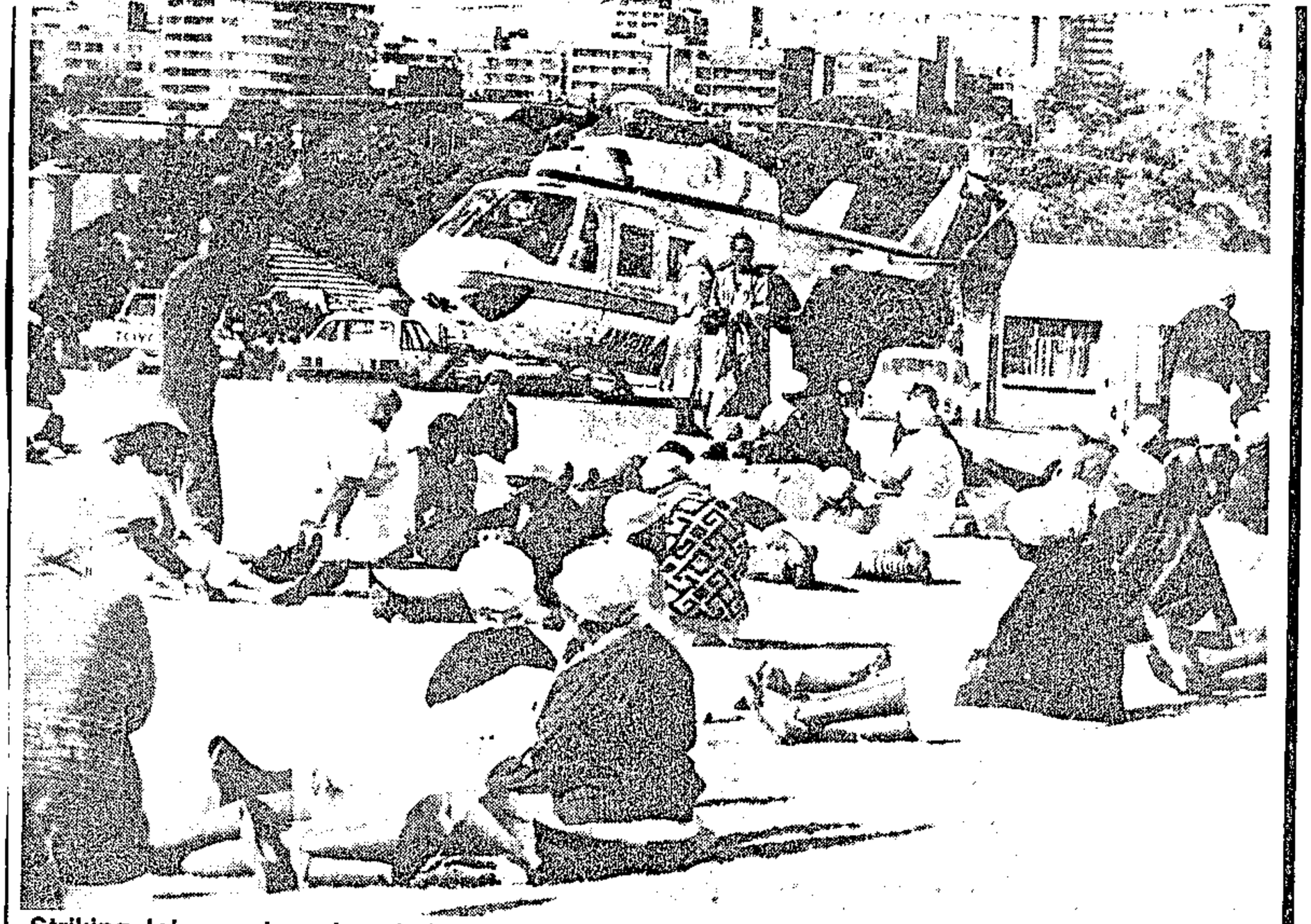
Academic hospitals will become centres for the treatment of the old, the infirm and the indigent by relatively junior medical staff using predominately old and outdated equipment, Professor Solly Benatar of the University of Cape Town, has warned.

In an editorial in the latest edition of the *South African Medical Journal*, Professor Benatar predicts the irreversible decline of this country's teaching hospitals unless more funds are provided and services desegregated.

"Although an adequate standard of health is an essential prerequisite for both education and social harmony, health services are losing ground in terms of resource allocation; priority is being given to defence, police and cumbersome constitutional structures, such as homeland administrations and the tricameral system," he says.

Total funding of health services in South Africa (public and private combined) has remained at close to five percent of the Gross National Product for the last 10 years.

Professor Benatar points out that medical aid subscriptions in the private sector have risen more rapidly than inflation and medical services are increasingly being abused by both the medical profession and patients.



Striking Johannesburg hospital employees during a sit-in on the hospital grounds yesterday.

Workers strike at JHB hospital

Sowetan 26/7/89

98

By MATSHUBE MFOLOE

HUNDREDS of workers at the Johannesburg hospital yesterday downed tools in protest against the conditions of service and alleged corruption when people are employed.

Picketing workers - mainly kitchen staff, ward assistants and cleaners - displayed placards calling for an end to their being classified as temporary staff.

They demanded the abolition of tax deductions made from their salaries, segregation at the hospital and the "sale" of jobs at the hospital.

The workers, all members of the National Education Health and Allied Workers Union (Nehawu), presented the hospital with a petition listing their grievances.

The hospital refused to comment and referred all inquiries to Pretoria.

A spokesman for the Transvaal Provincial Administration, Mr Erno Botes, confirmed that about 300 workers had gone on strike at a hospital in Johannesburg over general service conditions. He said he believed one of the issues was maternity leave.

According to Mr Mondc Dlitsha, an official of Nehawu, the workers would return to work today and await a response from the authorities. He also said that some of the workers accused of being ring-leaders had been victimised.

He did not say how.

The workers' classification as temporary workers, thus excluding them benefits enjoyed by other workers, is at the core of the strike. They also alleged that jobs were being sold to prospective employees and those who did not pay were kept on the waiting list. An amount of R50 was demanded to be "fixed with a job".

Workers also voiced complaints about deductions made from their salaries. Kitchen and cleaning staff said they earned between R280 and R500 a month while the ward assistants earned around R500.

News in Brief

Hospital staff on strike

JOHANNESBURG. — About 300 workers went on strike at the Johannesburg Hospital yesterday and displayed placards demonstrating against working conditions.

B|Day 2617184.

About 200 Johannesburg Hospital workers joined a poster protest yesterday.

Hospital five suspended pending graft inquiry

98

SIPHO NGCOBO

JOHANNESBURG Hospital yesterday suspended five personnel officers.

Their suspension was implemented pending an inquiry into allegations of corruption and SITE tax irregularities at the hospital, a National Education and Health Workers' Union (Nehawu) spokesman said.

The suspension of the five followed a sit-in demonstration at the hospital by about 200 Nehawu-member workers yesterday morning.

Union spokesman Neil Thobejane said the suspensions involved allegations about job offers.

He said hospital management yesterday acceded to workers' demands for an independent inquiry.

Hospital Chief Superintendent Reg Broekman declined to comment yesterday.

According to Thobejane, yesterday's sit-in was also in protest against racial segregation at the hospital. He said although black workers were part of the hospital staff, they were not allowed medical treatment at the hospital.

☐ Sapa reports that most of Sandton's Morningside Clinic staff returned to work yesterday after discussions with management.

On strike . . . some staff members carry placards outside Johannesburg Hospital yesterday. ● Pictures by Etienne Rothbart.

Hospital staff conditions to be probed

By Toni Younghusband,
Medical Reporter

Star 26/7/89

An independent committee of inquiry will apparently be appointed to investigate domestic staff grievances at the Johannesburg Hospital.

About 300 cleaners and kitchen workers went on strike for four hours yes-terday in protest against conditions.

They called for an end to the use of temporary staff, income tax deductions and segregation.

Workers interviewed by The Star said they were very worried about the hospital's policy of "selling jobs".

"If you apply for a job they ask you for R50 and if you pay it you will get the job," several cleaners said.

A workers' committee met hospital authorities and it was agreed that an independent committee be established to investigate grievances.

Although National Education, Health and Allied Workers' Union (Nehawu) officials were apparently present at the meeting, they issued no statement and could not be contacted at the time of going to press.

● More than 90 percent of domestic workers at the Morningside Clinic who went on strike last week returned to work yesterday. A clinic spokesman said that after lengthy negotiations with Nehawu officials it was agreed that staff would be re-instated under certain conditions.

"About five workers who had already received final warnings regarding their conduct over a period of time were not re-instated," he said.

wd book

Commercial
Goods Trans
Mineral Water

10

Hospital job fraud: Probe

JOHANNESBURG. — The Johannesburg Hospital administration has agreed to allow an independent commission of inquiry into allegations that jobs are "sold" to prospective employees, and that those who did not "pay" were kept on the waiting list.

This was said by an official of the National Education, Health and Allied Workers Union (Nehawu) yesterday.

More than 300 hospital workers — mainly kitchen staff, ward assistants and cleaners — went on strike for five hours yesterday, calling for an end to temporary staff categories, segregation and tax deductions.

Negotiations took place yesterday. — Sapa

Police threaten protesters

CM-Tmj
27/7/89
(98)

Staff Reporter

POLICE have threatened to evoke the "full power of the law" to prevent a defiance campaign aimed at the disruption of whites-only provincial hospitals in the Transvaal, a spokesman for the Ministry of Law and Order yesterday said.

The police announcement came less than 24 hours after Law and Order Minister Mr Adriaan Vlok vowed that police would counter a "well-planned wave of violence calculated to disrupt" the September elections.

Yesterday the Congress of South African Trade Unions and organisations formerly affiliated to the restricted United Democratic Front announced a non-violent defiance campaign against segregation.

They were supported by the South African Council of Churches which said "direct non-violent actions (would) force the regime to abandon apartheid and enter into negotiations that will lead to a new society in South Africa".

Law and Order ministry spokesman Lieutenant Peet Bothma said police would act "within the full power of the law, including the emergency regulations", to prevent hospital disruptions.

However the two anti-apartheid organisations, claiming to speak on behalf of the "mass democratic movement", hit back at Mr Vlok's warning.

They said the movement was determined to claim its democratic right to protest peacefully against "apartheid laws and apartheid elections".

The groups said they were no longer prepared to submit themselves to, or support laws that deprived the majority of of the people of equal and free health services.

Protesters intended to present themselves next Wednesday for "treatment" at the whites-only Johannesburg, Vereeniging, Paardekraal (Krugersdorp) and H F Verwoerd (Pretoria) hospitals.

While the African National Congress denied from Lusaka that it had devised a militant defiance campaign against the elections in conjunction with the mass democratic movement, the latter said at a press conference in Johannesburg their defiance campaign would continue even after the elections.

Though the movement disclosed no further details, it is understood that other action considered included black school children turning up at white schools.

(Report by C de Villiers and C Bateman of 122 St George's Street, Cape Town, and S Ngcobo of 11 Diagonal Street, Johannesburg)

98

Black nurses save white hospitals

B1 Pau 27/7/85

GERALD REILLY

PRETORIA — Without black nurses at Johannesburg Hospital the bed shortage would become even more critical.

This is clear from information given at a media conference here yesterday by MEC in charge of hospitals Daan Kirstein.

He said only 830 of the 1 800 beds were in use because of the nursing crisis. Currently more than half — 50,6% — of qualified nursing staff was black. The hospital was "capacity full" and every day patients had to be referred to other hospitals.

Kirstein said some years ago he had refused to allow black nurses to work in white hospitals. At the time there was a shortage of black nurses.

"I could not prejudice patients in black hospitals by draining away black nurses to help staff white hospitals.

"We now have a surplus of black nurses and the overflow is being used to relieve the problem in white hospitals."

Kirstein said National Health Minister Dr Willie van Niekerk had launched a broad investigation into nurses' grievances, including salaries, and hopefully the problem would be solved.

Asked if the admission of blacks to half-empty white hospitals would be on the agenda, Kirstein said, "possibly they'll think again about this aspect".

He said the J G Strijdom Hospital should be treated as a general affairs hospital until its status was finally determined.

Overcrowding at Baragwanath could be solved overnight if greater use was made of township clinics. It was no place for people with minor complaints. Community clinic nurses could handle 80% of cases.

SOWETAN Thursday July 27 1989

Hospital strike - three suspended

THREE staff members in the Johannesburg Hospital's personnel office have been suspended at the request of dissatisfied domestic staff.

Some 300 hospital cleaners and kitchen staff went on a four-hour strike on Tuesday in protest against conditions of service.

The workers alleged that jobs were being sold and called for the dismissal of staff in the personnel office.

Workers said they were very worried about the hospital's policy of "selling jobs."

"If you apply for a job they ask you for R50 and if you pay it you will get the job," several cleaners said.

At a meeting between hospital authorities and officials of the National Education, Health and Allied Workers Union (Nehawu) it was agreed that three personnel officers would be suspended until an independent committee of inquiry had examined workers' grievances.

A Nehawu spokesman said yesterday the committee would be appointed next week.

LATE EDITION

ANC accused of supplies racket

Star 27/7/89

By Craig Kotze, Crime Reporter

African National Congress commanders and leaders are allegedly selling off supplies intended for insurgents inside South Africa and provided by Scandinavian countries, according to the South Africa Police.

Police said this information had been gleaned from various ANC defectors during questioning by the security forces.

According to the SAP public relations directorate, the defectors say the supplies were being seized by key ANC personnel and then sold for hard cash.

A ready market is said to exist on the black market in countries such as Zambia for these goods. Cash is then said to be pocketed by the ANC black marketeers, the sources said.

Clothing is said to form a large part of this illicit trade.

The defectors, according to the SAP, claim the selling off of the goods intended for insurgents in South Africa has caused considerable tension within the ANC in Lusaka.

2 men seen running from Alex clinic fire

Star 27/7/89

98

Staff Reporters

Alexandra Health Clinic's nurses' hostel in Wynberg was badly damaged by fire early today after a security guard and staff heard two explosions and saw two men, one of them white, running from the scene.

Staff did not get a clear view of the second man.

While doctors and nurses suspect the fire was caused by a petrol bomb, the police and fire brigade said it was caused by an electrical fault.

Nurses were slightly injured as they battled to escape the blaze through broken windows.

Dr Tim Wilson, head of the clinic, said there was no immediate evidence of a petrol bomb, but a security guard heard two explosions and saw the two men running from the scene.

In nearby Alexandra only 15 minutes later, the flat of Alexandra Youth Congress (AYCO) president, Mr Paul Mashadile, was damaged in a petrol bomb attack. A plastic petrol container was found at the scene.

Police and fire department officials who were called to investigate the clinic blaze said they suspected the fire was caused by an electrical fault.

Heroes of the Alex Health Clinic fire ... Mr William Baloyi (left), Mr Nimrod Panya and Mr Solomon Mdau.

"The security guard said he heard an explosion, saw people running away, and thought a petrol bomb had been thrown. But we found no traces of anything to support this," said a fire department spokesman.

The explosion heard could have been glass shattering from heat, he said.

"The fire damaged the sitting room and spread to the kitchen area. The bedrooms were not damaged and fortunately the security guard managed to wake the nurses in time," he added.

Sister Eugene Ngwekazi said she heard strange noises in the building at about 3.30 am.

"When I opened my door the passage was full of smoke. With my neighbour we crawled through the smoke towards the front door.

"Although I am still shocked I am lucky I wasn't injured. Most of the other nurses had to get out of the building through windows and were badly cut," she said.

The flat of the president of the Alexandra Youth Congress (AYCO), Mr Paul Mashadile, was petrol-bombed at about 4 am today.

No-one was injured in the attack but considerable damage was caused.

Mr Mashadile told The Star he was asleep when a loud bang woke him.

The room was ablaze and he rushed to the next bedroom to wake his flatmate, Mr Jacob Mtshali, general secretary of AYCO.

"We both rushed to the front door. We doused the flames with water and managed to get out," he said.

Mr Mashadile said they found a 2 litre petrol container outside.

They are both restricted in terms of emeregency regulations and confined to the flat between 6 pm and 6 am.

Star 27/7/89.

(98)

Panel starts hospital probe

By Norman Chandler,
Pretoria Bureau

A four-man committee of inquiry appointed by the Administrator of the Transvaal, Mr Danie Hough, has started looking into the functioning of the Johannesburg Hospital as an academic hospital, the Transvaal Provincial Administration announced yesterday.

Mr Daan Kirstein, MEC in charge of Hospital Services, said at a press conference it was hoped the committee's report would finally solve problems associated with the hospital.

The committee is made up of a board member of the Johannesburg Hospital, a representative of Witwatersrand University and two independent consultants.

"We are hoping that the committee will come up with a report which would enable us to utilise the hospital to its full potential," Mr Kirstein said.

Referring to the crisis in the nursing profession, Mr Kirstein said: "The working conditions and salaries of the nursing profession are at present receiving urgent attention."

Recently the South African Nursing Association issued a statement demanding immediate action about conditions of service in the profession and warned about a complete breakdown in nursing.

Mr Kirstein disclosed that Johannesburg Hospital, the biggest in the province, had sufficient nursing staff to cater only for 830 of its 1 800 beds.

"There should be 1,59 nurses a patient. We are not anywhere near that figure. At present, 50,6 percent of the nurses at the hospital are black."

Asked whether the employment of black nursing personnel was in line with the TPA's official policy on hospital staffing, Mr Kirstein said that seven years ago he had refused to allow the practice because it could have meant a shortage of black nurses "to the detriment of the black population and their health situation".

He said after a surplus of black nurses three years ago it had been decided to allow them to work at Johannesburg Hospital "but on condition that the nurses do not come from existing (black) hospitals".

Mr Kirstein said other hospitals in the province were not as badly affected by a shortage of nurses as the Johannesburg Hospital.

"The H F Verwoerd in Pretoria also has a nurse shortage but not as serious as Johannesburg, while the Kalafong hospital has about 97 percent staffing."

Meanwhile, Mr Kirstein said "the problems" which allegedly caused a strike at the Johannesburg Hospital on Tuesday were being attended to.

Terrorism co-accused are to wed

Own Correspondent

CAPE TOWN — Terrorism co-accused Mr Tony Yengeni and Ms Lumka Nyamza are to be married at Pollsmoor prison today, but their five-year-old son Mandla has been refused permission to attend the ceremony.

Mr Yengeni's attorney, Mr Mike Evans, said prison authorities had limited the number of people attending the ceremony to two — Mr Yengeni's father and Ms Nyamza's mother.

The prisons service had standing regulations on prison weddings which were "usually applied fairly flexibly" in the case of sentenced prisoners, Mr Evans said.

However, Mr Yengeni and Ms Nyamza were awaiting trial prisoners and therefore fell under the jurisdiction of the police, who were applying the regulations rigidly.

The Star was unable to confirm the wedding arrangements with the police or the prisons service.

Mr Yengeni's father and Ms Nyamza's mother, who travelled from East London for the occasion, will attend the wedding ceremony, to be conducted by a prisons service chaplain. Mr Evans has been given permission to attend a "small reception" afterwards.

Mr Evans said they had applied to have several other family members present.

They had also applied to have their 12 co-accused, who include Ms Jennifer Schreiner, at the service.

Police watch on MDM

Big white hospitals face siege next week

Staff Reporters

The Mass Democratic Movement is facing stiff police surveillance as it plans to get ailing blacks to converge on white hospitals on Wednesday.

The police warned today that they would take action against MDM members if any laws were broken during the protest against segregated hospital facilities.

Colonel Vic Haynes, a spokesman for the SAP directorate of public relations, said police would see whether the emergency regulations were broken.

"We have taken note of these alleged intentions, and will monitor the situation. If any laws or the emergency regulations are transgressed, the SAP will act accordingly."

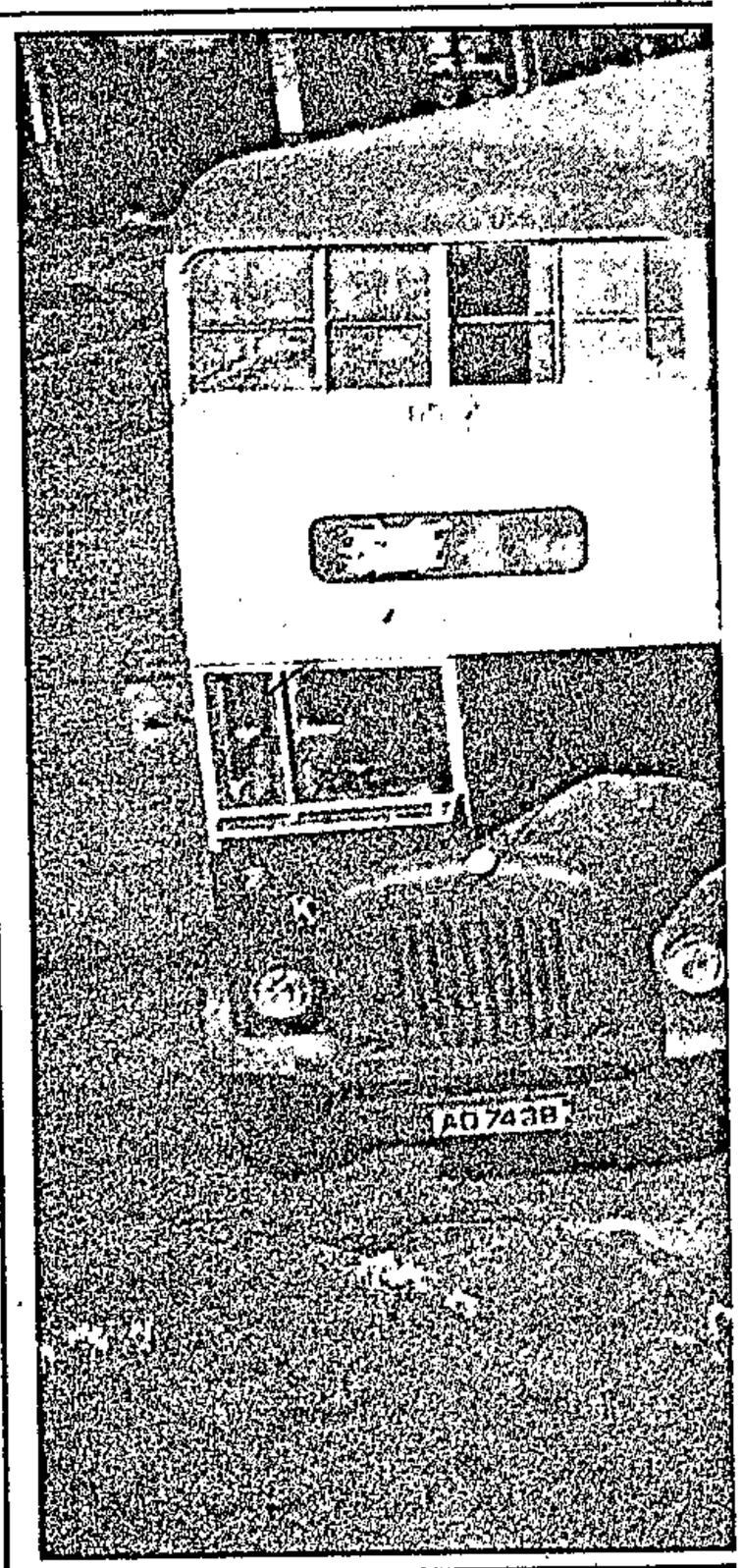
A strong police presence — at least 90 policemen — was maintained throughout an MDM anti-election rally in the Durban City Hall last night in the wake of Minister of Law and Order Mr Adriaan Vlok's threats to take action against the movement if it disrupted the elections.

Two South African Police video teams recorded the meeting which was attended by more than 2 000 people.

Police vehicles were parked in West Street, Smith Street and in the closed-off street between the city hall and the cenotaph.

The MDM has called on ailing blacks to present themselves for treatment at eight white hospitals on Wednesday as part of a non-violent campaign against segregation.

Hospitals selected for the



UTA flight be anything

By Jacqueline Myburgh

More than 200 passengers on a UTA flight

laws or the emergency regulations are transgressed, the SAP will act accordingly."

A strong police presence — at least 90 policemen — was maintained throughout an MDM anti-election rally in the Durban City Hall last night in the wake of Minister of Law and Order Mr Adriaan Vlok's threats to take action against the movement if it disrupted the elections.

Two South African Police video teams recorded the meeting which was attended by more than 2 000 people.

Police vehicles were parked in West Street, Smith Street and in the closed-off street between the city hall and the cenotaph.

The MDM has called on ailing blacks to present themselves for treatment at eight white hospitals on Wednesday as part of a non-violent campaign against segregation.

Hospitals selected for the campaign include Johannesburg Hospital, Paardekraal Hospital on the West Rand and Addington and Grey's in Natal.

Talks with doctors

The MDM is an alliance of anti-apartheid groups. A spokesman said yesterday that it had discussed the campaign with doctors and nursing staff at the eight hospitals — "the majority of whom" were prepared to admit blacks.

He said he did not expect patients to suddenly present themselves in large numbers, and denied claims by Minister of Health Dr Willie van Niekerk that the campaign was planned to disrupt health services.

Dr van Niekerk said he believed that protesters would express resistance to the general election on September 6 by being taken to hospitals and clinics to clog them.

The MDM spokesman said: "Our objective is not to precipitate a crisis, but to do away with segregation.

"We don't believe the campaign will be any burden on health services."

In a statement yesterday, the MDM said: "We are no longer prepared to submit ourselves to, or support, laws that deprive the majority of the people in our country of equal and free health services."

It said it was calling on sickly black people to seek treatment at white hospitals from August 2 onwards, but was not calling on people already being treated in black hospitals to ask for transfers to white institutions.

The MEC for hospital services in the Transvaal, Mr Daan Kirstein, appealed to the MDM.

"I don't know why hospitals have been chosen," he said. "Use anything else except the health service, whether it be for political or other uses." He said the only people who would suffer would be the patients.

Health Minister's stance on defiance

THE Minister of Health, Dr Willie van Niekerk, said everything would be done to maintain health services during a planned disruption by a "large number" of people descending on hospitals and clinics as part of a campaign of mass defiance.

He said he believed protesters would express resistance to the September 6 general elections by being transported to hospitals and clinics to clog them.

It formed part of a "general confrontation" to embarrass the Government, "especially on a sensitive issue such as the management of persons requiring medical treatment".

Dr van Niekerk gave the assurance that any patient suffering acute illness would not be turned away, regardless of their race.

"Hospitals and clinics are provided for the treatment of sick persons," he said. "Normal access to hospitals should not be disrupted by persons who are not suffering from any disease or who may need other forms of treatment.

"Such persons will be requested to leave the premises in an orderly fashion so that persons normally utilising these facilities may receive the necessary attention," he said.

98 (5) Wwaiz 21-27/7/89.

Two years on, 300 hospital workers still fight for jobs

By BELINDA BERESFORD

A ONE-DAY strike at Natalspruit hospital two years ago has resulted in more than 300 people losing their jobs, three court actions and more than R1,5-million has been wasted by the Transvaal Provincial Administration. Now, a fourth application for workers to be reinstated is planned.

Since the strike and until the third court action in August last year, the state had to pay two sets of wages: one for dismissed workers and one for the people who replaced them. This has cost the TPA an estimated R1,5-million, according to lawyers.

The state has also had to pay the legal fees for the first and third applications, which were successful. The sacked workers, members of the National Education Health and Allied Workers Union, lost their jobs after protesting the dismissal of a co-worker.

An urgent application in the Rand Supreme Court to set aside the dismissal of a worker, Siphiwe Sifumba, was granted, but the TPA refused to reinstate other workers, claiming the court decision did not affect them. Unlike Sifumba, the others had signed a contract of employment that gave the health administration the right to dismiss workers on 24 hours notice.

During the strike some of the workers had been mistaken in thinking they had been sacked. Despite this misunderstanding, they were all fired anyway on their return to work the same afternoon.

A second court action for their reinstatement was dismissed, but a third application was launched after similar successful cases at another hospital.

A supreme court judge finally granted the application on the grounds that the dismissed workers had a right to a hearing before being fired because such action removed their rights to a pension. This is now on appeal in the Appelate Division.

The workers returned to work but were dismissed once again after an internal investigation into the strike.

After yet another legal battle, they were reinstated six weeks later and given back pay. After further hearings they were fired again.

The workers were classified as "temporary", but many had worked at the hospital for years. Maria Pale, 60, was employed for eight years.

In an affidavit she alleged on arriving on the evening of the strike, her clock-in card was missing and she was unable to report for duty. When she returned the following day she was told by police all temporary workers had been sacked.

These allegations were denied by hospital superintendant Norman Kernes, who said the cards were only removed the following evening, and the police had not said all workers were fired.

50c (44c + 6c GST)

BRIDGE 2287

JHB Hospital graft probe

Sowetan 27/7/87 98

THE Government has appointed a commission of inquiry into allegations of corruption and on the acute shortage of nurses at the Johannesburg Hospital, it was announced yesterday

Speaking at a Press conference in Pretoria, Mr D P Kirstein, MEC in charge of Hospital Services in the Transvaal, said they only had enough nurses for 830 of the 1 800 beds at this hospital.

Kirstein also confirmed the strike by black employees at the hospital on Tuesday who

By MONK NKOMO

complained of various irregularities. Kirstein said a committee has been set up to inquire into the functioning of the Johannesburg Hospital as an academic hospital.

He added that the allegations of corruption were also going to be investigated.

Prompted by the disclosure made by Mr Adriaan Vlok, Minister of Law and Order, on Tuesday that large numbers of people were going to turn up at hospitals on August 2 for so-called medical treatment in order to disrupt medical services, Kirstein stressed that hospitals and clinics were there for the treatment of sick people and they were allocated staff according to the scope of their patient care

"All persons should realise that we cannot by any means allow harm to come to our patients," said Kirstein.

He also announced

● To Page 2

Jhb hospital graft probe

Sowetan 27/7/87 98

● From page 1

that the working conditions and salaries of the nursing profession countrywide were at present receiving urgent attention from the Government and a decisive answer could soon be forthcoming.

This followed last week's meeting between the Minister of Health and the executive committee of the South African Nursing Association. The meeting centered on the exodus of nurses from government hospitals to the private sector because of dissatisfaction over salaries and the inflexibility of working hours.

Citizen 25/7/89 98

Nurses' home, activist's flat 'fire-bombed'

JOHANNESBURG., — The Nurses' Home at the Alexandra Health Centre in Wynberg was petrol-bombed early yesterday morning.

"At least seven of the eight nurses sleeping inside the house were injured," the director of the Health Centre, Dr Tim Wilson, said.

"The explosion occurred about 3.45am and witnesses saw two men running away. The building is badly damaged and the roof was burned out."

However, a police spokesman said "it appeared that the explosion was caused by a short-circuit".

The Alexandra homes of two people confined to their homes between 6pm and 6am, in terms of restriction orders imposed by the Minister of Law and Order, were petrol-bombed early yesterday morning, a Human Rights Commission spokesman said.

However, police said there was only one attack.

"Mr Paul Mashitile (detained 12/6/86, released 15/12/88) and Mr Jacob Mtshali (detained 17/6/86, released 9/3/88) were both known to be at home at the time of the attacks," an HRC statement said.

A police spokesman confirmed an attack on Mr Mtshali's flat. — Sapa

Six women held in Cradock

PRETORIA. — A man was stabbed to death and nine people, including six women, were arrested in unrest-related incidents, police said yesterday.

The daily unrest report said police found the body of a man in Shongweni, Natal. He had been stabbed.

Six women were arrested after a group of pupils stoned a municipal vehicle in Lingelihle, Cradock. Police used quirts to disperse the group.

A police vehicle was stoned at Bohlokong, Bethlehem, by a group of people. One person received slight injuries, and three men were arrested. — Sapa

PETROL-BOMBED . . . Nurses remove clothes frm a health centre in Alexandra township. The centre was hit by a petrol bomb early yesterday.

Picture: REUTER

CAPE TIMES 28/7/89 (98)

Hospital rocked by blast

JOHANNESBURG. — An explosion rocked the J G Strijdom Hospital here last night, police spokesman Lieutenant-Colonel Frans Malherbe said.

The explosion occurred about 8.50pm.

Col Malberbe said he was rushing to the scene of the blast and gave no further details. — Sapa

● Nurses home 'fire-bombed' — Page 2

Sowetan 28/7/87 (98)

HEALTH CARE FACING CRISIS

SOUTH African hospitals - black and white - are facing a crisis of funding, says the National Medical and Dental Association.

Namda spokesman Dr Max Price said the response of the Transvaal Provincial Administration to the crisis was to increase hospital and clinic fees on July 1.

"The fee increases over the past four years have been up to four times higher than the inflation rate. This means it is becoming increasingly unaffordable to obtain health care.

"The fee you have to pay depends on two things: the total household income and how many people are in the house. On the basis of this a patient is classified into one of the four categories - H2, H3, H4 and P2 - as follows:

"Pensioners, unemployed, people earning less than R3765 a year or R72,40 a week are classified as H2. If you are on medical aid then no matter what you earn you are automatically classified as P2," says Price.

He said the cost of a casualty or outpatient visit to hospital had increased since January 1985:

In January 1985 H2 patients were treated free of charge. From June 1989 to date they were charged R5. H3 patients who paid R2 in 1985 now pay R12. H3 patients now paid R18 and P2 ptients R20.

The cost of admission this year for H2 category is R5, H3 is R15, H4 R30 a day and P2 is R138 a day.

"Thus for H2, H3 and H4 patients the increase since 1985 has been between 500 and 800 percent compared with the cost of living increased of about 90 percent over the same period.

"The conclusion for all this is that for the poorest patients (H category) the costs of health care now consume five to eight times more of their income than they did in 1985.

"It is hardly surprising that in order to obtain any health care, people claim they are unemployed or on very low incomes when they are questioned by the clerks at the entrance.

"The sector of the public that use the State hospitals tends to be the poorer community who cannot afford private care. The recent fee increases will lead to people staying away from medical care which they really need because they cannot afford the fees.

This is a sign of a non-caring government health services," said Price.

He said some of the reasons for the increases fell into two broad categories:

*"There is a waste within the system. One example is the duplication of high level facilities for different race groups when fewer are really needed.

"The treatment of simple medical problems in hospitals which are very sophisticated and therefore unnecesarily expensive happens because each 'race' has to have its own high care hospital.

"There is also an added burden to the costs that patients have to bear because they cannot use the hospital which is nearest to them but must travel great distances to to find a hospital of the right race group.

"Another example of waste is the duplication of bureaucratic administrations for each own and general affairs authority, the homelands and municipal authorities.

* The second reason is the Government's refusal to allocate more funds to health. The police, the SADF and the apartheid structures continue to consume an excessive proportion of our taxes.

"Of the government spending that is going to welfare, housing and education have received significant increases but not health.

"Unfortunately health issues are not high enough on the political agendas of the labour movement, the civic organisations and other progressive forces. This is the challenge to be taken up,'' said Price.

Annual income	Number in household 1	2	3	4	5 or more
Less than R3765	H2	H2	H2	H2	H2
R3 765 - R6 000	H3	H3	H3	H3	H3
6 000 - 9 000	H4	H3	H3	H3	H3
9 000 - 12 000	P2	H4	H3	H3	H3
12 000 - 15 000	P2	P2	H4	H3	H3
15 000 - 18 000	P2	P2	P2	H4	H3
18 000 - 21 000	P2	P2	P2	P2	H4
Over 21 000	P2	P2	P2	P2	P2

By THEMBA MOLEFE

98

Eight hospitals are targetted

THE Mass Democratic Movement (MDM) has called on ailing black patients to present themselves for treatment at eight white hospitals next Wednesday as part of a non-violent campaign against segregation.

Hospitals selected for the campaign include Johannesburg Hospital, Paardekraal Hospital on the West Rand and Addington and Grey's Hospitals in Natal.

A spokesman for the MDM said he did not expect patients to suddenly present themselves in large numbers and disputed claims by the Minister of Health, Dr Willie van Niekerk, that the campaign was planned to disrupt health services.

The MDM spokesman said: "Our objective is not to precipitate a crisis, but to do away with segregation.

"We don't believe the campaign will be any burden on health services."

The MEC for the Transvaal, Mr Daan Kirstein, appealed to the MDM asking them not to take part in action which will disrupt normal hospital services.

"I don't know why hospital have been chosen. Use anything else except health services, whether it be for political or any other causes," Kirstein said.

Report compiled by Ismail Lagardien of 61 Commando Road, Industria.

Desegregation: a simple question of medical ethics

98

Star 29 7 89

Next Wednesday sees the start of the Mass Democratic Movement's (MDM) passive campaign against hospital segregation. Its call on black patients to present themselves for treatment at white hospitals has drawn much criticism. **TONI YOUNGHUSBAND, The Star's Medical Reporter,** reports.

The MDM's hospital desegregation campaign has been labelled by Government Ministers as an expression of resistance to the September 6 elections.

Health Minister Dr Willie van Niekerk said he believed protesters would be transported to hospitals and clinics to clog them, a move which formed part of a general confrontation to embarrass the Government.

The Minister of Law and Order, Mr Adrian Vlok, said the MDM planned a "militant defiance campaign" against the elections and the Transvaal MEC for hospitals, Mr Daan Kirstein, has warned that the only people who will suffer will be the patients.

The MDM has rejected these claims.

In an interview with The Star yesterday, a spokesman for the National Medical and Dental Association (an MDM supporter) said the aim of the campaign was not to disrupt hospital services or for masses of people who were not genuinely ill to turn up at white hospitals.

"This is not a subversive campaign. There is no violence or coercion and there is no intention to disrupt the hospital services. The authorities are attempting to turn an issue of human rights and dignity into a confrontation," the spokesman said.

Nearest hospital

He said the MDM was encouraging black people who were ill not to travel long distances to black hospitals but to go to the hospital nearest their homes.

"For instance, those black people living in Hillbrow or domestic workers in Johannesburg should not have to travel the 15 km to Baragwanath when the Johannesburg Hospital is just 2 km away," he said.

"What sort of society says to a sick black child living in Hillbrow: 'We will not treat you here, you must go to Soweto because according to our policy there are no black children living in 'white' Johannesburg?

"Only a society which is so entrenched in its racist ways that it can feel no shame can say to a black family: 'Because you are black you must take your child to a hospital which is 15 km away instead of this one which is 2 km from where you live. You must catch two buses to get there after your working day is finished. Visiting hours end at 7 pm. Too bad if you cannot get off work early to make the journey'.

"Those of us supporting this campaign are simply distancing ourselves from that inhumanity. Anyone who opposes the desegregation campaign identifies himself with this most callous racism," the spokesman said.

He said the MDM had enlisted the support of general practitioners who would refer their black patients to the nearest hospital, be it black or white-designated.

"The purpose of the campaign is not to create a crisis in white hospitals or to have any detrimental effect on white health care," he said, pointing out that the number of people needing admission on August 2 was likely to be small.

Asked what the MDM would do if a patient had to be transferred because there were no beds available, he said the hospital was urged to transfer on the basis of the care needed and not on colour.

"If someone needs specialised care he should be admitted to Johannesburg but if his needs are less important he could be transferred, regardless of race," the spokesman said.

Eight hospitals have been selected by the MDM. They are the Johannesburg Hospital, the Vereeniging Hospital, H F Verwoerd Hospital in Pretoria, Paardekraal Hospital in Krugersdorp, Grey's in Maritzburg, Addington in Durban and the hospitals in Dundee and Port Shepstone.

The Namda spokesman said: "There are two main reasons why these hospitals have been chosen:

- "We have a network of sympathetic doctors in these areas who will ensure that their black patients are properly looked after at the white hospitals and not transferred once the publicity has died down.
- "These hospitals are in areas where no equal facilities exist for black patients, who are forced to travel kilometres to a black institution."

Climate of negotiation

He said the MDM would carefully monitor conditions at these hospitals after August 2 to ensure patients were not transferred after the initial publicity.

In reply to accusations that the MDM's campaign was an aggressive move in "an existing climate of negotiation" he said denying black people medical care because they were black was in direct opposition to the process of negotiation.

"If the Government is serious about negotiating a peaceful solution to this divided country, it has to create a climate of negotiation first, it has to take the initiative. Desegregating and equalising essential facilities is the first step to creating that climate.

"If it does not take this opportunity to move forward, if instead it reacts and suppresses, it will have the blood of the aborted negotiation on its own hands," he said.

He said Namda challenged Dr van Niekerk and Mr Kirstein to say publicly that sick black patients would not be turned away from white hospitals.

"The issues are simple and ethical. No doctor who has signed the Hippocratic Oath, and this includes Minister van Niekerk, can hold his or her head up high while working in the state services where they are forced to make medical decisions based on someone's racial classification," he said.

Explosion at hospital

AN explosion at Johannesburg's J G Strydom Hospital, which is for whites only, caused no damage and injured no one, police spokesman, Col Frans Malherbe said at the scene of the blast.

The explosion occurred in the hospital's parking lot shortly before 9pm.No vehicles were parked near the scene of the blast.

Members of the Press, alerted to the explosion, arrived to find forensic experts studying the explosion site, which was near a tree.

Col Malherbe said they were, at this stage, unable to say what type of explosive device was used in the attack or who might be responsible.

J G Strydom hospital was recently in the news when its "academic" status was placed in jeopardy when the authorities transferred it to an "own affairs" department.

Earlier this week, there were also worker protests at the Morningside Clinic in Sandton and at the Johannesburg Hospital. - Sapa.

150% full training hospital lacks doctors

By VINCENT MASHEGO

GARANKUWA Training Hospital, like any other black hospital, is chronically overcrowded and understaffed.

The hospital superintendent, Dr L van Heerden, admitted overcrowding was a problem, "as it is common everywhere". The sleeping capacity of the hospital is 1 200, but between 1 800 and 2 000 patients — 50 percent or more — occupy the 39 wards.

Unless health authorities take steps to alleviate the situation its effects will be felt for years, according to the National Medical and Dental Association. The hospital needed consultants and registrars, the Namda representative said.

The psychiatric and occupational therapy departments have been extended to cope with the increased numbers of patients but priority, said the representative, should be given to the maternity wards. The wards were built for about 30 patients but are forced to accommodate more than 80 people. Another ward which needed attention was the intensive care unit, said a doctor at the hospital. He asked not to be named as he feared retribution.

The *Weekly Mail* spent several days at the hospital, regarded as one of the most highly specialised in the country.

In the orthopaedic and obstetric wards so many beds were in the passageway that the staff manoeuvred around them with difficulty. Some patients said they could only go into their wards at night because their beds were packed away during the day.

"Often the wards are so crowded patients have to sleep on sponge mattresses on the floor when every other space has been used," said the doctor.

In cubicles designed to sleep eight, there are often 10 beds. "In white hospitals, there are only four patients to a cubicle, so doctors easily attend to patients individually," he said.

As a referral hospital — only patients sent by their own doctors or hospitals for specialist treatment are admitted — Van Heerden said it catered for patients from 32 other hospitals throughout the country.

A Namda representative said overcrowding was heightened by the shortage of qualified staff at the hospital.

The hospital relied heavily on medical students from the Medical University of South Africa (Medunsa).

Sometimes students, who worked shifts from 7am to 6pm, had to work overtime and were still expected to write exams the next day.

"The set-up is not conducive to training of doctors," the representative said.

Van Heerden refuted claims that there was a staff shortage. There were 356 doctors — one for every five patients — and 2 700 nurses, he said.

However, the doctor said he and his colleagues had to attend to 20 to 25 patients and that the out-patients' department was particularly hard hit. Patients sometimes had to wait several hours before they were attended to, he added.

Queues are a common sight long after admission hours. Patients are not admitted after 10am, but that does not deter the 80 to 100 people who have waited since early morning. They finally consult doctors late in the afternoon.

It's Bara for sick Jo'burg staffers

By BELINDA BERESFORD

BLACK employees of the Johannesburg Hospital who need treatment during working hours are transferred to Baragwanath Hospital, according to the National Education Health and Allied Workers Union (Nehawu).

This is Nehawu's latest complaint about administration at the hospital, and follows this week's four-hour strike by over 500 workers over alleged corruption at the hospital.

Three people in the hospital's personnel department, accused by the union of "selling" jobs to applicants, were subsequently suspended. Two other staff members face suspension.

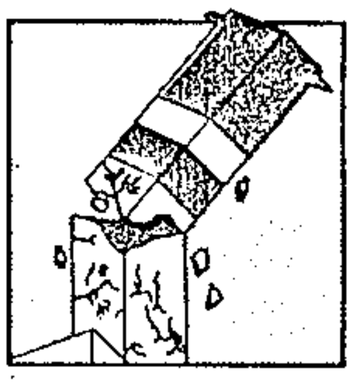
According to reports, applicants for jobs are told to pay R50. Nehawu representative Monde Mditshwa said that the price had gone up from R20 last year. One man allegedly paid R80 for his job.

According to a Johannesburg Hospital statement, all staff injured on duty receive emergency treatment at the hospital. Thereafter they are dealt with like any other patient.

HOSPITALS CRISIS

The system is sick

White hospitals are cracking under the strain of Own Affairs legislation



Last week, two events at Soweto's Baragwanath Hospital presented an almost poetic contrast. To begin with, the doctors admitted a white patient — an East Rand woman suffering from severe pneumonia who desperately needed an intensive care bed. None was vacant at the Johannesburg General or J G Strijdom hospitals.

Just hours after Soweto medics rolled her through an overcrowded casualty ward and past medical wards where patients sleep under beds, another woman gave birth to Baragwanath's first test-tube baby. A victory for modern science.

Side by side, Baragwanath's two newest patients presented the startling irony of academic success and human disaster which has made apartheid health care legendary. So far, such contradictions have hit black hospitals the hardest. But if, in 10 years, Soweto's test-tube baby needs an intensive care bed, chances are that doctors at Bara will refer him to the Johannesburg Hospital. There he too may well have to pick his way through patients lying on the floor to a medical ward staffed by one or two exhausted housemen and nurses.

The same prediction might well apply to the all-white hospitals of Durban, Bloemfontein or Port Elizabeth — still today confined behind the walls of the Own Affairs legislation dividing SA's medical world. Those walls cost South Africans the price of four health care systems — and there are health systems in each homeland — rather than the single one which taxpayers can already barely afford.

The speed at which Pretoria has been able to create an Own Affairs health system is extraordinary. Over the past two years, 40 of SA's nearly 200 provincial hospitals have been handed over to Own Affairs departments — and more such conversions may be in the offing.

Deputy Minister of Health & Population Development Michael Veldman explained in April that Own Affairs health care could one day include black Own Affairs hospitals and was "the start of putting what we have in mind into practice." Heaven help us.

In some cases — such as the transformation of the J G Strijdom to a whites Own Affairs institution in April — government clearly acted with one eye on the ballot box. Many voters near Strijdom are conservative Afrikaners who might have made their local hospital's General Affairs status an election issue. But some medical policy experts believe that setting up Own Affairs hospitals simply "gave the tricameral parliament something to do."

The main opposition to this process has come from doctors and extra-parliamentary groups hitherto more concerned with labour laws and the Group Areas Act (GAA), such as Actstop. Actstop organiser Cas Coovadia says these groups are only now beginning to protest segregated health care after having scored "major victories" on other fronts. As it happens, many white patients may end up wishing that such opposition had come a lot sooner.

White hospitals hit by Own Affairs legislation have seen their main assets — available beds, specialised units, low costs and well-trained staff — stripped to exactly the crisis point which for years has been day-to-day life in black hospitals.

The fact is that while the costs of dividing hospitals among three parliamentary houses and one General Affairs department have soared over the relatively simple task of separating white from black, government health care spending has remained static at around 5,4% of GNP. Last August — when SA had only five Own Affairs hospitals — *New Nation* estimated that Pretoria had "wasted R800m each year on maintaining apartheid divisions in health."

The first victims of such waste are staff, particularly nurses. Government figures released last week revealed that 20% of nursing posts in SA are vacant; 80% of nurses leave the public sector within three years of completing their training.

The reasons for this migration are easy to understand. In Johannesburg, municipal nurses get paid R1 500 a month, compared to at least R3 000 a month which private nurses and secretaries can earn. As nurses' pay falls in real terms, hospitals favouring white staff get caught in a vicious circle. Fewer whites enter the nursing field and the workload for sisters at white hospitals increases tremendously.

Administrators have at times put nurses without any appropriate training in charge of Johannesburg Hospital's intensive care unit. Stories of nurses buying thermometers with their own money to avoid strangling in red tape have also pushed many young whites away from the profession.

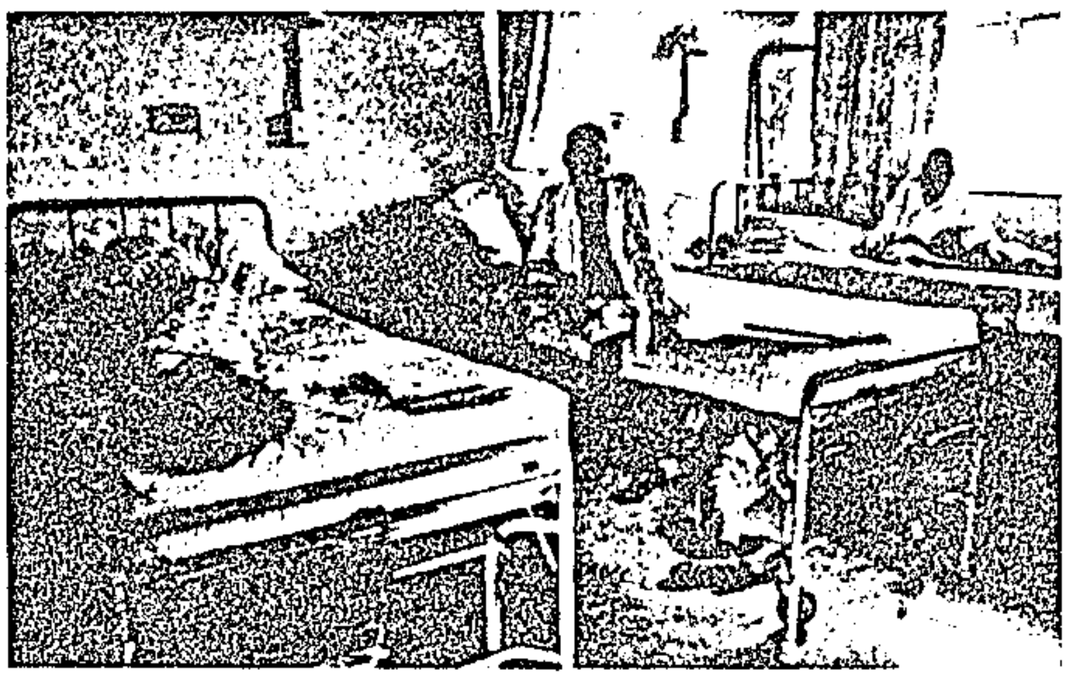
Nursing retains its high status among young blacks. But quotas for black trainees at white nursing schools are full. Apartheid again.

Thousands of doctors are also fleeing public health care for private practice. A head of a medical department at Wits University earns R60 000 annually though he can, according to one academic, "reasonably expect to get twice that amount in a northern suburbs' clinic." Two hundred Soweto doctors have made the same trek to township private practice.

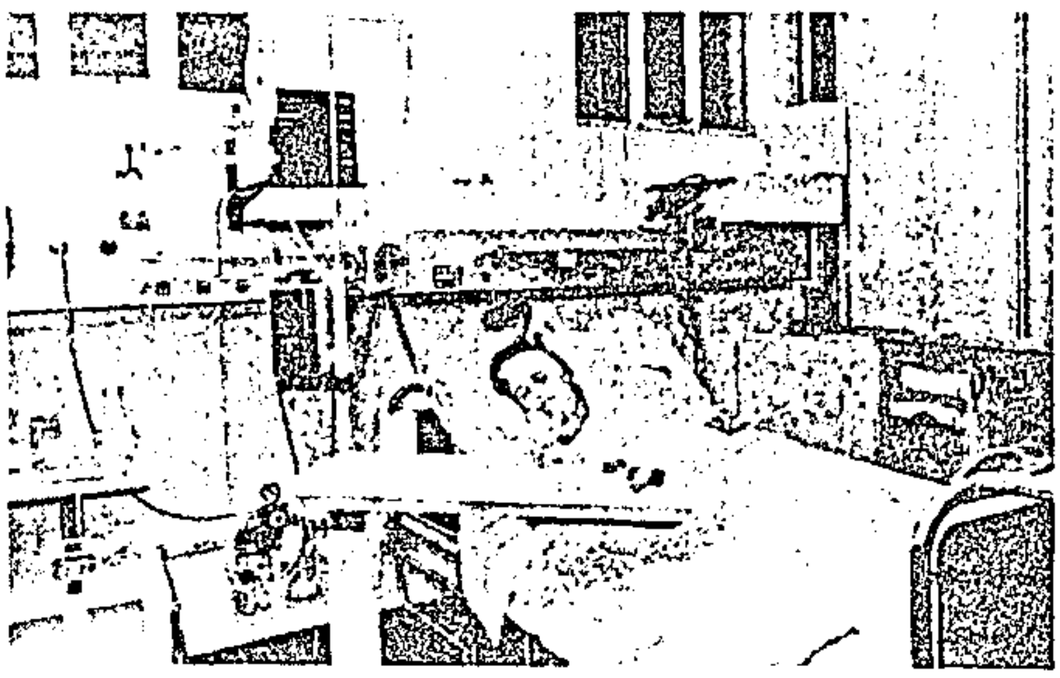
Many other doctors, mostly white, leave government hospitals for foreign shores. Canada and New Zealand in particular have attracted SA practitioners because of their relatively loose licensing rules. Wits teaching staff often joke that they "train doctors for the world."

As staff leave, beds and specialised units close. Only 833 of Johannesburg Hospital's 1 600 beds are occupied; most of the remaining 767 are actually made up and ready to take patients who, for the moment, at least, are not allowed into them.

The hospital's intensive care unit is "near collapse," according to Wits doctors. The haemodialysis unit at



Bara ward ... now for the spillover

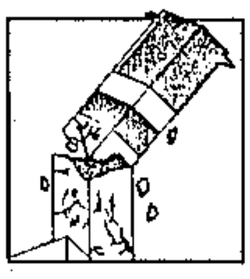


Private clinic ... intensive means expensive

HOSPITALS CRISIS

The system is sick

White hospitals are cracking under the strain of Own Affairs legislation



Last week, two events at Soweto's Baragwanath Hospital presented an almost poetic contrast. To begin with, the doctors admitted a white patient — an East Rand woman suffering from severe pneumonia who desperately needed an intensive care bed. None was vacant at the Johannesburg General or J G Strijdom hospitals.

Just hours after Soweto medics rolled her through an overcrowded casualty ward and past medical wards where patients sleep under beds, another woman gave birth to Baragwanath's first test-tube baby. A victory for modern science.

Side by side, Baragwanath's two newest patients presented the startling irony of academic success and human disaster which has made apartheid health care legendary. So far, such contradictions have hit black hospitals the hardest. But if, in 10 years, Soweto's test-tube baby needs an intensive care bed, chances are that doctors at Bara will refer him to the Johannesburg Hospital. There he too may well have to pick his way through patients lying on the floor to a medical ward staffed by one or two exhausted housemen and nurses.

The same prediction might well apply to the all-white hospitals of Durban, Bloemfontein or Port Elizabeth — still today confined behind the walls of the Own Affairs legislation dividing SA's medical world. Those walls cost South Africans the price of four health care systems — and there are health systems in each homeland — rather than the single one which taxpayers can already barely afford.

The speed at which Pretoria has been able to create an Own Affairs health system is extraordinary. Over the past two years, 40 of SA's nearly 200 provincial hospitals have been handed over to Own Affairs departments — and more such conversions may be in the offing.

Deputy Minister of Health & Population Development Michael Veldman explained in April that Own Affairs health care could one day include black Own Affairs hospitals and was "the start of putting what we have in mind into practice." Heaven help us.

In some cases — such as the transformation of the J G Strijdom to a whites Own Affairs institution in April — government clearly acted with one eye on the ballot box. Many voters near Strijdom are conservative Afrikaners who might have made their local hospital's General Affairs status an election issue. But some medical policy experts believe that setting up Own Affairs hospitals simply "gave the tricameral parliament something to do."

The main opposition to this process has come from doctors and extra-parliamentary groups hitherto more concerned with labour laws and the Group Areas Act (GAA), such as Actstop. Actstop organiser Cas Coovadia says these groups are only now beginning to protest segregated health care after having scored "major victories" on other fronts. As it happens, many white patients may end up wishing that such opposition had come a lot sooner.

White hospitals hit by Own Affairs legislation have seen their main assets — available beds, specialised units, low costs and well-trained staff — stripped to exactly the crisis point which for years has been day-to-day life in black hospitals.

The fact is that while the costs of dividing hospitals among three parliamentary houses and one General Affairs department have soared over the relatively simple task of separating white from black, government health care spending has remained static at around 5,4% of GNP. Last August — when SA had only five Own Affairs hospitals — *New Nation* estimated that Pretoria had "wasted R800m each year on maintaining apartheid divisions in health."

The first victims of such waste are staff, particularly nurses. Government figures released last week revealed that 20% of nursing posts in SA are vacant; 80% of nurses leave the public sector within three years of completing their training.

The reasons for this migration are easy to understand. In Johannesburg, municipal nurses get paid R1 500 a month, compared to at least R3 000 a month which private nurses and secretaries can earn. As nurses' pay falls in real terms, hospitals favouring white staff get caught in a vicious circle. Fewer whites enter the nursing field and the workload for sisters at white hospitals increases tremendously.

Administrators have at times put nurses without any appropriate training in charge of Johannesburg Hospital's intensive care unit. Stories of nurses buying thermometers with their own money to avoid strangling in red tape have also pushed many young whites away from the profession.

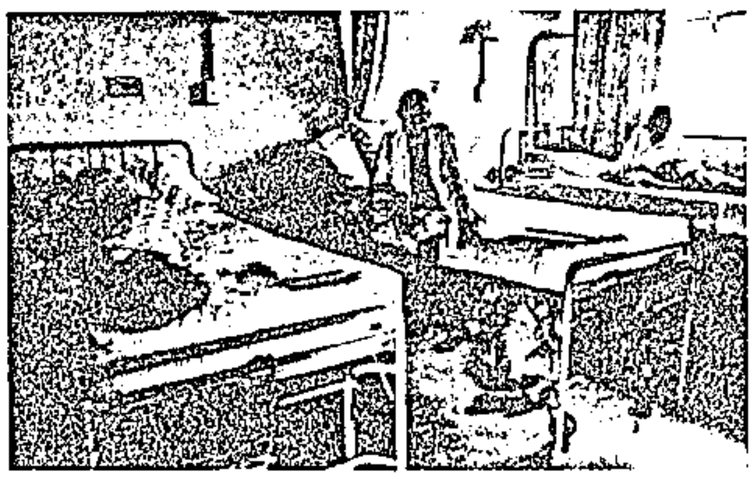
Nursing retains its high status among young blacks. But quotas for black trainees at white nursing schools are full. Apartheid again.

Thousands of doctors are also fleeing public health care for private practice. A head of a medical department at Wits University earns R60 000 annually though he can, according to one academic, "reasonably expect to get twice that amount in a northern suburbs' clinic." Two hundred Soweto doctors have made the same trek to township private practice.

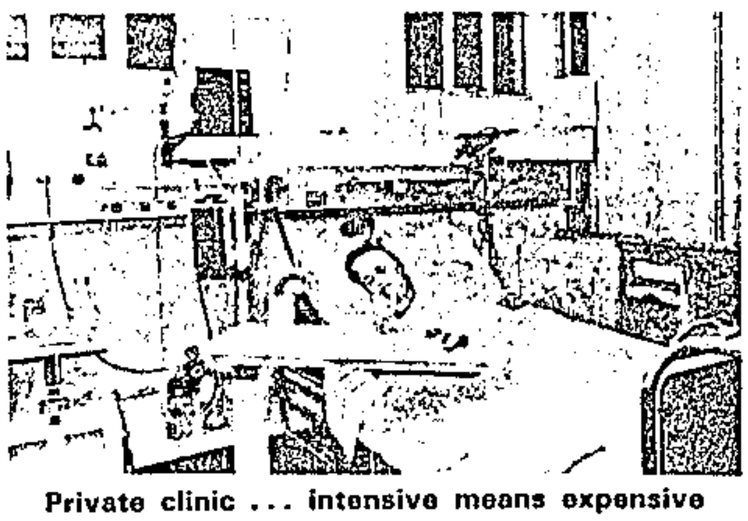
Many other doctors, mostly white, leave government hospitals for foreign shores. Canada and New Zealand in particular have attracted SA practitioners because of their relatively loose licensing rules. Wits teaching staff often joke that they "train doctors for the world."

As staff leave, beds and specialised units close. Only 833 of Johannesburg Hospital's 1 600 beds are occupied; most of the remaining 767 are actually made up and ready to take patients who, for the moment, at least, are not allowed into them.

The hospital's intensive care unit is "near collapse," according to Wits doctors. The haemodialysis unit at



Bara ward ... now for the spillover



Private clinic ... intensive means expensive

CM Tg is 29/7/89 (98

Permission needed to enter hospitals

PRETORIA. — No person is to be allowed to enter the premises of a Transvaal Provincial Administration (TPA) hospital without the permission of an authorised officer, in terms of a directive issued yesterday by the Director-General of the TPA, Mr Andre Cornelissen.

All superintendents are appointed as authorised persons.

A notice to this effect was being affixed yesterday at all TPA hospitals, clinics and other health institutions.

In a statement yesterday, Mr Cornelissen said that on account of the Mass Democratic Movement's (MDM) alleged intention next week to proceed with the disruption of hospital services despite the government's appeal to stop it, he "was compelled to issue" the notice.

In terms of a section of the Control of Access to Public Premises and Vehicles Act, which applies to all hospitals, clinics and health institutions of the TPA, any person who enters such premises without the necessary permission, or who refuses to comply with any condition imposed by an authorised officer, shall be guilty of an offence and could be liable to a fine of up to R2 000 or up to two years' imprisonment.

DP co-leader Mr Wynand Malan said the DP recognised the MDM's right to protest at the injustices under which the majority of South Africans suffer.

"Such protest is justified be-

HCCC: Health care hobbled by racism

DURBAN. — The Health Campaign Co-ordinating Committee (HCCC) has called for the removal of discrimination in health services and a reallocation of state resources from high-technology, hospital-based curative care to primary health care.

In a statement issued through the National Medical and Dental Association (Namda) yesterday, the HCCC said discrimination in state health services and the unnecessary duplication of facilities due to the formation of racially segregated health administrations had contributed to the increased cost of health care in South Africa, as well as unnecessary distress, mainly to black patients. — Sapa

Medics fear for the sick if conflict breaks out at hospitals invaded by MDM

By MANDLA TYALA

MEDICAL authorities are bracing themselves for a national defiance campaign on Wednesday which, they fear, could disrupt services to the sick and result in turmoil at hospitals if there is conflict between protesters and police.

The Minister of Law and Order, Mr Adriaan Vlok, has claimed that protesters would invade buses and parks on Monday and Tuesday. He said police believed systematic protests would continue up to the election on September 6.

Organisers of the defiance campaign have asked sick black people to present themselves for treatment at whites-only hospitals on Wednesday — the start of a campaign which, organisers say, is aimed at desegregating all public amenities.

Peaceful

Yesterday the organisers announced they would make their campaign an international issue. The Mass Democratic Movement (MDM), a coalition of radical opposition groups, said it had sent a memorandum to world organisations and foreign governments.

It had assured international sympathisers that the purpose of its campaign was peaceful. It also rebutted Mr Vlok's allegations that the protest was a smokescreen for a plan to violently disrupt the elections.

"We are calling on our people to conduct the campaign in an orderly, disciplined and peaceful manner," the memorandum said.

"If the Government persists with its hysterical overreaction, it will have to accept full responsibility for the problems which result.

"The solution is simple — throw open the doors of all segregated facilities to all the people of South Africa."

Meanwhile, in other developments yesterday:

● The Anglo American Corporation, the country's biggest private sector employer, warned that it would take disciplinary action against employees who used facilities to which they were not entitled in terms of their seniority.

Anglo said it noted with concern the defiance campaign called for by the Congress of South African Trade Unions.

It said in a statement: "It is the policy of the corporation to provide facilities, wherever possible, to all employees according to skill and seniority, regardless of race. In an attempt to avoid violence on the proposed campaign, discussions have been held with union officials.

"Management hopes that these discussions will continue in order to resolve specific problems on discriminatory practices through normal and peaceful means.

Lives

"The unilateral and confrontational actions proposed by Cosatu will polarise racial attitudes and jeopardise further progress towards full integration."

● Democratic Party co-leader Mr Wynand Malan appealed to the MDM to reconsider its strategy of using hospitals as a focal point of its campaign.

He said such protests could endanger the health and even the lives of patients.

● The National Medical and Dental Association, an alternative organisation to the Medical Association of Southern Africa, said it supported the defiance campaign.

The eve of the mass protest has seen a spate of bomb blasts on the Reef and an outbreak of violence in the Western Cape.

About 2 000 pupils at Fort Beaufort, apparently jumping the gun, have already marched on a local provincial hospital to demand medical treatment.

While apprehension gripped white hospitals around the country yesterday, a war of words continued to rage between the Ministry of Law and Order and the MDM.

Fines

Mr Vlok has claimed the aim of the protest was to cause a climate of unrest similar to that which prevailed in 1984.

Transvaal health authorities have announced that all hospital premises will be restricted and only those with permission will be admitted.

People defying this rule would be liable to a fine of R2 000 or imprisonment of up to two years.

The MDM accuses Mr Vlok of using untruths to prepare the public for a crackdown on anti-apartheid activists.

An MDM spokesman responded by saying it was clear that health workers and medical people themselves favoured desegregation of health services, and that the Government was the impediment.

Give us equal health demand the medics

By SOPHIE TEMA and CONNIE MOLUSI

DISCRIMINATION in state health services came under attack this week and was blamed for causing unnecessary distress, mainly for black patients.

The Health Campaign Co-ordinating Committee said discrimination greatly contributed to the increased cost of health care in South Africa.

The unnecessary duplication of facilities sometimes puts patients' health in jeopardy, the committee said..

It said discrimination caused unnecessary distress – mainly to black patients.

Doctors, staff and patients were frustrated at seeing white hospital wards closed down while black patients had to sleep on the floor.

Privatisation would not remove the State's responsibility as the majority could not afford private health care.

The also committee drew attention to the shortage of heart units for blacks.

■ Reacting to the Mass Democratic Movement's proposed campaign at hospitals, the Transvaal Provincial Administration (TPA) issued a directive that "no person will be allowed to enter hospitals without permission".

TPA director-general Andre Cornelissen said notices would be put up at clinics and hospitals and trespassers would be liable to a fine of R2 000 or two years in prison.

An MDM spokesman said the campaign had been planned with people in the medical and health services. It was clear that medical workers wanted to desegregate services.

■ Democratic Party co-leader Wynand Malan this week appealed to the MDM to reconsider using hospitals in its defiance campaign.

However, the DP recognised the right of the MDM to protest the injustices suffered by the majority of South Africans.

■ See page 4

Report by S Tema and C Molusi of 204 Eloff St Ext, Selby.

Durban camp ringed by barbs

By S'BU MNGADI

SQUATTERS, whose camp on land earmarked for University of Zululand expansion was surrounded with rolls of barbed wire this week, have retaliated by cutting the barrier.

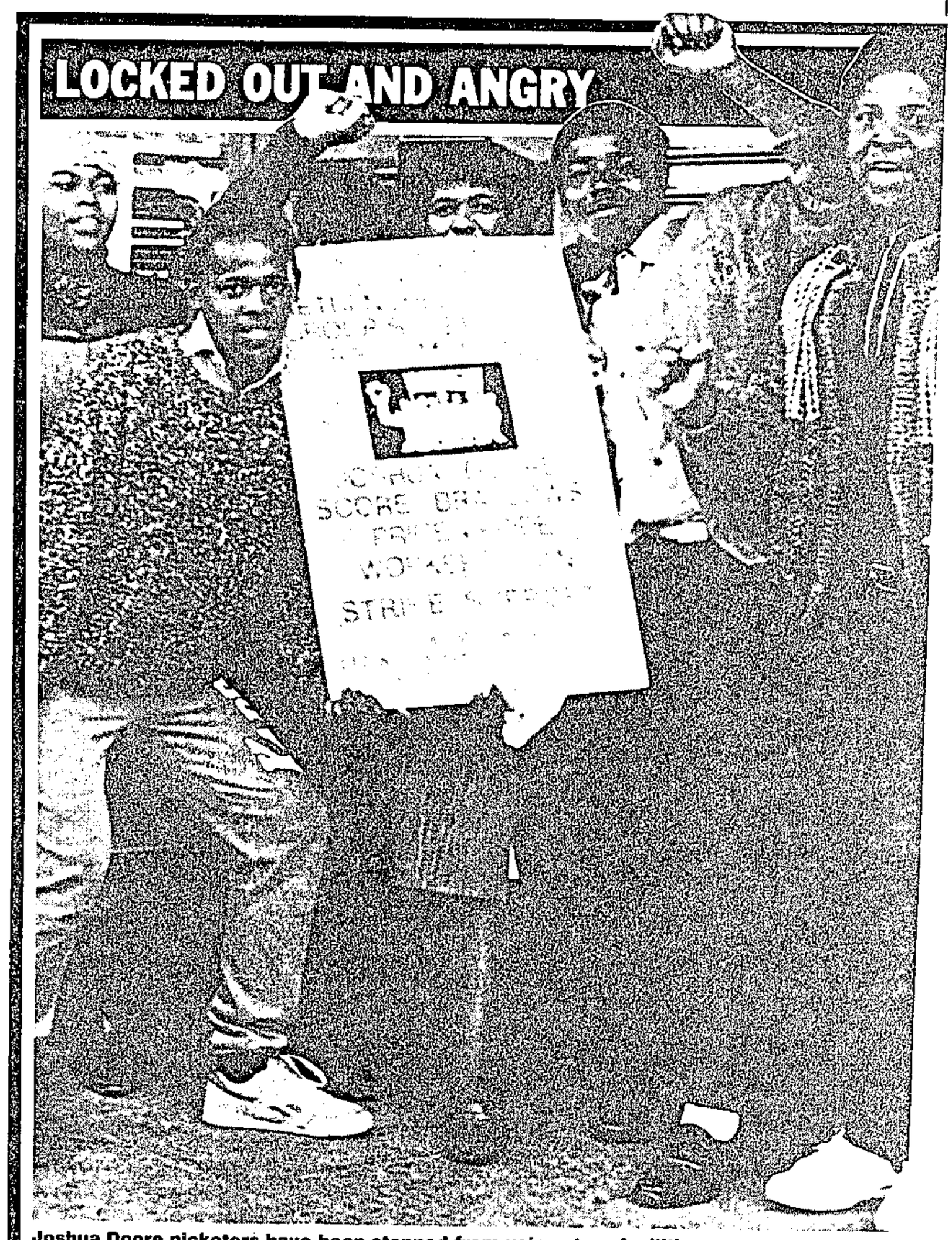
They set to work by night, armed with pliers, but each day university security staff repair the damage.

The university had warned more than 800 squatters who erected about 200 shacks at Opikhweni in Umlazi, near Durban, to remove their property by last week.

The squatters – many of whom said they were the victims of forced removal elsewhere – claimed police had arrested some of their neighbours.

Durban, with its estimated 1,7 million homeless people, is said to be the second-fastest growing city in the world. The black housing shortage there is acute.

University of Zululand vice-rector Professor HJ Dreyer said although he understood the squatters' dilemma, they could not continue building their shacks on university land.



Joshua Doore picketers have been stopped from using store facilities.

Company 'breaks agreement'

By MARTIN NTSOELENGOE

PICKETING Joshua Doore workers have accused the company of breaking a pledge not to lock them out.

An agreement between management and Ccawusa allowed workers to use toilets and tea-making facilities. It also allowed for liaison with the union before police were called in.

But this week most Johannesburg store managers barred picketers from their stores and some picketers had been arrested, workers said.

Trauma claims (

By S'BU MNGADI

TWENTY-MONTH-(ic victim of forced re after developing a col

Patients to defy race laws

DURBAN. — More than 800 black and Indian patients, who "because of South Africa's race laws have to wait for up to seven hours in long queues in black hospitals", are to take part in a mass defiance campaign against race segregation this week.

The Mass Democratic Movement, an opposition group, said its supporters would be converging on five white provincial hospitals in the country on Wednesday and asking for treatment.

Dr Farouk Meer, general secretary of the Natal Indian Congress, an affiliate of the MDM, said people taking part in the campaign would be "genuine patients" who had waited for most of the day for treatment at black hospitals.

Durban's Addington Hospital is one of the hospitals that will be affected by the defiance, he said.

Provincial hospital fees rise

GERALD REILLY

PRETORIA — Spiralling costs of illness will be given another major twist by substantially higher provincial hospital tariffs which come into operation from the beginning of this month.

Administrator Danie Hough said at the weekend, a big increase in hospital running costs had threatened a wide range of patient services.

Governments' commitment through big subsidies had to be reduced by generating more funds to continue rendering services for indigent patients.

In one private patient category the hospital tariffs has been raised by 67% at regional and academic hospitals — from R82,50 a day to R138.

Private patients' tariffs —representing 27% of the total — were raised by about 42% from R71 to R101 a day.

The ceiling below which a single "hospital" patient started paying had been raised by 80% from an income of R5 000 to R9 000.

For a family of five it had been raised by 61% from total earnings of R13 000 to R21 000.

Hough said increases might seem high but in January last year tariffs were not increased when the tariffs of the scale of benefits of medical schemes were raised. Hospital fees were last fixed in July 1987.

Other increases included theatre fees for private patients and radiographic services.

Danie Kirstein, in charge of hospitals, said of the 27% of all patients who were "private" 85% were members of medical schemes.

So it was only 15% of the 27% which would be hit by the big 67% tariff hike, he said.

"Many could escape this if they joined a medical scheme".

Hospitals plan strategies to keep the peace

98

Star 1/8/89

By Toni Younghusband,
Medical Reporter

Hospitals selected for the Mass Democratic Movement's desegregation campaign have set up contingency plans to counteract possible protest action, superintendents have confirmed.

A Transvaal Provincial Administration liaison officer, Mr Piet Wilken, said superintendents had been asked to work out their own strategies for tomorrow.

"I must stress, however, that the normal flow of visitors and family will not be affected. The hospitals will run as usual," he said.

Notices

He said contingency plans were being formulated in the event of large numbers of protesters arriving at the hospitals and superintendents had been authorised to accept patients or deny admission at their own discretion.

Notices will be affixed at all hospitals, clinics and institutions warning that no person shall enter the premises without the permission of an authorised officer.

A spokesman at Grey's Hospital in Maritzburg said contingency plans had been formulated but declined to say what they were.

He said should black patients report for treatment, they would be admitted. "We often treat black patients here," he said.

At Addington Hospital in Durban, authorities remained tight-lipped about their plans which were awaiting approval from provincial authorities. "Our plans are being discussed at very high level at the moment and we are not at liberty to reveal them yet," a spokesman said.

She said the hospital would operate as normal and visitors would still be allowed in.

The medical superintendent of the Dundee Hospital on the Natal coast, Dr H Stalman, said he had no special plans and would just wait and see what happened.

He was adamant, however, that black patients would not be admitted to the white section of the hospital.

"They won't even have a chance to get into the white hospital. They have their own place with enough accommodation. They are not directing us, we are directing them," Dr Stalman said.

The chief superintendent of the Johannesburg Hospital, Dr Reg Broekmann, could not be reached for comment.

Red Cross meeting ends in walk-out

98 11/8/89 Star

By Sue Valentine

After three-and-a-half hours of heated debate and pleas for a restructuring of the organisation, the extraordinary meeting of the southern Transvaal branch of the South African Red Cross ended when the majority of the audience walked out last night.

Responding to a suggestion by the former assistant regional director, Mr Bongani Khumalo, that it was a sad night but it was futile to continue, the crowd of more than 500 left the Linder auditorium at the Johanessburg College of Education singing "Senzeni na" (What have we done?).

Although no decision was taken, it is likely the black councillors within the movement will appeal to the international body to expel the South African Red Cross (SARC) society.

The agenda of the meeting, called by 31 Red Cross members, included the composition and role of the region in carrying out the mandate of the international movement.

While allegations of racism were levelled from the floor, the seven members of the executive refused to acknowledge the region was racist.

Despite pleas to consider reinstating the 30 dismissed workers who were on strike at Red Cross House in Johannesburg for 12 weeks, acting regional director Mr Danie Jacobs refused to reconsider their position.

On one occasion members of the audience, including Mrs Winnie Mandela, stepped on to the stage and argued with the chairman.

Apartheid de

defied

Argus 2/8/89

Arrests after protests on segregated hospitals

TWELVE members of the Black Sash were arrested today as members of the Mass Democratic Movement actively defied apartheid laws in a campaign against segregated hospitals.

Among those arrested during a placard demonstration was Johannesburg city councillor Mrs Judith Briggs.

Police public relations officer, Captain Ruben Bloomberg, confirmed the arrests saying they were released on their own recognisances.

Ms Judith Hawarden, chairman of the Black Sash Transvaal region, said the women were standing out of sight of one another holding posters calling for an end to segregated health facilities.

Ms Hawarden was adamant that the protest did not constitute an illegal gathering, saying it was a lawful picket.

"This was an unnecessary show of force and a blatant attempt at intimidation. We will not be intimidated and will continue to expose appartheid practices," she said.

In Durban leading members of the Mass Democratic Movement assembled outside Addington Hospital today to lead 13 busloads of protesting people.

Among those who arrived soon after 9am were representatives from the Congress of South African Trade Unions, the United Democratic Front, the National Medical and Dental Association, the United Committee for Concern and the the Natal Indian Congress.

The Black Sash members were arrested in the Parkview suburb of Johannesburg on the first day of protests called by the MDM against segregated facilities.

No other incidents were reported, with Captain Bloomberg saying hospital officials were going about their duties as usual.

Senior Congress of South African Trade Unions (Cosatu) officials have, meanwhile, begun tours of specific areas to gauge the effect of the protest call.

Among them were Mr Cyrrck Ndlovu, chairman of the UDF, Dr Farouk Meer, spokesman for the MDM, Mr Mewa Ramgobin, Mr Paul David of the Release Mandela Campaign, Mr George Sewpersadh, president of the NIC, and Dr Diliz Mji, chairman of Namda.

The leaders started gathering before buses began arriving from townships including Umlazi, Lamontville, KwaMashu, Inanda, Kwadabeka, Clermont, Kwamakuta and Chesterville.

The leaders said the "patients" would enter the hospital through the whites only entrance on the beachfront and would seek tteatment in an orderly fashion.

Mrs Mariam Jagga, who is in her late sixties and confined to a wheelchair, was pushed through the doors of the emergency registration wing by Mr Ramgobin.

While he pushed her in he spoke to television cameras and said: "I am now pushing her through the doors which I have been told are for whites only."

Mrs Jagga, who has a chronic bone condition, was calm as Press representatives surrounded her and Mr Ramgobin had to virtually push his way through.

Admission card

She was then examined and an admission card was being processed without any incident.

The security guards at the door did not try to stop them and ushered in Mrs Jagga with Mr Ramgobin and marshals, who wore red bands around their right arms, to the examination rooms.

From early today security guards at the hospital took their stations, some of them with guns, while police and the reaction unit patrolled the beachfront in front of the hospital every 15 minutes while plainclothes policemen kept watch from across the street.

In the Peninsula hospitals were on alert today but the situation was quiet this morning.

Senior police sources said they did not expect more than

(Turn to page 3, col 8)

Cops ready for MDM today

Cape Times
25/5/87

THE Minister of Law and Order, Mr Adriaan Vlok, last night announced that the police have prepared detailed plans to cope with any violence today when the so-called mass democratic movement's (MDM) defiance campaign gets under way.

Speaking in Krugersdorp, Mr Vlok said police were prepared to adopt a wait-and-see attitude to the planned acts of defiance today.

"But if they try to get thousands of people to hospitals we will have to intervene to protect people. Plans to protect the public against any possible outbreak of violence are in place."

Full report — Page 5

Apartheid defiance at hospitals 'a victory'

The Argus Correspondent

JOHANNESBURG. — The first phase of the Mass Democratic Movement's peaceful defiance campaign against apartheid has been declared a victory by organisers after scores of black patients were treated at white hospitals.

In spite of a strong police presence at most of the eight hospitals targeted for the start of the campaign yesterday, no clashes were reported.

However, in Johannesburg 12 members of the Black Sash picketing in support of the defiance campaign were arrested. They were later released after being charged with holding an illegal gathering.

Busloads of patients and anti-apartheid supporters descended on Addington Hospital in Durban and more than 400 people attended a mass rally at the University of the Witwatersrand medical school in support of the 50 black patients who were admitted to the Johannesburg Hospital.

ACCIDENT VICTIM

About 700 students of the Medical University of South Africa (Medunsa) were stopped by police at roadblocks when they tried to march to the H F Verwoerd Hospital in Pretoria.

Two patients were admitted to the Paardekraal Hospital in Krugersdorp and none in Vereeniging, according to hospital authorities. At Grey's Hospital in Maritzburg one black accident victim was admitted for treatment.

The hospitals in Dundee and Port Shepstone reported no black admissions to white wards. Spokesmen for these two hospitals said black patients had been admitted to black wards.

MDM spokesman, former United Democratic Front publicity secretary Mr Murphy Morobe, said at a press conference late yesterday that at Paardekraal Hospital 20 people were treated, at Vereeniging 20 to 25, at Pretoria's H F Verwoerd six, and at Addington 120.

Mr Morobe said the campaign was a "major victory" and that there would more demonstrations.

The dean of the Medical School, Professor Clive Rosendorff, told the meeting: "We will continue to agitate, to shout, to threaten, to demonstrate ... until all people in this country have what is rightfully theirs. The Government has said apartheid is dead. If so, show us in our hospitals."

Campaign organisers said that from now on all hospitals would be considered permanently open to all races.

The Minister of Health, Dr Willie van Niekerk, said he thought it was sad that hospitals should be used for demonstrations.

(Report by E van der Merwe and T Younghusband, 47 Sauer Street, Johannesburg.)

Day of defiance

Cpl. Times
3/8/89

Own Correspondent

JOHANNESBURG. — A threatened confrontation between police and anti-apartheid campaigners failed to materialise yesterday as thousands of blacks converged on eight whites-only hospitals in the first leg of a campaign against segregated facilities.

The treatment of more than 200 black patients at the hospitals set a precedent which will mean an end to segregated hospitals, campaigners claimed.

The spokesman on Law and Order, Brigadier Leon Mellet, last night expressed satisfaction that there had been no incidents of violence and said organisers of the Mass Democratic Movement (MDM) had taken note of appeals and warnings by the Minister of Law and Order, Mr Adriaan Vlok.

The protests were confined to the Transvaal and Natal, and capped by a huge rally at the University of the Witwatersrand's Medical School.

Local banned

"We hope Mr Vlok, other government leaders and their international cohorts take heed that we will live up to our promise to dismantle apartheid ourselves," said Cosatu's secretary-general, Mr Jay Naidoo, to rapturous applause, ululations, chants and singing.

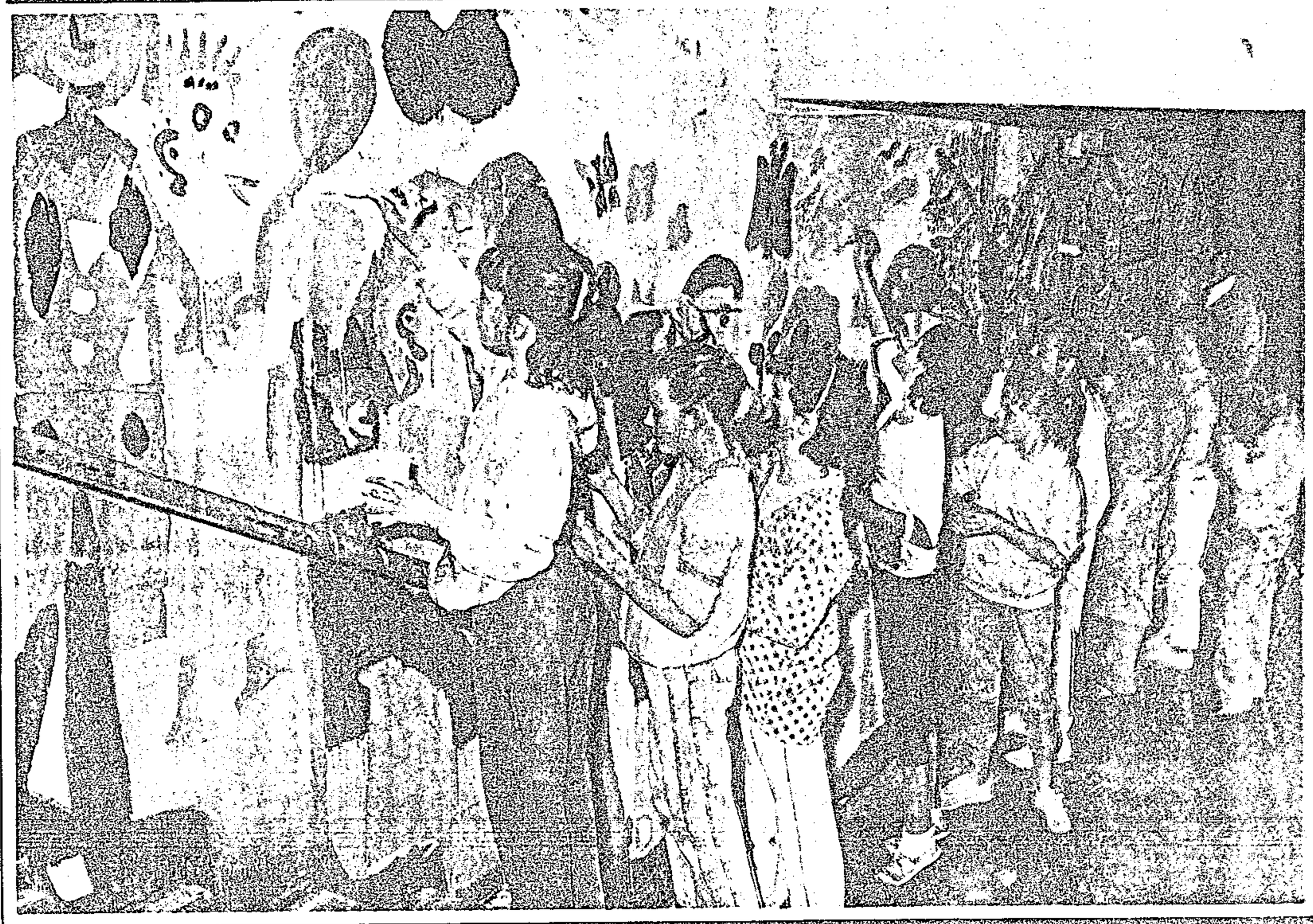
"The protests today show that we will determine the future ourselves. The defiance campaign will be taken to every corner and every section of society until apartheid is unworkable. This is just the beginning of the campaign."

At a press conference in Athlone attended by the top local hierarchy of banned and restricted organisations, Mr Moosa Kaprey, chairman of the National Educational Crisis Committee, announced that a mass meeting would be held at the University of Cape Town today with protest rallies scheduled at high schools.

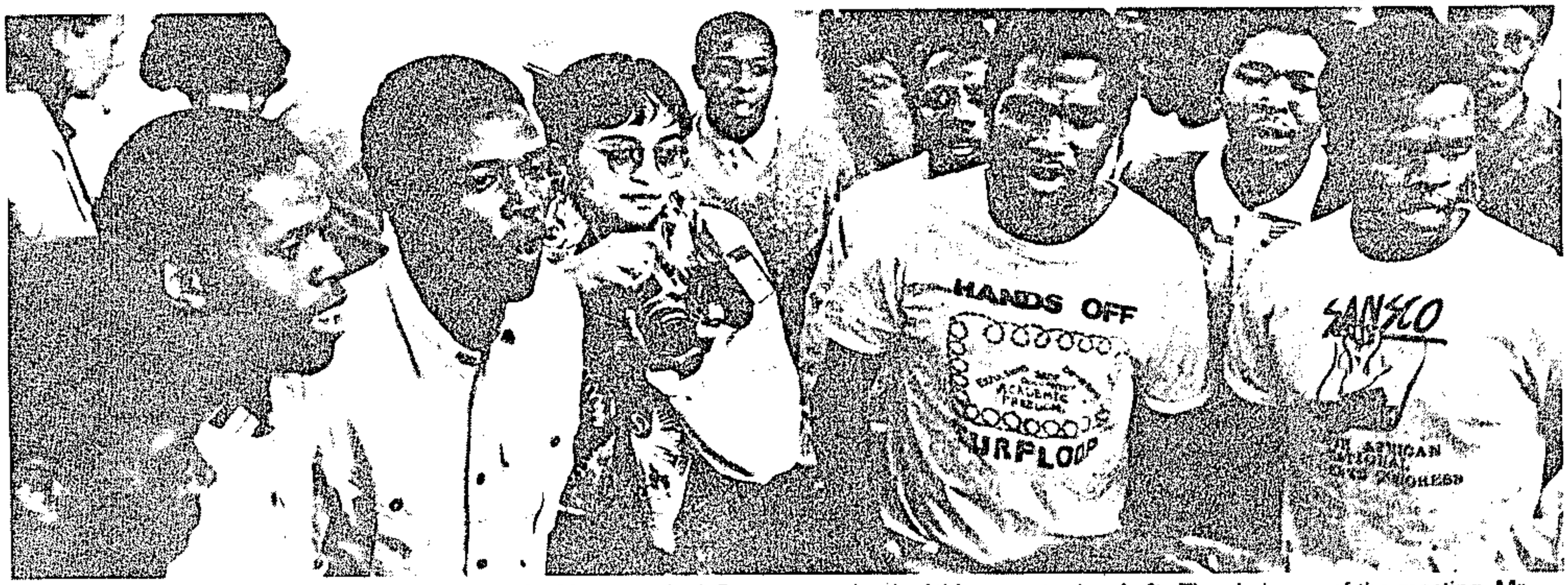
Plans were announced for marches, sports events on segregated beaches and campaigns against police and defence force participation in university campus sport.

In a joint statement, the president of the World Alliance of Reformed Churches, Dr Allan Boesak, the vice-chancellor of the University of the Western

To page 3



SU
WA
...
Pu
Tim
Hal
Pri
Sch
Plu
ste
yes
day
pai
the
col
ful
on
pre
din
wa
sub
at
ste
sta
Pictu
STE
cou



d organisations attended the launch of the Mass Democratic Movement's defiance campaign in Athlone yesterday. **Left:** The chairman of the meeting, Mr Ngcuka, Moulana Faried Esack and Mr Essa Moosa **Right:** An impromptu toi toi dance at the launch.

Pictures: GLENN SHERRATT

From page 1

Cape, Professor Jakes Gerwel; and the Anglican Archbishop of Cape Town, Archbishop Desmond Tutu, described laws which restricted people's freedom of movement, assembly and speech in contravention of the Rule of Law as "evil, worthy neither of respect or obedience".

Police at the hospitals targeted for demonstrations kept a low profile.

At the Paardekraal institution in Krugersdorp, a small group of protesters were met by members of the Afrikaner Weerstandsbeweging. No clashes ensued, however, as the protesters entered the premises and were seen by doctors.

The apparent accommodating attitude of hospital authorities seems to have caught some MDM leaders off-guard.

Speaking after the protest at Durban's Addington Hospital, Mr Trevor Bomhomme said the movement had expected a "tough-as-nails" attitude from the authorities.

Although superintendents of the eight hospitals said there had been no change in policy yesterday, they conceded that a more flexible approach to treatment of blacks had been adopted.

About 50 black patients were treated at Johannesburg Hospital yesterday, 20 at Paardekraal Hospital in Krugersdorp and 20 at Vereeniging Hospital.

According to MDM spokesmen, about 2 000 people converged on Durban's Addington Hospital. Of these, 120 presented themselves for treatment and were well attended to by the hospital authorities.

Johannesburg superintendent Dr Reg Broekman said no precedent had been set by yesterday's events and the hospital would continue to be administered according to Transvaal Provincial Administration policy.

"Johannesburg is still a white hospital, but in view of the circumstances today, the hospital was more flexible," he said.

All patients regardless of race would be treated, assessed and then referred to "appropriate treatment centres" if they did not need specialised treatment, he said.

● Pupils were dispersed when they tried to march to the Mitchells Plain Town Centre to lodge protests at the Department of Education and Culture offices.

Captain Ruben Bloomberg said from Pretoria that there had been some unrest in Mitchells Plain, but so minor that it would probably not even make today's unrest report.

Tyres were burnt in Merrydale Road. These were later removed by police.

It was also learnt yesterday that since July 19, pupils Gloria Veal, Ronald Jacobs, Estelle Leonard and Siraj Ebrahim of Glendale, Farieda and Waleen Mostert of Mondale and Jakes Baartman of Cedar had all been detained under the emergency regulations.

(Reports by C Bateman, 122 St George's St, Cape Town, and E Bulbring, S Ngcobo and D Simon of 11 Diagonal St, Jhb).

Political comment in this issue by J C Viviers, G Q Kling, G E Shaw, J V Scott, A Johnson and B Streek. Headlines and sub-editing by A Henderson and D Moyle, all of Newspaper House, 122 St George's Street, Cape Town.

R300 000 FOR BARA

THE Premier group has donated R312 500 to Baragwanath Hospital to enable it to increase the capacity of an existing medical ward. Sowetan 3/8/89.

"This donation has been made on the explicit understanding that any measure for short term relief at Bara would not in any way take the pressure off government for providing long-term solutions," Mr Lance Japhet, chairman of the Social Investment Council at Premier said in a statement.

Japhet urged other South African companies to sponsor further annexes to Baragwanath and to consider the matter as one of extreme urgency. (98)

He noted that some large corporations had already rallied to this challenge, but a great deal of financial assistance was still needed to alleviate the "appalling" situation of hundreds of patients sleeping on the floor. - Sapa.

White hospitals tell blacks in defiance campaign

YOU'RE WELCOME

DEFIANCE CAMPAIGN: Blacks carrying placards at the Johannesburg General hospital yesterday.

BLACK patients were welcomed and given treatment at most whites-only hospitals in the country when the Mass Democratic Movement's defiance campaign got underway yesterday.

By PHANGISILE MTSHALI and THEMBA MOLEFE

The MDM, warned however, that the welcome did not mean authorities had decided to desegregate health facilities but that the State wanted to "soften up the campaign."

Observers from several foreign diplomatic missions were present at most hospitals.

The visit to the hospitals ended peacefully in spite of a heavy police presence.

But earlier in the day, 12 members of the Black Sash were arrested in Johannesburg during a placard demonstration.

About 7 000 students of the Medical University of South Africa were turned back at a police roadblock on their way to the H F Verwoerd Hospital, Pretoria, one of the targetted hospitals in the campaign reports ALINAH DUBE.

The Police Directorate for Public Relations in Pretoria yesterday said the Black Sash members were released on their own cognizances.

No reports had been received from the Vaal they said.

The MDM and opposition politicians yesterday said the peaceful start of the campaign negated the Minister of Law and Order, Mr Adriaan Vlok's earlier suggestions that the campaign was intended to be violent and to disrupt health services.

MDM leaders, led by Mr Moses Mayekiso and Mr Cas Coovadia met Vereeniging Hospital superintendent Dr J J van der Vyver who welcomed them after a long struggle to gain entry to the premises.

This was while about 20 black patients were

TO PAGE 2

Black patients welcome

From Page 1

being treated after being welcomed by the staff.

Van der vyfer told the MDM leaders that the hospital treated anybody regardless of race. He said black patients were transferred to Sebokeng Hospital once their condition stabilised. The hospital was meant for whites.

Treated

Fifty patients were treated at the Johannesburg General Hospital. The superintendent, Dr Reggie Broekman, said yesterday's action was unnecessary because blacks were being treated there anyway.

"Right now 11 percent of our patients are black. Although we keep an all black ward, we mix them in other wards," he said.

At Durban's Addington Hospital superintendent Dr Patrick Fitzgerald said 120 black patients were treated but that none would be kept overnight. The action in Durban ended in a rally attended by about 2 000 people and addressed by MDM representatives, reports Sapa.

Policy

"A spokesman for the South African Health Workers Congress, Dr Aslam Dasoo, told more than 1 000 people at a rally in Johannesburg: "MDM considers all health facilities as opened to all races from today.

"From now on we will be monitoring the progress of patients treated at white hospitals. If they are transferred, as it is TPA policy, we will intensify our protest. We may also have a legal case."

Govt ignores apartheid in unequal health care figures

In official publications the picture of black health care being poorer than that of whites is glaring — and the authorities ignore apartheid as the cause, reports **PATRICK LAURENCE**

Racial inequality is the bedrock on which South Africa's segregated health services rest. It is for that reason that the defiance campaign to end apartheid, launched by a loose alliance of organisations known as the Mass Democratic Movement, chose hospitals reserved for whites as the first target in its non-violent campaign.

The arrival of black patients seeking admission at these hospitals yesterday was calculated to highlight the inequality in health care.

The inequality of health services is manifest in nearly all the main indicators of health, says Dr Max Price, of the National Medical and Dental Association (Namda). He lists some of them: life expectancy, infant mortality, immunisation coverage.

His point is substantiated by figures taken from "Health Trends in South Africa", published by the Department of Health and Population Development.

Most anti-apartheid leaders would prefer to use their own figures, arguing that the official data puts too much gloss on the sit uation. But, even if they do, the sheen does not hide the underlying reality.

Life expectancy

The official publication agrees that life expectancy is a fundamental barometer of health. It quotes the World Health Organisation (WHO) with approval: "Life expectancy at birth, despite its limitations, has time and again been proved to be the most important single measure of the level of health of a population."

Black life expectancy is lower than that of whites: 62 against 71. It is, however, markedly higher than life expectancy in Africa generally — 50,8 — and has improved significantly since 1970 to pass the target of 60 set by the WHO.

Another key indicator is the infant mortality rate, expressed as the number of children who die before the age of one per 1 000 live births.

The infant mortality rate of blacks is considerably higher than that of whites: 61 against just over 9. The black figure is based on an estimate by the semi-official Human Sciences Research Council. Underreporting of births and deaths by black people makes it necessary to estimate.

The Department of Health Publication makes the same points about black infant mortality as it does about black life expectancy: that it is improving, having dropped from 85 in 1970; and that it is much better than the rate of 116 for Africa as a whole.

Child morta'ity, as indicated by the deaths of children between the ages of one and four, reflects similar patterns. In 1986 22,5 percent of blacks who died were between the age of one to four; the equivalent figure for whites was 2,1 percent.

The Department of Health monograph records that child mortality in the black population is decreasing, having halved in seven years. But the observation is prefaced by a qualification: "The rate for South African blacks is based on registered deaths only and the true figure will therefore probably be about 80 percent higher."

Another key indicator cited by Dr Price is immunisation coverage. The Department of Health agrees. It states: "Diseases preventable by immunisation are greatly influenced by primary health care."

Immunisation has brought about spectacular decreases in the occurrence of diphtheria and poliomyelitis in all races. Notification rates per 100 000 people for diphtheria in 1987 were: whites — 0,0; blacks — 0,17. Equivalent Rates for poliomyelitis were: whites — 0,0; blacks — 0.16.

Measles, which can be a killer disease among children suffering from malnutrition, offers a different picture. In 1986 official notification rates for measles were: whites — 5,3: blacks — 40,7. The Department says: "Measles has only been a notifiable disease since 1980, consequently a general pattern has not yet emerged."

The broad pattern of whites enjoying better health and better health services, curative and preventive — and frequently dying from degenerative diseases associated with high living standards — is repeated consistently, irrespective of the indicator chosen.

Take hospital beds per 1 000 for tuberculosis, a disease associated with poor socio-economic conditions: the bed ratio is 4,2 for whites against 8,2 for blacks, coloureds and Asians; tuberculosis notification rates per 100 000 people were 14 for whites in 1986 and 275 for blacks.

Homelands excluded

The figures for blacks are probably worse in all cases because they do not include black people living in South Africa's four nominally independent black states with a total population of 5,5 million. Health and health care in these polities is well below that in South Africa.

A striking feature about the Department of Health's publication is that apartheid is exonerated from blame. The racially different levels of health and health care are seen rather as a function of South Africa's status as country which falls in the "lowest range of middle income countries".

South Africa's health problems are presented as similar to those facing, say, Algeria, Mexico and Panama, all countries with a relatively low per capita GNP and a very high rate of population growth among their poorer citizens.

The Mass Democratic Movement is not prepared to accept that thesis. It sees differential rates of health and health care in South Africa as a direct result of the apartheid policy of creating segregated health services — there are no less than 13 health departments in South Africa — and of allocating smaller budgets to those assigned to blacks, coloureds or Asians.

●From PAGE 1

whites-only Addington Hospital, reports **Carmel Rickard.**

It was a pleasant change: so much so that she has no intention of going back to the much-less-convenient King Edward. As a result of her participation in the "mass democratic movement's" campaign of defiance against segregated facilities, Khumalo has decided to get her medical care where it's closest and quickest.

"I'll demand to be treated here," she said. "I think I have a right, as a South African, to use any hospital."

Hers was one of many hundreds of such acts of defiance by black patients in the Transvaal and Natal on the first day of the MDM campaign, and it symbolises the blow delivered to one of apartheid's softest spots — the discriminatory provision of medical care.

MDM leaders say white hospitals will never be the same after this week's action; that the enforced bending of the law has established a principle for the future.

The peaceful and orderly protest at eight hospitals in the two provinces was certainly a major propaganda success for the agglomeration of anti-apartheid organisations which go to make up the MDM.

It passed off peacefully, despite doomsday predictions from Minister of Law and Order Adriaan Vlok about "incitement to violence". This indicates a residual capacity among anti-apartheid groups for the disciplined mobilisation of ordinary township residents.

This fact is made all the more important, according to MDM leader Murphy Morobe, as the campaign was undertaken despite the strictures of the State of Emergency, which severely curtails organisational activity.

The considerable international impact of the campaign was boosted by the decision of diplomats from some foreign embassies, including the United States and Australia, to visit the targetted hospitals as observers.

Two question marks remain, however, over the long-term effects of the day of action. The first is whether the beachhead achieved at the hospitals can be maintained.

It is clear that both the police and hospital authorities were under instructions to be accommodating. This will not necessarily be the case when blacks turn up in an *ad hoc* fashion in future, without the attendant publicity of the focused campaign.

The second question is whether the tremendous momentum engendered by the hospital protest can be replicated in actions against other aspects of apartheid society: medical care is an especially emotive issue, striking chords on purely human rights grounds among those who would otherwise have no sympathy with civil disobedience campaigns.

Allied to this is the extent to which township residents can be expected to participate in day-to-day protests which are scheduled to continue until and beyond the September elections.

On the first issue, it is noteworthy that most of the black patients who were admitted for treatment were not given patient appointment cards, which officially clear the way for return visits.

The senior medical superintendent of Addington Hospital, Patrick Fitzgerald, said the decision to treat "non-emergency" African and Indian outpatients on Wednesday was "an exception" because of the publicity given to the planned protest.

He said the situation would now revert to "normal", meaning that black outpatients would be screened to ensure they were not seriously ill and, if they weren't, would be "transferred".

Dr Reg Broekman, superintendent of Johannesburg Hospital, confirmed that a decision had been taken to be "flexible" in "this kind of situation".

The second issue, of where the campaign can be taken from here, is concentrating the minds of MDM leaders. Certainly there are opportunities for further initiatives around medical issues (such as the fact that black nurses at some white hospitals are not permitted to live in "white" nurses' residences), but it will have to be extended into other areas.

Black schools present themselves as an obvious option, but it is not guaranteed that the tactics of Wednesday will produce the same results.

Finally, although Wednesday's turnout was greatly encouraging for the MDM, it was patchy and regional, with little activity reported from the Orange Free State, and initiatives in the Cape taking different forms from those in the Transvaal and Natal.

However, the call for defiance was heeded right across the country.

●The most successful protest occurred at Addington Hospital in Durban, where 171 black patients presented themselves, accompanied by as many as 2 000 supporters. Addressing the protesters at noon on Wednesday, National Medical and Dental Association President Diliza Mji said a victory had been won, as for the first time in Addington's history African and Indian patients who were not emergency cases had been treated.

He acknowledged that the hospital had opened a separate section to deal with the protesting patients but vowed: "We will be back".

He asked the crowd not to *toyi-toyi* or sing as they waited for buses to take them home and they complied, standing in silence for 30 minutes. Some protesters held banners saying "Apartheid is the disease" and "Germs don't discriminate".

At a subsequent news conference, Natal MDM leaders announced a "Nearest Hospital Campaign", whereby patients would choose hospitals according to convenience.

Natal Provincial Administration officials said an MDM delegation had arrived at Port Shepstone hospital and met the superintendent. No incidents were reported at Grey's hospital.

Philippa Garson reports that in the Transvaal, protesters appeared at several hospitals. More than 50 presented themselves at Johannesburg Hospital in what Dr Aslam Dadoo of the South African Health Workers' Association described as a "most successful" start to the campaign.

"As of today," he said, "the MDM considers all health facilities in this country open to all race groups." Many protesters interviewed said they were at Johannesburg Hospital because medical staff at Baragwanath was too overstretched to give them sufficient attention.

Audrey Brown reports that at Paardekraal in Krugersdorp a handful of black patients were admitted after a larger group was initially turned away. However, a delegation of top-level MDM leaders, including the Congress of South African Trade Unions' Jay Naidoo, Sydney Mufamadi and Chris Dlamini, along with the United Democratic Front's Mohammed Valli, were invited in to the hospital to meet the administrators.

After the meeting, Naidoo said he had not been satisfied with the answers given to questions about segregated services. Naidoo objected, in particular, to the proximity of security force members which, he said, made it "impossible" for sick black people to enter the hospital freely.

However members of the Mohlakeng Youth Congress, three of whom succeeded in getting treatment, said "we now consider this hospital open and we will encourage the sick people in the townships to present themselves here for treatment".

Thandeka Gqubule reports that at the HF Verwoerd Hospital in Pretoria, police staged roadblocks at two entrances and allegedly searched vehicles, but some 15 activists gained entrance and were received by hospital authorities.

●In Welkom in the Orange Free State, a small group of African patients was also admitted.

Gaye Davis reports that the defiance campaign in the Western Cape took a different form from the rest of the country, but was dramatic nevertheless.

Eighteen former detainees openly defied their restriction orders by appearing at a press conference in Cape Town as part of the peaceful protest campaign.

They included almost the entire leadership of the UDF in the Western Cape as well as key members of affiliate organisations.

Planned non-violent actions an-

●To PAGE 7

Hospitals will never be the same

ROUND THE COUNTRY: THE HOSPITAL PROTESTS

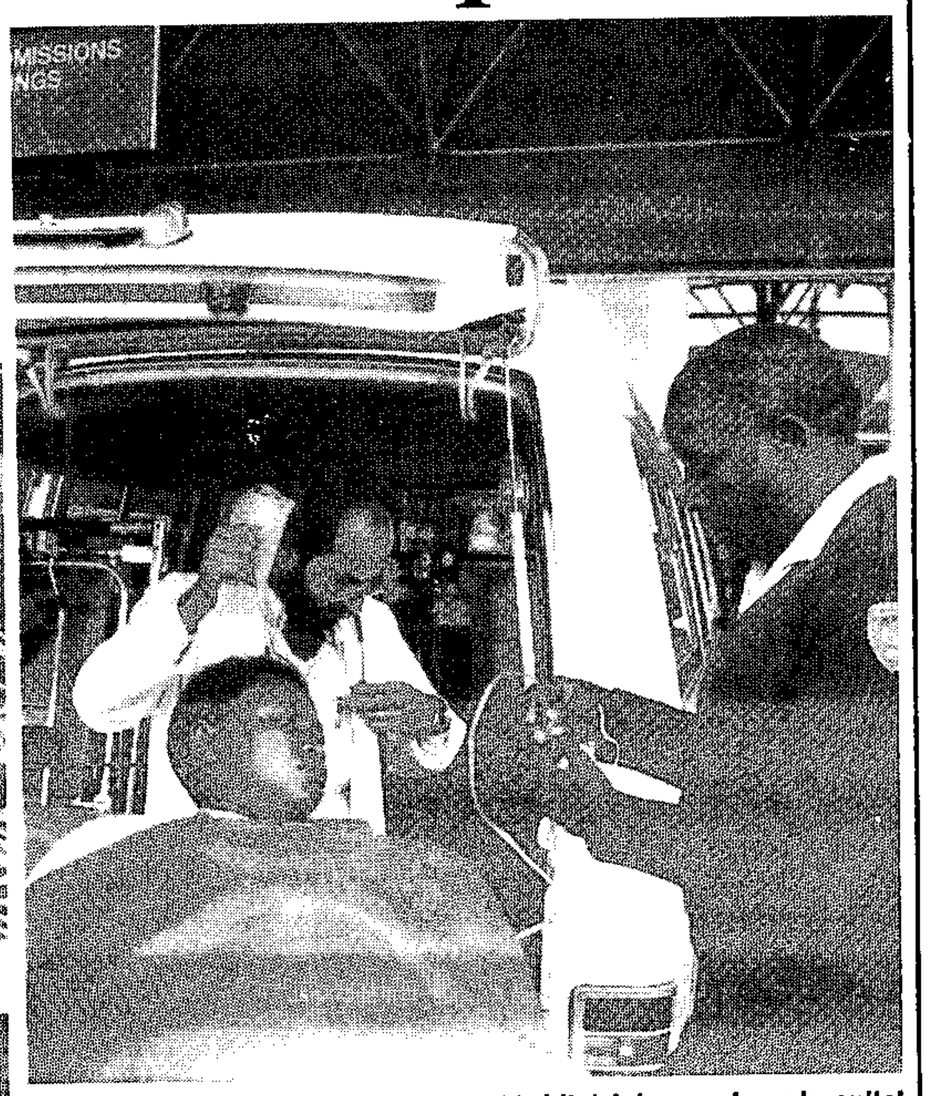
An ambulance ride makes a little bit of history PAGE 6

Helping hand ... A patient receives willing assistance

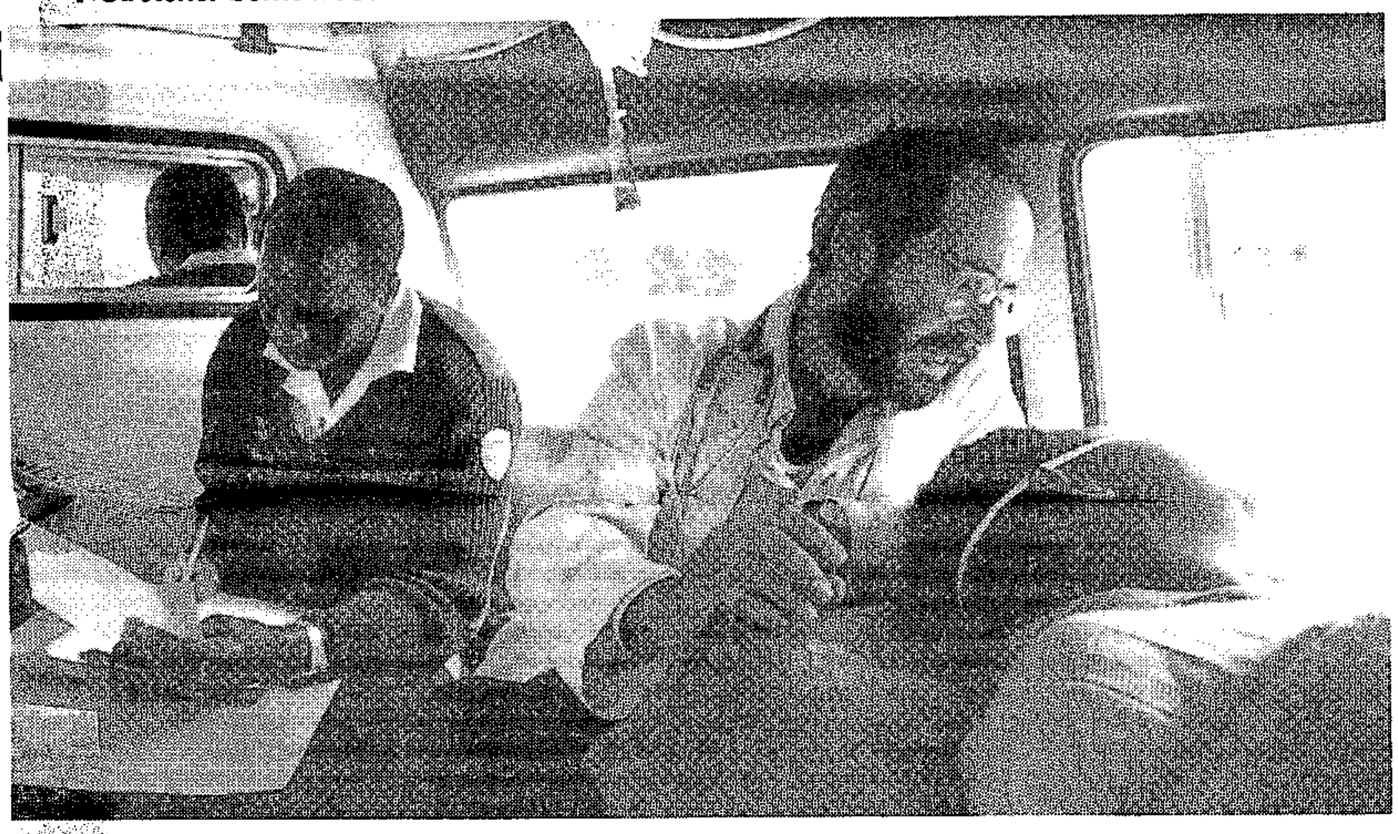
Picture: JUDA NGWENYA, Reuters

ambulance ride to a white hospital

4 Stretcher-borne Maseko is wheeled to an ambulance outside the Alexandra clinic



6 Moment of truth: Maseko arrives at 'white' Johannesburg hospital



5 Inside the ambulance, the doctor leans over his patient to reassure her

whites only. The decision was strongly attacked by the staff, who threatened to resign *en masse*, and by the university, which threatened to withdraw the hospital's teaching status and all facilities.

According to reports, the university has given the hospital authorities an ultimatum: it will withdraw all staff at the beginning of next year unless the hospital is opened before then.

In a statement this week on the campaign by the MDM, Professor Clive Rosendorff, the dean of medicine at Wits, said: "Different standards of health care for different race groups in segregated hospitals is an abomination ...We support any doctor who refuses to accept race as a criterion by which patients are admitted."

The problems at white hospitals pale into insignificance compared to those of their black counterparts. According to the TPA, R209 is spent per day on each patient at the Johannesburg Hospital. Baragwanath spends R45 per patient per day.

At Baragwanath, patients wait in long queues to be seen by a doctor. Men and women share the same wards. Many patients sleep on the floor because there are no beds, and toilet and ablution facilities are inadequate.

The shortage of medical and nursing staff at the hospital means there is no time to reassure and support patients. There have been reports of doctors supplying mattresses to patients, and nurses buying their own thermometers.

Baragwanath Hospital became the scene of controversy last year after 101 staff members signed a letter of protest against the conditions there. After the letter appeared in the South African Medical Journal, staff who had signed it lost promotions and were asked to write an apology or lose their jobs.

In Pretoria the white HF Verwoerd hospital has a separate "black" section adjacent to the section for whites.

Defiance: hospitals won't ever be the same again

nounced simultaneously included protests and rallies, culminating in a week of "mass action" from September 1 to 6, during which there will be a march from Mitchells Plain to Cape Town.

Restricted organisations announced a plan to declare themselves "unbanned" at a rally marking the UDF's birthday on August 20, while joint protests by students and teachers at universities, training colleges and schools are scheduled for Tuesday and Wednesday next week.

The press conference followed a morning of protest action by students at high schools in Mitchells Plain, where barricades burned and teargas canisters popped for the second week running.

Students as well as teachers from many of the township's high schools were turned back by police when they attempted to stage marches on the offices of the Department of Education and Culture in the (Coloured) House of Representatives in the Mitchells Plain town centre.

They were demanding the release of seven students detained during the past two weeks and the dropping of public violence charges against some students.

Soon after the marching students were turned back, police visited a number of schools where students had regrouped and ordered them to

From PAGE 2

go home. Three key members of the Western Cape Schools Congress were arrested by police in Belhar.

Tomorrow's funeral in Athlone for Coline Williams and Robbie Waterwitch, the two activists whose mutilated bodies were found at the scene of the first of a series of blasts which rocked the Peninsula a fortnight ago, is being regarded as a key event in the planned programme of action.

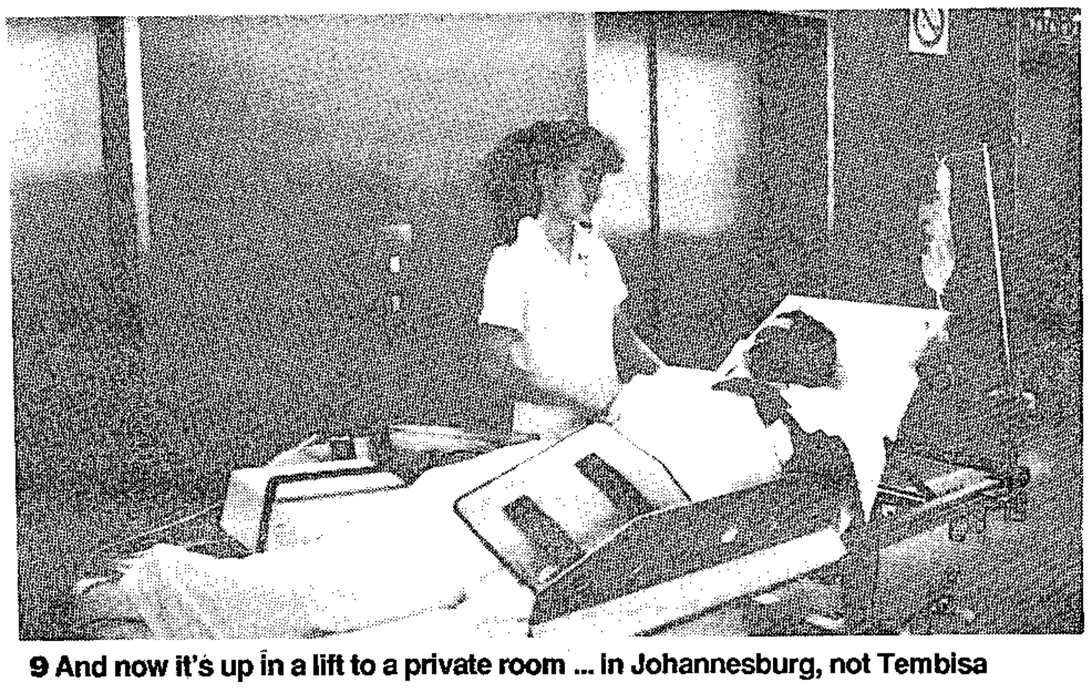
Police this week meet the committee arranging the funeral. Sources said a high-ranking police officer asked for details of the route of the funeral procession and said he "did not want to interfere" with the funeral.

Also on this weekend's agenda are planned visits to Groote Schuur Hospital, where veteran trade unionist and former Western Cape UDF president Oscar Mpetha will be celebrating his 80th birthday.

Attorney Essa Moosa said all the activities should be seen in the context of a peaceful programme of non-violent mass action, directed against apartheid laws and "addressing the immediate needs of our people.

"We are saying we can no longer jail ourselves, nor accept segregation and racial division, nor stand silent in the face of the crushing economic problems of the mass of our people," he said.

8 Inside Johannesburg hospital, Maseko is put under local anaesthetic



9 And now it's up in a lift to a private room ... in Johannesburg, not Tembisa

wmail 4-10/8/89.

After 3 years' occupation a university scarred

By PHIL MOLEFE

THE departure of the South African Defence Force from the University of the North (Turfloop) has left the scar of three years of military occupation on the campus.

The university was virtually turned into a military camp on the night of June 11 1986 when the South African Defence Force surrounded the campus as the security police raided the rooms of activists and members of the SRC.

The SADF was called in by university authorities amid fears of student protests during the 1986 countrywide rebellion and suspicions that wanted activists were using the campus as a hiding place.

Following the swoop, in which the entire SRC and other activists were detained, Turfloop was closed unofficially as students packed up and left for home.

When the college reopened, students found the SADF occupying the campus, having set up tents in the university stadium.

Soldiers kept a 24-hour watch on campus, manning the gates and patrolled the hostels at night. Military vehicles fitted with heavy search lights drove around the grounds.

In the day, they camped on the roof of the tallest building on campus, the MBA hostel for male students.

In August 1986, philosophy lecturer Louis Mnguni was detained under the Emergency regulations. And in October, Joyce Mabudhafsi, a librarian, and Marie-Stella Mabitje, secretary to the dean of students, were also detained.

Restrictions were placed on students' movements. They were obliged to leave their rooms by 7.30am and go to the university hall to wait until their lectures began.

A number of students were attacked by dogs as police forced them to classes, students said.

At night soldiers imposed an informal curfew, prohibiting students from visiting other hostels.

Students decided to boycott the 1986 exams using the slogan: "No SRC no school". And the soldiers allegedly issued pamphlets saying: "Do not work harder, work smarter. Our cause is just. Work hard in your studies and forget about involvement in petty politics".

Students say the army interfered with the election of SRC members last year. Members of the electoral committee were harassed and troops reportedly forced them to produce nomination forms and ballot paper

A member of the SADF also demanded a ballot paper for the election of faculty representatives.

A new system of registration was also implemeted at the university. From 1986, students had to form long queues outside the campus to register. Many students were turned away at the gates because they did not make the deadline. Students were issued with pink cards, bearing the logos of the SAP, the SADF and the Lebowa Police, confirming their registration.

"This obviously served as a police clearance to the campus," said a member of the SRC.

The soldiers intruded in every aspect of student life. They were a disturbing presence even in the examination halls, students said.

"Their stay on campus had an adverse effect on academic standards and freedom," said SRC president Ernest Khosa. "Students felt inferior and criminalised by their presence.

An SADF representative said the defence force's presence at Turfloop was withdrawn at the request of the university authorities. "The defence force presence at the university was originally requested by the same authorities to ensure that students wishing to continue with their studies without interference or intimidation could do so freely," he said.

4-10/8/89.

Contract killers, cross-border raids and coups. It's Transkei

By LOUISE FLANAGAN

ARMED killers, R50 000 contracts for assassination, cross-border raids and deposed politicians: a cheap paperback melodrama? No, just the past few weeks in Transkei.

Last weekend, Transkei authorities released details of an attempt to assassinate military ruler Major-General. Bantu Holomisa.

According to the head of the security police, Lieutenant-General LN Tyelela, six men were arrested on July 21 after a shoot-out in Umtata during which two were injured. Tyelela said the six men were planning to kill Holomisa and that they had come from the Johannesburg area.

Details are still sketchy, but fingers have been pointed at deposed Transkei strongmen George and Kaiser Matanzima.

The Matanzimas have a strong motive for wanting Holomisa and his military government out of the way — together with several prominent businessmen they have been the prime targets of his anti-corruption campaign.

Weekend newspapers also reported that Chief George Matanzima had tried to raise R50 000 from one of his former security chiefs to pay for someone to assassinate Holomisa.

There have also been rumours of South African involvement. Holomisa has on several occasions hit out at the close, unofficial co-operation between the Transkei and South African police forces. Cross-border raids and the activities of hit squads have been singled out for criticism.

Holomisa himself said he believed his enemies were a small group of disgruntled businessmen and politicians — a clear reference to the Matanzimas.

Sources have hinted at the possibility of direct or indirect South African involvement and questioned how the attack could have been launched from South Africa without the authorities knowing about it.

Both South Africa and Transkei have accused each other of cross-border violations.

When the assassination attempt was made public, Holomisa accused South Africa of allowing its territory to be used as a launching-pad for violent attacks on Transkei.

Foreign Affairs Minister Pik Botha responded by stating that South Africa would under no circumstances tolerate such actions, and went on to accuse Transkei of abducting former paramount chief of the Thembus Zondwa Mtirara from South Africa.

Botha claimed that "certain official Transkeian institutions, possibly without the knowledge of the Transkei government" were responsible for the abduction.

Mtirara, a close supporter of the Matanzimas, who was deposed as head of the army by Holomisa, fled Transkei after he was deposed as Thembu paramount chief. Transkei police have now confirmed that he is being held, also in connection with the assassination attempt.

Transkei police commissioner General Leonard Kawe said that Mtirara was in police custody last Friday, but refused to say exactly when or where he had been arrested. Neither South Africa nor Transkei were prepared to give further details of the Mtirara affair.

The latest attack follows several other attempts to topple Transkei's military government: one a legal battle which the Matanzimas lost last year, and the other an alleged plot to overthrow Holomisa by discrediting him.

Several prominent Transkeians, including a member of the military council, Colonel Craig Nduli, were arrested in April after the authorities claimed they had discovered a coup plot. — Elnews

Assassination plots ... Transkei's General Bantu Holomisa
Picture: ERIC MILLER, Afrapix

Plot to kill Holomisa and the battle for the heart of Thembuland

A web of intrigue ranging from a coup attempt to the fight for control of Thembuland lies behind the alleged plot to assassinate Transkei's leader. And fingers are being pointed at Kaiser Matanzima.
By THANDEKA GQUBULE

BEHIND the alleged assassination attempt on Transkei's General Bantu Holomisa is a complex battle for the heart of Thembuland.

And African National Congress leader Nelson Mandela, who is also a member of Thembuland's royal family, is being consulted by the one faction, the Sabatha family and other chiefs.

The controversy revolves around three issues: the controversies surrounding the late King of Thembuland and member of the ANC, Sabatha Dalindyebo; whether Sabatha's Zambian educated son, Buyelekhaya, could be successor to his father's throne; and the division of Thembuland into Eastern and Western Thembuland — a move Mandela opposes.

Holomisa, unlike his predecessor the deposed prime minister Kaiser Matanzima, has allowed the Thembu to meet as a clan and discuss political and other problems facing them. He has also given a free hand to the Congress of Traditional Leaders of South Africa (Contralesa), which is affiliated to the "mass democratic movement".

He told the *Weekly Mail* this week that he supported the exhumation of Sabatha's body and the return of the young King Buyelekhaya, who grew up in exile.

The ascension of Buyelekhaya to the throne means Transkei would have a king with strong allegiances to the MDM ruling over the entire Thembuland, which accounts for a large section of the peasant population in the "homeland". Their loyalty to traditional chiefs makes the chieftainship of Thembuland a potentially powerful position.

And Matanzima will be subject to the legislation of such a chief.

The recent resistance to the division of Thembuland will also become an increasing threat to Matanzima as he occupies the paramouncy of the western sector.

But Matanzima and Zondwa Mtirara, the deposed paramount chief of Thembuland whose father had usurped Sabatha, are threatened by recent decisions by mass meetings of Thembu — to continue discussion and opposition to the division of Thembuland, that Sabatha would be reburied, and that Buyelekhaya be reinstated as king.

Matanzima and Mtirara are rumoured to be involved in attempts to depose Holomisa. Chiefs said the two had found an ally in Craig Duli, trained by the South African Defence Force and the Rhodesians in espionage. He is also an expert in military intelligence.

Duli was recently arrested on suspision of plotting against the military government.

"They (Matamzima and Duli) are planning and organising a coup," said Thembu Chief AS Xobololo. "You can never say Kaiser is dead until you are sure he has stopped breathing."

Rumour is rife in Thembuland that the answers to the presence of six men in the Transvaal vehicle with a alleged mandate to assassinate Holomisa may be found with Mtirara and Matanzima.

During the battle between Matanzima and the Sabatha family, backed by the majority of the chiefs, for the heart of Thembuland, Mandela has insisted that the succession of chiefs follow strict traditional lines.

He recently requested that Thembu chiefs visit him in prison. According to Xobololo, the banned ANC leader seeks to unite the chiefs in the area.

Xobololo said Mandela had told the chiefs the state had offered to temporarily release him from prison so that he could "sort out his affairs" in Thembuland. However, Mandela had told the government that he would go home when he was a free man.

Xobololo said Mandela was "very happy" with the resolutions of the meeting of 2 000 Thembu. Mtirara was effectively ejected from the chieftainship and exiled Buyelekhaya instated. However, Chief Nqunqu would act in his position. The meeting also decided to exhume Sabatha's body and bury it at Heroes Acre in Bumbana, Transkei. Matanzima had buried Sabatha "with ordinary people".

Matanzima brothers lose defamation case

By PETER AUF DER HEYDE

TRANSKEI's Matanzima brothers have been ordered to pay R85 000 in court costs after losing a defamation claim against a Swiss newspaper.

George and Kaizer Matanzima, the "homeland's" former prime minister and state president respectively, sued *Zürcher Oberländer* for 50 000 Swiss francs (about R72 000) after the newspaper published a report comparing the two to Uganda's Idi Amin.

The report, which appeared on July 1 1982, stated that the two Transkei rulers were allowing bodies to decompose in jails and then be thrown into a river. The article, reported by DDP, a German press association, focused on human rights violations in Transkei.

Four months after publication of the article, the editor of the *Zürcher Oberländer*, the only newspaper to have published the story, received a claim from the Matanzimas who said they had been defamed. They asked the newspaper to pay the money to a development project.

The Hinwil (a district in Switzerland) court ordered the newspaper to pay all costs but decided against granting the Matanzimas the money

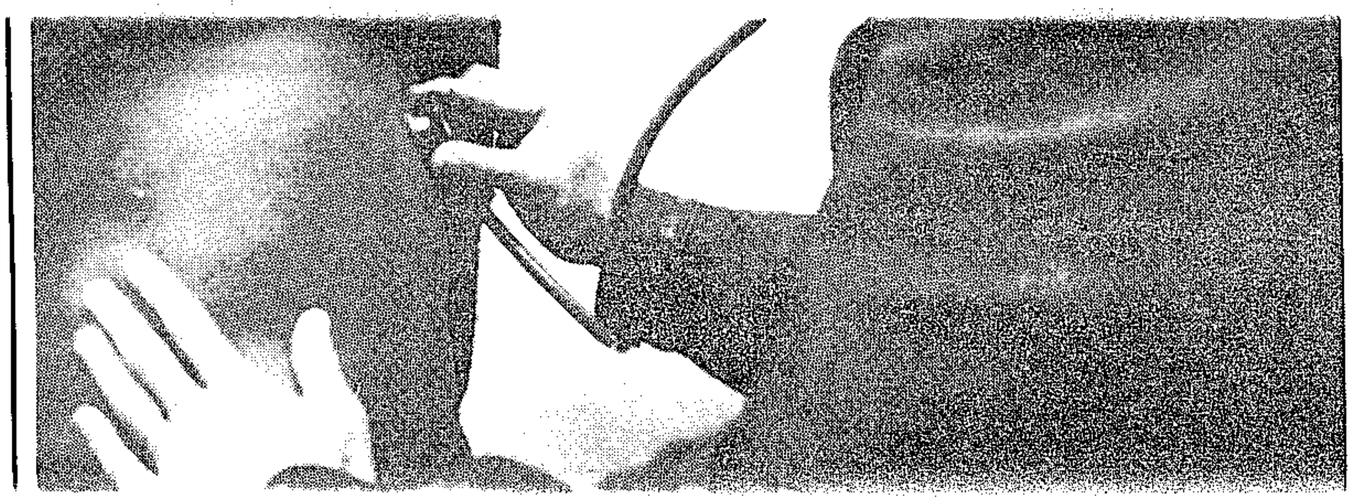
Zürcher Oberländer then appealed against the decision. The Zurich Supreme Court last week ruled that the statements had not been defamatory as different measures needed to be applied for cases dealing with political reporting to those dealing with "normal cases".

It ordered the Matanzimas to pay all court costs.

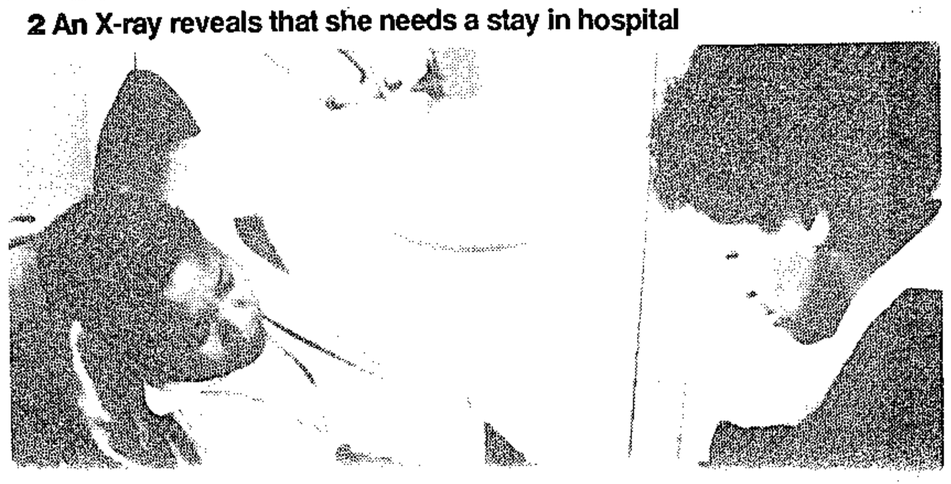
The court also made a ruling that newsapers could not be held responsible for agency reports.

wmail 4-10/8/89

Hilda Maseko makes history with an



2 An X-ray reveals that she needs a stay in hospital



1 Hilda Maseko, stabbed during the night, is examined by a casualty section doctor

3 A nurse puts a needle into Maseko's arm to insert a drip

A black patient gets a warm welcome at a 'white' hospital

If Hilda Maseko had been stabbed a day earlier, she would have been sent to Tembisa hospital, 30 kilometres away. But Hilda was stabbed on the night of the 'hospital protests' — and she ended up instead at nearby, well-equipped Johannesburg Hospital. This is the story of an ambulance ride which made a little history ...

Pictures: GISELLE WULFSOHN
Story: BELINDA BERESFORD

Hilda Maseko, 27, arrived at the Alexandra Health clinic at 11.55. She had been stabbed in the back the previous night by "tsotsis" and was complaining of pain and shortness of breath.

Blood from the wound and air entering the chest through the wound had collapsed one lung.

According to the doctor in casualty, she needed surgical intervention: an "intercostal drain" to remove the blood from her lung. The drain would need to stay in her chest for several days, and she also needed chest physiotherapy. This meant she had to stay in hospital.

Alexandra Clinic is in Sandton and is supposed to send all patients in need of hospital treatment to Tembisa Hospital 30km away — in contrast to Johannesburg Hospital, only 10km away.

But Maseko arrived at the Alex Clinic on Wednesday, at the start of the "mass democratic movement's" defiance campaign. One of the aims of the campaign is to desegregate hospitals by having black patients seek attention at the nearest hospital, whether it is "white" or "black".

So with her permission, Maseko was loaded into an ambulance and driven to Johannesburg Hospital. The doctor escorted her in case she was turned away and sent to Tembisa.

At Johannesburg Hospital the demonstrators had left and the hospital was quiet. Maseko was taken straight into a rescucitation room in the emergency unit.

White nurses efficiently removed Maseko's clothing underneath a sheet. Within minutes the doctor in the unit had fresh x-rays and was getting ready to insert the drain.

Explaining gently what he was about to do, the doctor gave Maseko a local anaesthetic and started to cut into her chest. The peace of the room was suddenly broken by screams of pain. Apparently the anaesthetic does not always reach the membrane surrounding the lungs and the patient can feel incisions.

Several long painfilled minutes later, the drain was in place. Deep red blood poured down a clear tube into a bottle quickly filling it.

More x-rays were taken to check the positioning of the tubes, and Maseko was wheeled upstairs into a private room, with two beds, in the trauma ward.

Maseko was the only black patient on the ward, although according to reports the trauma unit has been multi-racial for four years. The doctor in charge of the emergency unit said the only criterion in admitting patients is the severity of their injuries.

In fact, Alex Clinic director Tim Wilson yesterday thanked the superintendant and staff of the Johannesburg Hospital "for the help they have given to us and our patients in emergency situations in the past" as well as that given yesterday.

But as a result of its staff shortage, the trauma unit tries to accept only the most critical cases which other hospitals cannot deal with.

The defiance campaign has turned the spotlight on South Africa's overloaded public health facilities.

According to a National Medical and Dental Association spokesman, the campaign organisers had decided to focus on four hospitals which were close to a large black community and where there was no easily accessible alternative for black patients. For these reasons, the controversial JG Strijdom hospital was not targeted.

The lack of provision for black patients has long been a matter of public record, but white hospitals are now suffering as a result of the escalating costs of apartheid health administration.

Hospital facilities are being scaled down because of a lack of funds. It is rumoured that the Johannesburg Hospital trauma department's intensive care unit, the only one in South Africa, is to be closed next week.

Stress, low pay and long hours have resulted in many nurses leaving state hospitals. Because of the nursing shortage, Johannesburg Hospital is only using 830 beds out of a possible 1 800. Although it is a white hospital, over half the nurses are black.

Earlier this month, a white woman in need of intensive care had to be transferred to Baragwanath Hospital because Johannesburg Hospital did not have the staff to care for her.

Despite the desperate need for their services, black nurses still face petty discrimination at the Johannesburg Hospital. They are not allowed to stay at the nurses' residences and to avoid long bus journeys many live "illegally" in Hillbrow.

The children of black nurses are not allowed to attend the hospital's creche and nursery school. In addition, black nurses are not allowed to transfer to Johannesburg Hospital from other hospitals under the jurisdiction of the Transvaal Provincial Administration (TPA). To take up a job in Johannesburg, they have to resign, with attendant loss of service benefits.

Black non-medical staff at Johannesburg hospital receive emergency treatment there if they are injured during working hours. Otherwise they are treated like any other patient and moved to Baragwanath. According to Namda, the same applies to Addington Hospital in Natal, where injured black workers are moved to King Edward VIII Hospital.

Johannesburg only trains white nurses, most of whom go into private practice. Although there are many black applicants for training, their numbers are restricted by quotas imposed at white nursing schools — prompting one doctor to say that the health services were "starving in the midst of plenty".

South Africa has a growing shortage of doctors, particularly in the rural areas, where doctors doing their military service often have to be used.

A survey conducted earlier this year showed that 39 percent of fourth-, fifth-, and sixth-year medical students at the University of the Witwatersrand were considering emigration. Military conscription was the main reason: 59 percent placed it first or second on their list of reasons for wanting to leave. Forty-seven percent said that they would remain if there were a community service alternative to serving in the army.

It has been estimated that between 40 and 50 percent of doctors and graduating medical students are leaving the country. According to a doctor at Wits, Rhodesia lost about 80 percent of its medical graduates in the final stages of the Rhodesian war.

In American medical circles, South Africa is apparently referred to as "America's best medical school".

At JG Strijdom Hospital, a battle rages on between Wits University and the TPA over the latter's announcement earlier this year that the hospital, a teaching hospital for all races, would become "own affairs"—

7 A warm welcome: Nurses help Maseko off the stretcher

R1-million security bid fails in Trojan Horse case

A JUDGE has dismissed an application for almost R1-million to be lodged as security against legal costs in the murder trial of 12 policemen and a South African Defence Force member arising out of the notorious Trojan Horse killings of 1985.

The security force members are in the dock in terms of a private prosecution brought by the mother of Michael Miranda and the father of Shaun Magmoed. Michael Miranda was 11 and Shaun Magmoed 16 when they died in a hail of gunfire on October 15 1985.

Filmed by a CBS television news team, the incident sent shock waves round the world.

In an operation authorised by senior police, defence force and railways police officers, policemen concealed themselves in three large crates on the back of a railways delivery truck. The driver and his passenger were dressed as railways personnel.

The truck trawled twice down Thornton Road in the suburb of Athlone, attracting stones on its return trip. The hidden men, armed with pump-action shotguns, sprang up and fired 39 rounds of "sharp point" ammunition into the crowd.

Miranda, Magmoed and a third youth, 21-year-old Jonathan Claassen, were killed.

The parents of Magmoed and Miranda launched the action — believed to be the first private prosecution for murder in South African legal history — after the attorney general of the Cape declined to prosecute, in spite

By GAYE DAVIS, Cape Town

of a magistrate's inquest finding that police acted unlawfully.

On launching the private prosecution, the boys' parents lodged R10 000 as security against legal costs which might be incurred by the 13 defendants, who include the senior officers who devised the action and the 10-man task-force which carried it out.

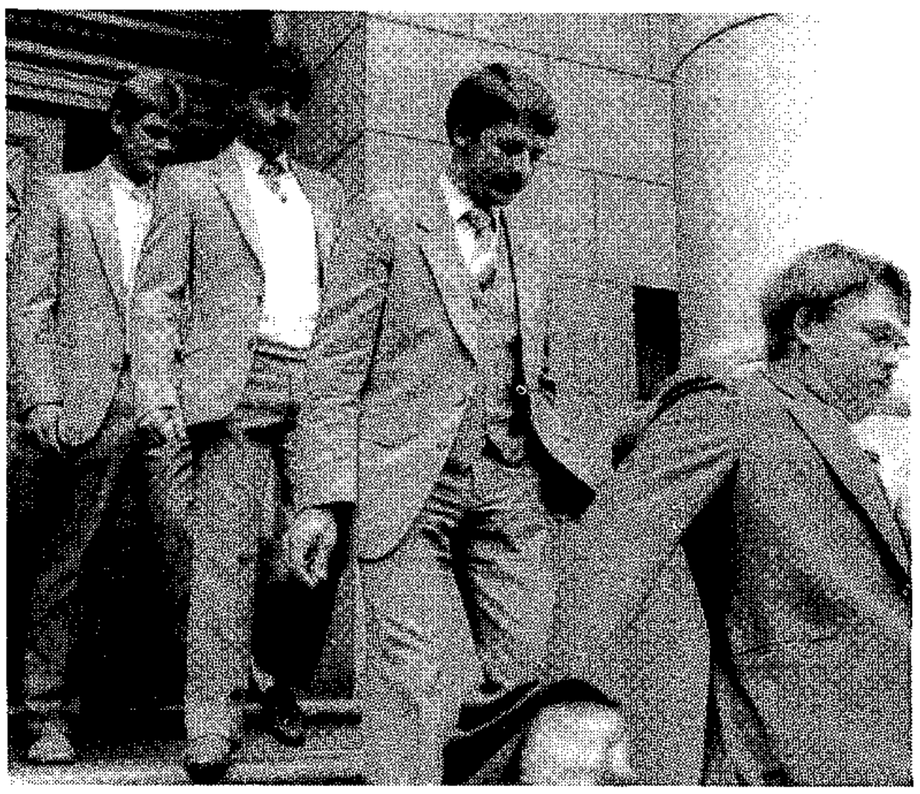
This week they faced having to raise R945 000, based on estimated legal fees of R15 000 a day for the three senior counsel, three junior counsel and two firms of attorneys representing the accused.

But Cape Supreme Court judge Mr Justice DM Williamson dismissed the application, which the family's counsel, Jules Browde SC, described as an attempt to "stifle prosecution".

Defence costs of the accused were being met by the state, Justice Williamson said.

While the possibility existed they might forfeit this if it were proved they failed to comply with instructions, it was only a possibility and not a probability.

He had to consider the matter in terms of an amount the accused might reasonably be expected to incur personally, on the basis of probability rather than a vague and intangible possibility.



Policemen facing charges of murder in the 'Trojan Horse' trial leave the Supreme Court Picture: RASHID LOMBARD, Afrapix

Otherwise, he would be "loading the scales of fariness unduly heavily in favour of the accused and against the private prosecutors".

There was insufficient information before him to show that the accused would probably have to bear the legal costs and they were thus not entitled to ask for security.

Counsel for the accused said yesterday they would consider appealing against the decision.

Of the defendants, one has since been promoted to the rank of lieutenant colonel. Another has retired from the police force and a third, a Citizen Force member of the SADF, is still the principal of a school.

They are: retired SAP colonel Pieter Janse van Rensburg, former commander of the Western Cape unrest unit; Lieutenant Colonel Christiaan Loedolff, at the time a major in the now disbanded SA Railways Police and commander of the regional unrest unit; SADF Commandant Salmon Pienaar; Lieutenant Douw Vermeulen, who headed the task force; Warrant Officer Andre Swart, Sergeant James Sayer, Sergeant Frank van Niekerk, Sergeant Jacobus Burger, Sergeant Albertus Myburgh, Constable Andre Smit, Constable Wilhelm Puchert, Constable Alexander Rossel and Constable Pieter du Toit.

The trial was postponed until Wednesday.

Natal court overrules 'fair trial' judgement

By CARMEL RICKARD

THE widely-hailed ruling of Natal judge, Mr Justice John Didcott, which insisted that accused be properly represented, has been set aside by a full bench of the Natal court.

The full bench — consisting of Natal's judge president Mr Justice Howard, with Mr Justice Booysen and Mr Justice Combrink — held that legal representation was not vital to the fairness of a trial.

The judges said that accused persons did have the right to legal representation, but they did not have the right to be provided with representation they might want but could not afford.

They said the earlier judgement of Mr Justice Didcott — which made representation, in many cases, a prerequisite for a fair trial — was unworkable.

National president of Lawyers for Human Rights Brian Currin expressed his organisation's "deep distress" at the new ruling.

He said that at a time when the judiciary was not only losing credibility, but was becoming "increasingly irrelevant" to the vast majority of South Africans, the Didcott judgement "was seen to side with the plight of the oppressed and underprivileged".

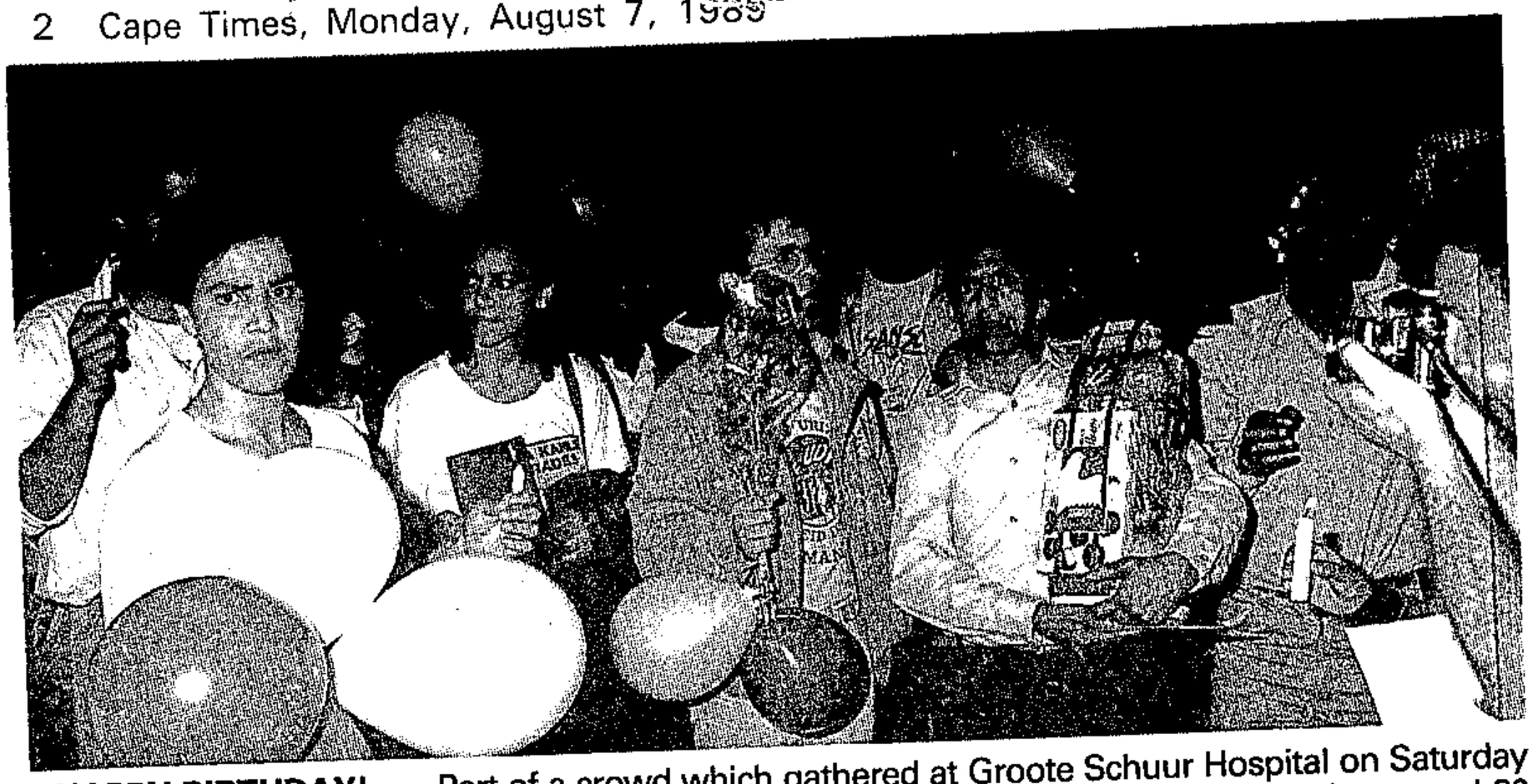
Currin said that since 85 percent of accused in criminal cases were unrepresented, a public defender programme was desperately needed.

The Didcott judgement had given this idea impetus. Publicity surrounding the ruling had led to an increased awareness among lawyers and many more had begun offering their services for poor clients.

Another LHR official predicted that with the overruling of this judgement, the interest of these lawyers would decline rapidly.

Currin commented: "For the judge president of Natal to state that the rule laid down by Mr Justice Didcott would be unworkable in practice begs the question, in our respectful view.

"If the full bench were of the view that the rule was unworkable, they should rather have improved upon it. As far as we are concerned, the court should rather have found a way of making the rule work."



HAPPY BIRTHDAY! . . . Part of a crowd which gathered at Groote Schuur Hospital on Saturday night to take birthday wishes to jailed veteran trade unionist Mr Oscar Mpetha, who turned 80 that day. Mr Mpetha is serving a five-year sentence for terrorism and is being treated at the hospital for diabetes.

Picture: OBED ZILWA

Large crowd is teargassed at G Schuur

By MARIUS BOSCH

POLICE fired teargas to break up a 300-strong crowd outside Groote Schuur Hospital, and detained a prominent advocate outside the hospital on Saturday night.

The crowd had gathered outside the hospital to convey their best wishes to veteran trade unionist Mr Oscar Mpetha, who celebrated his 80th birthday on Saturday.

Mr Mpetha — who has diabetes and is crippled — is currently serving a five-year jail sentence for terrorism.

Eyewitnesses said police fired at least five teargas canisters in the direction of the crowd gathered at the entrance to the Groote Schuur parking lot, after warning that the gathering was illegal.

The Mass Democratic Movement said the "firm, sober interventions" of Dr Jocelyn Kane-Berman, the hospital's medical superintendent, prevented "further foolish actions" by the police.

Police spokesman Colonel L J Haasbroek yesterday confirmed that teargas had been fired to disperse the crowd, and that advocate Mr Johnny de Lange had been detained under the emergency regulations.

Mr De Lange is part of the defence team in the Yengeni trial — which is proceeding today — and Mr Jan van Eck, DP MP for Claremont, yesterday approached Law and Order Minister Mr Adriaan Vlok requesting Mr De Lange's release.

Eyewitnesses said Mr De Lange was detained after he had negotiated with police about the firing of teargas at the hospital.

Dr Kane-Berman said yesterday that shortly after the firing of the teargas, it could be smelled in parts of the hospital. No patients or staff had been seriously affected.

Mrs Pam de Lange said the detention of her husband was outrageous.

"He was detained for negotiating with police not to throw teargas outside the hospital," she said.

The Cape Democrats said it was "sinister" that Mr De Lange was detained while negotiating.

Members of the crowd gained admission to the hospital by mingling with visitors, and later they were allowed to sing "Happy Birthday" at the entrance to Mr Mpetha's ward.

There was a strong police presence at the hospital, with several vans and a water cannon on the scene.

"We were outraged at the *kragdadige* response of the SAP," a spokesperson for the MDM said yesterday.

"We are angered at the lack of consideration shown towards not only our peaceful group, but towards the entire hospital population and their visitors."

(Report by M Bosch, 122 St George's Sreet, Cape Town).

Red Cross rejects claims of racism

By Sue Valentine

The executive of the Southern Transvaal region of the Red Cross has rejected alleged racism as the reason for recent developments in the region.

Chairman of the Southern Transvaal branch Mrs Joan Roberts said the dismissal of assistant regional director Mr Bongani Khumalo three months ago and the recent firing of 37 striking workers had nothing to do with racism. She said the strike had been illegal.

In a statement, Mrs Roberts said the region had a bank overdraft of R1,8 million and "several difficult and painful management steps" had to be taken.

"Mr Khumalo's dismissal was one of those hard management decisions," she said.

Last week about 500 black members of the region walked out of an extraordinary general meeting.

They have since announced their commitment to use what equipment they have and offer humanitarian services independently of the Red Cross.

In response, Mrs Roberts said the organisation could not tolerate the misappropriation of equipment and legal action was being taken to retrieve these utilities, which included cars.

A spokesman for the black workers and a regional council member, Ms Belede Mazwai, said: "The cars were given to community organisers by the international delegation of the Red Cross. Although the organisers work in the Southern Transvaal region, they are not strictly speaking employees of the region and I do not see how the region can claim ownership of those vehicles."

Move to open Vaal Triangle crisis clinic

(98)

Vereeniging Bureau

A psychiatric symposium entitled "Industry and the Being" is to be presented at the Vereeniging Civic Theatre on August 17.

The one-day event is being organised by the nursing staff of the Vereeniging Hospital with a view to starting a crisis clinic at the hospital.

According to a hospital spokesman statistics have revealed that problems such as alcoholism, depression, drug abuse, suicidal cases and psychological disorders are on the increase in the Vaal Triangle area.

She said that in 1978 the hospital's out-patient department treated an average of 36 patients a month for related problems. This year the figure has almost doubled to about 70 patients a month.

NEED FOR CRISIS CLINIC

She also pointed out that there were only 12 beds available in the observation wards, which were "filled to capacity daily".

"There is a very definite need for a crisis clinic in the Vaal Triangle area. We care for these people with problems and feel there should be a continuation of treatment once they are discharged from hospital. A crisis clinic would certainly help solve this problem," the spokesman said.

The symposium is aimed at medical practitioners, buisiness and factory managers, as well as organisations such as Famsa, Sanra and the AA.

The enrolment fee is R45 a person and those interested in attending can contact the symposium secretary, Sister Sutherland at (016) 28-1133.

Emergency ward crisis as more nurses leave

CAPE TIMES 18/8/89 98

By DI CAELERS

GROOTE SCHUUR Hospital's intensive-care units (ICU) crisis continues to deepen with the closure of beds in one unit, the postponement of "elected" operations and the "occasional" turning away of emergency patients.

And the immediate future looks even more bleak with several senior ICU sisters planning to leave the hospital in the next few months, senior hospital staff members have confirmed.

Dr Lance Michell, head of the surgical ICU at Groote Schuur, told the Cape Times two of the 12 beds in his unit had been closed since the beginning of July with a third bed becoming a border-line case.

The closure of the beds came as a direct result of a shortage of ICU nurses, he said.

"We haven't yet gone to three beds but we very nearly did the other night when one sister was ill and we couldn't find a replacement. Luckily, at the last minute we did.

"We are living from hand to mouth at this stage as far as nurses go and I anticipate things will deteriorate further in the next few months with several senior sisters planning to leave."

Situations often arose where "elected" operations — those that did not need to be conducted for emergency reasons — were postponed because of the shortage of ICU bed space, according to Dr Michell.

He said the only solution to the problem was that nurses' salaries needed to be increased "radically" and quickly.

"Our qualified ICU sisters would often love to stay with us but their financial situation just doesn't allow it.

"Once ICU sisters qualify they become very valuable to private hospitals and as long as there is a shortage, these hospitals will offer them better salaries."

Dr Michell said Groote Schuur could recruit and take new nurses out of training to replace those who left, but they unfortunately came "very inexperienced".

"The ratio of juniors to seniors is a lot worse in our situation and this puts a lot more stress on the experienced sisters."

Groote Schuur superintendent Dr Frank Bowie said the recent closure of ICU beds reflected the critical situation in nursing services throughout the country.

Groote Schuur's medical superintendent, Dr Jocelyn Kane-Berman, said she had no further comment to make.

White hospitals still admitting black patients

98

Medical Reporter

White hospitals were still accepting black patients almost a week after the launch of the Mass Democratic Movement's hospitals desegregation campaign, an MDM spokesman confirmed yesterday.

He said he had so far received no complaints from black patients and accepted that they were being treated.

A special telephone line had been set up by the MDM, which black patients could call should they be turned away from white hospitals or transferred to black institutions.

A Johannesburg Hospital spokesman said 18 black patients had been seen at the casualty department between Thursday and Sunday.

Thursday, the day after the launch of the MDM campaign, had the highest number of black patients (seven) but the numbers dwindled to only two by Sunday.

The hospital had seen between six and 12 black patients a day on average before the start of the campaign.

As half the beds stand empty . . .

Afrox bid to lease space in hospital fails

(98) Bday 9/8/89.

DIANNA GAMES

TRANSVAAL provincial authorities have refused Afrox permission to lease 200 beds temporarily in the half-empty Johannesburg Hospital.

The hospital has only 833 of its 1 600 beds occupied.

Provincial authorities have, however, given the go-ahead to Iscor medical aid Ferromed to hire a complete floor of Pretoria West Hospital.

Afrox Healthcare GM Dick Williamson said yesterday the company had asked for the use of part of Johannesburg Hospital while an Afrox hospital was closed for refurbishing.

He claimed permission was refused by hospital services director Dr Hennie van Wyk because it would be "awkward".

Williamson said a month ago Afrox again wrote to Van Wyk, asking to lease 200 beds and three operating theatres long term, but had received no reply.

Van Wyk said he could not remember anything about Afrox's initial request and had not received the second.

He added he could not speculate on whether such a request would be accepted until the details were before him.

Johannesburg Hospital is operating at about half capacity because of financial and staff problems.

A hospital spokesman said several private organisations had shown an interest in hiring beds over the years.

Ferromed's hiring of 60 beds and facilities in Pretoria West Hospital has been welcomed by the same authorities. MEC for hospital services Daan Kirstein said it would be watched as a test case for other moves in this direction.

The Ferromed hospital will take patients from the middle of this month.

It is believed Iscor put up partial finance for the original construction of Pretoria West Hospital, which is near its headquarters.

Kirstein said he could not speculate on the Afrox move but the fact Johannesburg Hospital was a teaching hospital made such a move "very, very difficult".

He said it was unlikely private hospitals would want to adhere to all the conditions of such an agreement.

Kirstein said it was also unlikely permission would be granted for such a move to be made temporarily as Afrox had originally wanted.

Williamson said the future for privatising state facilities lay in the management of such assets and not necessarily in their purchase.

He said it made sense for private hospital groups to lease whole hospitals from the state and run them.

Where state patients needed treatment this could be worked out on a daily bed rate, he suggested.

Kirstein said this was a possibility with hospitals that had a high percentage of private patients.

A Ferromed spokesman said about R600 000 had been spent on equipment for its "own affairs" hospital and it would provide all staff. Ferromed would, however, hire facilities and buy into the hospital catering service.

It is for Ferromed members only and an 80% occupancy is envisaged.

The spokesman said the move had been well received by the province but had taken about two years to get the project in motion. A major delaying factor was from which body to get permission.

Four new hospitals for Pretoria

Star 98 10/9/89

Pretoria Bureau

Pretoria is to have four new hospitals in one huge building, the Provincial Administration announced yesterday.

They will form a giant new H F Verwoerd academic hospital complex behind the existing hospital of the same name.

Mr D P Kirstein, the MEC in charge of hospital services, said the new complex, which would be made up of separate hospitals in a 10-level building, would be completed in 1998.

The existing institution is to become a regional hospital with 600 beds. Half the beds in the new complex will be reserved for non-white patients.

The first phase — a boiler house built at a cost of R4 million — has already been completed. The final cost of the whole complex is not yet known.

Mr Kirstein said the complex would include hospitals for surgical cases (including neurology, neurosurgery, general surgery and transplants), internal medicine (gynaecology, psychiatry, plastic surgery and nuclear medicine), emergencies (lung diseases, cardiology, trauma and intensive care) and obstetrics, paediatrics, maternity and occupational therapy.

tech's debt:equity ratio, which has leapt from 0,68 to 1,24; most of the Altron group has minimal gearing. Net borrowings were up from R35,7m to R75,8m, while cash flow rose only R0,9m to R21,3m.

If it were simply a question of whether Altron can get Fintech right, there would be little doubt in investors' minds. Altron deputy chairman Neill Davies has been sent in as executive chairman to sort out the problems and Altron management has too much to lose not to turn the company around. All major operating MDs in Punch Line have been replaced, half its distribution branches closed and tight financial controls introduced.

But there are uncertainties which affect investors' assessment of the potential. There is an overhang of additional shares to finance the NCR acquisition, though Venter says the amount is not onerous and Fintech will have to fund the Punch Line rights issue. Other imponderables are the effect of the NCR acquisition and the pace of recovery in Punch Line. A number of analysts are thus declining to attempt forecasts for Fintech. In view of the uncertainties, the p:e of about 9,2 is a fairly high rating.

Pat Kenney

PRESMED (98) Fmerl 11/8/89

Growth costs

Activities: *Owns three private hospitals and seven day clinics in Transvaal, Cape and Orange Free State.*

Control: *C A Grillenberger holds about 58% via Eenhede Konsultante.*

Chairman: *P H N Bremer; managing director: C A Grillenberger.*

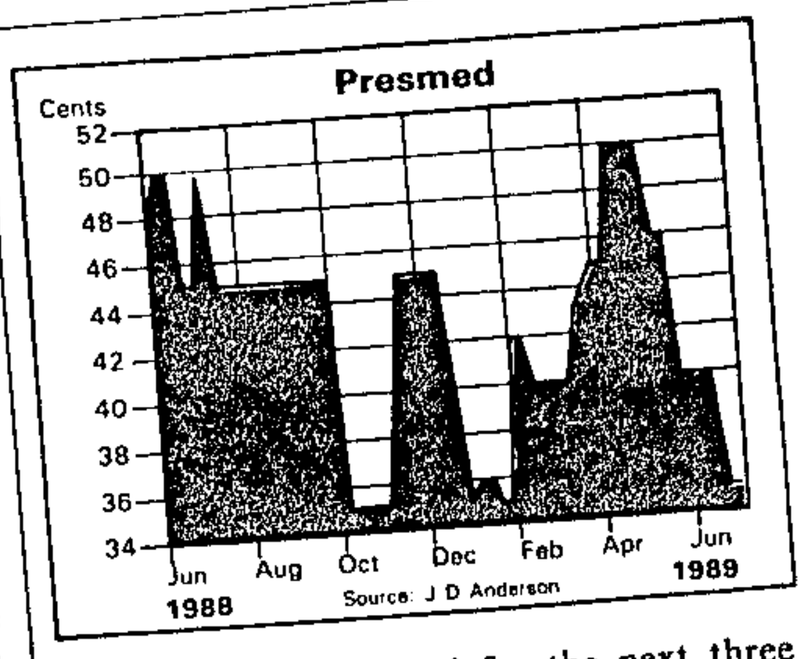
Capital structure: *8,7m ords. Market capitalisation: R3m.*

Share market: *Price: 40c. Yields: 6,3% on dividend; 20,3% on earnings; PE ratio, 4,9; cover, 3,9. 12-month high, 50c; low, 35c. Trading volume last quarter, 347 000 shares.*

Financial: *Year to February 28.*

	'87	'88	'89
Debt:			
Short-term (Rm)	—	0,2	1,1
Long-term (Rm)	0,4	1,7	3,9
Debt:equity ratio	—	1,6	2,4
Shareholders' interest	0,34	0,26	0,14
Int & leasing cover	13,7	9,1	2,9
Debt cover	1,26	0,47	0,31
Performance:	'86	'87	'88
Return on cap (%)	47,5	28	18
Turnover (Rm)	2,7	5,4	22,1
Pre-int profit (Rm)	0,9	1,2	2,2
Pre-int margin (%)	34,2	22,8	10,2
Taxed profit (Rm)	0,5	0,6	0,7
Earnings (c)	5,8	6,1	8,1
Dividends (c)	1,65	1,7	2,1
Net worth (c)	7,1	12,9	10,7

Last year, President Medical Investments quadrupled turnover, though margins more than halved. EPS rose 33%, but investors must have been disturbed by the increase in gearing to 2,4, from an already high 1,6. MD Carl Grillenberger explains that Presmed is targeting high-volume growth, which he believes can be sustained for the next three years at least. But the rate will decrease — this year, he projects 32% turnover growth.



Last year's lower margins were largely due to start-up costs in two new hospitals. Margins improve steadily as occupancy increases. Start-ups also raised gearing, as did takeovers of four day clinics, making Presmed the largest operator of day clinics in SA. Grillenberger says Presmed can easily cover finance charges, especially as hospitals are unaffected by recession. Still, interest and leasing cover has fallen sharply.

The accounts show medical and other equipment at depreciated value, well below replacement cost. On strong cash flow, gearing is already down on the year-end figure, says Grillenberger.

Presmed's hospitals are much smaller (60-150 beds) than those of larger competitors like Clinic Holdings, Afrox and Remlibrandt's Medclin (200-300 beds). Presmed depends more on volume for profitability. Presmed thus decided to remain contracted in to gazetted medical aid tarrifs while other majors contracted out. Grillenberger says Presmed may suffer some cost squeeze, but occupancy has increased.

Presmed targets smaller centres, while the majors are sticking to the main centres. Presmed had day clinics in some of the smaller centres and decided to build hospitals to fill the need and thwart possible competition.

Grillenberger believes growth in the SA industry generally is assured because of the ageing white population, the lack of new government hospitals and the rising number of blacks on medical aid. But the locus of that growth will be important. He is confident of at least 25% EPS growth in the next three years. The market seems to agree that Presmed is well placed. The share is above its June 1986 issue price of 30c while Clinic and Medclin stand below their issue prices.

Teigue Payne

(98) Fmerl 11/8/89

RAND LONDON

Tough going

Things are moving at Rand London. The company has been re-financed with new-equity in the past year, allowing sales and profits to recover from the previous year's flood disaster. But the company is still not

2 ambulances for Daveyton

98

East Rand Bureau

Two ambulances from the Benoni City Council would be transferred to Daveyton, said the member of the executive council in charge of hospital services in the Transvaal, Dr Daan Kirstein. Star 11/8/89

He said the Transvaal Provincial Administration was awaiting approval from the Treasury to have the vehicles transferred to alleviate the ambulance shortage in Daveyton.

In the meantime, residents said the situation regarding ambulance services in Daveyton was chaotic and life could be lost because of the lack of these services.

The township's only ambulance broke down about a month ago. On Wednesday a 29-year-old woman, Miss Deliwe Mdandlwa, who had complications with the birth of her baby, allegedly waited six hours for an ambulance and was later taken to the Far East Rand Hospital by a Springs ambulance.

Mr Shadrack Sinaba, mayor of Daveyton, yesterday confirmed township ambulance drivers had received no training.

ned Star 11/8/89.

lice

crowd

Steps have been announced to ensure "a satisfactory and comprehensive health service" at the J G Strijdom Hospital, which has been seriously affected by the withdrawal of the University of the Witwatersrand's Medical School and the resignation of its superintendent.

Deputy Minister of Health Services Dr Michael Veldman yesterday said in a statement the recruitment of medical and nursing staff at the hospital would be given urgent priority

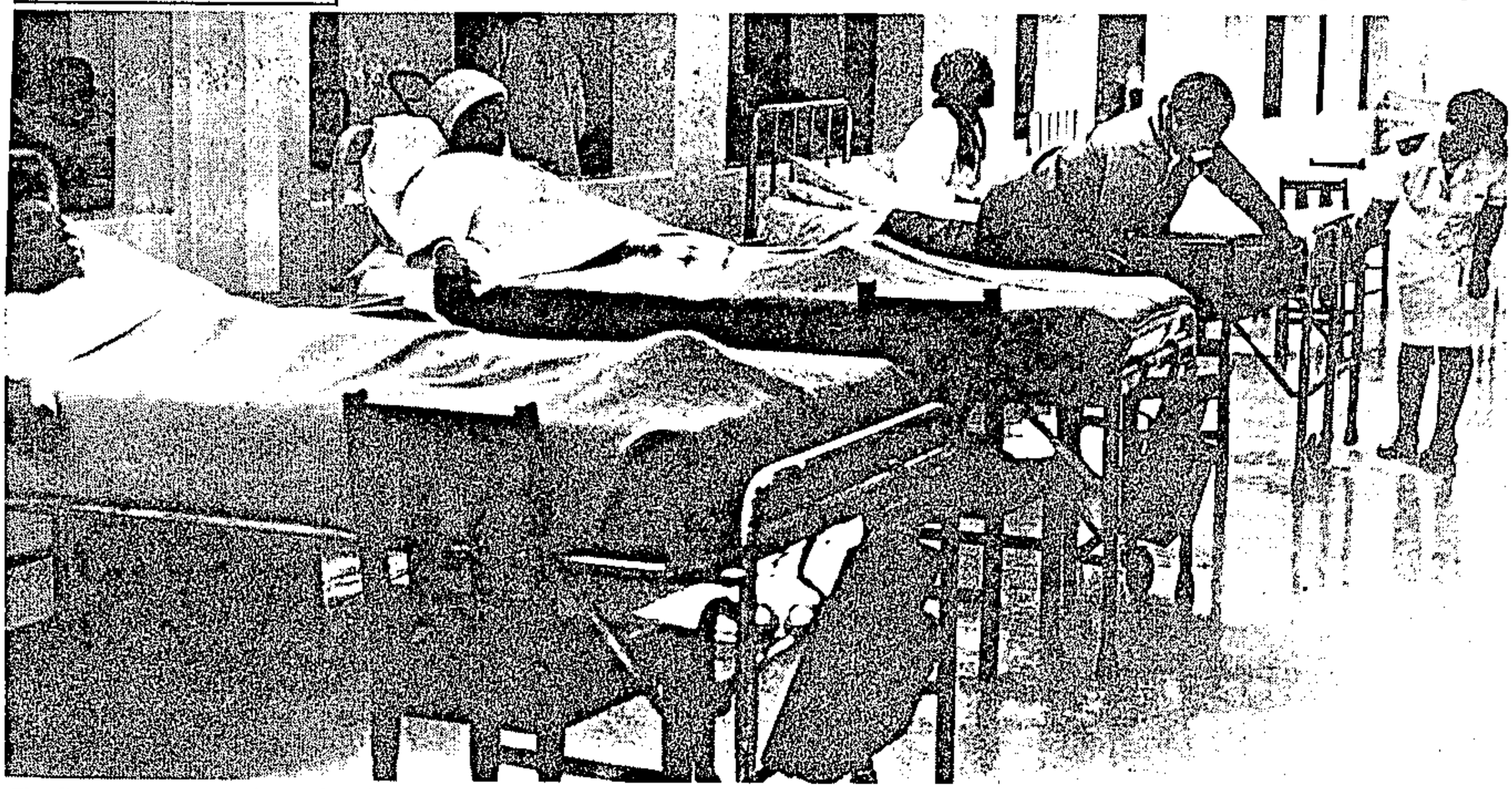
Recruitment drive at Strijdom Hospital

"In addition, after adjustment of the approved post establishment, an aggressive recruitment campaign will be embarked upon to recruit, not only to attract services of the key specialists, but also to extend these services."

Dr Veldman said specialists and private practitioners would be able to admit private patients to the hospital and to treat them.

Regarding the under-utilised accommodation at the hospital, 60 single-bed units would be made available to treat frail, aged or chronically ill patients. Consideration was also being given to the unused, uncovered areas being used by Wits' Dental and Oral Teaching Hospital.

If the university did not find this acceptable, the space might be given to private practitioners and specialists for consulting rooms. — Sapa.



The first patients are admitted to the new extension to the admissions ward at Baragwanath — thanks to funds raised by the business sector.

ys woman

) a police vehicle.
d Mr van der Heever and said: talk to my husband. I want to) blow (the breathalyser). He hit me across the face."
lt her husband over the head and s pushed into a police car. The reaming, so she got out to go to ushed back. She tried again and er threatened to shoot her.
them to stop hitting his parents hut up you little bastard, or I'll

eyer of the Johannesburg Securi- said Mr Kotze was covered in id wound when brought in for his

ntinues today.

Flu strikes Natal

Star 11/8/89. Medical Reporter

The wave of A/Taiwan flu sweeping across the country has struck Natal, laying off hundreds of factory workers and municipal employees.

At least 10 percent of deaths from natural causes in Maritzburg last month were blamed on flu-related complications. At Addington Hospital in Durban, 60 nurses have been booked off.

In some factories entire shifts have had to be cancelled. School have postponed rugby and hockey matches.

Employee absenteeism has risen quite steeply in the Cape but in the Transvaal and Free State the virus has proved less virulent.

Factories and businesses in and around Johannesburg report no more than the usual winter ailments among staff.

Doctors believe many people may be confusing the flu with upper respiratory tract infections.

● See Page 13.

Bara patients move into new extension

Star 11/8/89 98

By Toni Younghusband, Medical Reporter

The first of 13 extensions to the grossly overcrowded medical wards at Baragwanath Hospital has been opened to patients.

An additional 25 beds have been provided in the admissions ward, which in the past has had to cope with more than 140 patients in 24 hours.

"We used to have to transfer patients to other wards within hours because we didn't have beds and didn't want them sleeping on the floor," medical wards matron Mrs Geraldine Matlhare told The Star.

Last week there was a shortage of more than 2 000 beds in the medical wards.

Over R3 million has been raised by private enterprise for additions and alterations to the hospital following a commission of inquiry into existing conditions. Beds are being bought with funds raised by the Beds for Bara project started by Saturday Star readers. Existing facilities have been cleaned and painted and new ablution blocks added to the wards.

"This is the most beautiful ablution block. We've never had anything like this," Mrs Matlhare said.

The first patients were admitted to the ward on Monday and staff are delighted at the improvement.

"These extensions will make a big difference. At least now you are able to get between the beds with ease," doctors on duty said yesterday.

Head of Baragwanath's Department of Medicine Dr Ken Huddle said: "These extensions will go a long way towards getting patients off the floor and into beds."

Though the nurse complement in these wards was insufficient, the extensions did not mean a marked increase in the number of patients admitted, he said.

Construction crews are working flat-out to complete the remaining 12 extensions before the end of the year.

Bara patients move into new extension

Star 11/8/89

98

By Toni Younghusband, Medical Reporter

The first of 13 extensions to the grossly overcrowded medical wards at Baragwanath Hospital has been opened to patients.

An additional 25 beds have been provided in the admissions ward, which in the past has had to cope with more than 140 patients in 24 hours.

"We used to have to transfer patients to other wards within hours because we didn't have beds and didn't want them sleeping on the floor," medical wards matron Mrs Geraldine Matlhare told The Star.

Last week there was a shortage of more than 2 000 beds in the medical wards.

Over R3 million has been raised by private enterprise for additions and alterations to the hospital following a commission of inquiry into existing conditions. Beds are being bought with funds raised by the Beds for Bara project started by Saturday Star readers. Existing facilities have been cleaned and painted and new ablution blocks added to the wards.

"This is the most beautiful ablution block. We've never had anything like this," Mrs Matlhare said.

The first patients were admitted to the ward on Monday and staff are delighted at the improvement.

"These extensions will make a big difference. At least now you are able to get between the beds with ease," doctors on duty said yesterday.

Head of Baragwanath's Department of Medicine Dr Ken Huddle said: "These extensions will go a long way towards getting patients off the floor and into beds."

Though the nurse complement in these wards was insufficient, the extensions did not mean a marked increase in the number of patients admitted, he said.

Construction crews are working flat-out to complete the remaining 12 extensions before the end of the year.

Nursing in Natal on its 'deathbed'

Weekend Argus Correspondent

DURBAN. — As the Natal health crisis grows, and a virulent strain of influenza takes a severe toll — 20 elderly people have so far died from the disease — a nurses' spokesman disclosed that 35 nurses had resigned from Addington Hospital at the beginning of this month amid increasing fury about poor working conditions in government hospitals in Natal.

The Senior Medical Superintendent at Addington, Dr Patrick Fitgerald, confirmed the resignations and added that "the more nurses leave, the more work there is for those left behind".

The alarming loss of so many nurses, and the strong possibility of a go-slow campaign, is aggravating the crisis.

Wards have been joined because of the chronic staff shortage, nurses are unable to take time off for overtime worked, and could even have their leave cancelled.

"Nothing seems to have been done to improve the situation and morale is the worst it has been. The girls are so desperate they want to form a union," a senior sister and a spokesman for the nurses said.

Emergencies

"Nurses don't want to strike because patients will suffer, but they're talking about organising a go-slow and dealing only with emergencies."

According to reliable sources, many nurses have promised politicians their votes if they do something about the crisis, and the matter looks set to become a major election issue.

The sister said the situation was constantly deteriorating because of staff shortages. "Cold surgery" — not emergency cases — were being cut back or delayed at Addington.

"It's unfair that the public should have to wait weeks, or even months, for an operation because the hospital is short-staffed."

She said the ante-natal and labour wards had had to be joined because of shortages of staff.

Also, nurses could no longer take time off for overtime worked, and had been told that their leave might be cancelled.

"After all the publicity and outcry about the chronic situation at government hospitals, there is still no light at the end of the tunnel for us," she said. "We are very angry with the way we are being treated. Will something be done only when there are no nurses left in government hospitals?"

Meanwhile, nurses at the chronically short-staffed R K Khan Hospital in Chatsworth are also angry.

"Nursing care has gone to the dogs. We just cannot give patients the attention they need," a sister said. "Our medical wards are overflowing and we have to send critically ill patients to surgical and private wards. We spend so much time transferring them that we can't nurse them properly," she said.

She said one nurse was doing the work of three: "In the mornings, there are an average of two sisters, one staff nurse and two students to cope with between 40 and 45 patients.

"In the afternoons, it is worse because staff finish their shifts."

She said nurses were demoralised and frustrated.

A senior sister, who is in charge of a busy ward, said she had only two or three students, a nursing sister and a staff nurses to nurse 50 or 60 patients. "Sometimes it is impossible."

Earlier this week, the medical superintendent, Dr P K Naidoo, confirmed the average longest stay for a patient was only three days — regardless of whether he had undergone major surgery.

He said the teaching hospital was chronically understaffed, and probably the worst-off in the country.

According to the nurses, the South African Nursing Association had asked for a 15 percent pay increase to come into effect in September, "but we don't know what's happening."

They had been told salary structures would be reviewed by the government only by July next year.

Discussions

Addington's Dr Fitzgerald said the situation could not be resolved in one day, and he was to have discussions with his seniors about the situation.

Meanwhile, a recruitment drive is under way to attract new nurses to Addington and Dr Fitzgerald says until the situation improves, staff there are "doing what they can."

Nurses' working conditions are to be addressed by the Department of National Health and Population Development at a meeting in Pretoria soon. The department's Health Matters Advisory Committee is to meet the SA Nursing Association and the SA Nursing Council. Individual nurses will have the opportunity to express their views.

"The conditions of the Trust set up by Mr Hermann Ekstein, who was one of Johannesburg's

But the residents are not particularly pleased with the other eastern suburbs councillor, Mr

ly the parks department will replace the saplings which the water department has des-

place the existing above ground pipe which has been there since 1972. In fact the lack of water

Baragwanath Hospital opens cardiology research unit

Star 14/8/89

Medical Reporter

A cardiology research unit, funded by private enterprise, has been opened at Baragwanath Hospital in Soweto.

The unit was designed to meet the research needs of a cardiology department which treats more than 26 000 patients each year.

The unit is the brainchild of Mr Vusi Ngubeni, personnel manager for Squibb Laboratories which paid for the unit. He is also a committee member of the Friends of Baragwanath organisation.

At the unit's official opening on Friday, the head of the cardiology department, Dr Pinhas Sareli said: "The donation of this building obligates us with a moral commitment to excellence as far as patient care and management are concerned."

The department has 11 200 in-patients and 15 000 outpatients annually.

98

The new unit will feature a multifunctional research area which can be upgraded to a three-bed intensive care unit and an administrative section and lecture-cum-boardroom.

Recruitment campaign for J G Strijdom

98

Star 17/8/89

Medical Reporter

The acting medical superintendent of the J G Strijdom Hospital, Dr J C Visagie, and members of the hospital's management committee are meeting State health authorities to plan a staff recruitment campaign.

This follows the resignation of the hospital's superintendent, Dr Annette van der Merwe, and 33 doctors, including heads of specialist departments, and 50 nurses after the hospital's transfer from "general affairs" administration to white "own affairs".

As a result of the transfer, the University of the Witwatersrand is also to withdraw its academic staff.

No announcement on the campaign was expected before Friday, a health department spokesman said yesterday.

Deputy Health Minister Dr Michael Veldman announced last week that the Government would embark on an aggressive recruitment campaign to lure staff to the Strijdom.

Hospital check

(98

A MONITORING group has been set up to supervise the intake of patients at previously segregated hospitals.

SAWelfare 18/8/87.

Any person refused treatment at any hospital on the basis of race is asked to get in touch with either Actstop at tel 29-9165, the South African Health Workers Congress, Sahwco, tel 337-4775 or the National Mental and Dental Association at 23-3244.

The MDM has medical staff at the former whites-only hospitals who are closely following and sympathetic to the campaign - these people, too, will report back to the MDM.

Doctors still defying hospital ban on blacks

PAT DEVEREAUX

THE doors of government hospitals and health facilities were still officially closed to black patients despite the recent defiance campaign organised by the Mass Democratic Movement, said National Medical and Dental Association spokesman Dr Max Price this week.

"So far the campaign to desegregate health care facilities in South Africa had achieved two of its four objectives," he said. He added that the campaign would go on until the aim to open all health care facilities for all people was achieved.

"The campaign succeeded in publicising to the world that petty apartheid in health care still exists. Secondly, we managed to get a foot in the door by getting black patients admitted to white hospitals."

However, the third objective — starting a real process of desegregation so that black patients would start using the hospital closest to them — was continuing.

The fourth objective meant getting the Government to announce a change in its "own affairs" health policies — which required separate facilities for each of the race groups.

"Namda and the South African Health Workers' Congress (Sahwco) doctors will be encouraged to continue referring black patients to white hospitals," he said.

According to a Sahwco employee, so far no one had called the health line telephone number which was monitoring how many black patients were turned away from white hospitals.

"Sympathetic doctors in white hospitals would also identify those doctors who referred black patients to black hospitals," said Dr Price. "And if patients are too scared to go to white hopitals we have asked their doctors to accompany them."

Another Namda spokesman, Dr Faizel Randera, said notices had been sent to all members informing them that they could use the facilities of white hospitals in their region and that if they had any problems they should contact the health line at (011) 337-4775.

100 held in City Park Hospital strike

By DICK USHER and JOHN YELD
Staff Reporters

ABOUT 100 general assistants at the City Park Hospital in the centre of Cape Town demonstrating for higher wages were arrested today when they appeared to ignore a police order to disperse.

However, an order, given by a police lieutenant speaking through a megaphone, was totally inaudible over the workers' singing.

The workers had downed tools earlier, citing grievances over wages and working conditions as the reason for the stoppage.

Their duties were spread between nurses and other staff as the assistants, members of the National Education, Health and Allied Workers' Union (Nehawu) gathered in the street.

"LIVING WAGE"

Police sealed off Longmarket Street as the singing workers, waving placards stating "We demand a living wage" and other slogans, crowded the pavement outside the hospital. However, the entrance, closely monitored by the private hospital's security staff, remained open.

After an hour 30 policemen were deployed in two groups in Longmarket Street, and after the apparent warning, the workers were herded into police vehicles.

At least two Press photographers were also arrested.

A spokesman for the union said he did not know about the stoppage.

OVERTIME

Hospital shop stewards said grievances included low pay, no pay for overtime or weekend duty and ill-treatment by supervisory staff.

They also rejected the Labour Relations Amendment Act, they said.

Mr Alan Matthews, general manager at City Park, said he had no formal knowledge of the employees' grievances.

He said Clinic Holdings, of which City Park is part, had an interim recognition agreement with Nehawu.

FURTHER MEETINGS

"We had a meeting with the union early this year and since then have made unsuccessful attempts to hold further meetings," he said.

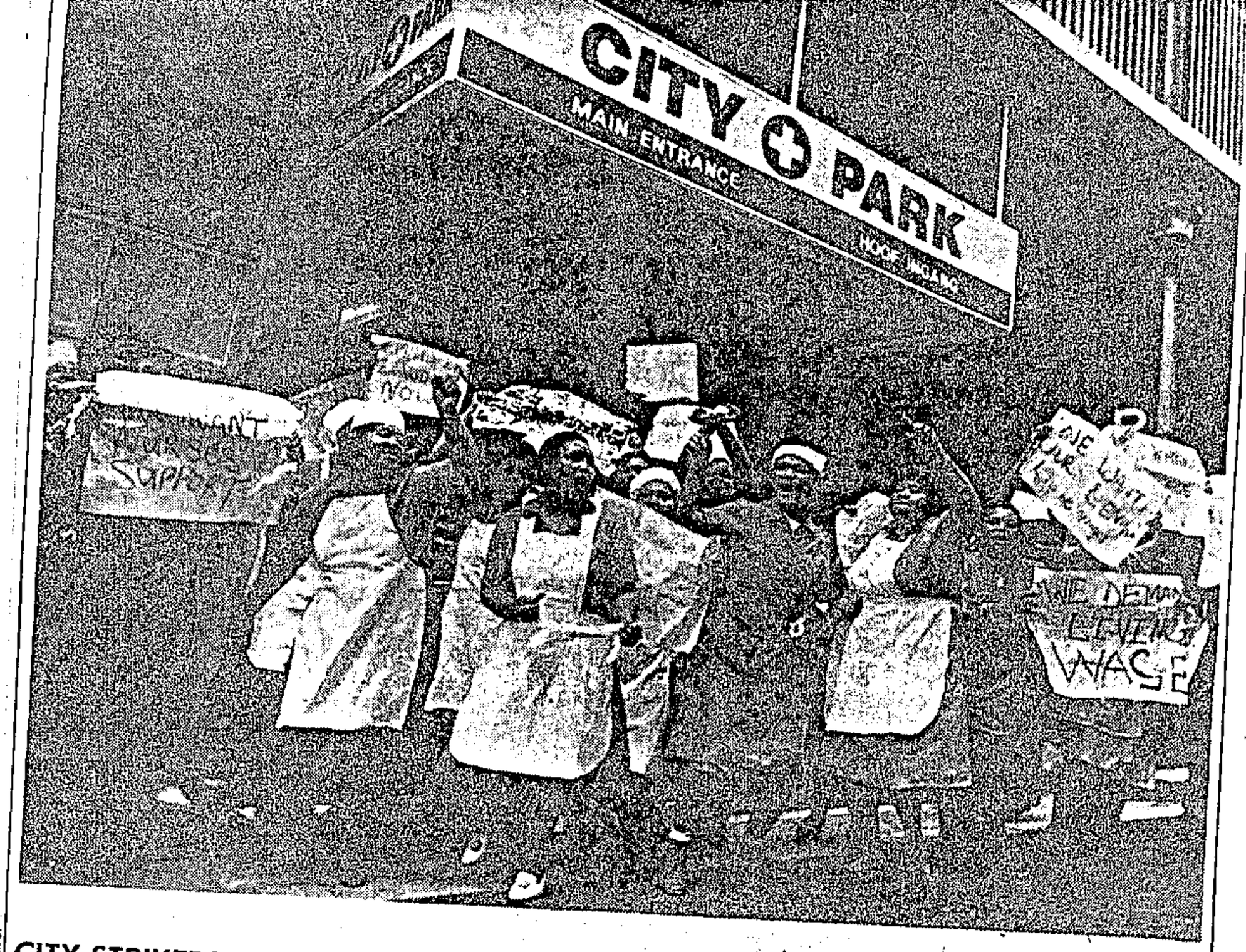
"About three weeks ago Nehawu said it wanted a meeting with members and this finally happened yesterday evening.

"After that I was told there would probably be a stoppage today," he said.

Mr Matthews said he had contacted the union early today in an attempt to find out what was going on.

He had told workers he would not negotiate until they went back to work.

Several work stoppages at hospitals in the Clinic Holdings group have occurred in Johannesburg in the past few weeks.



CITY STRIKERS: These singing and dancing demonstrators were part of a group of about 100 general assistants at the City Park Hospital in Longmarket Street who downed tools yesterday in support of higher wages and other grievances.

Picture: DOUG PITHEY, The Argus

eekend offer ng 'winner'

n who win a romo- oured week- Cape loured e".

ıs, of

International, the Cape's largest timeshare brokerage, yesterday offered Mrs Abrahams a free weekend at a timeshare resort at Sedgefield to demonstrate that coloured people could buy timeshare.

"Several timeshare resorts in the Cape and in Natal are open to people of all races," Mr Spilkin said.

Workers dismissed after City Park Hospital strike

Argus 23/8/89

Labour Reporter

ALL staff who stopped work at City Park Hospital have been dismissed, according to the general manager, Mr Alan Matthews.

About 100 general assistants at the hospital stopped work yesterday, citing low pay and other problems with working conditions.

Mr Matthews said they had been told of their dismissal yesterday while at a police station after their arrest while demonstrating in the street. They were released later.

He said hospital management, officials from the National Education, Health and Allied Workers' Union and shop stewards met last night and a further meeting was scheduled for today.

CAM- This is 23/8/89

113 held after hospital demo

By MALCOLM FRIED

ONE hundred and thirteen protesting workers were arrested and three press photographers "interviewed" by police ater a demonstration outside City Park Hospital yesterday.

Police confirmed the arrests, made in Longmarket Street about 10.30am as members of the National Education, Health and Allied Workers Union (Nehawu) at the hospital waved placards, sang and chanted.

The 113 were released in the afternoon, police said, but added that a docket would be sent to the attorney-general concerning gatherings illegal in terms of the Internal Security Act.

The photographers were Anne Laing of the Cape Times, Adil Bradlow of Associated Press and freelancer Hettie Zandman.

Police said the three were accompanied to Caledon Square, where they were "interviewed". Their film was confiscated and then returned and they were allowed to go after an hour.

"The police took more than 45 minutes just to write down our details," said Ms Laing. "And then they lost the key to the room where they were keeping our cameras.

"One policeman had to force the lock with a crowbar."

The work stoppage was staged over a pay dispute, said a union spokesman. He had no further comment.

But the manager of City Park, Mr Alan Matthews, said he had "absolutely no idea" why the stoppage had taken place.

"We have been trying to speak to the union since January and have had no response," he said.

The workers were housekeeping, laundry and kitchen staff who will be temporarily replaced by nurses and extra security personnel.

City Park was considering a general dismissal, said Mr Matthews. "But we're still waiting to hear from the union."

PROTEST . . . City Park Hospital workers demonstrate during a work stoppage shortly before being arrested.

Picture: ANNE LAING

Huge new Pretoria hospital

Sowetan 24/8/89. (98)

PRETORIA is to get four new hospitals in one huge building, the Transvaal Provincial Administration announced yesterday.

They will form a giant new H F Verwoerd Academic Hospital complex behind the existing hospital of the same name.

Mr D P Kirstein, the MEC in charge of hospital services, said the new complex - which would be made up of separate hospitals in a 10-level building - would be completed in 1998.

The existing institution is to become a regional hospital with a total of 600 beds.

Half the beds in the new complex are to be reserved for black, coloured and Indian patients, he said, because of "the severe shortage of hospital facilities" for those races.

Pretoria to get four hospitals in giant complex

The Argus Correspondent

PRETORIA. — Pretoria is to get four new hospitals in one huge building, the Transvaal Provincial Administration has announced.

They will form a giant new H F Verwoerd academic hospital complex behind the existing hospital of the same name.

Mr D P Kirstein, the MEC in charge of Hospital Services, said the new complex, which would be made up of separate hospitals in a 10-level building, would be completed in 1998.

The existing institution is to become a regional hospital with 600 beds.

Half the beds in the new complex are to be reserved for black, coloured and Indian patients, he said, because of "the severe shortage of hospital facilities" for those races.

OLD QUARRY

The new complex, to be on the site of an old quarry behind the existing institution, is being designed by a consortium of architects and the first phase — a boiler house built at a cost of R4-million — has already been completed. The final cost of the whole complex is not yet known.

According to Mr Kirstein, the complex is to be built to overcome a lack of facilities for the training of medical students. At present, both the existing and Kalafong hospitals are being used for this purpose, although they were never designed for it.

Mr Kirstein said that the complex would include hospitals for surgical cases (including neurology, neurosurgery, general surgery, transplants and opthalmic out-patients), internal medicine (gynaecology, psychiatry, plastic surgery and nuclear medicine), emergencies (lung diseases, cardiology, trauma and intensive care), and mothers and children (obstetrics, paediatric, maternity, occupational therapy).

TUNNEL

There will be facilities for the University of Pretoria. A tunnel will link it to the existing hospital.

Mr Kirstein said that "the new academic hospital would fill a need and would be used to great advantage for the training of medical staff.

"It will also bring relief with regard to the severe shortage of hospital facilities for coloured people, Indians and blacks in the Pretoria area."

HEALTHCARE 98

Going private?

Private hospital groups are disillusioned about government's commitment to healthcare privatisation — but there is no agreement on the best way to proceed.

While the recent proposal by Afrox to lease part of the Johannesburg Hospital was rejected outright by government, other groups — Clinic Holdings (CH) and Medi-Clinic — are hardly rushing to their support.

CH chairman Barney Hurwitz believes Afrox took the wrong approach. "They jumped the gun. The authorities will call a tender when they're ready and will then talk to all the groups, rather than sell to one exclusively," he says.

Hurwitz says CH would see privatisation as a major business opportunity, though it won't make any unilateral gestures.

Medi-Clinic MD Edwin Hertzog says the State would create unfair competition if it sold or leased existing State hospitals at unrealistic prices. He adds there are enough beds for the 20% of the population who can afford private healthcare.

However, in the long run, demand for healthcare is likely to continue to exceed the financial ability of the State to supply it.

"The SA population has grown accustomed to a high standard of healthcare. In future people will therefore have to rely more on services from the private sector to maintain this standard," says Hertzog.

Afrox Healthcare GM Dick Williamson claims the Department of National Health is in favour of privatisation, but the provincial authorities don't want to give up their power base. "The authorities are stalling until the De Villiers Report on healthcare is released," he notes.

It certainly promises to be a long process. National Health director-general Coen Slabber says a sub-committee on privatisation has drafted policy guidelines which will have to go through both the Health Matters Advisory Committee and the National Health Policy Council.

"The State is cautious not to develop a policy document in isolation from the realities of privatisation and its possible outcomes," he says.

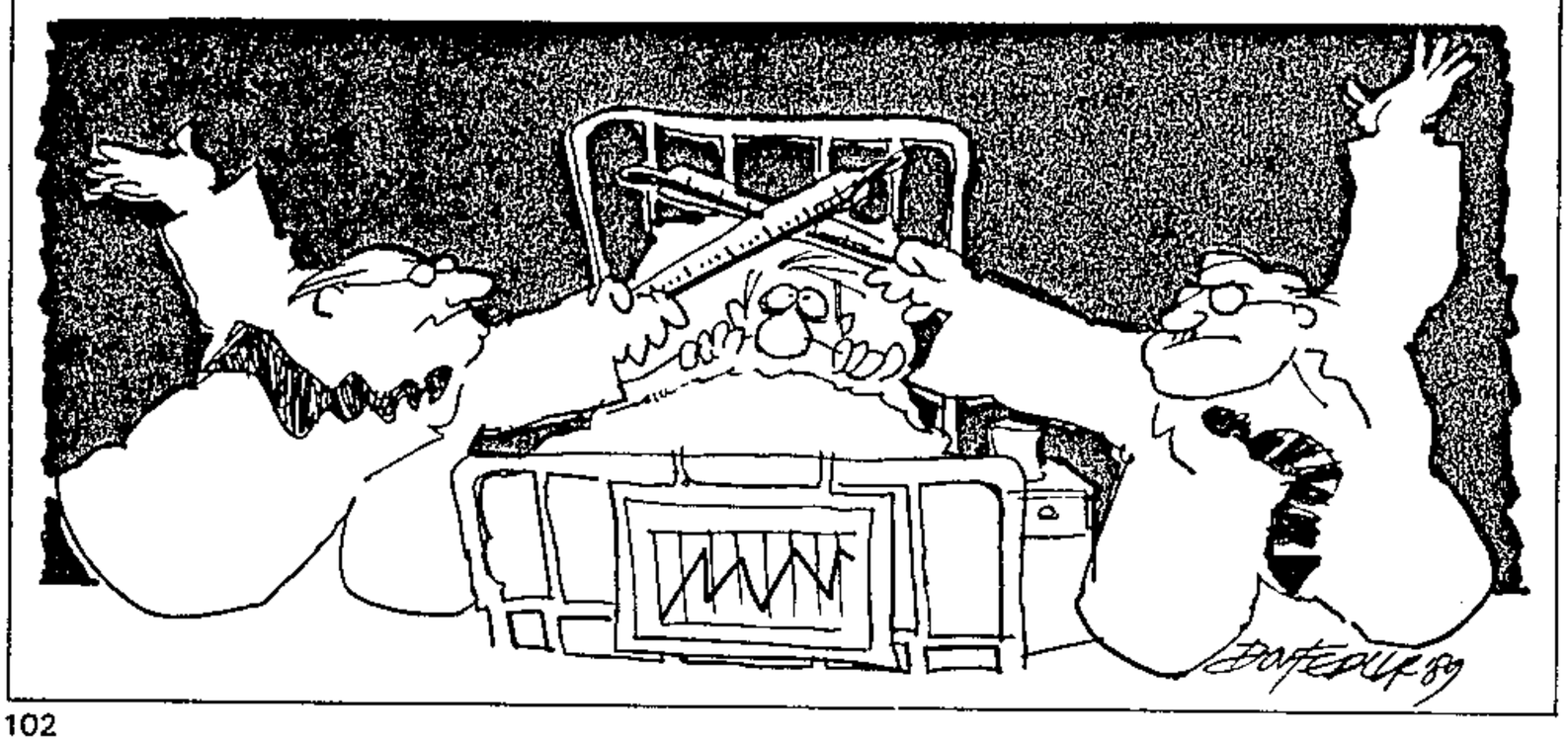
But DP health spokesman Mike Ellis says some hospitals can't be fully used by the State and the private sector should be involved. "I know the private sector agrees with us that hospital services need an overhaul. Moreover, all the private groups have a non racial policy."

Williamson says privatisation could get government off the hook: "It will then be our decision to open hospitals to all races, not theirs."

Another stumbling block to privatisation is the divisions which have racked private sector healthcare. There is still no progress on negotiations between the Representative Association of Medical Schemes and the Medical Association of SA, which represent the doctors. And most private hospitals are still charging tariffs above the scale of benefits, so members have to pay a portion of their hospital bills themselves.

Medical scheme sources are privately uncertain about the benefits of private sector control of provincial hospitals. Medical aids argue there has been little cost-containment in private hospitals, and, as they would no longer have access to State tender medicines, there could be an alarming increase in the cost of drugs in these institutions.

Who said privatisation was a simple process? ■



REDEVELOPMENT

The cost of conservation

A conservation wrangle has delayed the final signing of a proposed R130m redevelopment of Johannesburg's old fever hospital and has already increased anticipated development costs by about R15m.

Though there are signs that the problems over the project, known as Braampark, could be resolved, it is disputes such as this which are leading to increasing bitterness among developers over the sweeping powers contained in the National Monuments Act.

While there is a view that developers should go into redevelopment schemes with their eyes open — especially knowing the wide powers of the National Monuments Council (NMC) — the issue has become so controversial that it was debated at length at the 22nd annual Sapoa congress in Johannesburg last week.

Conservationist Flo Bird presented the NMC's view, while Errol O'Brien of O'Brien International spoke for developers. Bird, while recognising that the Act is "entirely inadequate in terms of incentives or assistance to owners" — it requires the private owner to maintain the nation's heritage at his own expense — says every generation must act as a trustee of the natural and cultural heritage of previous generations.

"SA has a rich heritage, both national and man-made, which is unique and worthy of conservation." She points out that the controversial historical sites clause in the Act, which encompasses all buildings over 50 years old, is simply a safety net to protect buildings in areas not recently surveyed for the national register of monuments. It is under this section that the Braampark proposals, approved at tender stage by the Johannesburg City Council, the vendor of the land, have been halted by the NMC.

However, O'Brien retorts: "While we all believe there should be preservation and conservation," the rules which apply are questionable. "A ministerial or provincial decision can freeze for a year or two the redevelopment of stagnating city blocks by proclaiming an area a national monument."

O'Brien holds that there are clear principles to conservation which can be applied by anybody from "architects to housewives." However, the problem is beauty is in the eye of the beholder, and decisions are frequently subjective. Because of this, O'Brien claims the Act is being used for a purpose for which it was not intended.

Furthermore, when it is applied, there is a "good guy, bad guy" syndrome. "The white knights come to rescue the monuments, while we, the developers, are seen to want to desecrate the environment."

That's just not true, he says. The crusaders often base their campaigns on vague principles, and can sometimes do a great deal of damage. "The danger is well meaning people, who want to conserve monuments, are actually destroying the fabric of our cities. They may leave behind them poverty and decay."

O'Brien is also critical of the composition of the NMC. "It comprises housewives, academics, and an ex-administrator of the Transvaal — an administration which permitted the desecration of Parktown Ridge, replacing historic structures with a slab of concrete (the Johannesburg Hospital)."

The composition of NMC may be academic, he says, but its results are not. The Act gave extreme powers to NMC in 1986, and since then people have suffered real harm.

He cites Braampark, at the corner of Braamfontein's Joubert Street Extension and Hoofd Street, as an example of how would-be developers have run into difficulties. At the beginning of the year, developers Konstant Bruinette submitted an apparently successful tender to the council to redevelop the old fever hospital into a 42 000 m² office complex at a cost of R130m. But the bid ran foul of NMC — before the developers produced the necessary financial guarantees within the stipulated 90-day period. Negotiations are now in progress to break the deadlock.

O'Brien points out that with building costs escalating at 25% a year, a 12-month delay on a project of this nature could push development costs up by R30m. Another example quoted by O'Brien is an Old Mutual site in Johannesburg's CBD which cost R22m but which, thanks to NMC, cannot now be redeveloped as part of First National Bank's BankCity project. ■

TIMESHARE

Clutching straws

There's no guarantee people who were in the process of buying timeshare units through Timeshare Dynamics (TD), now in provisional liquidation, will automatically qualify to get their money back through the statutory Fidelity Fund.

Though, as a timeshare broker, TD was registered as an estate agent and is understood to have paid money into the Fidelity Fund — designed to protect buyers against such losses — the Estate Agents' Board (EAB) says it has been informed by TD's auditors that its transactions did not fall within the ambit of the Estate Agents Act —

even though tim
under the law t
If this is inde
damage the ima
which has taken
for, among othe
pressure selling
tactics on woul
It also comes
TD is a membe
the adverse put
code of ethics
have to conform
executive direc
impossible to s
qualified as a n
order, since th
qualification w
TD was estal
before teaming
Natal South C
seeking a DCM
lin Holdings ba
subsequently b
World of Mus
WOM last
liquidating Tl
aimed at redu
tion. It is esti
tors around F
reputation as
lower cost enc
represented a
share develop
Erasmus sa
Firstly, TD's
of problems i
problems wit
Leisure and
"Secondly,
ey because a
the sale of u
trust in term
Sapoa is in cl
is keeping a
Hendrik Scl
partment co
investigated,
tion still has
customers c
under the F
"We are
the board b
auditors wh
acting as ar
the auditors
have asked
answer is r
able to inv
stage it is in
will be pro
"If the c

ELECTION '89

Nursing crisis 'is NP's fault'

Cape Times 25/8/89

Political Correspondent

THE nursing crisis at Groote Schuur Hospital was a direct consequence of the economic mismanagement and misplaced priorities of the government, the DP MP for Gardens, Mr Ken Andrew, said last night.

Mr Andrew told a meeting in Tamboers Kloof that the nursing crisis illustrated the crisis facing SA.

Either the country had to get rid of apartheid and build a strong economy or face an ongoing deterioration of standards.

"Many of our essential services — such as health, education and police — are in desperate need of intensive care, but the government lacks the ability to nurse them back to full strength because the NP has plundered and squandered our resources."

Mr Andrew said the NP had enough money to instruct scores of police to keep black people off beaches but not enough to stop people from being murdered, mugged and raped.

The NP had enough to pay 14 ministers of health, but not enough for nurses or to remove GST from medicine.

The NP wasted billions of rands on empty spaces at white schools and colleges while it forced parents to pay increasing fees and millions of children received an inferior education.

Mr Andrew said the cost of apartheid was "horrendous". It was widely accepted that the SA economy should be able to grow at 6% to 7% annually — but since 1981 it had been growing at less that 1%.

(Report by A Johnson, 122 St George's Street, Cape Town.)

Defiance campaign begins in Border

EAST LONDON. — The defiance campaign aimed at challenging and "breaking down" apartheid structures in the Border region began yesterday with 120 patients brought for treatment to Frere Hospital here.

Border police liaison officer Lt-Col Trevor Hayes said no incidents were reported and police had not been involved.

Spokesmen for other hospitals in the area reported a "quiet" normal day.

In a joint statement released this week, representatives of the region's churches and the Mass Democratic Movement said patients would present themselves for treatment at all white sections of segregated hospitals in the region. They said the actions would be peaceful and disciplined.

A spokesman for Frere Hospital said in a statement that a group of churchmen and members of the MDM had arrived with about 120 patients at the white casualty department of the hospital during the morning.

He said the patients were seen and treated in the white casualty and out-patient departments and referred for follow-up treatment.

A delegation of churchmen and members of the MDM had met the senior medical superintendent, Dr Peter Mitchell, and presented him with certain requests and recommendations.

A hospital spokesman said hunger striker Mr Phelele Gono, 24, was getting normal treatment and was "fine". — Sapa

98

No wheels at Bara

Baragwanath Hospital's external nursing service for patients living in Soweto is headed for a crisis following the theft of nearly a quarter of the hospital's fleet.

The vehicles are especially used to transport nursing staff who provide medical treatment to chronically ill patients who - for health reasons - find it difficult to go to the hospital or clinic as well as provide post-natal care for mothers of newly born babies.

In the past 18 months, Baragwanath has lost 30 minibuses and five cars through vehicle hijackings and thefts. The thefts have reduced the hospital's fleet to just over 100 vehicles.

Six minibuses bought by the hospital to replace some of the stolen cars were later disappeared - all in within a month.

By LEN MASEKO

"Even more important than the loss of vehicle is the fear in which the District Nurses are living," said the hospital's superintendent, Dr G M Louw.

He said:"The vehicles involved with patient care are used to transport District Nurses to and from the patients' homes, and also transport patients between clinics (for example, for X-rays) or between a clinic and Baragwanath.

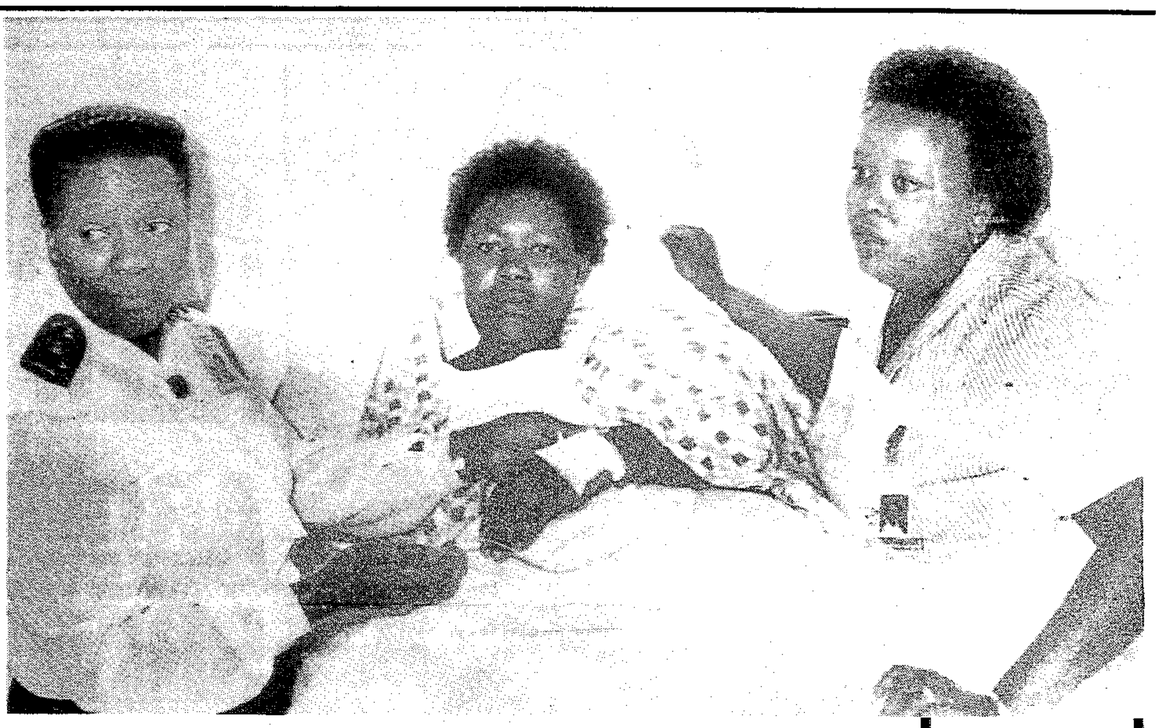
"One of the services we provide is unfortunately running a severe risk of closing down, because of the actions of ruthless members of the public who apparently have no concern for the well-being of their fellow citizens," he added.

As a result, Louw said, has been forced to cutback on visits to mothers of newly born babies. This home care service has since been reduced from seven days to three days a week.

Six minibuses that replaced the stolen ones in December 1988, were all taken within a month," the hospital's superintendent, Dr G M Louw, said.

As many as 241 529 house-calls were made by Baragwanath nurses in the post-natal section in 1988 while home visits to chronically ill patients totalled 42 988 during that year.

"Can the people of Soweto really blame the Soweto Community Health Centres (clinics) if it should suddenly happen one day that our vehicle shortage and the perpetual fear in which our District Nurses work results in us having to close down District Nursing services altogether?" Louw asked.



Health crisis cost lives of hundreds

Sowetan 29/8/89

98

Flashback: Sister Joyce Lepelle and Refilwe Nxumalo comfort Deliwe Mbandlwa (middle) at the Far East Rand Hospital. Miss Mbandlwa gave birth after waiting for an ambulance for more than six hours in Daveyton.

FOCUS

By MOKGADI PELA

THE LACK of ambulances and township hospitals could be costing hundreds of black lives in South Africa every year.

Specialists, doctors and the black community are becoming increasingly concerned by the growing crisis - but most health professionals are loath to speak out publicly on the issue.

However, Dr Gulam Karim, who is practising near Kinross on the Highveld, said the shortage indicated the state's disregard for the plight of black people. He said the area he serves has a population of over 100 000 with no emergency medical facilities.

Hardship

General secretary of the Community Health Awareness Project (CHAP), Dr Tom Manishane, said: "The shortage of facilities is the manifestation of the corrupt health system in our country which is motivated by profit more than the health of the general population.

"This clearly demonstrates the hardships that blacks have to endure just to remain healthy enough to be productive under this oppressive, capitalist regime."

Earlier this month, a Daveyton woman gave birth in a toilet while waiting for transport to take her to hospital. The council's only ambulance had been broken down for more than a month and as a result other vehicles like police vans were used to ferry patients to Boksburg-Benoni Hospital which is about 30 kilometres away.

Mamelodi township near Pretoria was built 34 years ago and has never had a hospital. Its population of 500 000 has to contend with two day care clinics. About a year ago the late Dr Abu-Baker Asvat said: "Mamelodi residents can forget about getting a hospital because the government is pleading broke but has money to waste on the apartheid creations.

Priority

"Health is a priority that needs urgent attention. Only when we have a truly representative government will we see people's problems being addressed," he said.

The directorate of liaison services said all Black Local Authorities have been empowered to render ambulance services. "When the

Staff for hospital to be recruited

Pretoria Bureau

Every possibility is being explored to allow the controversial J G Strijdom Hospital in Johannesburg to function as a fully fledged regional hospital, the Transvaal Provincial Administration (TPA) said yesterday.

This decision follows a meeting in Pretoria between TPA officials concerned with white affairs and the Commission of Administration.

Dr Hennie van Wyk, director of hospital services, said a working group had been given the task of "working out" the hospital's establishment.

He said Dr Chris Visagie had been appointed superintendent and a recruitment campaign for doctors and nurses would also be launched.

"In the meantime, active attempts will be made to recruit specialists and private medical practitioners to render part-time service," said Dr van Wyk.

Private specialists and general practitioners had been invited to treat their patients at the hospital.

A State of health

Sir — The article entitled "The system is sick" (*Leaders* July 28) justifies comment. Under the guise of uncovering flaws and offering the patent solution, it is mainly concerned with approximately 12 of the more than 650 hospitals in this country.

The article does not take into account the National Health Plan, which has been developed to provide a policy for a uniform national health approach and a balanced deployment of health services through co-ordination by the three tiers of government.

It is difficult to ascertain the purpose of the reference to the "all-white hospitals of Durban, Bloemfontein or Port Elizabeth — still today confined behind the walls of the Own Affairs legislation." Those hospitals, classified as Own Affairs Departments of Health Services, are presently still being staffed and managed by the respective provincial administrations on an agency basis.

The government is fully aware of the problems associated with the recruitment and retention of nursing personnel. In a press release on July 17, the Minister of National Health & Population Development instructed the Health Matters Advisory Committee to investigate the matter and to report on methods to promote a more efficient nursing service.

The committee is at present considering a broad strategy which will serve as a policy framework for a balanced process of privatisation of services, in support of the privatisation initiatives being pursued by government. This development is further augmented by an investigation into alternative ways of financing health services in SA. "Health care centres with essential equipment, drugs and staff," as mentioned in the article, are one of the possibilities being investigated.

The Johannesburg Hospital is a training institution for intensive care nurses and, therefore, the statement that "administrators have at times put nurses without any appropriate training in charge of Johannesburg Hospital's intensive care unit" is inconceivable. Hospitals receive funds to buy items such as thermometers on contract. Stories that nurses need to buy thermometers with their own money are unfounded.

The figure of R60 000 quoted as the earnings of a head of a medical department on the joint staff of the Transvaal Provincial Administration and the University of the Witwatersrand is far less than the actual remuneration.

Though beds for intensive care at Johannesburg Hospital have been reduced, there is no possibility of an imminent collapse. This applies to the situation at the J G Strijdom, where arrangements have been made for the haemodialysis unit to continue functioning.

In the Johannesburg group of teaching hospitals, a wide range of diseases is encountered, providing adequate training possibilities — more than 4 700 beds are available, 217 211 patients are admitted and more than 2,6m out-patients are treated annually. It is not clear how a conclusion could be drawn that "Own Affairs health care has crippled the prospects of SA's future doctors."

The estimated patient cost for Baragwanath Hospital for the 1988/1989 financial year is R108 per patient a day and not R45 a day. Furthermore, higher expenditure for the Johannesburg Hospital is affected by the fact that it serves as a tertiary referral hospital (including Baragwanath) for treatment that cannot be got elsewhere, that is, cardiothoracic surgery, renal transplants, renal dialysis, radiotherapy, chemotherapy, haemophilia. There is a dwarfism clinic and nuclear medicine.

Other services rendered exclusively at the Johannesburg Hospital include: the Ambulance Training College; the emergency helicopter service; development of the computer system; honorariums to all junior interns of the University of the Witwatersrand (also those at Baragwanath); and the staff of centralised departments rendering services to other teaching hospitals, including Baragwanath, are remunerated only by the Johannesburg Hospital.

All these costs are added to the expenditure of the Johannesburg Hospital only and contribute to the higher unit cost. No direct comparison can be made between the unit costs of Johannesburg and Baragwanath hospitals.

A unitary health system with a socialistic orientation is propagated in the article by your correspondent, who points to the 85% of whites covered by medical schemes. Yet, when blacks do the same by gaining medical insurance, he laments the fact that costs are rising. He appears to criticise government's support of a shift to private medical care, but is also opposed to the opposite. If it is a unitary system like the National Health System of the UK he wants, your readers have a right to know the cost implications for the taxpayer and the limitations experienced by that system at present.

It is naive to claim that the solution is obvious.

Dr C F Slabbert, Director-General Department of National Health & Population Development, Pretoria.

We need that protection

Sir — I was glad to see you carried "The Case for Local Content" by Trevor Bell (*Business* July 21) almost as a rebuttal of the cover story on the Board of Trade & Industry (BTI) (*Leaders* July 21). I support everything Prof Bell says — without domestic investment, employment and earnings, that is, wealth generation, the SA economy and consumer will be unable to pay for anything, either imported or domestically produced.

The BTI article was unfair. Dr McCrystal's men are simply trying to put SA's interests first in a very complex environment; and, in the international trading arena, it is naive to pin one's hopes on "money left over from buying inexpensive imports and export industries which would develop naturally" should protective and development measures be lifted.

C Murray, managing director, Pilkington Shatterprufe, Port Elizabeth.

Facets of diamond law

Sir — I refer to an article entitled "Deregulation — Rough diamonds" (*Business* August 18) and, in the interests of clarity, would like to place the following on record.

The company has made representations to the Department of Mineral & Energy Affairs concerning the Draft Minerals Bill, and communications thus far have been aimed at achieving a meeting of minds. There has been no formal comment specific to Section 123 of the Precious Stones Act (right of search) or the repeal of the so-called IDB provisions.

De Beers believes that the continuation of the right of search is vital in protecting an important national resource, as well as its commercial interest, especially considering the unique vulnerability of diamonds to theft. It is important to note that all major high-value diamond-producing countries have enacted legislation which prohibits the unrestricted handling of rough diamonds.

It is implied in your article that the diamond laws are seen to have costs to society which are now incompatible with their benefits. The fact is that the loss in revenue to the State in taxation and foreign exchange from diamonds which are stolen is greater than the loss to the producers. The issue thus is not simply a matter of control vs deregulation, and De Beers sees the government and the diamond industry having a commonality of interest in this important matter.

N B Huxham, group corporate communications department, De Beers, Johannesburg.

The FM *welcomes letters from readers, but asks that they be kept as short and concise as possible. Letters must carry the name and address of the sender.*

The *FM* reserves the right to edit letters

Threat to GSH as teaching hospital

CM Times 13/9/89

98

Staff Reporter

THE head of UCT's Department of Medicine has warned that the future of Groote Schuur Hospital as a teaching institution could be threatened by staff shortages, lack of funds and the fragmentation of health care in South Africa.

Professor S R Benatar told the Cape Times that Groote Schuur had not been given the resources to staff all the facilities in the new hospital.

He said, however, that the hospital was "functioning superbly well due to dedicated work by all the staff members".

Groote Schuur — a tertiary hospital — was inundated with cases that could have been cared for at less sophisticated institutions, he said.

He mentioned that the hospital's trauma unit received a particularly high volume of patients who could have been cared for at other institutions — especially on the Cape Flats.

When Mitchells Plain was still in its infancy "it was a city the size of Bloemfontein with almost no health services", he said.

Health care facilities were less than rudimentary on the Cape Flats and many cases — referred to Groote Schuur — could be handled on community level and at a "much less expensive hospital" than Groote Schuur.

Prof Benatar said that in South Africa there were 14 ministers of health and this showed that the overall planning of health care was fragmented.

"Under the tricameral Parliament there is inefficient use of resources."

In an article in the SA Medical Journal, Prof Benatar said the scenario for the future was for teaching hospitals to become large centres for the treatment of the old, the infirm and the indigent by relatively junior medical staff who had little time or inclination for academic activities.

"The workload will be heavy and teaching will lose the lustre that has characterised our medical schools for many decades."

At the current growth of the population a new medical school would be needed every three to four years, he said. To bridge this problem, medical assistants should be trained as auxiliaries.

Despite the problems, Groote Schuur was still recognised as a centre of excellence worldwide.

"Our cardiac department is capable of doing anything done anywhere in the world," he said, adding that the respiratory intensive-care unit was the leading such unit in the country.

Prof Benatar said a solution would be a "unified co-ordinated health service" and no fragmentation of health care as was the case at present.

"Our role in the community must be preserved."

SOWETAN Wednesday September 13 1989

Leg irons to stay

98

Shackling to hospital beds "unavoidable"

THE South African Police, citing prisoner escapes, have defended the practice of manacling prisoners to hospital beds.

In a lengthy statement yesterday the police also accused some hospitals of facilitating escapes by **"impeding police in the** execution of their duties."

"It must be emphasised that although shackling is regrettable, in certain circumstances it is unavoidable," it said.

The statement said escapes from hospitals by detainees had reached "alarming proportions". It added that prisoners feigned illness with the intention of fleeing from hospital.

"In a number of hospitals, co-operation from the medical fraternity with the police is virtually non-existent.

"On the contrary, the impression is created that in some cases hospital staff are intent on impeding the police in the execution of their duties," the police statement said.

Earlier this year a number of detainees, including hunger strikers, fled from hospital after being admitted for treatment.

Police have come under fire for manacling patients to their hospital beds and one newspaper called the practice "medieval."

The statement said the measure was aimed at preventing escapes of prisoners who included "highly trained terrorists."

"Shackling is not a form of torture, it is simply designed to restrain the patient who is considered dangerous and/or to prevent escape," it said.

The police statement added that the practice was not peculiar to South Africa. Sapa

Police defend shackling of prisoners to hospital beds

Star 13/9/87

The South African Police, citing prisoner escapes, has defended its practice of manacling prisoners to hospital beds.

In a lengthy statement yesterday the police also accused some hospitals of facilitating escapes by "impeding" police in the execution of their duties.

"It must be emphasised that although shackling is regrettable, in certain circumstances it is unavoidable."

The statement said escapes from hospitals by detainees had reached alarming proportions. It added that prisoners feigned illness with the intention of fleeing from hospital.

"In a number of hospitals, cooperation from the medical fraternity with the police is virtually non-existent.

HUNGER STRIKERS

"On the contrary, the impression is created that in some cases, hospital staff are intent on impeding the police in the execution of their duties," the police statement said.

Earlier this year a number of detainees, including hunger strikers, fled from hospital after being admitted for treatment.

Police have come under fire for manacling patients to their hospital beds and one newspaper has called the practice "medieval".

The statement said the measure was aimed at preventing escapes of prisoners who included "highly trained terrorists".

"Shackling is not a form of torture; it is simply designed to restrain the patient who is considered dangerous and/or to prevent escape," it said.

The practice was not peculiar to South Africa, the statement added. — Sapa.

First Bara ward extension opened

TRANSVAAL Administrator Danie Hough yesterday opened the first of a number of ward extensions at Baragwanath Hospital. These are funded by the private sector.

The newly extended ward, sponsored by Barlow Rand, is the initial outcome of a R4m project aimed at relieving serious overcrowding at the hospital, according to a statement from Baragwanath.

Hough acknowledged the commitment of private business to community welfare and pointed out that Barlow's R312 500 grant had been the first contribution.

"A further 12 medical ward extensions will be completed by the end of the year," Hough said.

He paid tribute to former Wits University vice-chancellor and principal Prof D J du Plessis, whom he described as "the driving force" behind the undertaking. He said besides raising funds, Du Plessis and his team had addressed the lack of facilities for psychiatric patients. — Sapa.

Cape protest march

From Page 1

serious about looking for common ground and finding ways to avoid confrontation.

He said in future peaceful protests would be allowed if permission was granted by government.

Sapa reports that SA Council of Churches general secretary the Rev Frank Chikane has called on all church leaders to take apart in today's march to "express solidarity with the pain and grief of the people of the western Cape".

● Comment: Page 18

Iscor shares

From Page 1

Profits were forecast to rise by "at least 20%" in 1990, he said, which would put Iscor on an historic price:earnings ratio of 4,56 and a forward PE of 3,80 times.

Van der Merwe commented: "We undertook an in-depth evaluation of competitive ratings of steel companies vis-a-vis industrial shares in SA and Europe and we believe the price and resulting ratios and yields will be attractive to large and small investors."

According to research by one of the state's brokers, Ed Hern, Rudolph Inc, the comparable ratios for Highveld Steel were 5,7 and 4,1 (capitalisation R1,4bn); and for the steel sector 6,2 (historic p:e) and 4,1 (forecast).

Iscor's historic earnings yield is 21,9 (forecast 26,4) and dividend yield 7,3 (forecast 8,8), based on a conservative three times cover.

After the listing, of the 1,85-billion shares in issue, 3-million non-voting shares would be held by the IDC; 92,5-million by Iscor employees; 150-million by the public and 1,307-billion by institutions.

Van der Merwe stressed: "The IDC is not holding for the government. The agreement is that the IDC will dispose of at least 75% its holding as soon as practically possible to existing shareholders via a rights issue." It would do so in consultation with state advisers.

A Privatisation Unit official said Iscor offered institutions one of the few remaining chances to buy quality shares in volume, subject to Articles of Association restrictions on a 20% shareholding by any single SA institution or allied cluster.

State advisers hoped many large institutional shareholdings would counter-balance each other.

Bankorp

From Page 1

crease its holding in Bankorp if necessary.

Bankorp is to buy out the minorities' interest in TrustBank (21,6%) and the bank will then be de-listed.

TrustBank shareholders will be offered 100 Bankorp shares for every 200 Trust shares held and will be able to take up their Bankorp rights immediately. Contrary to the market's expectations, Trust shareholders will be offered cash if they prefer, at R200 per 100 shares.

However, Van Wyk says shareholders will benefit by increased earnings per share (22%) if they opt for the Bankorp shares.

The cash offer to minorities — a maximum of R58m if everyone opts for cash — will be financed through the rights issue. After injecting R200m into TrustBank Bankorp will have between R82m and R190m in extra capital.

● See Page 12

BOE lying low

From Page 1

have the support of far more than an additional 8% of Mercury's shareholding to fend off Investec.

Kardol has also argued that by acquiring Mercury Trust and making it a wholly-owned subsidiary, the BOE would be in breach of sections of the Company's Act relating to subsidiaries holding shares in a holding company.

There was also market speculation yesterday that another predator was waiting to better Investec's offer for Mercury.

Investec's offer to shareholders of R27,50 a share represented a premium of 5,7% on a revaluation of Mercury's market value — R26,01 — in August. Kardol said the price was "very full" and likely to be too high for a company without the same synergistic opportunities as Investec.

B/Day 13/9/89.

98

Bleak future at Groote Schuur

CAPE TOWN — The head of the UCT medical school has warned that the future of Groote Schuur Hospital as a teaching institution could be threatened by staff shortages, lack of funds and the fragmentation of health care in SA.

Interviewed by the Cape Times, Professor S R Benatar said Groote Schuur had not been given the resources to staff all the facilities in the new hospital.

He said, however, that the hospital was "functioning superbly well due to dedicated work by all the staff members".

Groote Schuur — a tertiary hospital — was inundated with cases that could have been cared for at less sophisticated institutions, he said.

He mentioned that the hospital's trauma unit received a particularly high volume of patients who could have been cared for at other institutions — especially on the Cape Flats.

Own Correspondent

When Mitchell's Plain was still in its infancy, "it was a city the size of Bloemfontein with almost no health services", he said.

Health care facilities were less than rudimentary on the Cape Flats and many cases — referred to Groote Schuur — could be handled at community level and at a "much less expensive hospital" than Groote Schuur.

Benatar said that in SA there were 14 Ministers of Health and this showed that the overall planning of health care was fragmented.

"Under the tricameral parliament there is insufficient use of resources."

In an article in the SA Medical Journal, Benatar said the scenario for the future is for teaching hospitals to become large centres for the treatment of the old, the infirm and the indigent by relatively junior medical staff who have little time or inclination for academic activities.

"The workload will be heavy and teaching will lose the lustre that has characterised our medical schools over many decades," he said.

At the current growth of the SA population a new medical school will be needed every three to four years, he said.

To bridge this problem, medical assistants should be trained as auxiliaries, he said.

In spite of the problems experienced, Groote Schuur was still recognised as a centre of excellence worldwide.

"Our cardiac department is capable of doing anything done anywhere in the world," he said, adding that the respiratory intensive care unit was the leading such unit in the country.

Benatar said a solution would be a "unified coordinated health service" without fragmentation of health care as is the case at present.

"Our role in the community must be preserved," he said.

last week to take sweets and potato crisps to the children of farm workers.

Education Reporter.

Medicines obtainable at hospitals are cheaper

Star 14/9/89

'Private patients pay more'

By Toni Younghusband, Medical Reporter

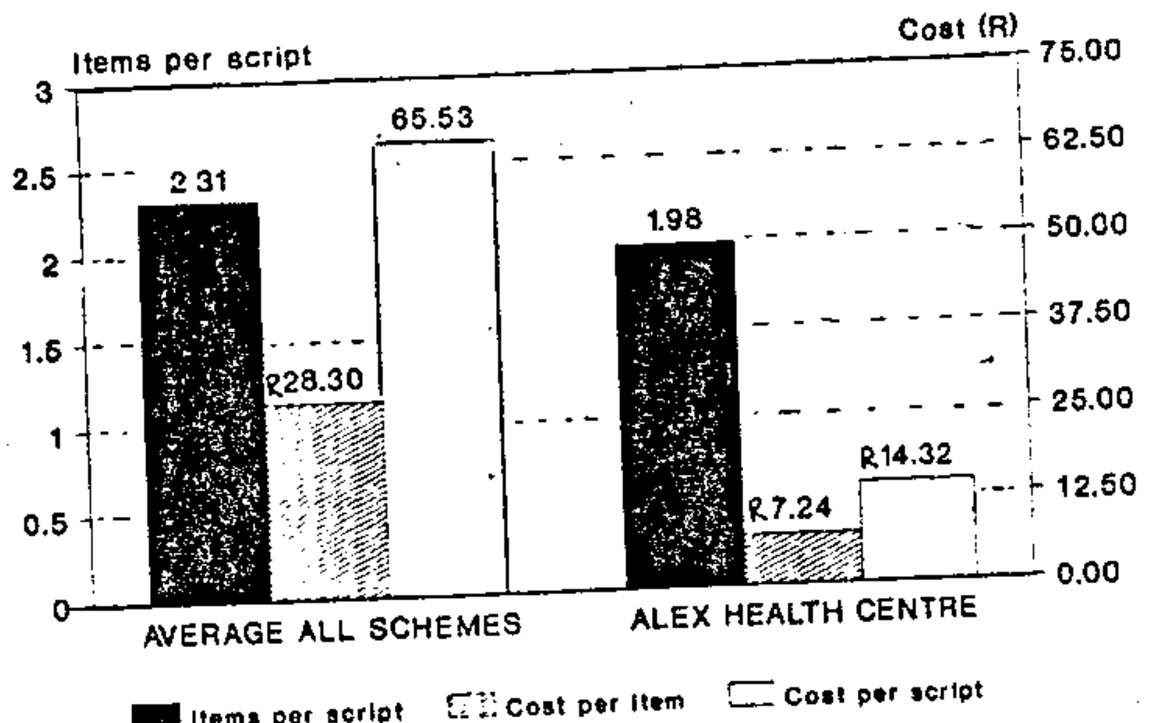
Private patients covered by medical aid pay four times more for medicine than patients who obtain their prescriptions from a hospital, a recent study conducted by the Centre for the Study of Health Policy at the University of the Witwatersrand has shown.

Dr Max Price, who compared a sample of prescriptions issued at the Alexandra Health Centre with those issued by fee-for-service doctors in the private sector, revealed at a conference in Johannesburg this week that fee-for-service patients received on average 17 percent more items on each script than clinic patients and the cost per script was 4,6 times higher.

"In the private fee-for-service medical aid sector there are no incentives or pressures on doctors to prescribe cost-effectively," said Dr Price. "The doctor does not have to bear any of the drug costs himself and believes that the patient who is a medical aid member will not have to foot the bill either.

"Doctors frequently do not even know the prices of the medicines they prescribe and are also unaware of the routine pack sizes in which drugs are sold. This often results in extra costs being charged when the pharmacist has to break a pack of which only part is used."

PRESCRIBING PATTERNS AND COSTS: MEDICAL AID CLAIMS VS. ALEX. HEALTH CENTRE, 1988



Dr Price said the absence of incentives and knowledge to prescribe cost-effectively was compounded by the enormous pressures on doctors from drug companies in the form of advertising, personal lobbying by drug representatives, and bribes, to prescribe particular brand-name drugs.

Few doctors prescribed the cheaper generic brands and pharmacists were not allowed to substitute the generic drug for the prescribed one.

At the Alexandra Clinic, clinicians prescribed medicines in pre-packed quantities, so no "broken bulk" costs were charged and cheaper generic substitutes were prescribed where possible.

He said the possibility of achieving reductions of 75 percent in the primary care drug bill if these policies were implemented in other sectors justified urgent, more detailed research.

98

Child hospital crisis

Doctors say patient load 'unbearable'

Staff Reporter

AN ever-increasing patient load at the Red Cross War Memorial Children's Hospital had made working conditions so unpleasant and stressful that the situation was unbearable, two top paediatric specialists at the hospital said in the latest issue of the SA Medical Journal.

The rapid population growth and "accelerating urbanisation" in the Peninsula "have swamped the inadequate staff, facilities and infrastructure of this hospital", Professor D W Beatty and Professor M D Bowie wrote in a letter to the journal.

The hospital was faced with the real possibility of "being forced to curtail services, specifically the outpatient/emergency department at night", they said.

The medical and nursing staff at the hospital had accommodated to the crisis by increasing their workload, with fewer doctors trying to treat more patients.

"We may stagger through the next few months, or disillusionment and fatigue may lead to resignations or illness, and then we will face disaster."

Another factor that played a major role in the crisis was the loss of young doctors conscripted into the SADF or doctors who decided to leave the country rather than do military service.

A short-term solution for the crisis would be to draft doctors to work in the hospital services rather than do military service, Professors Beatty and Bowie said.

They also added that salary scales for senior house doctors should be brought in line with other hospitals.

In an editorial in the journal Dr Nic Lee and Professor R E Kirsch said it appeared as if the hospital "has joined other well-known South African hospitals that are in the process of collapsing under the weight of official lack of foresight, lack of planning and lack of funds".

The editorial stated that the situation at the Red Cross War Memorial Children's Hospital appeared to be endemic to all academic hospitals in South Africa and that there was no doubt that many of the hospitals were on the point of collapse.

To rectify the situation, meaningful and positive action — and in particular money — were desperately needed.

Emergency service may have to go

By KAREN STANDER, Medical Reporter

THE Red Cross War Memorial Children's Hospital in Rondebosch — the only one of its kind in Southern Africa — is in severe crisis and may be forced to cut back on essential services, including the night emergency department.

Two senior staff members have warned that the "writing is on the wall" for the hospital, due to a lack of funds, staff shortages and an "ever-increasing" patient load.

Details of the crisis at the Red Cross Hospital were revealed in a letter, published in the *South African Medical Journal*, from Professor D W Beatty and Professor M D Bowie, of the University of Cape Town's department of paediatrics and child health.

They said the Red Cross, as a small teaching hospital, was arguably more vulnerable to the "apparent approach to national health care": lack of funds, co-ordination, planning and foresight.

"UNBEARABLE"

The ever-increasing patient load had made working conditions "so unpleasant and stressful as to be unbearable". Poorly planned adjustments to salary scales had left senior house officers with salaries not competitive with all other hospitals "including a nearby teaching hospital".

Another major factor was the loss of young doctors called up to the defence force, or who left the country rather than do military service.

"We are faced with the very real possibility of being forced to curtail services, specifically the out-patient/emergency department at night.

"But then where would parents take their sick children? Regional hospitals are few and poorly sited, community facilities, particularly at night, are virtually non-existent and private hospitals are not geared medically to care for a mass of sick children, only some of whose parents can pay ..."

"DRAFT DOCTORS"

The doctors said a "logical, possible and sensible" short-term solution would be to draft doctors to hospitals rather than conventional military service. Salary scales had to be brought in line.

Dr Rex Simpson, superintendent of the Red Cross Hospital, agreed the hospital had a problem which was cause for concern. However, he referred specific comment to Dr George Watermeyer, executive director of the provincial department of hospitals and health services.

Dr Watermeyer was unavailable for comment.

Commenting in an editorial, SAMJ editor-in-chief Dr Nic Lee and honorary scientific editor Dr R E Kirsch said the hospital, which had an excellent reputation, now appeared to have joined other well-known South African hospitals "in the process of collapsing under the weight of official lack of foresight, lack of planning and lack of funds".

The situation now appeared endemic to all South Africa's academic hospitals.

One source of the money needed to rectify matters would be to dismantle the "misconceived and ruinously expensive structure" of "own affairs".

"The sooner this is accepted by the official mind, the better for all of us, and for our academic hospitals ...

Police halt demo by city hospital workers

98

Staff Reporters Star 19/9/89

Police today stopped about 1 000 Johannesburg Hospital workers who tried to march through central Johannesburg.

The march was stopped in terms of the emergency regulations.

The workers, members of Cosatu's National Education, Health and Allied Workers Union (Nehawu), met outside the hospital this morning before the march, which was due to end outside the Rand Supreme Court.

The protest is connected to a union recognition struggle at the hospital.

Witwatersrand police spokesman Lieutenant-Colonel Frans Malherbe said: "This march has not been given permission. We will not permit an illegal march."

Johannesburg's acting chief magistrate, Mr Pieter Theron, told The Star no application for permission to hold a march had been received.

It was therefore illegal.

A union national organiser, Mr Mode Mditshwa, told workers gathered at the hospital this morning that the union's lawyers had advised against carrying placards while marching to the court.

He said lawyers had told him the march was legal and the workers had to walk in groups of four.

As the workers moved out of hospital grounds, policemen tried to stop them but they attempted to march on.

They were then informed the march was illegal. They dispersed and regrouped outside the front entrance of the hospital to wait for buses to transport them into the city centre.

PROTESTS

The attempted march comes after two recent strikes at the hospital and protests over racially segregated health services as part of the MDM's defiance campaign.

Hospital management secured an interim court order interdicting workers from demonstrating on hospital premises or entering the hospital except to carry out their duties.

According to to Mr Mditshwa, the Supreme Court was today expected to consider whether to finalise the order.

Hospital workers' lawsuit must wait

JOHANNESBURG. — Some 1 500 Johannesburg Hospital workers will have to wait till November 7 to find out whether an interdict restricting them from industrial action is to be made permanent or set aside.

The case of Mr Jeaneth Mpenyane and others versus hospital superintendent Dr Reginald Broekmann received a brief hearing in the Rand Supreme Court yesterday afternoon.

The proceedings were a sequel to a temporary interdict granted to Dr Broekmann on August 18, restricting hospital employees from industrial action. Workers are challenging that interdict while the superintendent is seeking to have it made permanent.

About 200 workers in court to hear the postponement decision were the remnants of 1 500 who gathered on the premises of Johannesburg Hospital early yesterday morning in preparation for a march to the Rand Supreme Court, where they were to "meet head-on with their management", according to the National Education, Health and Allied Workers' Union.

But a kilometre from the hospital most of them were turned back by police, who said that till they had permission from a magistrate their march was illegal.

CNA Tue 23/9/87

Boycotting nurses sacked

PRETORIA. — The chief superintendent of Garankuwa Hospital, Dr Louis van Heerden, has confirmed that 270 student nurses at the hospital have been dismissed following a boycott of classes and work since Tuesday.

powers work together on a global ban for such arms.

Cape Times 27/4/87 (@) (75) (18)

Student nurses sacked

PRETORIA. — A total of 151 student nurses have been sacked from the Garankuwa Hospital following a strike. The students have been striking since September 19 because they were allegedly dissatisfied with their food.

CAPE TIMES 27/7/89 (98)

Hospital down to half-strength

Staff Reporter

A NEAR-CRIPPLING staff shortage has struck a major Boland hospital with medical officers down to half-strength and only one specialist on a roster catering for five.

But despite the critical staffing levels, Worcester's 292-bed Eben Dönges Hospital is managing to "battle on", hospital superintendent Dr Johan le Roux said yesterday.

There is also a shortage of nurses, he said.

Gatesville Centre an 'inspiration to all'

CBA Times 23/9/87
98

THE R12 m Gatesville Medical Centre was officially opened on Sunday September 24 at Gatesville near Athlone.

Southern Life and Cape Town businessman Ebrahim Borat are the major shareholders in this private hospital, one of the most advanced in the Peninsula. Other shares are held by investors country-wide and the directors, most of whom are members of the medical profession.

Speakers included Advocate Abdulla Omar, executive member of the UDF, Dr Allan Boesak, president of the World Alliance of Reformed Churches and Dr Jubilee Ngomo, director of the Lesedi Clinic in Soweto.

Dr Allan Boesak, one of the speakers at the opening of the Gatesville Medical Centre.

Mr Omar said that the political situation usually stopped blacks from developing to their full potential. When they did reach their full potential, as in the case of the GMC, "it is an inspiration to us all".

Dr Boesak said the spirit of co-operation that had made GMC possible gave "a little taste of what our country can, and will be in a post-apartheid society". The GMC had become a sign of hope, joy and determination.

"Health is the right of every individual," said Dr Jubilee Ngomo, the main guest speaker. "Unfortunately the American syndrome, where health is the privilege of the rich or the insured, has been imported to our shores."

He added that the private sector therefore had to make appropriate arrangements. He pointed out that the private medical sector could generate services according to need, unfettered by the bureaucracy of the State-run services.

Privatisation

On the other hand, "privatisation puts health services into the mainstream of what is taxable, and this has frustrated many well-meant efforts by entrepreneurs", Dr Ngomo said.

The GMC displayed a unity in which all colour groups were involved.

SOUTH
You have the right to know 50c

September 28 to October 4 1989 50c (44c + 6c GST) TEL: 462-2012

Hospital 'scandal'

(98) South 28/9 — 4/10/89.

Lost legs, man may sue

By CHIARA CARTER

CONDITIONS and health care at Cape Town's Groote Schuur, one of South Africa's most famous hospitals, have been criticised by doctors as "scandalous and sub-standard".

Hospital superintendent Dr Jocelyn Kane-Berman has admitted that the hospital is "overloaded" and "simply cannot cope".

The doctors, who are general practioners mainly on the Cape Flats, claim that patients are regularly turned away from the hospital by nursing sisters without having seen a doctor.

Patients who require urgent treatment are left waiting for lengthy periods before receiving attention.

A Groote Schuur patient is planning legal action after both his legs were amputated through what he claims was "negligence" by the hospital.

Severe pain in legs

Another patient is also planning legal action after being turned away from the hospital with a slipped disc.

Mrs G Abrahams said her husband, Abdul Aziz Abrahams, collapsed outside Groote Schuur on September 2 with severe pains in his legs.

He was taken to the out-patient section of the hospital where a doctor examined him, and said he could go home.

Abrahams claimed the doctor had said there was "nothing wrong" with her husband, who had to be carried from the hospital on a stretcher.

Her husband suffered extreme pain during the night and the following day she took him back to Groote Schuur.

She said they were kept waiting for more than four hours although her husband was in a state of visible discomfort. By the time the doctor examined him, he had no feeling in his legs.

She claimed the doctor blamed her for not bringing him to the hospital earlier.

Her husbands' legs were amputated after doctors operated to remove clots.

Abrahams said that her husband subsequently had an operation to repair a valve in his heart and was again rushed to hospital this week.

She said that the family was considering taking legal action against the hospital authorities.

"This has been the most terrible experience. One expects a hospital to help the sick, not send them home or keep them waiting for hours," Abrahams said.

A local GP, who cannot be named for professional reasons, said that in another case a woman in need of major surgery was kept waiting for several hours in the out-patient section before being sent home.

He said that when the woman's husband told a nursing sister his wife was in such agony from stomach cramps that she was crawling in the hospital corridors, the man was told: "If she can crawl, she can walk."

The woman was then sent home with antacid tablets.

The following day her GP referred her to Tygerberg Hospital where doctors removed her gall bladder.

Another man, Mr Peter Leibrandt, has claimed in an affadavit that he was referred to Groote Schuur's orthopaedic department by his doctor.

Leibrandt said that when he went to the hospital he was told by a nurse that the doctor would not be able to see him until two weeks later.

He then went to another doctor who

• Turn to page 3

Jubilant homecoming

FREE BUT RESTRICTED. United Democratic Front leader Trevor Manuel was given a jubilant welcome at DF Malan Airport this week after his release from detention in Bloemfontein. With Manuel, who is restricted to his home at night, is his six-month-old son Pallo, and former UDF Western Cape secretary Cheryl Carolus. Several other detainees were released this week. See Story Page 3

Abusive 'police memo' threatens Rockman

By CHRISTINA SCOTT

DURBAN. — Police are investigating the circulation of a memo at the CR Swart police divisional headquarters here which threatened to "necklace" rebel Cape Town policeman, Lt Gregory Rockman.

The memo, apparently emanating from the detective department and signed by the head of the department, was addressed to Rockman and called him a "stupid hotnot" and "windgat kaffir".

"In all sincerity, we hope that you receive your necklace of commendation, preferably a Dunlop," it stated.

A source said it was found on a table in a public area of the headquarters.

The head of the department, Major Daniel Muller, denied any knowledge of the memo and was "shocked" that his signature had been falsified on it.

"I've got nothing to say, I've got no comment. I know nothing about the letter. Somebody must be playing the fool," he said.

Lt Rockman

The sweeping signature appeared above the postscript: "Compliments AWB".

A police source called the memo "garbage" but noted that few police officers disagreed with its sentiments.

Police spokesperson Major Reg Crewe said the note "didn't sound like an original" and asked for a copy to be faxed to him in Pretoria.

He was unable to respond by the time of going to press.

— *DURBANEWS*

Klawer's shame

JOHANNES van Wyk, 14, works 11 hours a day for only R5 in the Namaqualand town of Klawer.

Child labour, child abuse, alcoholism and cheap labour is rife in Namaqualand towns, a SOUTH investigation has found.

The tragic accident in which 52 people were killed when a farm truck plunged over a bridge into the Olifants River three weeks ago has focused attention on the small town of Klawer.

Farmers in the area recruit child labour from impoverished towns and bring the children to plant and harvest their crops.

Johannes, pictured above, was recruited in Calvinia and his parents do not know his whereabouts.

Judy Lombard, 10, who was killed in the accident, was a labourer in the onion fields.

See page 8.

South 28/9-4/10

South 28/9-4/10/89

(98) South 28/9/1 - 04/10/89

Hospital scandal

• FROM PAGE 1

diagnosed a slipped disc and recommended that Leibrandt remain in bed for at least 10 days.

Leibrandt's GP said these cases were not isolated ones.

He said many patients were turned away from the hospital on a regular basis without seeing a doctor.

"A sister has no right to send a patient away," he said.

He said he had written to the Director of Health Services, the Medical and Dental Association of South Africa and Groote Schuur itself about nursing sisters diagnosing patients.

Below standards

The director had replied that it was against established practice to use sisters for diagnosis but this continued to happen at Groote Schuur, the GP said.

"The medical authorities are trying to conceal the fact that the hospital is operating below minimum health standards," he said.

Doctors in Mitchells Plain were so outraged by these incidents that they held a meeting last month and intend sending a petition to the hospital superintendent, another GP said.

Groote Schuur hospital superintendent, Dr Jocelyn Kane-Berman, said that it was impossible for the hospital to comment on individual cases, but if details were forwarded the hospital would investigate complaints.

She said the hospital could not cope with the number of patients.

"The hospital services are totally overloaded. There has been an explosion of population, increased urbanisation and together with a staff shortage, it is beyond the capacity of the hospital to cope," she said.

Serious cases

"A hospital like Groote Schuur is a tertiary referral centre which should be for serious cases. Many of the patients who come here shouldn't be here in the first place," said Kane-Berman.

"The answer is for people to use the health services in the communities, for these peripheral services to be upgraded and for GPs to work harder — particularly at night and over the weekend."

Kane-Berman said that GP's had been told that they should reserve time for patients whom they referred to Groote Schuur and that the hospital had undertaken to see all patients who booked in advance.

She said the large number of people who came to the hospital meant that people often had to wait a long time before a doctor could see them and that sisters were used as a "filter".

The sisters were, however, highly trained.

The Director of Hospital and Health Services, Dr TH Watermeyer, had not responded to a request for comment by the time of going to print.

Tambo out of hospital

From MONO BADELA

JOHANNESBURG. — ANC president Oliver Tambo, who suffered a stroke early last month, has been discharged from a London hospital.

Mrs Adelaide Tambo said this week her husband had recovered remarkably and was discharged from the clinic last weekend.

He has been advised to take things quietly and to have a long rest.

Tambo, 71, was flown from Lusaka to London early in August for medical attention. His illness prevented him from attending the OAU special committee on Southern Africa that adopted the ANC's document on negotiation proposal.

The ANC's secretary-general, Alfred Nzo, is now acting as the movement's president.

South - 28/09-4/10/89

J G Strijdom 'battle has been lost'

By Toni Younghusband, Medical Reporter

Bitter medical staff have warned that the JG Strijdom Hospital will virtually close down at the end of the year when the University of the Witwatersrand withdraws its support.

The hospital's cardiology department has already closed and surgery, intensive care and medicine will follow. All nurses' intensive care training has already been transferred to the Johannesburg Hospital.

Other departments facing closure include urology, Ear, Nose and Throat (ENT), ophthalmology, plastic surgery and orthopaedics.

Staff interviewed said despite efforts to retain the hospital's excellent services, the battle had been lost.

The Strijdom lost its academic status earlier this year as a result of its transfer to white own affairs administration. The university will no longer appoint staff to the hospital.

Scores of nurses and doctors have already left what was one of the best academic hospitals in the country.

"It is important that the public realises that the Strijdom won't be the same. It won't offer the excellent services it did in the past but will be nothing more than a small regional institution," a senior doctor said.

Undertakers must get written permission

Dr van der Heever

BAN ON FUNERAL TOUTS

Sowetan 29/9/89

BARAGWANATH Hospital has banned all funeral undertakers from entering the hospital premises to collect corpses from the mortuary without written permission.

By JOSHUA RABOROKO

This is part of a drive to curb large-scale touting.

In notices to undertakers the hospital's superintendent, Dr Chris van der Heever, has outlined steps to be taken by undertakers and bereaved families in order to remove the corpses from the mortuary.

The notices mention, among other things, that the bereaved family will have to walk to the mortuary to identify the body and make arrangements for its removal, while the funeral hearse or vehicle is parked outside the hos-

• To page 2

98 Sowetan 29/9/89

Ban on touts

• From page 1

pital premises.

As soon as arrangements are finalised the family will be given written permission, which will be handed over to the undertaker.

This form will be required by security officers when the body is loaded into the hearse.

The new regulations, which came into effect last Wednesday, also require undertakers to remain outside the hospital premises at all times until the bereaved families have completed arrangements.

Every corpse removed from the mortuary should be accompanied by an identity document.

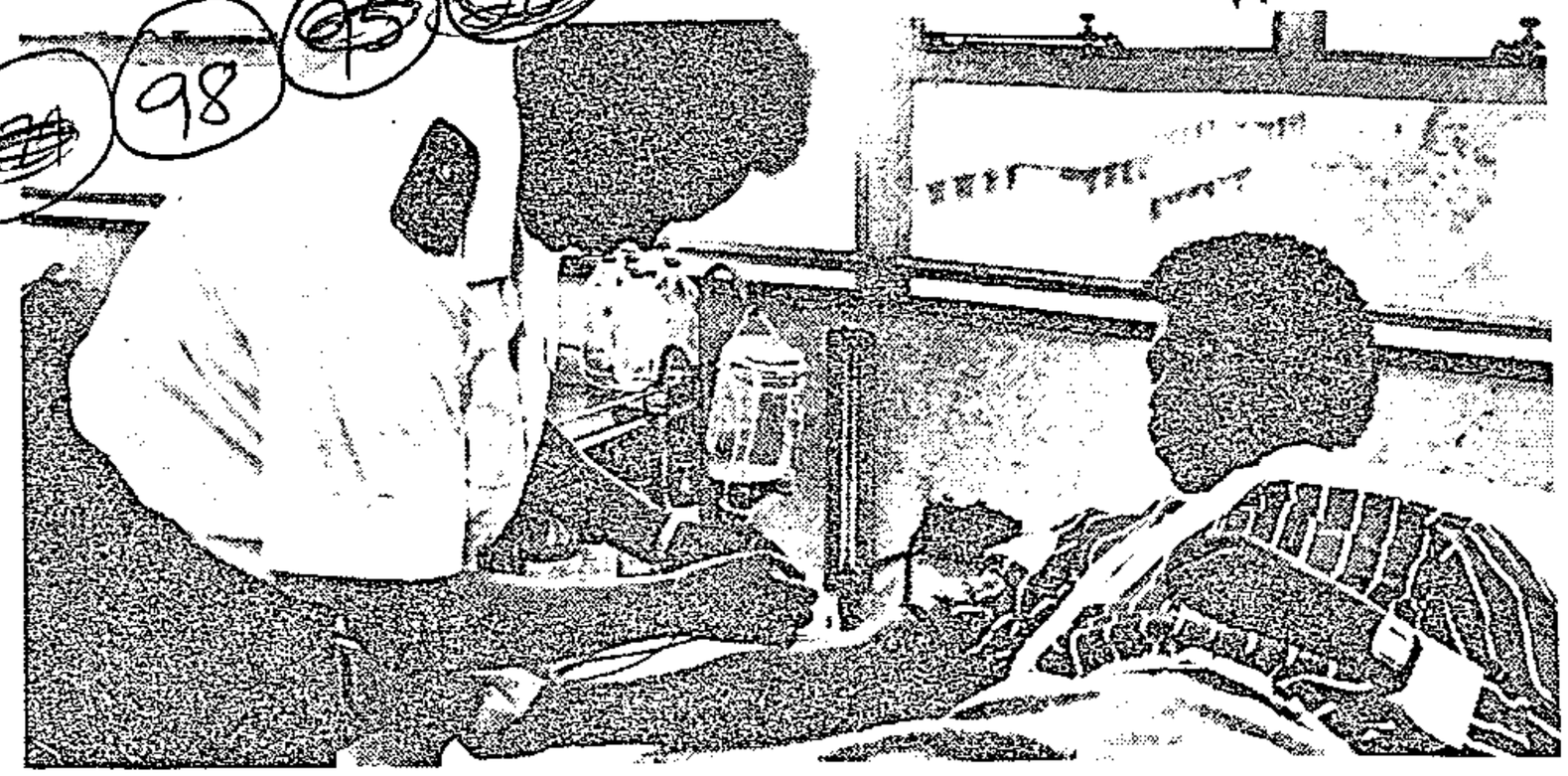
Van der Heever said these steps were taken to restrain the widely published touting of corpses at the mortuary.

"We want to put an end to this racketeering on hospital premises," he said, adding that they appealed to all concerned to co-operate.

Day 2 of defiance. A fight for fair health care

W Mail Sept 29 - Oct 5 1989

The hospital defiance day last month was only partially successful. Now the defiers will focus on discrimination against black nurses and call for a free health service. By PHILIPPA GARSON



Some hospital functions have always been open to all races PICTURE: Gisele Wulfsohn

HEALTH groups fighting to end hospital apartheid say they are planning a second day of defiance in their fight to desegregate health facilities.

Organisations including the National Medical and Dental Association (Namda) and the South African Health Workers Congress (Sahwco) met this week to discuss a follow-up to the last defiance day held on August 2, when black patients admitted themselves to white hospitals throughout the country. A similar day defiance is now planned for late October.

Cas Coovadia, a spokesman for the Mass Democratic Movement, said the campaign will call for free national health service and focus on the lack of facilities for black health-workers.

"We want to tackle the discriminatory way in which black nurses are treated — they lack the accommodation and creche facilities their white colleagues enjoy," Coovadia said.

"Furthermore, within the context of the unemployment crisis and increased hospital tarrifs, medical attention is becoming unaffordable for the majority," he said.

The organisers feel that the previous hospital defiance campaign did not have enough follow-through, because of a lack of information.

Dr Max Price, a spokesman for Namda, said: "The problem is not so much that patients are being turned away, but that too few are presenting themselves.

"Many are unaware of the campaign. Others are afraid to go in case they get turned away.

"People cannot afford the added transport costs of having to go from one hospital to another. And if they are sickly, the idea of trekking from one place to another is even less attractive."

But in some areas, the campaign has met with a measure of success, and far more black patients are being attended to than before.

"In the Johannesburg area, things have been going well," says Price. "The vast majority of patients have been attended to at the Johannesburg General Hospital, and I know of only three instances when people have been turned away."

tion to the hospital, and found the doctors there reluctant to treat her.

"We had to wait 45 minutes before anyone would see her. The hospital is usually very efficient, but there is no doctor working full-time in the 'black' section," he said.

"The doctor who did eventually see her didn't even conduct a proper pregnancy test because the 'black' section lacked facilities. He said that even if my diagnosis was correct, the hospital did not have facilities for her.

"Finally, after much protesting, they admitted her to the Indian cancer ward and she was operated on that evening."

The same doctor says attempts to combat racially segregated health facitites are hampered by apartheid ambulance services.

"Whenever one telephones for an ambulance, one has to name the race of the patient. This kind of entrenched segregation endangers people's lives."

But ambulance services deputy director Alan Cloete said ambulances were not segregated.

"In an emergency, the nearest ambulance takes the call — be it white, black, pink or yellow".

But the fact remains that different ambulances are designated for different race groups. Cloete said this was so that patients could be helped by people speaking their own language.

He described the fact that ambulances service specific "own affairs" hospitals as "unfortunate": "It is not in our hands. We take people to the hospital we are told to take them to. Our job is apolitical and non-racial. We are here to serve the people, not become involved in racism."

In the Cape, where segregation in the hospitals is less pronounced than elsewhere in the country, Namda's regional chairman Dr Stanley Levenstein said "it would be a mistake to say that segregation doesn't exist".

The defiance campaign did not target Cape hospitals, where there has been pressure over the years to open hospitals. Though this has met with a measure of success, Levenstein said hospitals such as Somerset, Victoria and the Red Cross Children's hospitals still had segregated wards.

The new Groote Schuur Hospital, which is open to all races, has introduced a subtle form of discrimination by reserving wards for "patients of high socio-economic status".

A doctor at the hospital describes the change as "slight" and said patients admitted to casualty were not "racially screened" as before.

The medical superintendent at the hospital, Dr Reg Broekmann, denied the defiance campaign had changed anything and said the hospital always treated "patients as patients".

"Anyone who presents himself here is given the best treatment possible. But because we have a critical shortage of beds, patients may be referred to other hospitals."

Most departments are not officially open to all races however, but Broekmann said there was "a fair percentage of all population groups in every department". But the overall figure of black patients at the hospital stands at only 11 percent.

Because Johannesburg General is an academic hospital it falls into the category of "general affairs". The "own affairs" hospitals tend to stick to the rules.

But at the "own affairs" JG Strijdom hospital administrators fill in a forms for black outpatients stating these people cannot be treated elsewhere, one doctor said.

"So the patients are treated, but in a sense nothing has really been broken down."

He said laws were not broken as loopholes existed to avoid the negative publicity resulting from turning people away, although JG Strijdom's medical superintendent, Dr CJ Visagie, denied this was happening.

Visagie's counterpart at Durban's Addington Hospital, Dr P Fitzgerald said Addington admitted whites only, unless the patient was in a "life-threatening" condition and needed emergency treatment, or needed admission to a specialised department.

He said patients of all races were treated on the August 2 defiance day, but that this relaxation of policy had only lasted on that day.

He added that a busload of Indian patients had been turned away from the hospital this week and referred to King Edward Hospital instead.

Some hospitals seem obvious to the prospect of "negative publicity" and even emergency patients have been referred elsewhere.

A doctor in private practice who frequently refers black patients to HF Verwoerd Hospital in Pretoria says his patients are always transferred to Kalafong Hospital 10km out of town.

He recently accompanied a black woman suffering from a dangerous pregnancy complica-

B/Day 2/10/89.

98

Scope of individual rights extended in appeal ruling

BY UPHOLDING the rights of six young doctors to a fair hearing before their applications for posts at Baragwanath were rejected by hospital authorities, the Appeal Court last month also extended the scope of individual rights in this country.

The Appellate Division's decision has been described by lawyers as a landmark judgment.

The division has ruled that when an authority makes a decison prejudicial to an individual, the person is entitled to a fair hearing even if his legal rights have not been infringed.

Prior to this, a person would have had to show that a legal right had been infringed to obtain a hearing.

In terms of the decision, this right has been extended to cases where an individual can show he had a legitimite expectation of a hearing.

Criticised

Chief Justice Corbett — with appeal judges Hoexter, E M Grosskopf, Kumleben and F H Grosskopf concurring — found that a decision by the Director of Hospital Services not to appoint the doctors was invalid as he failed to give them a fair hearing before making his decision.

In November 1987 the director turned down applications by the six for posts as senior house officers at Baragwanath on the grounds that they were "unsuitable" after they had signed a letter criticising the hospital's conditions.

The letter, published in the September 1987 issue of the SA Medical Journal (SAMJ), was signed by 101 doctors, most of them employed at Baragwanath.

The doctors launched an urgent application in the Rand Supreme Court in November 1987 and were granted an order by Mr Justice Goldstone declaring the decision turning down

SUSAN RUSSELL

their applications invalid as it failed to give them a fair hearing beforehand.

At the original application it was said, on the doctor's behalf, that in terms of the *audi alteram partem* (hear the other side) principle in our law, they were entitled to a fair hearing.

The doctors also contended they were qualified and competent professionals, selected on merit for the posts in accordance with a long-standing practice.

In the past, the director's approval of similar appointments recommended by relevant heads of department was a formality, the doctors said.

The Transvaal Administrator and hospital authorities took the case to the Appellate Division contending the *audi* principle did not apply to this case.

One of the issues the court had to consider when it heard the appeal in May this year was whether the principle was confined to cases where the decision affected the liberty, property or existing rights of the individual concerned, or whether its impact was wider than that.

Mr Justice Corbett said the letter in the journal was of historical importance only. The real issue was not the averments in the letter, but whether the director could take the decision without a hearing.

The judge said in recent years there had been a number of cases in provincial divisions where the observance of natural justice had been extended to decisions affecting people who had no existing right but merely a legitimite expectation.

"There are many cases which one can visualise in this sphere — where an adherence to the formula of 'liberty, property and existing right' would fail to provide a legal remedy."

Mr Justice Corbett said the law should in such cases be made to reach out and come to the aid of people prejudicially affected.

A person who applied for a post was not entitled to be heard before the authority concerned decided to appoint someone else, or to appoint no-one. However, the judge said, the present case had two distinctive features which took it out of the general rule.

Firstly, these were not ordinary appointments but posts which were an essential rung on the ladder of progress for young doctors.

Significantly, he said, these appointments were according to a practice which had existed for decades and the director's approval was a formality after recommendation by a department head.

Expectation

"These features taken in conjunction with one another constitute good ground, in my opinion, for each having a legitimate expectation that once recommendation was given by the department head concerned the director's approval would follow as a matter of course."

The doctors had a legitimate expectation that they would be given a fair hearing if the director refused their applications.

The judge concluded that the director's decision was fatally flawed because he had ignored the *audi* principle.

Commenting on the importance of the judgment, a lawyer said that while its scope was not yet clear it opened up a wide field of cases where a fair hearing would have to be given even if a legal right did not exist.

"The judgment recognises that bureaucrats cannot simply act to the prejudice of individuals without allowing them to be heard first."

No help in sight for Red Cross children's hospital

CAPE TIMES 4/10/89

THE situation at the War Memorial Red Cross children's hospital continues to worsen in spite of widespread concern at the lack of funds.

Doctors are critical of the Government's attitude to the hospital. "Politicians don't believe in kids," said a senior paediatrician. "They love cancer and heart ailments because they get those themselves, but they couldn't care less about children."

The small hospital, which has an international reputation, is the only children's hospital in Africa. Yet it remains a poor relation of nearby Groote Schuur, which was recently extended in a mammoth operation costing millions in taxpayers' money.

'Disease palace'

The extensions have come under fire from all sections of the community, particularly from the medical fraternity who regard mammoth "disease palaces" as contrary to modern thinking on medical care.

"The cost of the Groote Schuur building is likely to set back finances to other medical facilities such as the Red Cross children's hospital for years," said another paediatrician.

"And support from the private sector is poor, particularly when you think of the millions given by insurance companies to sports such as rugby."

Since the Red Cross hospital was built in 1955, no additions have been made to the main buildings. Yet the number of children being treated has soared.

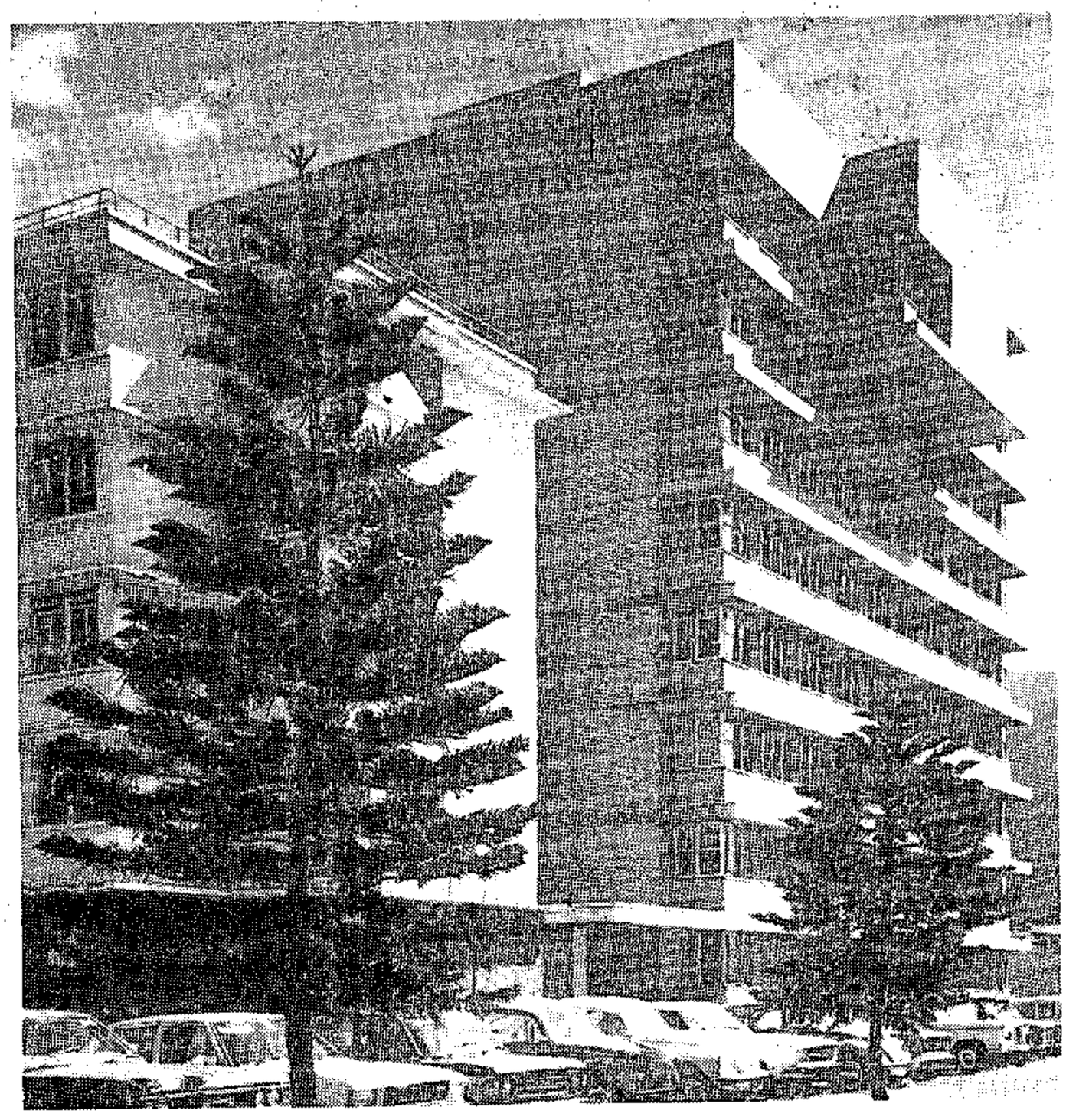
Juggling

The busy outpatients department has been housed in a prefab building for 15 years. When it opened it treated fewer than 1 000 children a month; now over 23 000 children arrive every month on its doorstep. "And a third of these are seen after hours," said a doctor. "The main reason for this is that so many mothers work and discover their children are sick when they arrive home, often after a long journey, at night. They then have to bring the child to the hospital for treatment."

It is a question of juggling with limited accommodation at this hospital, and recently a much needed cat scan had to be installed in a converted linen room.

A senior paediatrician said that nursing children places additional burdens on nurses. "It is very stressful emotionally and physically to nurse sick children. If a child dies it is distressing for a nurse, and when children are ill they need much more attention than an adult does.

"In spite of this nurses are offered no extra incentives either in their working conditions or in other salaries."



WIDESPREAD CONCERN . . . In spite of increasing numbers at the Red Cross War Memorial children's hospital, there is still an alarming lack of funds.

sels.

BARA BAROMETER

Short-term measures ease conditions at Bara

IN THE week September 28 to October 4 there was a cumulative bed shortage of 855 beds in the medicine wards at Baragwanath Hospital. A daily average of 122 patients were without beds.

On the worst night, October 1, 145 patients slept on the floor. The worst overcrowding in a single ward was on the night of September 28 when there were 73 patients in a 40-bed ward.

This week a total of 448 patients and a daily average of 64 fewer patients slept on the floor because five newly extended wards were in use.

MEDICAL staff at Baragwanath Hospital this week said the deplorable conditions about which they had complained two years ago have been eased to a certain extent.

But they pointed out that the new extensions to the hospital were only a short-term solution to the health needs for Soweto's estimated two million population.

Since the controversial September 1987 letter, signed by 101 doctors exposing conditions at the hospital, there has been a tremendous response from the private sector and the University of the Witwatersrand to relieve the chaos at Baragwanath Hospital.

This week five of the hospital's 13 department of medicine wards which are being extended were in use. Ward extensions were made possible through

PAT DEVEREAUX

former Wits University vice-chancellor Professor D J du Plessis's committee's fund-raising efforts.

Doctors interviewed at the hospital were quick to point out however that although the new extensions mean at least 300 more patients will be accommodated in beds in the medicine wards, in the long term Baragwanath Hospital needs an estimated 3 000 beds.

Alterations which have improved the medical team's working conditions include an on-the-spot laboratory which will allow immediate testing for illnesses like diabetes. The newly extended wards appear to have much more light and are more spacious and less depressing for patients and staff.

Ablution facilities in each of the extended wards have also been improved and there are no longer only three toilets serving up to 100 patients as the number of toilets has doubled.

Another improvement is that some psychiatric patients now have a ward of their own and are not kept with other ill patients.

A drawback of the ward extensions is that the already stretched number of hospital staff has not been increased. "At night there is often only one qualified nurse on night shift caring for more than 60 patients. Because of this drips and medication cannot always be checked on," he added.

Conditions at the hospital were initially exposed and brought to the public's attention in a letter signed by 101 doctors working in the hospital in September 1987. This led to the controversial trial of Dr Beverley Traub, one of the signatories. As a result she was denied promotion to an appointment necessary for her to become a specialist in paediatrics.

Dr Traub later won a landmark court decision after refusing to apologise to the Transvaal Provincial Administration, which controls the hospital, for statements made in the letter which was published.

Recently an appeal by the Transvaal Provincial Administrator against judgment in the Traub case was finally dismissed with costs.

Dr Traub is currently overseas and could not be contacted for comment. A liaison officer for the TPA, Mr Jan van Wyk, could not comment on the Traub case appeal dismissal.

DISTRAUGHT MOTHER: Meenhah Abdussalaam of Queens, New York is strapped in a stretcher after

United Nations officials held discussions with her.

Short-term measures ease conditions at Bara

PAT DEVEREAUX

MEDICAL staff at Baragwanath Hospital this week said the deplorable conditions about which they had complained two years ago have been eased to a certain extent.

But they pointed out that the new extensions to the hospital were only a short-term solution to the health needs for Soweto's estimated two million population.

Since the controversial September 1987 letter, signed by 101 doctors exposing conditions at the hospital, there has been a tremendous response from the private sector and the University of the Witwatersrand to relieve the chaos at Baragwanath Hospital.

This week five of the hospital's 13 department of medicine wards which are being extended were in use. Ward extensions were made possible through former Wits University vice-chancellor Professor D J du Plessis's committee's fund-raising efforts.

Doctors interviewed at the hospital were quick to point out however that although the new extensions mean at least 300 more patients will be accommodated in beds in the medicine wards, in the long term Baragwanath Hospital needs an estimated 3 000 beds.

Alterations which have improved the medical team's working conditions include an on-the-spot laboratory which will allow immediate testing for illnesses like diabetes. The newly extended wards appear to have much more light and are more spacious and less depressing for patients and staff.

Ablution facilities in each of the extended wards have also been improved and there are no longer only three toilets serving up to 100 patients as the number of toilets has doubled.

Another improvement is that some psychiatric patients now have a ward of their own and are not kept with other ill patients.

A drawback of the ward extensions is that the already stretched number of hospital staff has not been increased. "At night there is often only one qualified nurse on night shift caring for more than 60 patients. Because of this drips and medication cannot always be checked on," he added.

Conditions at the hospital were initially exposed and brought to the public's attention in a letter signed by 101 doctors working in the hospital in September 1987. This led to the controversial trial of Dr Beverley Traub, one of the signatories. As a result she was denied promotion to an appointment necessary for her to become a specialist in paediatrics.

Dr Traub later won a landmark court decision after refusing to apologise to the Transvaal Provincial Administration, which controls the hospital, for statements made in the letter which was published.

Recently an appeal by the Transvaal Provincial Administrator against judgment in the Traub case was finally dismissed with costs.

Dr Traub is currently overseas and could not be contacted for comment. A liaison officer for the TPA, Mr Jan van Wyk, could not comment on the Traub case appeal dismissal.

STAR (98) 9/10/89

No charge for patients after death

By Karen Stander

A private hospital group has announced that it will waive all costs incurred after death when organs are to be donated.

This decision by Afrox Healthcare — which is the second biggest private hospital group in the country with 10 hospitals, including five in the Johannesburg area — is a direct result of a case highlighted in The Star last week.

The father of 17-year-old Jacques van Wyk of Springs, Mr Willie van Wyk, was sent an account for more than R4 000 by the Princess Nursing Home in Hillbrow after he had agreed to donate Jacques's organs. The account included theatre and other costs incurred after Jacques was declared brain dead.

Mr van Wyk's medical aid paid almost R4 000 of the account, but about R240 disallowed was still outstanding. The hospital has agreed to waive this charge.

Jacques died in June after a blood clot developed in his brain. His heart, liver, kidneys and diaphragm were transplanted into five patients.

Mr Dick Williamson, general manager of Afrox Healthcare, which owns the Princess Nursing Home, said an investigation revealed that medical aid schemes were not obliged to meet the costs of any medical care after death.

His company had taken an immediate interim decision not to charge for the cost of hospitalisation incurred in the removal of organs after death.

Mr Williamson appealed to other private hospitals to follow this example.

STAR (98)

'Sensitive issues' at stake

10/10/89

Hospitals gagged on info to media

By Toni Younghusband, Medical Reporter

Provincial administration authorities have ordered hospitals not to speak to the media on "sensitive issues" such as segregation of facilities and bed shortages.

Sources told The Star yesterday that a circular to State hospitals gave staff examples of what "sensitive" issues might be: questions on segregation, personnel shortages, salaries, strikes or protests, or the disparity in services at black and white institutions.

Such questions are to be referred to Pretoria, where a special public relations directorate will deal with them.

Two weeks ago The Star asked the directorate questions about J G Strijdom Hospital. It has still not received answers.

The orders from the administration come in the wake of startling revelations by hospital superintendents earlier this year of shocking conditions at State-run institutions.

Academic status

The chief superintendent of Johannesburg Hospital, Dr Reg Broekmann, revealed that it had a critical nursing shortage, and private nurses had to be called in to prevent more beds being closed.

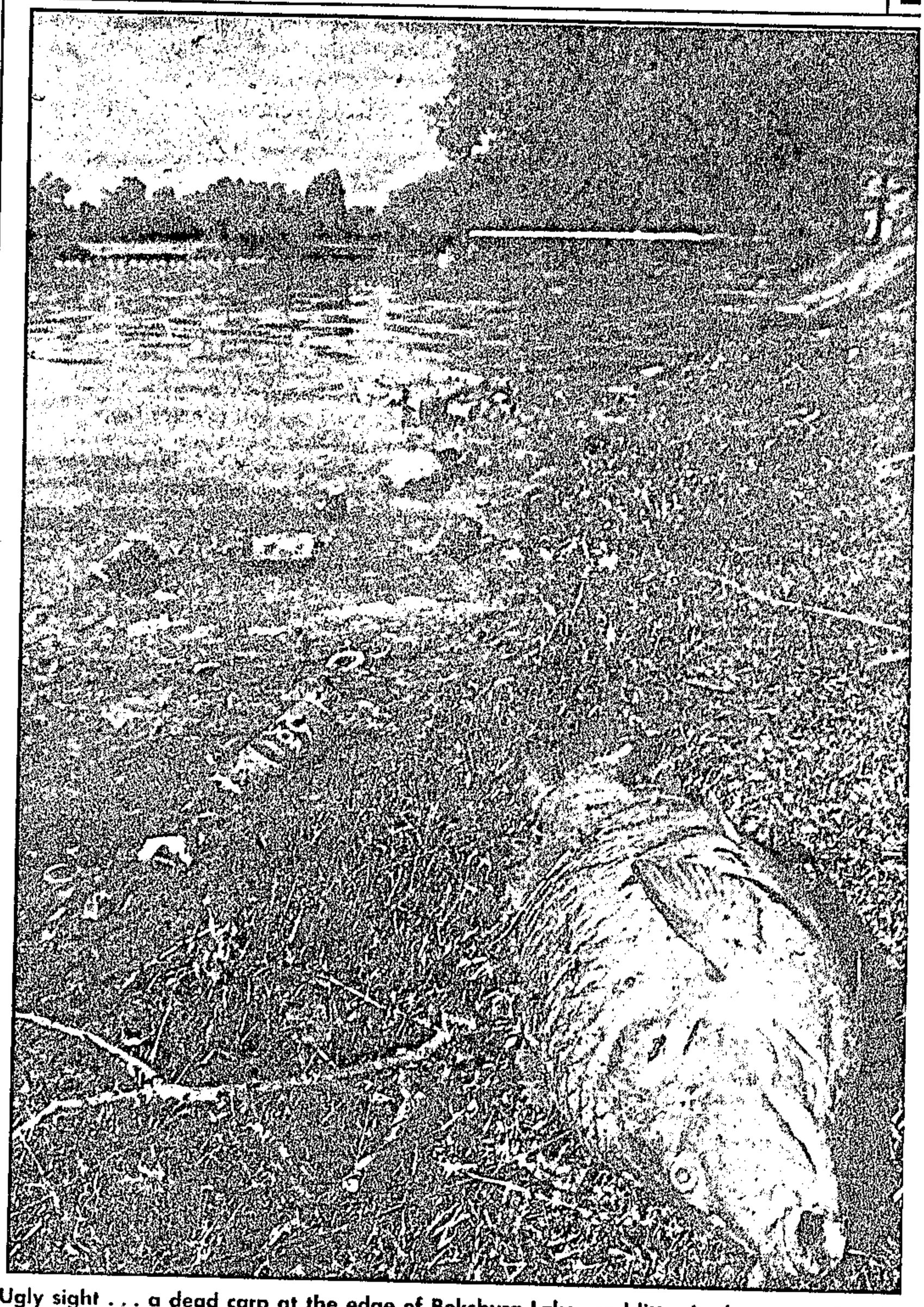
South Africa's first woman superintendent, Dr Annette van der Merwe, resigned from J G Strijdom Hospital when provincial authorities transferred it from "general affairs" administration to white "own affairs".

Because of the change, the hospital will lose its academic status at the end of the year.

The cardiology department has already closed down and doctors say the surgery, intensive care and medicine sections will follow.

Shortly before vacating her post, Dr van der Merwe said in an interview with The Star that she disagreed with the "own affairs" decision, and was worried about the hospital's future.

In past months, inquiries by The Star about conditions at these hospitals and others have been referred to Pretoria.



Ugly sight . . . a dead carp at the edge of Boksburg Lake, and litter in the water. The fish many which apparently suffocated to death.

● Picture by K

Dash super loo has a

Boksburg Lake fish deaths 'not due to pr

Privatising hospitals frightening, says DP

Political Staff

DURBAN. — The government announcement that it intends to go ahead with the privatisation of 44 white hospitals will push up the cost of health to unacceptable levels, the Democratic Party said today.

"It is frightening that the government should make this decision without a major investigation into the consequences," said DP health spokesman Mr Mike Ellis.

Mr Ellis called for the appointment of a commission of inquiry to investigate all aspects of the privatisation of the health services.

SECTIONS

The intention to go ahead with the privatisation of 44 hospitals starting with five in the Transvaal was announced last night by Minister of white own affairs health services, Mr Sam de Beer.

He said the move, which could also include the privatisation of sections of hospitals, was part of the policy of the government to privatise.

Mr de Beer said the cost of "own affairs" hospital services was pushing up the cost but he said this was a government undertaking to provide racially exclusive services.

Mr Ellis said: "The whole structure of health services is already incredibly expensive, much a direct result of the racially exclusive own affairs system of duplication. Privatisation will make it more expensive."

Dr Justin Morfopoulos, chief medical superintendent of King Edward VIII Hospital in Durban, welcomed the news.

"With efficient management, the running costs of hospitals should be lower — and that is very good news.

"I am all for privatisation and the sooner the government privatises hospitals the better. Academic hospitals should not be spared."

He cited the case of the Bellevue Hospital in New York which was successfully managed by private administrators, but financed by the city council.

"The management is fantastic and a similar scheme should be applied to King Edward."

Private sector already bidding

Some State hospitals to be privatised

By Toni Younghusband, Medical Reporter

Some of the 44 provincial hospitals transferred to "own affairs" administration in April this year may be privatised, Mr Sam de Beer, the Minister of Health Services, Welfare and Housing in the Ministers' Council of the House of Assembly announced last night.

He said the private sector had already put forward offers for some of these hospitals, but he did not give details about which of the 44 were being considered.

Opening of clinic

Since the "own affairs" transfer, there have been rumours that the J G Strijdom Hospital, the only teaching hospital to be transferred, is to be privatised but health authorities have consistently denied this.

Speaking at the opening of a private day clinic in Morningside, Sandton, Mr de Beer said as part of the Government's privatisation policy, beds in provincial hospitals would in future be made available to private entrepreneurs.

He said the Government could not afford to spend more on health services and serious attempts would have to be made to curtail present expenses.

"The Government may also contract work out to private agencies or sell certain of its facilities out of hand.

"It is now also accepted policy that the State will no longer erect or operate new hospitals where the private hospital industry could do the same," said Mr de Beer.

He pointed out it was important that before any provincial hospital was privatised, adequate provision had to be made for the non-private patient.

Hospitals

3/10/89 3/10/89 (98)

From Page 1

try's population was still dependent on the state for basic health services.

The state, therefore, had to provide health services for millions of individuals disabled, chronically or terminally ill, as well as pensioners, of which there were about 1,3-million of all races.

He warned that the unco-ordinated provisions and over-supply of facilities could contribute greatly to an escalation of health costs. He stressed the provision of health services imposed a heavy financial burden on government. It represented 9% of total government spending.

Government could not afford to spend more on health services and serious efforts had to be made to limit state spending.

Private hospitals, until now, had been regarded as primarily for the more affluent third of the population. Government believed privatisation should also meet the needs of the other two-thirds.

It went without saying that privatisation of existing facilities could only be considered if the private sector was prepared to provide the full spectrum of health services at an affordable price.

44 hospitals in line for privatisation

B/Day 13/10/89 (98) (~~102~~)

GERALD REILLY
and ADELE BALETA

GOVERNMENT is investigating the possibility of privatising 44 public sector hospitals, starting with five major Transvaal institutions.

Opening the Zandfontein Clinic in Sandton last night, Health, Welfare and Housing Minister Sam de Beer stressed government's commitment to privatisation, saying offers for some of the hospitals had already been received from the private sector.

The department's director of medicine, Dr Anton Klomp, confirmed last night that hospitals to be given immediate attention ranged from those catering solely for private patients to those for which government was responsible, such as institutions for the mentally handicapped.

The hospitals were: Andrew McColm in Pretoria, East Rand's Kempton Park Hospital, the South Rand Hospital, Discovery Hospital in Florida and the Cullinan Rehabilitation Centre for the mentally retarded.

Klomp said the department, in conjunction with the Committee of State Administration, would appoint a private firm to investigate the possibility of privatising the hospitals.

This would be done as soon as possible as a report was expected at the end of February. He did not know who had made offers from the private sector but said he believed "big developers" were involved.

De Beer said assurances would have to be given that adequate provision for non-private patients would be made. No hospital could be privatised while this class of patient, who was the state's responsibility, was ignored.

Government had embarked on a path of increasing partial privatisation of health services. Public sector hospital beds would in future be made available to private entrepreneurs. Government might also contract out work to private agencies or sell certain facilities out of hand.

"It is also accepted policy that the state will no longer erect or operate new hospitals where the private hospital industry could do the same."

De Beer said another factor giving impetus to the swing towards privatisation was the increase in the number of members of medical aid schemes. Beneficiaries increased by 13,2% between 1981 and 1985. Among blacks the growth was 63%. He said privatisation was not only a way of helping the state to spend less, but it would ensure the state did not have to subsidise those who were covered by medical insurance.

However, he said, two-thirds of the coun-

☐ To Page 2

Hospitals

B/Day 13/10/89

☐ From Page 1

try's population was still dependent on the state for basic health services.

The state, therefore, had to provide health services for millions of individuals disabled, chronically or terminally ill, as well as pensioners, of which there were about 1,3-million of all races.

He warned that the unco-ordinated provisions and over-supply of facilities could contribute greatly to an escalation of health costs. He stressed the provision of health services imposed a heavy financial burden on government. It represented 9% of total government spending.

Government could not afford to spend more on health services and serious efforts had to be made to limit state spending.

Private hospitals, until now, had been regarded as primarily for the more affluent third of the population. Government believed privatisation should also meet the needs of the other two-thirds.

It went without saying that privatisation of existing facilities could only be considered if the private sector was prepared to provide the full spectrum of health services at an affordable price.

Hospital privatisation 'costly'

THE Government's announcement that it intends to privatise 44 "white" hospitals would push the cost of health up to unacceptable levels, according to the Democratic Party.

"It is frightening that the Government should make this decision without a major investigation into the effects," DP health spokesman Mr Mike Ellis said yesterday.

The MP called for the appointment of a commission of inquiry.

The intention to go ahead with the privatisation of 44 hospitals, starting with five Transvaal institutions, was announced this week by the Minister of white own affairs health services, Mr Sam de Beer.

Mr de Beer said the privatisation of the hospitals, which could also include the privatisation of sections of hospitals, was part of the Government's general policy to privatise.

The basic policy being applied in hospital services was to subsidise the individual who needed assistance rather than the institution, he said.

POLITICAL STAFF

Hospital fees rise predicted

Star 17/10/89 (98)

By Toni Younghusband
Medical Reporter

Charges to patients will more than double with the privatisation of provincial hospitals as announced by the Government last week.

Mr Dick Williamson, chairman of the National Association of Private Hospitals (NAPH), said fees would definitely increase because these hospitals would no longer carry the State subsidy.

At present, medical costs at these hospitals were largely borne by the State, but with privatisation the patient or his medical aid would have to pay the full fee.

"For example, a patient will go into a State hospital and pay a flat fee of R70 upfront. The remainder of the cost, which could be as much as R1 000, will be carried by the State. Once the hospital is privatised, the patient is responsible for the whole fee," said Mr Williamson.

He stressed that those hospitals earmarked for privatisation were utilised primarily by patients covered by medical aid and the actual effect on the patient would not be that dramatic.

At least five of the country's 44 regional hospitals are already under consideration for privatisation, including the Kempton Park Hospital on the East Rand, Ontdekkers in Roodepoort, South Rand in Johannesbsurg and the Andrew McColm in Pretoria.

The State has appointed a private firm to investigate the logistics of privatisation and sources said yesterday that tenders for some institutions would probably go out in March next year.

A spokesman for the Transvaal Provincial Administration's Hospital Services said privatisation was still under investigation and no specific decisions had been reached.

"I guess the time has come that we understand that the State has no money and as a result the Johannesburg Hospital is closing wards, the J G Strijdom is falling about our ears, provincial hospitals have no equipment and nurses are unhappy with their salaries," Mr Williamson said.

Care for indigent

"The State has said its job now is to provide preventative health care and curative care for the indigent. That's what it is levying taxes for."

Mr Williamson said he believed privatised hospitals should exercise quality control and offer good services.

The South African Health Workers' Congress (Sahwco) has said it would strenuously oppose any move to privatise health facilities.

"The authorities display the ultimate cynicism by making health subject to current market forces and making health care a saleable commodity," a Sahwco statement said.

● Mr Barney Hurwitz, chairman of the Clinic Holdings Group, denied yesterday that he had been approached to take over some of the wards or services at the J G Strijdom Hospital or any other hospital.

The golden hour that saves lives

Doctors have a name for the first 60 minutes that follow a serious accident — The Golden Hour.

Statistics show that a patient's chance of survival is increased greatly if he or she receives medical treatment within an hour of injury. This also speeds up their recovery.

The clock starts ticking as soon as a person is injured and stops only when first aid is applied. This is why it is imperative that an ambulance reach the scene of an accident as quickly as possible, according to Dr Reg Broekmann, chief superintendent of Johannesburg Hospital.

The internationally accepted time for an ambulance to respond to a call is six minutes, because a large number of emergency fatalities occur in this period, he says.

The human brain can go without oxygen for only four to six minutes before permanent brain damage occurs.

Dr Broekmann says that if internal or external bleeding is not stopped it could lead to severe shock and, in some cases, death.

And the chance of infection in broken bones is greatly reduced with prompt medical help.

A speedy, efficient response to calls is therefore crucial in any ambulance service.

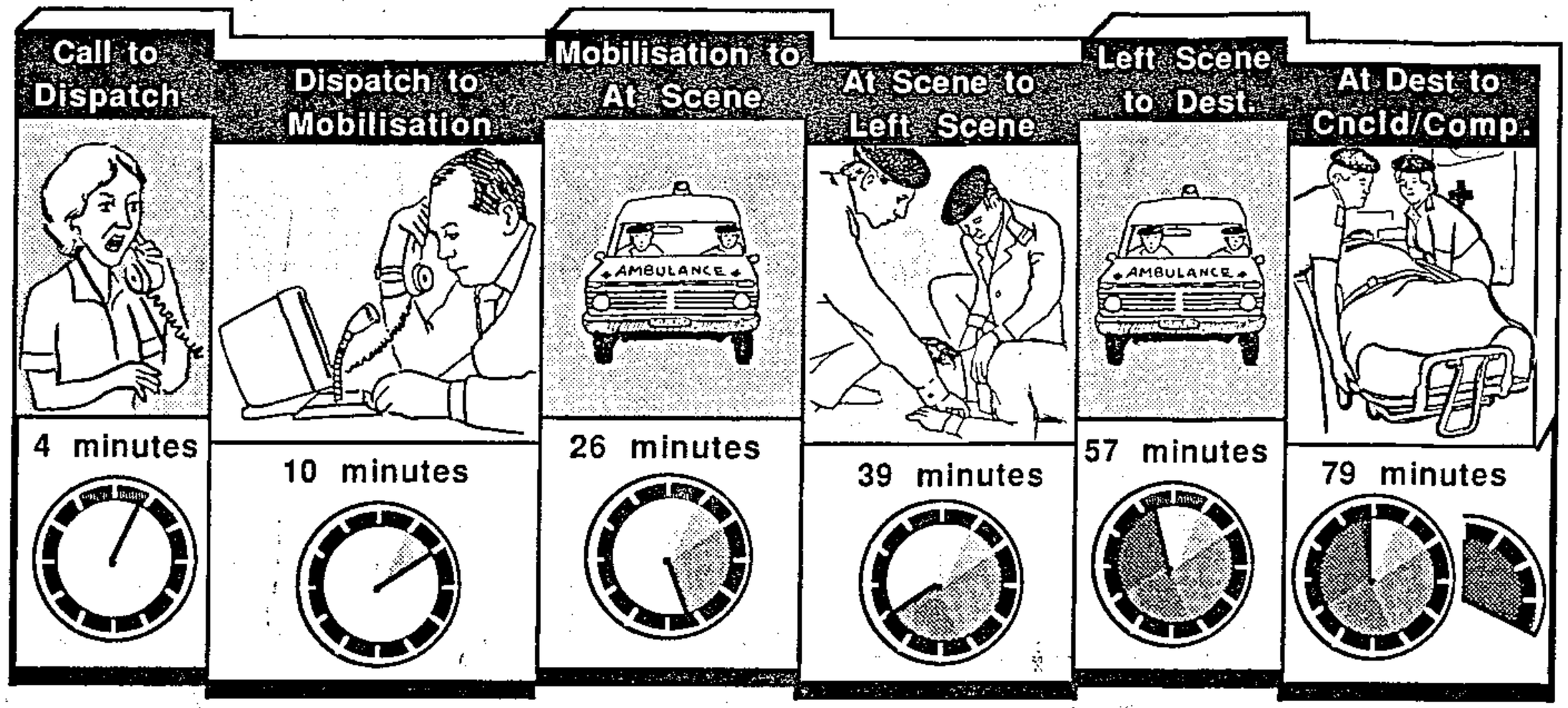


Illustration by Liz Werder

Johannesburg ambulances took, on average, 26 minutes to reach life-threatening emergencies in August, according to preliminary figures released by sources in the service. The average response time is broken down into six stages. They are the times taken to: receive a call, mobilise an ambulance, arrive at the scene, leave the scene, arrive at the destination or hospital, and prepare for the next call.

Senior o in racism

Johannesburg's Fire and Emergency Services branch has launched an investigation into an allegation of racism involving the dispatching of ambulances.

The case involves an incident on September 18. A senior officer at Brixton Fire Station allegedly refused to send ambulances on two "priority one" — life or death — emergencies until he was told by a dispatcher whether the patients were black or white.

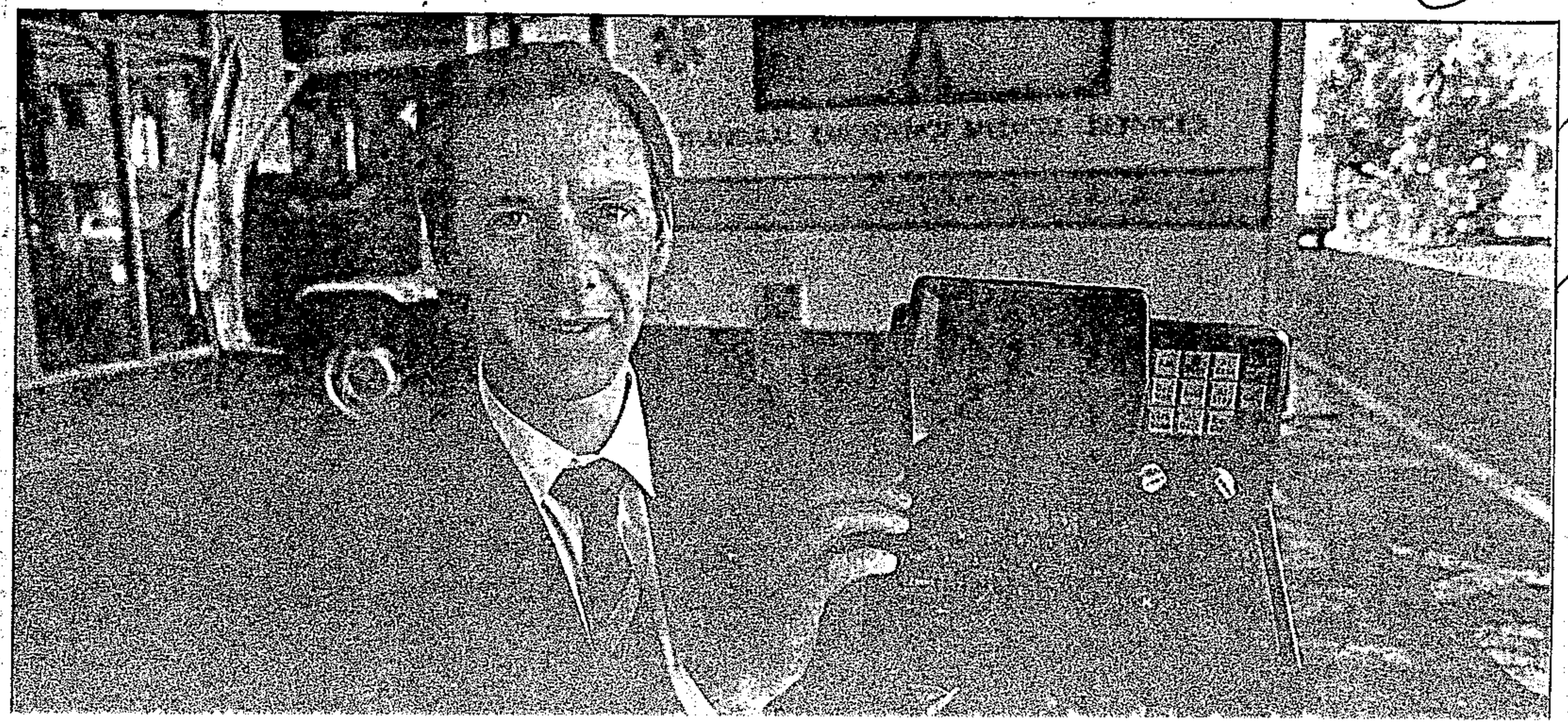
Ambulances are based at the fire station, while the dispatch centre is at Johannesburg Hospital.

The Star has a tape recording of the incident.

As vital seconds tick by, the officer is heard arguing with the dispatcher, demanding to know the race of the patients.

New ambulance service under fire

Johannesburg's ambulance service has become embroiled in controversy over its new computerised dispatch centre. Critics are challenging many aspects of its efficiency, reports BRENDAN TEMPLETON.



Senior officials connected with Johannesburg's new centralised ambulance department are at odds over how the service should be run.

Friction is growing between representatives of the Transvaal Provincial Administration and Johannesburg City Council over who is in charge of whom.

The ambulance service's new R9 million Computer Aided Dispatch System (CADS) is manned by people from both administrations.

Mr Allen Cloete, a deputy director of Johannesburg's Fire and Ambulance Services, says: "People feel threatened ... that Province is going to take them over. Guys at (the) control centre, top provincial guys, think we want to take them over. We don't.

"We're running the service on an agency basis for the TPA."

He says control centre staff are working on different conditions of service, disciplinary codes and salary grades.

Dr Reg Broekmann, chief superintendent of Johannesburg Hospital, says: "We (the TPA) can't run (CADS) ourselves because we can't fill those posts. We've advertised hundreds of times ..."

Friction is growing between staff in the

crucial in any ambulance service.

mobilise an ambulance, arrive at the scene, leave the scene, arrive at [illegible]

New ambulance service under fire

(98) Star

17/10/89

Johannesburg's ambulance service has become embroiled in controversy over its new computerised dispatch centre. Critics are challenging many aspects of its efficiency, reports BRENDAN TEMPLETON.

Senior officials connected with Johannesburg's new centralised ambulance department are at odds over how the service should be run.

Friction is growing between representatives of the Transvaal Provincial Administration and Johannesburg City Council over who is in charge of whom.

The ambulance service's new R9 million Computer Aided Dispatch System (CADS) is manned by people from both administrations.

Mr Allen Cloete, a deputy director of Johannesburg's Fire and Ambulance Services, says: "People feel threatened ... that Province is going to take them over. Guys at (the) control centre, top provincial guys, think we want to take them over. We don't.

"We're running the service on an agency basis for the TPA."

He says control centre staff are working on different conditions of service, disciplinary codes and salary grades.

Dr Reg Broekmann, chief superintendent of Johannesburg Hospital, says: "We (the TPA) can't run (CADS) ourselves because we can't fill those posts. We've advertised hundreds of times ..."

Friction is growing between staff in the centre because no one is sure who is in charge, he says.

Underqualified

Mr Robbie Wouters, a deputy director of Fire and Emergency Services, says: "Do you know who your boss is? Is that important to you?"

Sources in the control centre who run the CADS say city council dispatchers are underqualified.

According to an TPA advertisement last year, ambulance dispatchers are required to be qualifed paramedics. But only five of the 20 council staff members have this qualification, sources say.

When asked about the problem, Mr Wouters said: "This is the first time I have heard that a person needs to be qualified to answer a telephone."

He is satisfied with the level of skills among his staff at the control centre.

Mr Cloete says: "There's nothing wrong with our service. It's the system by which we work."

Control panels were installed in Johannesburg ambulances this year, allowing them to keep in constant communication with the Computer Aided Dispatch System at Johannesburg Hospital. Here chief superintendent Dr Reg Broekmann shows the panel, which also allows the centre to keep track of ambulance movements.

He blames the system for some delays in dispatching ambulances but says the problem with CADS is politcal.

"Theoretically, (CADS) is wonderful. But on Friday nights ... there are no ambulances available," Mr Cloete says. "They are scattered all over the town, going from one call to another."

One of the major advantages of CADS is its ability to co-ordinate the movement of ambulances. But this is largely dependent on their being based at different strategic points around the city.

Johannesburg Fire Department insists on keeping the ambulances at Brixton Fire Station.

Dr Broekmann says: "There are about 14 fire stations spread around Johannesburg to minimise the response time to a call, and it has always struck me as strange that there is only one ambulance station.

"This has been the topic of a number of discussions with the fire chief of Johannesburg for a number of years. The present view of Johannesburg City Council is that they don't want to station an ambulance at a place where there are no facilities for the crew."

Dr Broekmann feels this "must reduce the effectiveness of the system".

Mr Koekemoer says ambulances are not deployed at other stations because of refuelling problems. He says Dr Broekmann has not spoken to him about redeploying the vehicles.

Dr Broekmann also confirms that racial friction exists in the CADS centre. Its city council staff are mainly white and the TPA staff mainly black.

Records handed to The Star by a private paramedic security company illustrate what it calls examples of delays involving emergency ambulance responses to seriously injured black patients.

The documents, from Paramed Security (Pty) Ltd, reveal:

- On June 10 a black woman who went into labour had to wait 2½ hours. The ambulance arrived after the baby was delivered.
- On September 16 a black man who had been severely assaulted waited 1¼ hours.
- On September 26 a black man, left with a severe head injury after a road accident, waited 40 minutes.

The source referred to an incident on September 18 in which an officer refused to dispatch an ambulance because a dispatch controller would not identify the race of people injured in a road accident.

Mr Barry Blyth, director of Paramed, has described an incident in which two ambulancemen arrived at the scene of a road accident. A black woman was lying on the roadside. "They took one look at her, pronounced her dead without even bothering to take any vital signs, covered her face with a blanket and bundled her into their ambulance," he says.

Mr Cloete says of Mr Blyth: "He is digging to advance his service, because he is in it for the money. Do you think he cares about the patients, with respect?"

Buy your own – it could be cheaper

The Johannesburg ambulance depart ment takes so long to respond to emergency calls that a security com-

Mr Allen Cloete, a deputy director of Johannesburg's Fire and Ambulance Services, says: "People feel threatened ... that Province is going to take them over. Guys at (the) control centre, top provincial guys, think we want to take them over. We don't.

"We're running the service on an agency basis for the TPA."

He says control centre staff are working on different conditions of service, disciplinary codes and salary grades.

Dr Reg Broekmann, chief superintendent of Johannesburg Hospital, says: "We (the TPA) can't run (CADS) ourselves because we can't fill those posts. We've advertised hundreds of times ..."

Friction is growing between staff in the centre because no one is sure who is in charge, he says.

Underqualified

Mr Robbie Wouters, a deputy director of Fire and Emergency Services, says: "Do you know who your boss is? Is that important to you?"

Sources in the control centre who run the CADS say city council dispatchers are underqualified.

According to an TPA advertisement last year, ambulance dispatchers are required to be qualifed paramedics. But only five of the 20 council staff members have this qualification, sources say.

When asked about the problem, Mr Wouters said: "This is the first time I have heard that a person needs to be qualified to answer a telephone."

He is satisfied with the level of skills among his staff at the control centre.

Mr Cloete says: "There's nothing wrong with our service. It's the system by which we work."

Control panels were installed in Johannesburg ambulances this year, allowing them to keep in constant co Johannesburg Hospital. Here chief superintendent Dr Reg Broekmann shows the panel, which also allo

He blames the system for some delays in dispatching ambulances but says the problem with CADS is politcal.

"Theoretically, (CADS) is wonderful. But on Friday nights ... there are no ambulances available," Mr Cloete says. "They are scattered all over the town, going from one call to another."

One of the major advantages of CADS is its ability to co-ordinate the movement of ambulances. But this is largely dependent on their being based at different strategic points around the city.

Johannesburg Fire Department insists on keeping the ambulances at Brixton Fire Station.

Dr Broekmann says: "There are about 14 fire stations spread around Johannesburg to minimise the response time to a call, and it has always struck me as strange that there is only one ambulance station.

"This has been the topic of a number of discussions with the fire chief of Johannesburg for a number of years. The present view of Johannesburg City Council is that they don't want to station an ambulance at a place where there are no facilities for the crew."

Dr Broekmann feels this "must reduce the effectiveness of the system".

Mr Koekemoer says ambulances are not deployed at other stations because of refuelling problems. He says Dr Broekmann has not spoken to him about redeploying the vehicles.

Dr Broekmann also confirms that racial friction exists in the C council staff are mainly staff mainly black.

Records handed to T paramedic security com it calls examples of del gency ambulance respo jured black patients.

The documents, from (Pty) Ltd, reveal:

- On June 10 a black w labour had to wait 2½ h arrived after the baby w
- On September 16 a been severely assaulted
- On September 26 a bl severe head injury aft waited 40 minutes.

Buy your own – it could be cheaper

The Johannesburg ambulance department takes so long to respond to emergency calls that a security company says it was forced to buy its own R150 000 ambulance.

The company says the decision to buy the vehicle was made on purely financial grounds.

Director of Paramed Security (Pty) Ltd, Mr Barry Blyth (42), says his medically trained security staff were spending too much of their time waiting at emergency scenes for an ambulance to arrive.

Buying the ambulance allowed the security company to save time and money.

Mr Blyth says that, in his experience, it can take up to two hours for help to arrive.

He was faced with the dilemma of hiring more staff to back up others who were tied up at incident scenes waiting for an ambulance to arrive or buying his own ambulance so his staff could transport injured people to hospital themselves.

Pressures

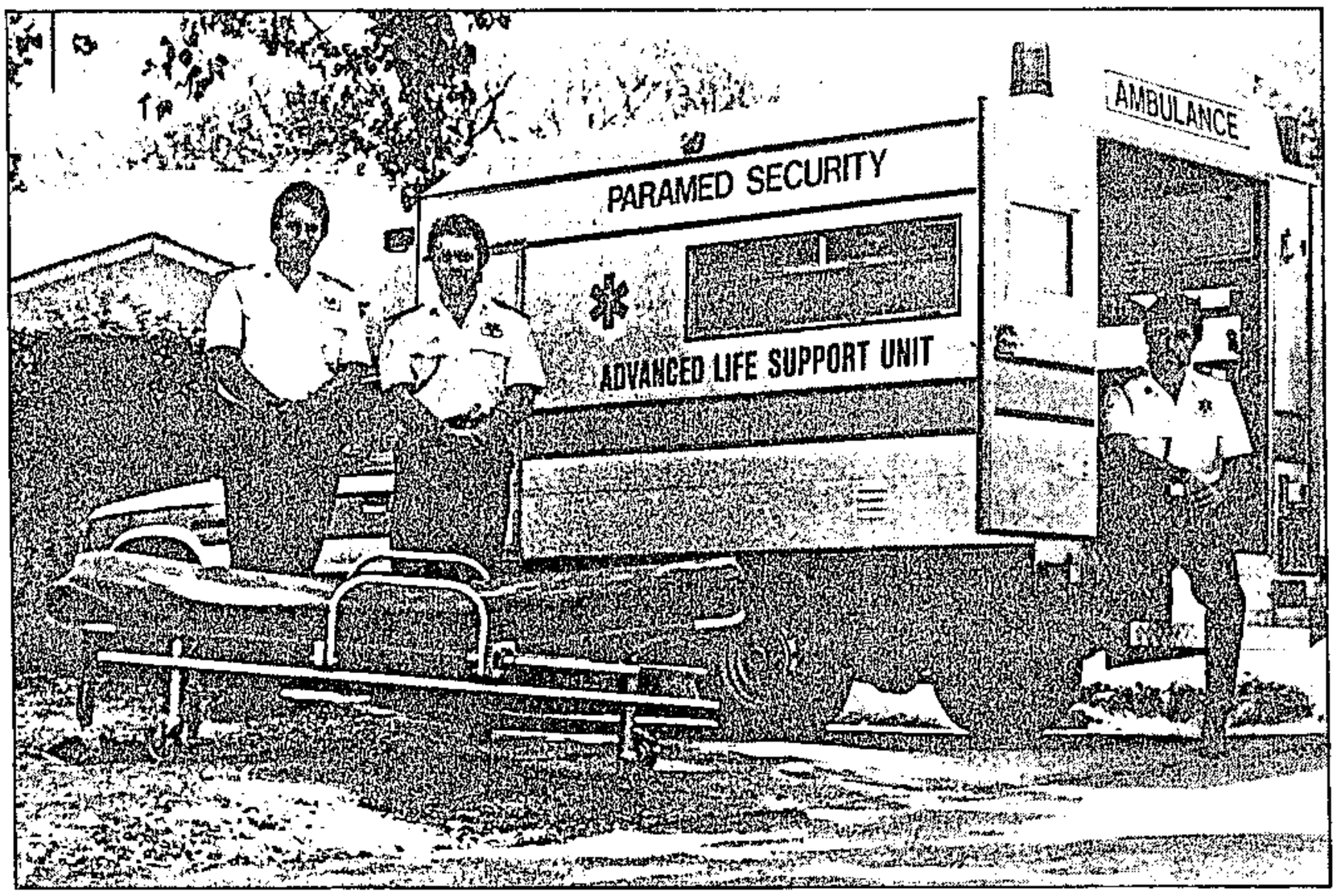
Buying the ambulance was the cheaper option.

Mr Blyth, who has more than 16 years of paramedic experience, has criticised the standards of the ambulance service.

He says he appreciates the pressures facing the ambulance department, but some of its staff members have inadequate training, others treat black patients with contempt and ambulances are invariably poorly equipped.

"Most of the emergencies we respond to are domestic calls where a fight has broken out in the servants' quarters," Mr Blyth says. "When everything has been sorted out, there are often some severely injured people who need hospital treatment. But we often spend up to two hours waiting for an ambulance to arrive.

"Some of the injured people are criminals. But housebreaking or robbing banks doesn't mean they deserve the death penalty."



R150 000 later, but cheap at half the price ... Howard Leadbeater (left), Jonathan Hartmann and Barry Blyth with the private ambulance which was bought to beat the cost of waiting for up to two hours for a Johannesburg ambulance.

He says some ambulances cannot even replace bandages which his crews used when they came across road accidents.

"Basically, all they have is a stretcher on board."

Paramed employee Mr Jonathan Hartmann (23) supports Mr Blyth's views. He describes an incident in which a white ambulance crew responded to a call involving a black woman who had gone into premature labour. The ambulance staff turned their backs on her, saying they would call a "black" ambulance.

"About two hours later a 'black' ambulance arrived to take her away," Mr Hartmann says.

Officially, Johannesburg's ambulance service operates on a non-racial basis. Ambulance crews are racially mixed and there is no discrimination regarding patients.

Ambulance officials say that in cases which are not urgent, they prefer to dispatch an ambulance crewed by people of the same race as the patient. But they stress that in emergencies the first available ambulance — regardless of race — is dispatched.

"Patients themselves like being served by their own people," says Mr Allen Cloete, deputy director of Fire and Emergency services.

Officials say they prefer to have mixed crews. But, Mr Cloete, says: "We can't force something on them that they don't want."

The official ambulance service policy does not work in practice, according to Mr Hartmann and a fellow employee, Mr Howard Leadbeater (26). The two men, who previously worked in the Johannesburg ambulance department, say racism still exists. Not all ambulance personnel working at Brixton are racist in their work, though some refuse to respond to "black" calls.

Mr Blyth says black patients are "virtually guaranteed" a long wait when an ambulance is called.

TPA probes ambulances after report

By Brendan Templeton

Problems in Johannesburg's R9 million computerised ambulance dispatch centre revealed by The Star yesterday are to be discussed by top officials in the Transvaal Provincial Administration (TPA) today.

The director of liaison services for the TPA, Mr Piet Wilken, said yesterday the outcome of the meeting would be made available "as soon as possible".

The investigation revealed, among other things:

- Ambulance response times to life-threatening emergencies lag far behind world standards. The acceptable time is six minutes, but preliminary computer figures show the average response time in Johannesburg is 26 minutes.
- Sources in the centre say only five of the 20 staff manning the Computer Aided Dispatch System (CADS) meet the qualifications laid down by the TPA when it advertised the positions.

VACANCIES

- There were 39 vacancies in the Johannesburg ambulance service, the deputy director of JFES, Mr Allen Cloete, said.

Sources in the centre claimed some white ambulance staff often refused to attend to black calls.

The JFES is also investigating two separate incidents in which black patients waited 51 minutes and 110 minutes for an ambulance. A charge has also been laid against a senior officer in the department who refused to dispatch an ambulance until he was told by a dispatcher whether patients were white or black.

The Star was given a tape of the incident and a copy of a sworn statement made by the dispatcher, who alleged the officer told him: "I will make sure that tonight you dispatch black ambulances to black patients and white ambulances to white patients."

The department officially works on a non-racial basis, although it tries to dispatch ambulances staffed by crews of the same race as the patient, Mr Cloete said.

Star 18/10/89

Ambulance service plagued by problems

● From Page 1.

director of Johannesburg's Fire and Emergency Services, three weeks ago the ambulance service received 26 calls in one hour.

Dr Broekmann said the service's problems were compounded by a shortage of ambulances. And the new computer network was not big enough to handle the task.

But he said the problems that beset the ambulance department were long-standing, so the computer should not take all the blame.

"I agree that if you have a problematic service, and you add something new to it, especially if it's not functioning 100 percent, you're going to add to the problem. And we have."

Sources said that usually only 14 ambulances were available. Official records show the service has between 25 and 27 ambulances.

Mr Peter Koekemoer, acting director of Johannesburg's Fire and Emergency Services, blames some of the problems on staff shortages. He said the ambulance section had 39 vacancies.

Dr Broekmann said: "If you have a high turnover of staff, procedures which you have got buttoned up and tight ... are all of a sudden breaking apart."

Sources say racism aggravates these problems.

"Lives are definitely being endangered because of racism in the department," said a source in the dispatch centre.

Asked to respond to the charge, Mr Koekemoer said: "I can't believe it. They get a call and they respond. I'm really surprised to hear this."

Mr Cloete said: "They have no recourse to refuse to do any duty whatsoever. It doesn't matter what patient ... nationality ... what his colour or his creed is."

He said dispatchers try to establish the language of the caller so that, where possible, an ambulance crewed by people who speak the same language could be sent.

Mr Barry Blyth, director of Paramed Security, whose staff are all trained paramedics and often come into contact with the ambulance service, described the Johannesburg ambulance service as disgraceful.

In the experience of Mr Blyth and his staff, black patients were "virtually guaranteed" longer response times than white patients.

And ambulances were often shockingly underequipped, he said.

His personnel often came across road accidents and stabilised the patients before the ambulance department arrived. "It's professional courtesy for their ambulance to replace equipment we have used for the public ... but they frequently don't even have a bandage to give us as replacement. Basically all they have is a stretcher on board."

Mr Cloete said the problem arose when ambulances were called to emergencies without having had a chance to replenish their stocks.

Ambulance flaws 'put lives at risk'

By Brendan Templeton

Major flaws in Johannesburg's multimillion-rand centralised ambulance service are putting lives at risk and seriously eroding its efficiency, it has been alleged by professionals inside and outside the department during a three-week investigation by The Star.

The probe revealed:

- Major operational problems in the new R9 million computer-aided dispatch system (CADS), based at Johannesburg Hospital.
- Ambulance response times lag far behind internationally accepted standards.
- A shortage and high turnover of staff, leading to a breakdown in established procedures.
- A senior official believes there are not enough ambulances for Johannesburg and Soweto.

● Full report — Page 15

- Delays are sometimes aggravated by racism.

Preliminary statistics for August show the average time taken to respond to a life-threatening emergency was 26 minutes.

The internationally accepted standard is six minutes, according to Dr Reg Broekmann, chief superintendent of Johannesburg Hospital.

The service said in June it would cut ambulance response times to 15 minutes.

There have been many cases of delays. Examples include:

- In April Miss Ntombizodwa Mbatha's mother died in Soweto after waiting an hour for an ambulance.
- In June, six-year-old Carli Smit, her skull fractured, lay screaming in agony on a Bez Valley North road for 30 minutes before an ambulance arrived. She died five days later.
- In July Mrs Sylvia Mabuela gave birth in a Malvern shop after wait ing 90 minutes for an ambulance.

Ambulance service officials say the service can be hard-pressed.

For example, said Mr Allen Cloete, a deputy

● To Page 2

SA doctors and ANC to hold talks in Zimbabwe

Medical Reporter

South Africa's National Medical and Dental Association (Namda) is to meet members of the ANC in Harare this month to discuss health care "in a changing South Africa".

The Namda delegation will be led by its national president Dr Diliza Mji and the meeting will take the form of a health conference on October 21 and 22.

"This is the first such meeting between the medical profession and the ANC at Namda's request, and it is seen to be crucial for future directions in health care as the ANC is viewed as the future government in South Africa," Namda said in a statement.

AIDS PROBLEM

Issues on the agenda include prospects for a national health service, compulsory community service for medical graduates and the problem of Aids in SA.

The ANC delegation will consist of members of the organisation's health department and national executive committee, Namda said.

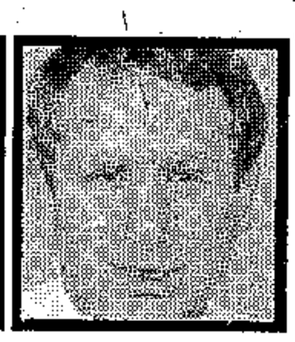
Delegates from Zimbabwe's Ministry of Health will also address the conference.

"The biggest challenge facing health care in South Africa is the necessary change required from a hospital-based, high-technology, individualised, cure-oriented system to a community-based, preventive and promotive system," Namda said.

Patient pays double in hospital bungle

Star Line

JOHN MILLER



Authorities at Milpark Hospital have decided to stop asking certain patients for blank cheques on admission after a man was charged double and then forced to wait six months to get his money back.

Mr Mike Orpen from Barkley East said he was admitted to the hospital on March 10 for various heart tests.

"After filling in all the forms at about 7 am the receptionist told me I would have to leave a blank cheque with the accounts department who would complete it once I was discharged."

Mr Orpen said that he was discharged the same day and about one month later received an account for two days in hospital which came to R303,32.

"I wrote to the hospital in April and July and pointed out to them that I only spent one day in hospital and that they charged me for two days."

Star Line was then approached and within a few days the error was rectified.

A spokesman at the hospital said: "The overcharge was ridiculous and should have been picked up by the internal auditors."

He said the staff had been instructed to ascertain an estimated amount and either ask incoming patients for the approximate full amount on minor cases and a deposit on any major surgery.

He said the situation at the hospital should improve towards the end of the year when patients would first have to go through reception on their way in and out.

This was not the case at present. Extensive building development is taking place and the reception area should also be completed towards the end of the year.

Heart rushed to Cape Town in private jet

Medical Reporter

A heart flown by private jet from Pretoria to Cape Town was successfully transplanted into a 39-year-old man at Groote Schuur Hospital on Wednesday.

It was the fourth heart transplant at the hospital this month and the 24th this year.

"We are close to 25 heart transplants annually, which was achieved last year," said Organ Donor Foundation director Mrs Gudrun Clark.

This week the heart was ferried by helicopter from H F Verwoerd Hospital in Pretoria to Lanseria Airport, and from there by jet to Cape Town.

Mrs Clark would not name the donor or recipient.

"While we had no problem finding sponsors for the last five flights, our funds from the Gerrie Brits Memorial project — which provides money to shuttle organs — are virtually depleted.

Anyone wishing to offer their services can call Mrs Clark at (021)419-6900, or write to the foundation at Box 7095, Cape Town 8000.

Star 20/9/89

Order on hospital stoppage postponed

Staff Reporter

The finalisation of an interim order against 1 500 workers on a work stoppage at the Johannesburg Hospital last month was postponed to November 7 in the Rand Supreme Court yesterday.

A huge crowd of hospital workers had packed the courtroom to hear the case.

Mr L S Weinstock, SC, who appeared for the Administrator of the Transvaal, told Mr Justice P J van der Walt some of the workers had opposed the matter while others had not.

He said a postponement was needed to sort out the situation.

The interim interdict against the workers, brought by the hospital superintendent, was granted on August 18.

The workers were restrained from being at the hospital except to work or as genuine patients; from gathering at the hospital's branches and from interfering with the free movement of any person within the hospital.

The hearing yesterday followed a planned protest march by about 1 500 hospital workers from the Johannesburg Hospital to the Rand Supreme Court.

The workers were stopped by police only a few blocks from the hospital and were told the march was illegal in terms of the state of emergency.

They returned to the hospital and waited all day for their lawyers and buses to transport them to the city centre.

They dispersed when no one arrived to inform them whether permission for the march had been granted.

DP calls for clarity on ambulance apartheid

CLARITY over Johannesburg ambulance service's racial policy when responding to emergency calls is urgently required as the present system is open to abuse, says the chairman of the Democratic Party caucus in council, Mr Les Dishy.

But Transport and Utilities Committee chairman Mr Ernie Fabel says

BRENDAN TEMPLETON

the ambulance department renders an equal service to all groups.

He said in a statement responding to problems in the service highlighted by The Star this week that "there are instances ... where patients ... prefer to be treated by persons who are fluent in their particular language. If no lives are at stake, and if at all practicable, these requests are met".

Mr Dishy and sources in the service believe the problem of language would be a non-issue if ambulances crews were completely racially mixed.

The chief superintendent of Johannesburg Hospital, Dr Reg Broekman, said he was told at a meeting between officials and staff that the official policy was that ambulances would be dispatched to priority one — life or death — calls irrespective of the patients' race.

Consideration of race would enter only into priority two and three calls, he said.

Star 21/12/89

R30-m injection of funds for city hospital

Staff Reporter

THE Red Cross War Memorial Children's Hospital is to receive a R30-million boost for redevelopment.

The announcement on the injection of funds came from Dr P J Rossouw, the Director of Planning, Cape Provincial Administration Hospital and Health Services, yesterday.

Since the hospital was built in 1955, no additions have been made to the main buildings and the outpatients department has been housed in a prefabricated building for 15 years.

The medical superintendent, Dr Rex Simpson, said the redevelopment had been in the pipeline for the last three years.

"OUT FOR TENDER"

"If all goes well, we go out to tender for rebuilding in January 1991," he said.

The first phase of the development will be the rebuilding of outpatients and then inpatients, Dr Simpson said.

Asked to comment on the widely publicised staff shortage at the hospital, Dr Simpson said that "obviously staffing and equipment" would be included in the plans but it remained to be seen whether there would be trained staff to take the posts.

Professor D W Beatty of the University of Cape Town's department of paediatrics and child health, who is based at the hospital, welcomed the news of the money earmarked for the development.

"Without a doubt, it will make things much better," he said.

Asked to comment on the staff shortage he and a colleague, Professor M D Bowie, publicised in the South African Medical Journal last month, Professor Beatty said he did not think the "good and the bad" should be mixed.

"COMMENDATION"

"I don't think we should cloud the issue. The announcement is great and deserves commendation and encouragement.

"The position on staffing in the province is that there is a freeze on all posts and there is no money available. In addition, because of the bad image of nursing, posts cannot be filled if they are unfrozen," he said.

He described the nursing shortage as far more serious than the shortage of doctors because the "rewards do not measure up to what is put in".

Asked if the situation at Red Cross hospital had improved in the past few months, Professor Beatty said: "Present conditions are worse than Third World."

No vehicles available – employer told

Long, painful wait for arrival of ambulances

Star 98 19/10/89

Domestic servant, Mrs Francina Thepanyeka, of Gresswold Gardens, Johannesburg, recently had to wait almost two hours for an ambulance after she went into premature labour and suffered severe haemorrhaging.

By Brendan Templeton

And a 24-year-old Rosettenville woman, Mrs Petro Theron, fell two stories from her block of flats and lay in agony for 25 minutes waiting for an ambulance to arrive on Tuesday night.

Concerned friends and relatives of the two women telephoned The Star yesterday in response to an investigation by this newspaper which revealed severe shortcomings in the Johannesburg ambulance service.

These included inadequate response times, acute staff shortages and allegations of racist practices by the service and that staff manning the R9 million computerised dispatch centre were underqualified.

TPA statement

A Transvaal Provincial Administration (TPA) statement said yesterday in response to questions put to it by The Star that the computer controlling its Computer Aided Dispatch System " did not meet the requirements which developed throughout the years."

"The computer capacity will be developed in due time," the statement said.

The TPA held a top-level meeting yesterday where The Star's questions were discussed. The meeting formed part of a routine assessment of hospital services, and did not mean the TPA was holding a full-scale investigation into the Johannesburg ambulance service, director of liason services for the TPA Mr Pieter Wilken said.

But Democratic Party councillor for Orange Grove and Linksfield, Mr Clive Gilbert, called for an investigation.

Mrs Theron lay for 25 minutes with a broken pelvis, left arm and a number of ribs, her father Mr Louis Kruger (56) said.

A family friend said Mrs Theron fell after she had a dizzy spell while hanging up washing on her balcony.

Mrs Thepanyeka's child devloped yellow jaundice shortly after it was born, her employer, Miss Dina Souris (27) said.

She telephoned the ambulance department an hour after the first call to ask why an ambulance had not arrived.

"I was told to telephone back later because there were no ambulances available as it was change of shift and they were all being cleaned."

Luckily, a neighbour's servant was able to help out.

"But there was so much blood. I didn't know what to do. I don't know about delivering babies."

The ambulance arrived after the baby was born, she said.

Continuous efforts were being made to recruit more staff, the TPA statement said. The Star's investigation revealed there were 39 vacancies in the Johannesburg ambulance branch.

Council staff were called in to supplement the TPA staff originally manning the centre because the TPA was unable to attract more staff for the centre.

Computer hasn't capability

By Brendan Templeton

The capacity of the computer controlling Johannesburg's R9 million ambulance dispatch centre had not met the requirements which developed throughout the years, the Transvaal Provincial Administration said in a statement yesterday.

The TPA was responding to questions from The Star, which were discussed at a top-level meeting. The questions arose from a Star investigation which revealed severe shortcomings in the Johannesburg ambulance service.

These problems included increasing tension between TPA and Johannesburg City Council (JCC) staff manning the centre; a chronic staff shortage; management difficulties; and uncertainty over the future of the Computer Aided Dispatch System (CADS). The TPA said the computer's capacity would be developed in due time.

On the split between JCC and TPA staff, the TPA remained noncommital and said everything was being done to maintain a good relationship. Countrywide advertisements had already been placed in local and national newspapers to overcome the staff shortage, the statement said.

Seven-page document presented to international conference

SA Red Cross racist, says ex-officer

Staff Reporter

The SA Red Cross Society was "a blatantly racist" organisation, a former assistant regional director of the society, Mr Bongani Khumalo, told the International Red Cross Movement (IRCM) in Geneva this week.

Mr Khumalo handed a seven-page document to the movement at its biannual conference calling for pressure on the SA Red Cross Society (SARCS) to embark on an "IRCM-monitored total transition" programme.

He also said the SARCS should renounce racism and racial discrimination and rededicate itself.

The IRCM assembly had not censured the SA society, an SARCS statement said in response to the document.

The SARCS fired Mr Khumalo in May after his allegations that the society practised racial discrimination in the allocation of resources and in its leadership structure.

He is president of the Henri Dunant Coalition (HDC) which staged a walkout during the annual general meeting of the Southern Transvaal Region of the Red Cross last month.

Mr Khumalo's document, issued on behalf of the HDC said the SARCS should be persuaded into accepting the following transitional programme which was recently endorsed by four representatives of the national council of the SARCS in a dialogue with the dissident HDC:

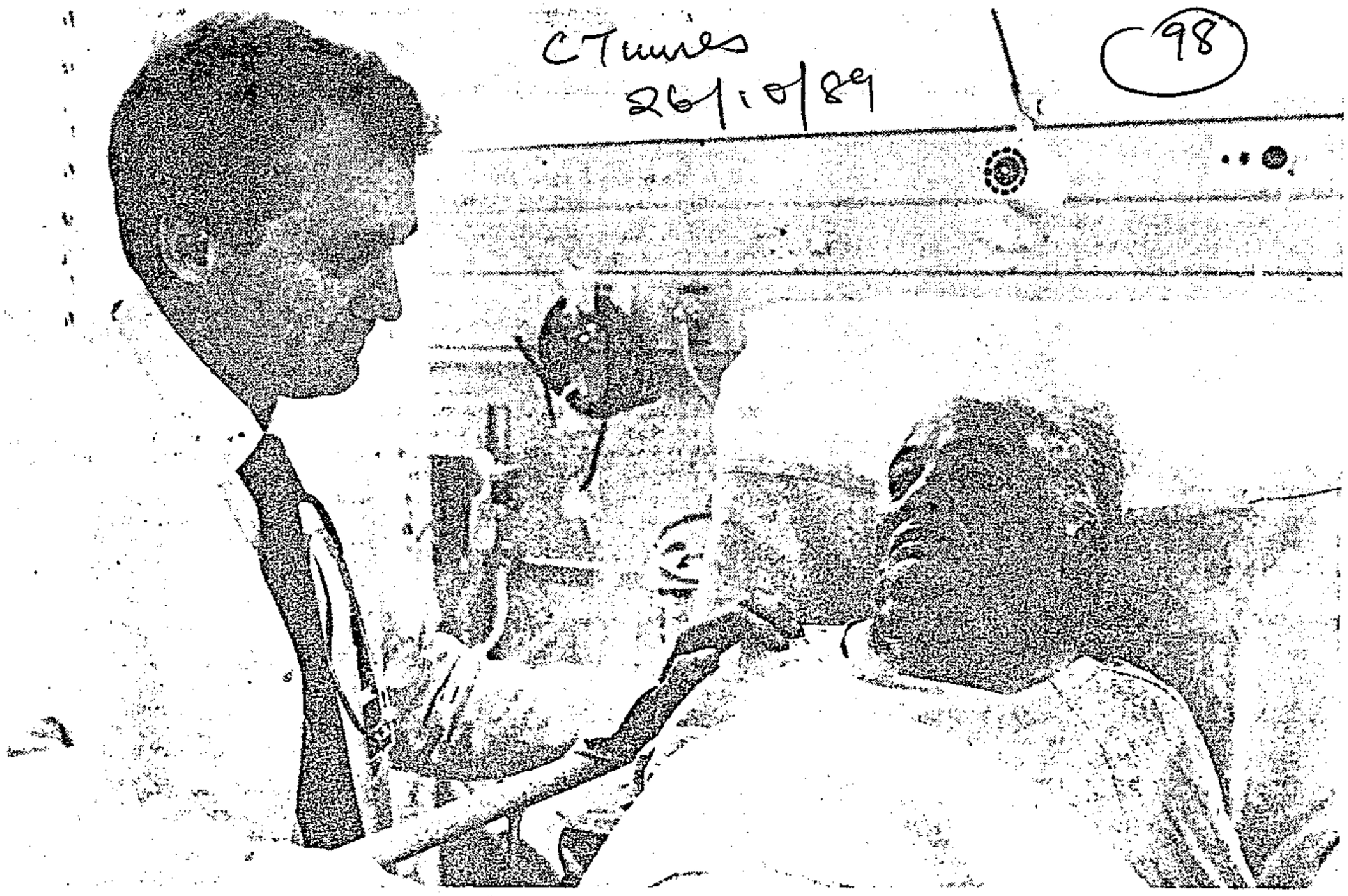
Introspection

- For the SARCS to declare a period of transition of between six and 12 months when the national society would be assisted to go into a rigorous introspection and "fundamental reconstruction/redevelopment".
- For the IRCM to set up a Red Cross/Red Crescent "watchdog" committee to oversee the process of transition which would include new leadership.

The document says: "It should be clear that the South African people want a national society in their country, but that the SARCS in its present form is of no value and unacceptable. No amount of explaining and promises should be allowed to stand in the way of the movement's overdue initiatives."

CTimes 26/10/89

98



EMERGENCY TREATMENT ... An asthma patient, Mrs Peggy Swart, receives treatment in the new emergency section at Groote Schuur Hospital.

Nursing shortages keep GSH rooms shut

By MARIUS BOSCH

CERTAIN sections of the new emergency ward at Groote Schuur Hospital are not in use because of a nursing staff shortage, the medical superintendent of the hospital, Dr Jocelyne Kane-Berman, said yesterday.

This has resulted in the new hospital having the same amount of beds as the now unused old part of Groote Schuur had, she said.

Dr Kane-Berman said that though provincial authorities had done the best they could in the country's difficult financial situation, she felt it would be more cost-effective if there was one unified health service under control of one health authority.

"There could be better health care at better cost if there were not so many different departments."

There were not sufficient secondary hospitals resulting in Groote Schuur — a teaching hospital — being treated as a "service hospital", she said.

She also stressed the need for more primary health services, especially on the Cape Flats.

The hospital would like to encourage black nursing staff, she added, saying that aspirant nurses should get in touch with the hospital.

Members of the media were taken on a guided tour of the new trauma and emergency wards at the hospital yesterday.

Staff shortages

About 80 000 patients will be treated yearly at the two sections, the head of the trauma unit, Dr John Knottenbelt, said.

The Cape Times, however, was also taken on an "unofficial" tour of the emergency section by a doctor. He said many rooms had been closed because of staff shortages.

"Many sick people are not admitted," he said.

The trauma ward is self-sufficient with an examination room where injured patients could be examined and X-rayed without having to move them to a X-ray room.

An operating theatre — in which more than one surgical team can work — is another feature of the section.

Yesterday staff were still busy with moving equipment from the old part of the hospital to the new trauma section.

The emergency section had been moved about a week ago and several patients were being treated when the Cape Times visited the section.

Medical aid payouts to private clinics to increase

Star 1/11/89

Medical Reporter

Medical aid schemes have increased their payouts to private hospitals and day clinics by 18 percent for ward and theatre fees from January next year.

In a statement issued yesterday by the Representative Association of Medical Aid Schemes (Rams), executive director Mr Rob Speedie said in 1990, the payout to private hospitals and day clinics would be around R860 million.

A discount on normal ward rates was also being introduced to cover the case of shorter-stay patients admitted for minor procedures.

Mr Speedie said the 1990 scale of benefits would allow private hospitals to charge for the use of certain diagnostic equipment.

He said Rams had rejected an initial request by the National Association of Private Hospitals for increases of between 22 and 25 percent.

AFFORDABILITY

"The 18 percent increase is, we believe, in line with the escalation of costs which private hospitals have experienced this year," he added.

Mr Speedie stressed that Rams had discussed encouraging private hospitals to return to a contracted-in situation.

"The overwhelming consideration was the affordability of subscription rates to the consumer. We believe the current situation where certain hospitals have contracted out has resulted in healthy side effects and has encouraged hospitals to compete on a basis of price.

"It has also encouraged cost-awareness both at patient level and with the medical profession," he said.

Recommended fees for paramedical services are set to rise, on average, by between 15 and 20 percent.

98 B.Day 1/11/89

Nurses sign deal with clinic firm

TANIA LEVY

THE SA Nursing Association (Sana) has entered the industrial relations arena by signing a collective bargaining agreement with JSE-listed private hospital group Clinic Holdings.

Sana executive director Susan du Preez said this was the first recognition agreement signed by the organisation, which has more than 140 000 members.

The nursing profession resolved at a constitutional congress in August to become involved in collective bargaining.

Sana aims not only to negotiate acceptable conditions of employment for nurses, but also to regulate potential conflict in the employer-nurse relationship, November's Nursing News newsletter says.

Nurses at Clinic Holdings gave Sana a 65% mandate.

Nursing crisis

Du Preez said similar agreements were being negotiated with other private hospital groups. Private hospitals employ 30% of SA's nurses while the rest are government employees.

The association was not seeking a recognition agreement with government but would concentrate on the private sector, Du Preez said.

With the growth of hospital privatisation, more nurses could be expected to leave government employ. Sana believed private hospitals would have to play a greater role in providing facilities and sponsorship for the training of student nurses, she said.

A committee appointed by the Health Services Advisory Committee to investigate the nursing crisis was expected to make its recommendations by next April. The nursing profession's salary structure was receiving the urgent attention of the Commission for Administration.

1

Mr Herman Thebe Madimabe . . . rotting to death.

Pic: LEN KUMALO

FACE OF DEATH

Cancer victim's life slowly rotting away

Sowetan 01/11/89

MR Herman Thebe Madimabe is slowly rotting to death.

The 42-year-old unmarried father of one from Mabieskraal in Bophuthatswana suffers from cancer of the throat which has eaten into his throat and tongue.

He lives with his brother Mr Meleko Madimabe at 258 B Zone 2, Meadowlands, Soweto.

By THEMBA MOLEFE

He is confined to a bedroom on the advice of doctors because of the stench exuding from him.

Madimabe cannot speak because he has no tongue and bits of flesh are falling from his throat. His eyes are protruding from a gaunt face as a result of years of pain. He is also emaciated as he cannot swallow properly.

According to a relative, Miss Dikeledi Makgae, he has been in and out of Baragwanath Hospital since his arrival in Johannesburg in February.

She said the hospital discharged him into the family's care after declaring him incurable.

"Now he waits for death to ease the pain. At night he cannot sleep as he screams from the excrutiating pain. It is so distressing to hear a man cry like that," Makgae said.

• To page 2

Face of death

• From page 1

"He loves food but cannot eat and each time he tries he has to shove the food down his mouth with his finger," the woman said

She said social workers advised the family to seek help from the National Cancer Association of South Africa. The NCA suggested they get him admitted to a special hospital for cancer victims.

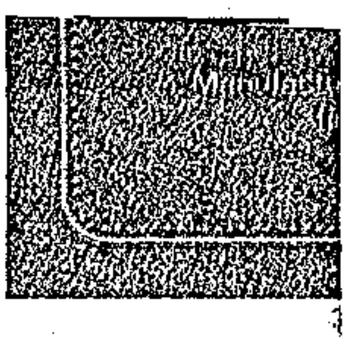
"The problem now is money as the sole breadwinner in the family is Thebe's sister-in-law who works as a dressmaker in a Johannesburg factory. His brother is unemployed because he cannot keep jobs as he suffers from epileptic fits."

The sick man's brother has five children, three of them at school.

Asked when the cancer struck, Madimabe could only shrug.

Makgae said she did not know when he first took ill but he had been sick for many years.

She said the family was desperate and hoped a Good Samaritan would turn up and help with the hospital costs.



Sick man disappears

By MATSHUBE MFOLOE

MRS Josephine Mbanjwa of Orange Farm near Evaton, has spent sleepless nights since the disappearance of her ailing 20-year-old son a week ago.

Mr Israel Mbanjwa, popularly known as "Mbombo", is seriously ill and needs constant medication.

According to Mrs Mbanjwa, doctors warned that her son has to take eight doses of medicine daily and should also be on regular treatment.

She said Mbombo has suffered from loss of memory since birth and his condition has worsened and become unpredictable over the years.

"If he gets a fright he turns wild and uncontrollable," she said.

She said on Tuesday last week gusting winds blew away several shacks in the resettlement farm. Mbombo ran away and disasappeared in the dark.

She said excessive noise and the rattling of corrugated iron must have made him flee the shack.

Mrs Mbanjwa said she was informed of the incident on her arrival from work on Wednesday morning by a relative who took care of Mbombo during the day.

Israel "Mbombo" Mbanjwa

Mbombo has never been seen or heard of since.

Friends and concerned residents combed the area after news of his disappearance but failed to find him.

"My son is in trouble wherever he is. I hope he is still alive but I have not stopped praying and hoping he is still alive. He could be dying, but I live with hope," she said.

An appeal is made to members of the public who can provide leads to Mbombo's whereabouts, to contact Ms Misty McWilliams at (011) 58-5243 or any police station.

He only responds to "Mbombo" and wears a rubber armband on which his name is engraved.

Mrs Mbanjwa can be contacted at Avril Elizabeth Home, 11 Castor Road, Fishers Hill, Germiston.

Kids centre opens in Alexandra

NINETY pre-school children will housed at the Siyakhula Gold Fields Family Centre in Alexandra, the principal, Mrs Cynthia Mkhabela, said this week.

The centre was officially opened by Mr Colin Fenton, the deputy chairman and managing director of Gold Fields of South Africa who said the complex had "risen phoenix-like from the ruins of the old Alexandra creche."

Doctors shocked at medical aid fees

By Norman Chandler, Pretoria Bureau

Doctors yesterday described as shocking the latest increase in medical aid fees announced earlier this week by the Representative Association of Medical Schemes (Rams).

The condemnation, by Dr Johan Kruger, chairman of the National General Practitioners Group (NGPG) of the Medical Association of South Africa (Masa), had the full support of Dr Bernard Mandell, chairman of the Federal Council of the Medical Association.

Dr Kruger said the NGPG regarded the one cent increase in units for consultations and operations, in the scale of benefits, as shocking.

MEDICAL SCHEMES

"It is not only a slap in the face for medical scheme members, who are already facing financial difficulties, but also, for the many doctors who, for this very reason, have rendered their services at the much lower scale of benefits and not according to Masa's recommended tariff."

The statement released by Rams was "extremely misleading".

He said Masa had to make annual adjustments to the proportional remuneration of doctors.

"Rams have used these essential adjustments to keep their benefits unrealistically low, despite the fact that they have known for more than a year that Masa had made an adjustment in the relativity for general practitioner consultations".

The NGPG said the facts were being distorted and that black and coloured members of medical schemes would be worst hit.

HEALTH NEWS

By MOKGADI PELA

Doctors are urgently needed for free clinics

98 Sowetan 3/11/89

MANY dedicated doctors throughout the country are striving to provide free health clinics for people who would otherwise be deprived of medical treatment.

These doctors give freely of their time but more are urgently needed to take up this vital work.

A specialist at Coronation Hospital, Dr Yusuf Veriava, said the idea behind the health clinics is to balance the deficiencies in the provision of health services. "This is marked in the rural areas. One of the major motivations towards the provision of free health clinics is to fill some of the gaps," he said.

At a clinic conducted by the Community Health Awareness Project (Chap) and the Advice Centres Association on Sunday in Bekkersdal township on the West Rand, Dr Oupa Mpe said his organisation offered such clinics for the underprivileged to counter the health imbalace created by capitalism and racism.

Other doctors who have conducted clinics are Victor Dlamini in Pietermaritzburg, Nchaupe Mokoape in Durban, Tom Marishane in Pietersburg, Lenyatso Modise on the East Rand, Gomolemo Mokae in Garankuwa and Tshepo Mokele in the Northern Cape.

One of the leading lights who conducted many such clinics was the late Dr Abu-Baker Asvat. He visited Botshabelo near Lesotho, Penge Asbestos Mine in the North Eastern Transvaal, Brandfort and a host of other areas offering free medical help to the poor. Soup and maize meal, which had been organised through a charity organisation, was offered.

In an interview with the *Sowetan* Asvat explained that he was motivated by concepts of black self-reliance and self-sufficiency.

The roots of these clinics could be traced to the 1970s when the Black Community Programmes set up the Zanempilo Clinic in the Eastern Cape. The clinic was run by Dr Mamphele Ramphele and other health personnel. After being banished to Tzaneen she established self-help projects that attracted hundreds of people.

The prevalence of diseases like kwashiorkor, tuberculosis, cervical cancer (the National Cancer Association reported 2274 cases in 1986), breast cancer, malnutrition and the high infant mortality rate among blacks should encourage those doctors who do not engage in free health clinics to help the destitute.

At these clinics patients are usually lectured on subjects like cholera, diarrhoea, venereal diseases, and simple remedies. The health seminars also deal with emergency situations such as saving a person drowning or choking. The clinics call for preventive rather that curative health care.

It is a well-known fact that the state of health for black people in particular is far from satisfactory. Apartheid medicine results in the separation of facilities. An additional element is the looming privatisation of health services. Privatisation of health services was recently condemned by the South African Health Workers Congress which said the move would affect the lower income groups.

Veriava pointed out that the number of clinics conducted in the country was too low to have a national impact. However he said the low number did not detract from the value of these clinics. Clinics also served field education purposes for many activists about the whole process of health care delivery.

SANTA STEPS UP FIGHT AGAINST KILLER DISEASE

By MOKGADI PELA

THE South African National Tuberculosis Association has expanded its 1989 theme - Help Yourself to Better Health - by emphasising preventive rather than curative health.

In its 41st annual report Santa said whether people were disabled by disease or living circumstances handouts would have little lasting effect. Santa therefore promoted self-reliance and the inculcation of skills in preventing diseases on a national basis in the 1990s.

TB has been described as an opportunistic infection which normally soars during droughts, floods, stress, alcoholism and unemployment. Figures provided by the Department of National Health and Population Development for the past five years stood thus: 1984 reported 62526 cases, 1985 - 59330, 1986 - 55004, 1987 - 62904, 1988 - 61133.

4 000 deaths a year

Every year about 250000 people are treated for TB with at least 4000 deaths recorded. Santa said those starting treatment once the disease is at an advanced stage have a higher risk of becoming pulmonary cripples.

"Having treated thousands of the so-called cured people Santa is committed to improving the quality of life through long-term preventive techniques and by intervening in people's lives to provide a service of health education. The acquisition of skills which promote individual independence and the ability to earn a living are on top of our list," the report said.

Appeal for help

Santa has appealed to industry to help fight the disease. They said the employer had an important role in helping to combat TB. This includes teaching workers about the disease and raising an awareness of the signs and symptoms of the disease which are: a continuous cough, loss of weight, loss of appetite, coughing blood or blood-stained sputum, night sweats, tiredness or weakness of the body, breathlessness and pains in the chest. Santa advises that suspects should be referred to clinics or hospitals.

* Supervision could be undertaken in the workplace by a responsible person.
* Employers should invite health advisers to address their employees.
* Where an employer has a large workforce he could consider training or employing a TB health adviser.

Santa can be contacted at (011) 29-9636/7/8.

(98) S. Times 5/11/89

R33m hospital takes Afrox's tally to 11

By David Carte

AFROX Health Care will officially open its R33-million Glynnwood Hospital in Benoni in the coming week.

Managing director Peter Joubert says hospitals already account for 20% of Afrox's turnover — about R146-million — and 10% of group taxed profits, which works out at roughly R5-million.

Control

Afrox diversified into hospitals in 1983 after selling large parts of engineering subsidiary Dowson & Dobson. The proceeds went into acquiring control of Amalgamated Medical Services from Manie Finger. Afrox has acquired a hospital a year ever since and how has 11 of them and 70 operating theatres.

Mr Joubert expects the Glynnwood to be profitable in its first full year, though it could be some years before Afrox achieves the target pre-tax return of 17% on capital.

Mr Joubert says: "There is a great need for this hospital. For too long doctors and patients on the East Rand have had to travel to Johannesburg for this type of facility.

DICK WILLIAMSON . . . the best hospital quipment

There is a population of 500 000 nearby.

"The new hospital has 218 beds and 10 operating theatres. GPs and specialists are moving in and the hospital is at 65% occupancy."

Tariffs

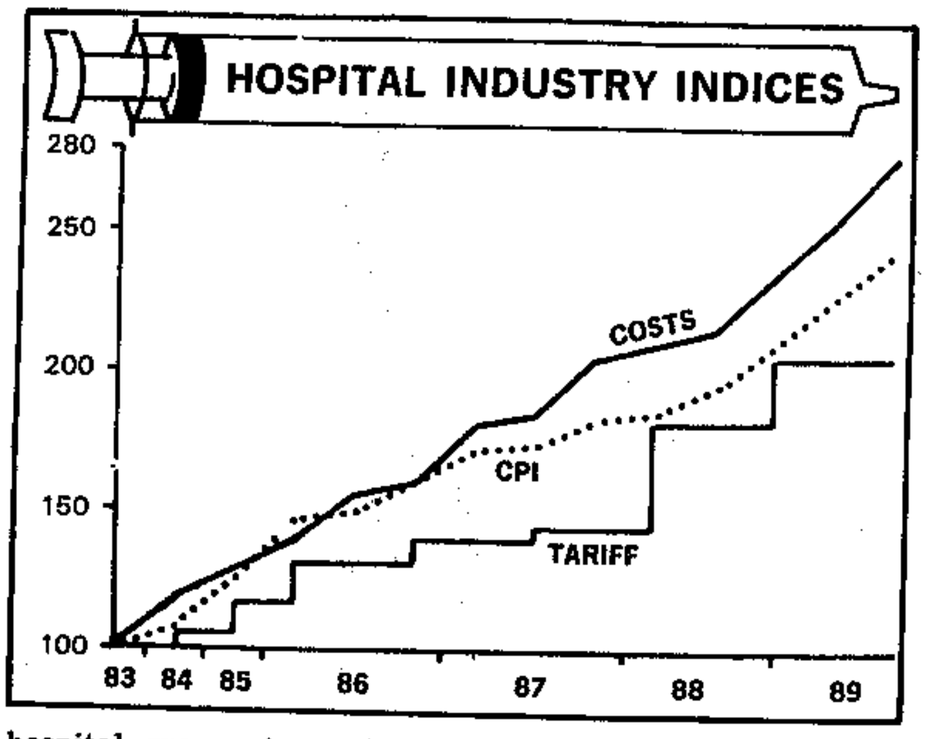
Dick Williamson, managing director of Afrox Health Care, says rising costs and cash-strapped yet powerful medical-aid societies saw to it that hospital investments were no longer lucrative.

The graph supplied by Afrox compares how hospital costs, the consumer-price index and medical-aid tariffs have moved over the years.

Mr Williamson says private hospitals have not been compensated for big rises in nurses' pay (29% in 1986), which accounts for 66% of operating costs. Medaid-determined tariffs also fail to take account of the huge cost of imported equipment.

About R9-million of the cost of the new hospital represents imported equipment, made more expensive by the fallen rand and the import surcharge.

He says these trends have obliged the major private hospital groups to contract out of medical aid.



Once hospitals contract out, they are no longer paid directly by medical aids. They have to rely on patients to claim from medical aids and pass on the money. Bad debts have doubled and the debtors book lengthened by 10 days.

This explains why some private hospitals demand that medical-aid members pay them their share of the hospital bill in advance.

Mr Joubert expects hospital investments to pay off in the long run. He wants Afrox Health Care to show that it can run hospitals as well as anyone — so that it can tender for wards in Government hospitals in the privatisation era.

The sickness business is in a shambles, some members of the medical profession making too much money and others too little and patients and medaid societies buckling under the burden.

There are 14 departments of health operating State and quasi-State hospitals. Some are overcrowded, others are half-empty for lack of staff. Afrox believes privatisation offers a partial solution.

Intensive

The ward rate at the Glynnwood, which includes three meals a day and a full nursing service, is R138 a day. Intensive care costs R315 a day. At these rates, the hospital is aimed at medical-aid patients.

It is multiracial. About 15% of patients and 20% of the nursing staff are black.

Glynnwood manager Chris Redfern says friction has been minimal even though the hospital is close to CP country in Boksburg.

The Glynnwood is a departure for Afrox, which prefers to revamp existing hospitals.

Mansion

In building the hospital, Afrox demolished the old 71-bed Glynnwood. It had been a mansion dating back to 1909, but was run as a clinic by a group of Benoni doctors since 1951.

Clinic Holdings and Afrox became joint controllers of the Glynnwood in 1981, but the competitors were uneasy bedfellows and parted company. Afrox took the Glynnwood and Clinic Holdings, the City Park Clinic in Cape Town and the transaction was squared off with cash.

Mr Williamson says capital spending in Afrox Health Care should fall in the year ahead, although work is in progress at the Entabeni, Durban, and the Lady Dudley, Hillbrow.

Mums in striptease protest

98

5/11/89

C. Press

Police petrified by action

BY JAPIE MOKWEBO

HOMELESS Tembisa women this week took off their clothes and invited senior police officers to arrest them.

The local head of the SAP raid unit, a Captain Theron, turned pale and could not believe his eyes, witnesses said.

The incident took place near Oakmoor station where homeless families have been staying in the open since their shacks were demolished on October 2 by town council police, the SAP and the South African Defence Force.

As the police went to tell the families to move away from the area or face arrest, they were faced with an unexpected response.

A 54-year-old mother of nine, Doris Moema, told *City Press* the police arrived in the morning and told the squatters to vacate the area.

"We told them we were not moving an inch as we had nowhere to stay. Things got out of hand when the police started beating us with batons when we refused to be loaded into vans.

"One woman was grabbed by a policeman who dragged her towards a van. She pulled herself loose and started undressing.

"She was completely naked but police still hauled her into a van. Then we all took off our dresses and demanded to be arrested.

"The police were petrified. After some time the arrested woman was allowed to join us and the police drove off," she said.

Adjutant Pieter Nel confirmed the striptease had taken place.

He denied that anyone was arrested or baton-charged by the police.

"They were told to move from the area. There was no reason for them to strip naked," said Nel.

THE SOWETO FILE

Blame the system – SPD

CP Reporter

THE threat issued by Olaus Van Zyl to the Soweto Council was a recipe for disaster, the Soweto Parents' Delegation (SPD) warned this week.

The rent crisis was not the result of councillors' negligence and inefficiency, but was rooted in the system that created economically unviable townships, said a statement released by delegation member Cyril Ramaphosa.

In recent months the SPD has held several meetings with the Soweto Council, Eskom and the TPA in an attempt to find a solution to the rent boycott impasse.

Archbishop Desmond Tutu, Rev Frank Chikane, Ramaphosa, Albertinah Sisulu and Sister Bernard Mncube all serve on the SPD.

The SPD said the rent boycott should be resolved along the lines proposed by the SPD at their meeting with the TPA on October 2.

"Any deviation from the proposals will only prolong the crisis, much against the interests of the community of Soweto. Dismissing councillors and the appointment of an administrator will not solve the crisis."

The October 2 proposals included the writing off of arrears, the transfer of housing to residents of Soweto, the upgrading of infrastructure, the design of an affordable service charge formula and a single tax base for Soweto and Johannesburg.

The SPD added that Soweto residents wanted to pay for services, but the boycott would continue until a solution had been negotiated by all the parties involved and accepted by the residents.

A TPA statement said there was significant common ground between itself and the SPD, and it had agreed to negotiate on writing off arrears amounting to R265-million.

The TPA recognised the "vital role" of the SPD in solving Soweto's problems, and said further meetings had been arranged between the two delegations.

Cyril Ramaphosa

Rev Frank Chikane

Killer hepatitis strikes

HEPATITIS B virus, commonly known as inflammation of the liver, kills more than 2 million people every year, says the World Health Organisation.

It is an incapacitating, debilitating disease with a long recovery period. general of National Health Planning, Dr H J Steyn, said there had been a dramatic spread of this disease. Its incidence had risen from 0,04 in 100 000 people in 1980 to 1,11 in 1988, an increase of 96 percent.

Steyn said there were about 2 million carriers of the virus in the country, of whom 20 000 died annually.

WHO said the modes of transmission of HB include blood, saliva, semen, vaginal secretions, sweat and tears. This means that the following groups are at risk as they come into contact with the blood which may be infected with the virus: medical practitioners, dentists, surgeons, anaesthetists, health workers, nurses, hospital domestic staff, paramedics and rescue personnel, clinical laboratory technicians, haemophiliacs and homosexuals. Children could contract HB in three ways: mother to child, breast-feeding, and through association with schoolmates who are infected.

According to conservative WHO estimates there are 1 billion chronic carriers with 2 million annual fatalities. Most acute HB cases occur in three groups- homosexuals, intravenous drug abusers and heterosexuals. An HB virus is 10 times more infectious than a Aids virus.

The means of protection include immunisation of all newly-born babies and all health workers who are exposed to needle pricks. Some health workers have also suggested a national immunisation programme to combat HB.

A vaccine called Engerix has been described as the first genetically engineered cure for HB. Its clinical profile includes an expected duration of protection of five years and 99 percent of adults developing antibodies.

The cost of the vaccine is about R61,53 including tax for each person.

Cancer patient longs for hope

Sowetan 10/11/89

A paralysed and bedridden 80-year-old man was disillusioned with treatment he received at Kalafong Hospital. He was injured when he sought help from a traditional healer.

Mr Raseabi Makallane of Mmakau near Garankuwa, said that at Kalafong Hospital he was ignored when he asked for bed pans or to be taken to the toilet. He also said he did not receive physiotherapy and as a result his limbs were becoming stiff.

Makallane said he was admitted in December last year and his hospital card number was given as 1385906. He said prior to his admission at Kalafong he had excruciating pains in his bones and body. After being treated by Dr Gomolemo Mokae at the nearby surgery, he was referred to Kalafong Hospital.

"My main complaint about Kalafong was that when I wanted to relieve myself, I would scream for help without nobody seeming to care, as a result I have since developed bed-sores," he said.

Muscles

His need for physiotherapy was shown by his calf muscles which were wasted due to lack of movement. If any joint remains in a fixed position for a long time, the muscles get wasted and retard the movement of that joint.

Makallane explained that as a result of his disillusionment, he went to a traditional doctor. When he was exorcised (purified) he was covered with a plastic and subsequently burned by a red-hot rock which was suddenly plunged into the water. He sustained a serious knee injury.

However, Dr AJ Kunzmann, senior superintendent of Kalafong Hospital, said it was a medical fact that a paralysed patient "cannot feel when he has to go to the toilette. The general principle in the treatment of paraplegics is to supply them with a bladder catheter (tube that drains the bladder)". Kunzmann promised to investigate the matter.

A spokesman for the Community Health Awareness Project explained that when exorcising patients traditional doctors should use blankets rather than plastics. He said blankets have pores and allow oxygen to permeate through to the patient unlike plastics which build up carbon dioxide (C02) and exhaust oxygen, resulting in suffocation.

Regarding Makallane's treatment at Kalafong Hospital, Chap said it showed the importance of a good relationship between the medical professionals and patients.

Mr Raseabi Makallane . . . has nowhere to go for help.

(98) Finance 17/11/89

STATE HOSPITALS

Attracting private buyers

Now that the easy privatisation, Iscor, is out of the way, the State is thinking about tackling a real challenge — selling off its hospitals.

One problem: who will want to buy something so notoriously mismanaged? The few interested companies want them cleaned up and desegregated first. And, as is so often the case, substantial deregulation is required before privatisation can take place. Under present rules, for example, it's virtually impossible for private hospitals to run a casualty department because the ethical rules of the Medical Council don't allow them to employ doctors full time.

In addition, there is no mechanism for the State to pay private hospitals for the treatment of State patients. Above all, the provincial hospitals aren't run on anything like business lines and will almost certainly have to be groomed for privatisation.

Afrox chairman Peter Joubert, who tried to lease a section of the Johannesburg Hospital earlier this year, says a few hospitals that already cater mainly for medical aid patients could be sold off, but that wouldn't alter the balance between the public and private sector in health care very much.

He insists the State can't give up its responsibilities in health. "Hospitals can't be privatised like Iscor because they aren't business units. But they still need to watch their costs. Now, they don't even know how their cost are broken down or where cross-subsidies are taking place. The private sector could offer management expertise."

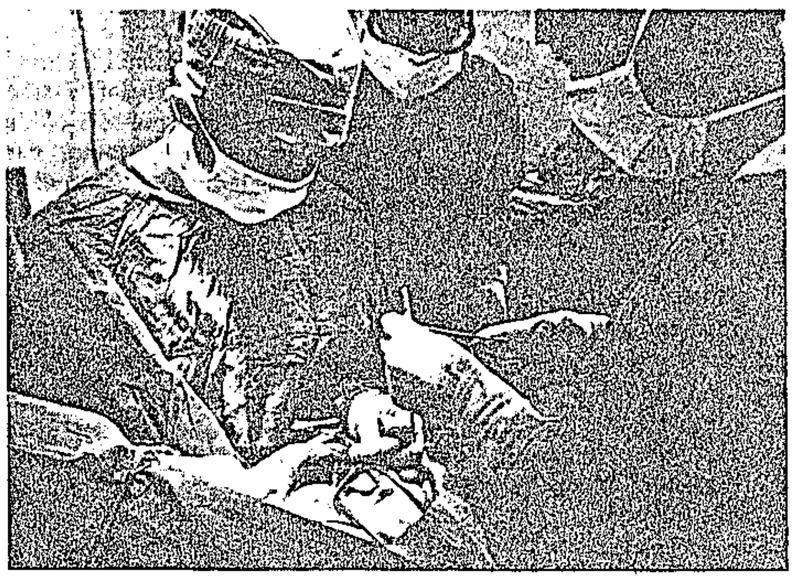
But Free Market Foundation administrative director Eustace Davie maintains something should be done — if only because the private sector could manage the hospitals more cost-effectively. As an interim step, private companies should be awarded management contracts, he says.

As it is, the announcement last month that 44, mostly segregated, hospitals were up for grabs was somewhat premature. The Department of National Health now says it won't answer any questions about privatisation until the publication of the De Villiers Committee of Investigation into Privatisation of Health Services.

The MD of the PresMed hospital and day clinic group, Carl Grillenberger, says the way State committees work, he doesn't expect substantial privatisation for at least two years — not least because of widespread opposition to the move, much of it from the private sector itself.

Executive director of the Representative Association of Medical Schemes Rob Speedie has already said that to privatise provincial hospitals at this stage would be a "disaster" as it would lead to a dramatic increase in the number of private beds, which would, in turn, lead to higher claims by medical aid members because private hospitals charge more.

Though the ward and theatre rates for provincial and private hospitals are now almost the same, the cost of drugs, radiography, pathology and organ transplants is far higher in private hospitals. Speedie says this can't be entirely attributed to the subsidies provincial hospitals enjoy. Under the present fee-for-service system, it's in the interest of private hospitals to use the most expensive drugs and equipment.



Hospitals ... operation needed on state sector

Speedie's view is echoed by Keith Hollis, the chairman of Medscheme, the country's biggest medical scheme administrator.

"Privatisation won't reduce costs in the short term as the private hospital groups have a poor record on cost containment. Most of them charge higher tariffs than those covered in the scale of benefits."

Even patients who are covered by medical aid often are expected to pay a deposit before they are admitted to private hospitals. When patients can't afford the deposit, they still aren't admitted to provincial hospitals because they are medical aid patients.

Hollis adds, though, that medical inflation is higher than general inflation all over the world and isn't a problem peculiar to SA.

Joubert says it's erroneous to treat fees charged in provincial hospitals as actual costs and to see private fees, by comparison, as excessive. Medi-Clinic MD Edwin Hertzog argues there are already enough facilities for the 20% of the population who can afford medical aid.

But Joubert contends medical insurance could be made affordable to more people if there was legislation to allow medical schemes to pay no-claim bonuses and other incentives to avoid excessive claims.

There is very little objection to the private sector in medicine but there's considerable criticism of the way in which it's financed. Health care consultant Andre Spier, a strong advocate of privatisation, says it would be a mistake to release provincial hospitals into the present inflationary triangle. "Providers of service are given a blank cheque by a third party, the medical schemes, and there's no incentive for either the patient or the doctor to save money. For instance, it's in nobody's interest to ask for a second opinion before a R30 000 by-pass operation — and some of these operations are unnecessary."

The State says it will continue to pay for the treatment of indigent non-medical aid patients but it's uncertain whether privatised hospitals will have access to the medicine bought through the State tender system under their new owners.

Davie says he expects there will be a trend away from third party payment towards health maintenance organisations or "managed care" delivery systems, in which the insurer both collects contributions and provides services.

Last month, the Medicaid medical scheme administrators announced the formation of a Managed Health Care Plan (*Business* October 6), designed primarily for lower-income groups in the townships around Johannesburg.

Medicaid isn't alone. PresMed's Grillenberger says he would be interested in some private hospitals if he could administer them in alliance with medical aid societies. ▩

ADVERTISING

Looking gloomy

The usual gloomy, year-end predictions are already circulating in the advertising sector. The consensus: only 12%-15% growth next year — negative in real terms.

This means that, with the cost of space in print and electronic media running at least 20% higher each year, advertisers will be

BARA BAROMETER

In the week between November 9 and November 15 there was a cumulative shortage of 800 beds at Baragwanath Hospital and each day an average of 114 patients slept on the floor.

The worst night was on November 15 when there were 130 patients without beds. The worst overcrowding in a single ward occurred on November 12 when there were 78 patients in a 41-bed ward.

This week a total of 701 fewer patients — 100 fewer patients each night — slept on the floor, thanks to the six newly extended wards now in use.

The Beds for Baragwanath Committee has raised R10 000 for new beds. The committee appealed for volunteers. Those interested can contact Mrs Marilyn Corne at (011) 786-9751.

Hundreds suffer

Clinic stays shut

By SOL MORATHI

HUNDREDS of Mofolo residents in Soweto are likely to suffer because they cannot get medical help from the R5-million clinic at their doorsteps.

That means the 15 000 local residents will continue to travel long distances for treatment.

When work began on the Mofolo clinic in 1986, there was a sigh of relief among residents.

Hopes were dashed when the clinic was not opened – even though it was completed two years ago.

Now the Transvaal Provincial Administration may further delay the opening, as it says funds are short.

"In view of the limitations on the availability of funds, it was not possible to immediately commission the centre after completion," said Jan van Wyk of the TPA's directorate of liaison services. The TPA expects running costs of the centre during the opening months will depend on staff availability and on the number of patients.

There are presently 12 health care centres in Soweto. Mofolo residents use either the Phomolong or Jabavu clinics.

"Why can't the government open this clinic?" asked Annah Mokgothu of Mofolo. "They have the funds, and should use them."

"We need this clinic desperately," said Magdeline Madikane, also of Mofolo. "We cannot afford to travel long distances to seek treatment. This clinic will obviously save us time, money and energy."

Annah Mokgothu ... angry because the TPA is not using its funds for the clinic.

Doctor, 4 others die in plane crash

By Karen Stander

Farmers near Franklin in southern Natal were shocked to discover a crashed aircraft and the bodies of five people killed when the plane apparently flew into a mountainside in thick mist.

Those killed included Johannesburg medical doctor Dr Johan Andre van'T Riet (41), his wife Margaretha Aletta (36), their six-month-old daughter Joset, 22-year-old Miss Rene Daleen Ligthelim and 46-year-old Mr D D Roslee. Police have not yet released their addresses.

The twin-engined aircraft, on a flight from Rand Airport to Margate, crashed on the farm Windsor about 10 km from the East Griqualand town of Franklin during a thunderstorm on Friday afternoon. It was discovered by a shepherd on Saturday morning.

Farmer Mr Oubaas Pretorius, whose voice shook when he described the crash scene, said he was called by farm radio soon after the crash was discovered.

DEBRIS

Bodies were strewn over a wide area and were badly mutilated. The only item found intact was a baby's bottle, Mr Pretorius said.

The aircraft had broken into small sections on impact and debris was found more than a kilometre away. The largest piece was the size of a car door.

More than R5 000 in cash was found at the scene and it was speculated that the victims were on holiday or on their way to the Wild Coast casino.

Mr Pretorius said the aircraft was far off course and the pilot had probably lost his way in bad weather.

The owner of the farm on which it crashed, Mr Donald Young, had heard its droning on Friday afternoon and was surprised that the plane was flying so low.

"They were probably trying to get under the mist to find their way, but what they didn't realise was that the mist was all the way to the ground," Mr Pretorius said.

Nuns' nursing home for 'very ill' in Khayelitsha

By DALE KNEEN
Staff Reporter

A BEDRIDDEN 31-year-old Aids patient is the first person to be given "tender loving care" at a new nursing home run by Mother Teresa's six sari-clad nuns in Khayelitsha.

The virtually completed home next to the Catholic church, which was built with funds sent by Mother Teresa, has begun to admit people who are very ill and have no one to look after them.

According to Sister Audrey, the nuns identified a need for the home after visiting many severely ill people in Khayelitsha and its environs.

"The community takes care of its ill, but the people are living in such difficult conditions they cannot give them the care they need," she said.

Others, such as the Aids patient, do not have anyone to look after them and the home will offer them shelter.

The six nuns will provide very sick people with a free bed in a cheerful, brightly painted ward, meals and "lots of love and attention".

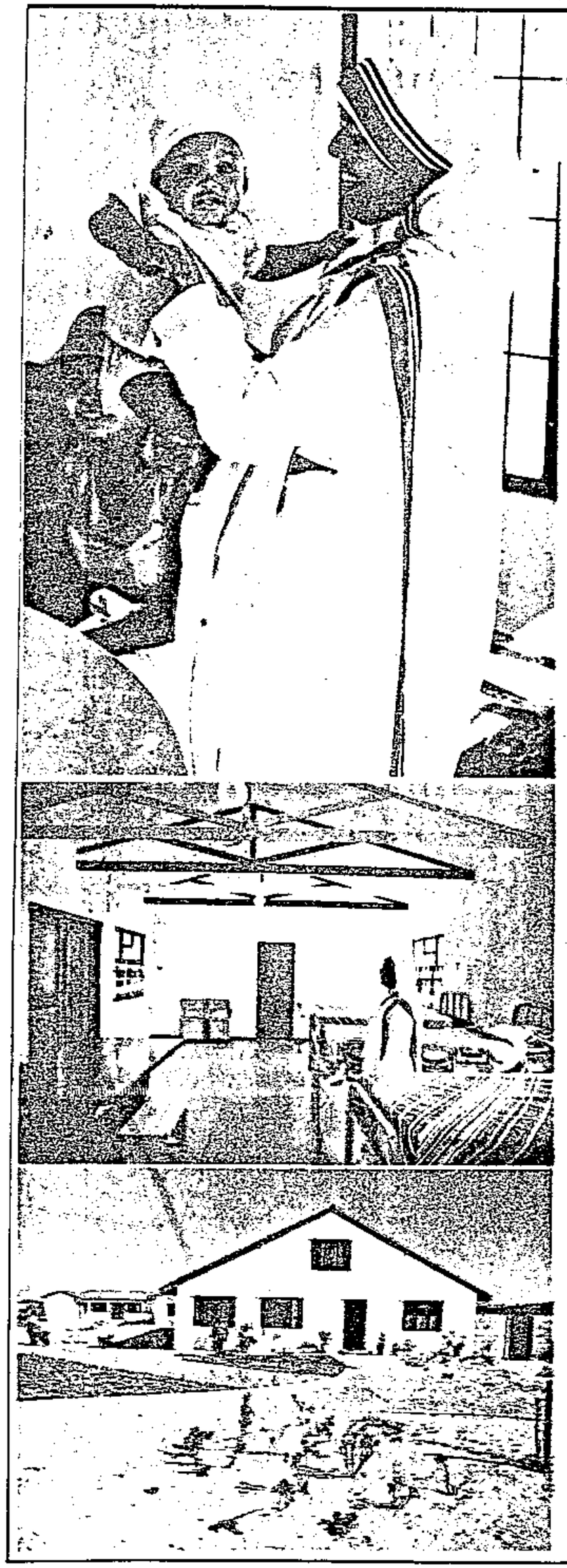
One of the nuns is a qualified nurse and the others have para-medical training. They will cook the meals and provide 24-hour nursing.

The home has three wards, two for adult men and women and a third for mentally retarded children.

Beds and mattresses were given to the nuns by Groote Schuur Hospital and the nuns hope someone will provide bedding and railings on the sides of the beds which will be used in the children's ward.

"We also hope the maintenance costs will be provided by people here in South Africa," said Sister Audrey.

□ □ □



Pictures: LEON MÜLLER, The Argus.

MISSIONARIES OF CHARITY: The six nuns in Khayelitsha take time to pray in the convent alongside the new nursing home.

LITTLE HELP FROM FRIENDS: A nun nurses a sick child (top left).

LABOUR OF LOVE: Sister Audrey in the new nursing home (middle).

OASIS: A little bit of green in the middle of Khayelitsha's miles of white sand (bottom left).

Long Street's grand 'old lady' reopens with style

Staff Reporter

WITH her facelift completed, the "Old lady" of Long Street is ready to show her bright new look to the public.

The Metropole, one of Cape Town's most established hotels, has been renovated and yesterday began inviting guests through its elegant Victorian door.

After three months of refurbishing, the 90-year-old hotel can now accommodate 66 people in its 32 rooms and one executive suite.

General manager Mr Alan Masters said the hotel would be "small and intimate" and would attempt to provide "Victorian-style personalised service" for its guests.

The renovation began in August, 10 months after the hotel was sold by brothers Brian and John Bowman to International Hotel Development Corporation, a company owned by an overseas consortium.

The "Old lady", as the hotel is affectionately called, was patronised primarily by sailors and had become rundown and "rather seedy" over the years.

With a "considerable" amount of money invested in the renovation, it now hopes to attract the upper end of the market.

CHINESE THEME

The hotel has a restaurant — Wheeler's — which specialises in reasonably priced seafood, two conference rooms, an elegant ladies' bar, the Jug 'n Jar, and a terrace snack bar.

There are 20 standard rooms, 12 luxury "Mandarin" rooms and a "Tai Pan" suite which has a jacuzzi.

All are tastefully decorated in shades of green and peach and each room has its own bathroom, air conditioning, television, desk and comfortable chairs.

The "Mandarin" section of the hotel has a Chinese theme and large pottery vases containing bamboo arrangements adorn the wide passages. Floral fabric with large peacocks among the blooms cover the beds and the bathrooms have marble floors and gold and porcelain fittings.

The Victorian charm of the hotel, however, remains and the original fireplace can be found on the terrace while the quaint Victorian lift provides guests with a nostalgic ride to the upper floors.

Help for man who lost eye in stoning

Tygerberg Bureau

HEIDEVELD Unemployment and Advice Office has come to the aid of a Sarepta man who lost an eye in a stone-throwing incident.

The plight of Mr Abraham Onverwacht was highlighted in an Argus report on Monday.

Mr Onverwacht lost his job as a long-distance commercial driver after losing an eye during a stone-throwing incident, and because of his injury cannot take jobs involving heavy manual work.

Mr Abduragiem Booth, social responsibility director of the Heideveld Advice Office, said an urgent meeting was held after the report was published, to find ways to help Mr Onverwacht.

A staff worker is to visit Mr Onverwacht's family to present them with food vouchers worth R165, clothing and shoes.

Attempts were also being made to find a job for Mr Onverwacht, Mr Booth said.

"Companies approach us regularly, and at the moment we have jobs for shelf packers, confectioners, sweepers, and others, but obviously Mr Onverwacht's injury will have to be taken into account," Mr Booth said.

Staff would evaluate the needs of Mr Onverwacht's family and would also try to find a job for his wife, Mr Booth said.

However, the advice office has its problems too.

"Our committee decided that we would have helped Mr Onverwacht within 24 hours of the report appearing in The Argus, but transport has been a problem," Mr Booth said.

The advice office has been struggling without transport for 24 months, and this has often hampered dealing with cases.

Once transport was organised, immediate help would be given to Mr Onverwacht and long-term solutions would then be investigated, he said.

Mr Abraham Onverwacht in the picture published in The Argus on Monday.

Phones coming back on line

Staff Reporter

POST OFFICE officials worked through the night to reconnect 2 000 telephone lines which have been out of order in the Rondebosch East/Crawford area for four days.

Telephones from Fifth Avenue down to the Crawford exchange in Taronga Road went dead on Saturday afternoon because of damage to a cable.

It is believed the cable was corroded by heavy rain last Friday.

By today about 600 lines had been reconnected. Another 600 lines will be reconnected today and the rest will be completed overnight, said a spokesman.

Medi-Clinic returns to healthy profits

ZILLA EFRAT

MEDI-CLINIC has continued its healthy return to profitability which started last year following two years of large losses.

The Rembrandt-controlled group, which operates various clinics and hospitals, produced net income of R5,3m (R846 000) in the six months to September, equivalent to earnings of 5,8c (0,9c) a share.

While no figures have been provided, turnover increased 42,9%. Operating profits rose 88% to R8m (R4,5m).

Interest received jumped 59% to R1m (R650 000) resulting in net income before debenture interest of R9,6m (R5,2m), a 84% rise.

As the result of accumulated losses the group is currently not liable for tax.

However, it has prudently transferred R1,9m to a tax equalisation reserve thereby reducing profits available for distribution through dividends until accumulated losses have been absorbed.

After this transfer to the reserve, which forms part of shareholders funds and does not represent a tax liability, earnings are 3,7c a share.

Medi-Clinic has a contracted capital commitment of R3,4m (R557 000) and R2,3m (R2m) authorised but not contracted for.

It has no long-term loans but its current ratio fell to 1,7:1 (3,5:1).

The acquisition of the Louis Leipoldt Hospital as from June contributed positively to earnings. The Medipark operations were discontinued in September.

Directors say with the exception of the Mitchells Plain hospital, the occupancy of hospital facilities was satisfactory. The group contracted out of prescribed medical fund tariffs at some hospitals and this proved to be successful.

They expect the growth in earnings to continue for the rest of the year, although not neccesarily at the same rate. And if the earnings trend is maintained, a maiden dividend is envisaged for the current financial year.

Govt to probe doctors' hours

Cape Times 25/11/87 98

Court told of doctor's 25-hour shift at Groote Schuur

By MONICA GRAAFF and MARIUS BOSCH

THE Minister of Health will investigate the "unreasonably long" working hours of hospital doctors following the death of a patient at Groote Schuur.

The announcement by the minister, Dr Rina Venter, came after a Cape Town inquest court recommended that the Medical and Dental Council examine conditions where "young doctors are expected to work unreasonably long hours".

Magistrate Mr P L May made the recommendation yesterday after finding that the death of a woman at Groote Schuur Hospital on June 29 last year "amounted to an offence".

He also ordered that a copy of the proceedings be sent to the Medical and Dental Council as "the public would find it shocking" that young doctors were expected to work such long hours.

The 70-year-old patient, Mrs Edith Bardien, who was known to be allergic to penicillin, died less than two hours after being administered the drug in Groote Schuur on June 29 last year.

Mrs Bardien, a diabetic, had foot gangrene and was due for a half-leg amputation.

Junior houseman Dr Ian Katz, who had been on duty for 25½ hours at the time, had "forgotten" about her allergy when he

School's out for the matrics

ing" that young doctors were expected to work such long hours.

The 70-year-old patient, Mrs Edith Bardien, who was known to be allergic to penicillin, died less than two hours after being administered the drug in Groote Schuur on June 29 last year.

Mrs Bardien, a diabetic, had foot gangrene and was due for a half-leg amputation.

Junior houseman Dr Ian Katz, who had been on duty for 25½ hours at the time, had "forgotten" about her allergy when he wrote out the prescription.

The file containing this crucial information was not at the bedside to prompt his memory or alert the nurse, Ms Louisa Mary Appolis, who prepared and administered the drug.

Dr Ian Katz who worked a 25½-hour shift at Groote Schuur Hospital

Mr May, who found that penicillin was the "likely primary cause of death", said it was "not an easy issue" on which to make a finding.

Her death was "brought about by an act or omission involving or amounting to an offence on the part of a person . . . but I would be unhappy to see a prosecution take place", he said.

Mr May also "emphasised" that Dr Katz's "memory lapse" was due to the many hours of duty without sleep and that this was "compounded by a breakdown in communication from file to prescription chart as an aid to memory".

Earlier an expert witness, Dr Mike Silber, a consultant neurologist who supervises a "sleep laboratory" at Groote Schuur, said international studies on housemen had shown that some of the effects of sleep deprivation were memory loss, mood change, fatigue and depression.

The system of long hours was, however, adhered to as there were not enough doctors to do all the work required.

Arguing on behalf of Dr Katz, advocate Mr Pat Gamble said it was the system that was on trial and not his client, who had been obliged to work long hours without being allowed to go home when he got tired.

Advocate Mr P van Zyl, for Groote Schuur, questioned Dr Katz's blameworthiness, saying a junior doctor was not in a position to refuse to work long hours.

"It is the imperfect system that needs to be dealt with," he said.

Last night Medical Association of South Africa (MASA) spokesman Dr John Steer said the magistrate's comments "were very wise ... he will help the patients and the doctors".

He said young interns were "grossly under pressure" and the working conditions of interns and registrars were "almost inhuman".

Dr Venter said young doctors should be prevented from working such long hours.

SAMDC president Professor F G Geldenhuys refused to comment on Mr May's remarks, saying the council would investigate the matter if the report was sent to them.

The head of UCT's department of medicine, Professor Solly Benatar, said the problem of long working hours was an international one.

trict 6 ong 4 areas ened'

25/11/89

80

it people and the potential for m conditions will be opened," he d.

The chairman of BP Southern rica, Mr Ian Sims, said the move nfirmed "a willingness to heed the to end racial discrimination" by e government.

However, BP's stand was for major ening of residential areas, an open pe Town and the repeal of the oup Areas Act, Mr Sims said.

In Pretoria CP spokesman Mr J H n der Merwe said that it was signifint the State President had not anounced his series of integration meares before the general election ecause then the National Party ould "surely not have obtained a marity".

Cape Town city councillor Mr Arur Wienburg said that the governent's decision was "totally unacceptble" and would put pressure on ousing and lead to slum conditions.

Out-of-work Soweto man needs R10 000 to stay alive

New kidney or the end

By SOPHIE TEMA

AN UNEMPLOYED Diepkloof father who underwent a kidney transplant five years ago needs R10 000 to have his kidney replaced.

Moses Sekhoahla is kept alive in Baragwanath Hospital by a machine which functions like kidneys.

Sekhoahla received his first kidney in 1984. The organ responded positively, showing no signs of rejection until three weeks ago when he had a relapse.

When he checked in at the Johannesburg Hospital after experiencing symptoms of the illness, doctors were shocked that he was still alive because the organ was in the rejection stage.

Sekhoahla admitted that he neglected his treatment.

He said he failed to undergo his check-ups because he was working in Lesotho.

According to Sekhoahla, doctors at Johannesburg Hospital told him they could not help him any longer and wanted to discharge him.

"I realised I had reached the end of my life and pleaded with the doctors to offer me some kind of treatment.

"One of the doctors told me I would need about R10 000 to undergo another operation and arranged for my transfer to Baragwanath Hospital."

Moses Sekhoahla, at death's door. ■ Pic: GIDEON NHLA

Santa gives children a rude shock

TYSONS CORNER (Virginia) — The Washington area's largest shopping mall says it erred in allowing Santa Claus to give kids a book that offers a rude awakening: Santa doesn't exist.

"It's just so absurd, the irony of it," said Ms Linda Smyth, of Vienna, Virginia, a nurse, who took her four-year-old son, Logan, to visit St Nick last week at Tysons Corner centre.

"Here's Santa handing out the one thing saying he doesn't exist."

After at least one mother complained, officials at Tysons Corner pulled the book, "A Pee Wee Christmas", from Santa's sack and replaced it with stickers and fingerprinting kits.

"What can I say?" Tysons general manager Mr Jim Foster told *The Washington Post* yesterday. "We screwed up."

Mr Foster said mall officials had screened more than a dozen books looking for an appropriate one, but somehow missed the sub-plot that says Santa isn't real.

One of a series about a group of children called the "Pee Wee Scouts", the book relates the tale of a seven-year-old named Sonny who is ridiculed by his friends because he says he believes in Santa. But by the story's end, the boy admits he knows the chubby man with the white beard is a fake.

Author Judy Delton, who said her series has sold more than two million copies, told the *Post* the book was meant for seven and eight-year-olds and was not intended for a mall Santa Claus to give away to younger children.

Last year, she noted, dentists objected to the candy canes Santa gave to youngsters.

"You try to pick something that's non-controversial," she said. "Sometimes you just can't win." — Sapa-AP.

Private sector donates R4-m for ward extensions

Bara's patients get beds

Transvaal MEC for hospital services, Mr Daan Kirstein, spoke to patients already accommodated in new ward extensions at Baragwanath Hospital. He is seen here with Mrs Khumbizile Nkosi (43) who was obviously pleased with the airy new ward. ● Picture by Herbert Mabuza.

Star 29/11/89

By Toni Younghusband, Medical Reporter

Patients who slept on the floors of grossly overcrowded wards at Baragwanath this year are now assured of beds, thanks to private enterprise.

Donations of some R4 million from companies and private individuals have provided the hospital's department of medicine with an additional 325 beds in 13 newly-built extensions to existing wards. Surplus funds were used to refurbish a building for psychiatric patients.

The new extensions were officially opened yesterday at a function attended by provincial administration and University of the Witwatersrand officials.

Acting head of the medicine department, Dr Ken Huddle, said the building programme had given a tremendous boost to staff morale. Staff members were originally responsible for bringing the plight of patients to the public's attention.

Professor D J du Plessis, who headed an investigation into conditions at the hospital and raised funds for the extentions, reminded businessmen that their donations provided only temporary accommodation as the entire hospital would one day have to be refurbished.

He said instead of a larger hospital, smaller primary health care clinics and regional hospitals were needed in strategic areas which could take over the primary health care load which Baragwanath was currently carrying.

Presmed's interim earnings soar 102%

ZILLA EFRAT

REMAINING contracted into medical aid tariffs, increased hospital occupancy levels and control of continually escalating costs contributed to President Medical Investments' 102% rise in earnings in the six months to August.

Earnings rose to R587 000 (R290 000) or 6,7c (3,3c) a share. The group pays a single dividend at year-end.

Turnover jumped 88% to R13,3m (R7m) on higher-than-expected occupancy levels, the result of remaining contracted into medical aid fee structures, says MD Carl Grillenberger. While the official fee structure puts pressure on margins, staying contracted-in minimises bad debt and streamlines administration, he says.

Operating margins improved to 13% (12%) through a concerted drive to promote cost-consciousness, resulting in a 102% hike in operating profits to R1,7m (R862 000).

Debenture interest rose to R174 000 (R72 000) and other finance costs jumped to R392 000 (R181 000) leading to pre-taxed profit of R1,2m (R609 000), a 93% increase.

Taxed profits improved 106% to R625 000 (R304 000) on a drop in the tax rate to 47% (50%).

While non-interest bearing debt jumped 356% to R6m (R1,3m), interest bearing debt was up 81% to R1m (R567 000).

Grillenberger says the group is developing a small, highly specialised hospital in Bedfordview which will open in 1991. In addition, plans are underway for hospitals in Welkom and Rustenburg. The board believes the 25% long-term growth objective will be substantially bettered this year.

Doctors make slips 'almost daily'

By MONICA GRAAFF and YVETTE VAN BREDA

ACCIDENTS happen on an almost daily basis as a result of doctors' sleep deprivation and appalling working conditions, a senior registrar and an interns' representative at Groote Schuur Hospital said.

The admissions followed the recent undertaking by Minister of Health Dr Rina Venter to look into the "unreasonably long working hours" of interns.

The senior registrar said registrars — the middle-management hospital doctors who take most of the "life and death" decisions — work even longer hours than the over-worked first-year housemen who are known to work up to 48 hours at a stretch.

"Almost all of us have bumped someone off by mistake and had the whole thing covered up," he said.

He said that registrars in the obstetrics and gynaecological ward at Groote Schuur officially worked a 57-hour weekend shift starting at 8am on a Saturday and knocking off at 5pm on a Monday.

"Other countries legislate against the life-threatening system of overworking doctors," he said, citing Germany's eight-hour limit and Australia and Canada's 12-hour limit for shifts.

An official interns' representative at Groote Schuur said that most first-year hospital doctors work six full days and three full nights a week.

Interns usually go on duty at 8am on Monday, knock off at 6pm on Tuesday and start another 34-hour shift at 8am on Wednesday.

The representative, who asked not to be named, welcomed the inquiry, saying the hours were "inhuman" and "compromised patient care".

"Exhaustion causes accidents almost every day. Fortunately most of them are not fatal," he said, expressing solidarity with an intern who recently caused the death of an elderly woman at Groote Schuur.

A Cape Town inquest court found last week that the intern, Dr Ian Katz, had been on duty for 25½ hours.

"It should be illegal to work these hours, particularly since it is illegal and unethical to form a union or to strike," he said.

The representative, who speaks for interns at Groote Schuur, Red Cross, Mowbray Maternity, Peninsula Maternity and Somerset Hospitals, called for the appointment of more interns to spread the work load. "We need more doctors and nurses, not bigger and better hospitals," he said.

Likening the system to "a form of initiation" where senior doctors expected juniors to "suffer" in the same way as they had, he said: "What policy-makers seem to forget is that the patient load has increased substantially since most of them were interns."

A former intern, who also declined to be named, said the system was "geared to exploit young doctors" who were not licenced to practice until they had done their internship.

"The doctors are dependant on the hospital for getting a license to practice and that's why they put up with this," he said.

Dr George Watermeyer, the executive director of the Cape Provincial Department of Hospitals, said he was investigating the matter in conjunction with the South African Medical and Dental Council.

"The whole question of the workload of interns has come to a head now, but has been going on for a number of years."

A spokesman for Tygerberg Hospital said the normal duty hours of interns were eight hours a day plus 15 hours overtime a week. They were also expected to be on 36-hour call every third day, though "this does not mean they work 36 hours".

Complaints lodged by many callers to the Cape Times included:

- The "inhuman and dangerous" working hours of interns;
- The lack of night-time canteen facilities and vending machines for interns to "at least eat properly while working long hours";
- The lack of a stated maximum of working hours in the employment contract (the stated minimum was 56 hours);
- No over-time pay for over-time work;
- The "out-of-touch" attitude of Groote Schuur's chief medical superintendant, Dr Jocelyn Kane-Berman, who said "there is no viable alternative" to the system;
- A clause in the employment contract which required doctors to do "whatever" was required of them;
- The lack of time to study in the final year prior to full qualification, and
- Inadequate facilities for sleeping during quiet hours at the hospital.

Dr Kane-Berman said yesterday that she had nothing to add to her earlier comments, but that the hospital was preparing a report for the minister.

Medics 'being pushed beyond limits'

Staff Reporter

AN intern has written to the Cape Times questioning whether it is ethical for exhausted young doctors to be forced to make decisions which could devastate patients' lives.

"Several of my colleagues have made potentially serious mistakes when tired, and all agreed that what happened to Dr Katz could very easily have happened to any one of us," the intern writes.

The intern, who wants to remain anonymous, says it is "a pity that the tragic death of Mrs Edith Bardien was necessary to bring to light the way in which young doctors are pushed to and beyond their limits in South African hospitals.

An inquest found last week that Mrs Bardien had died in Groote Schuur hospital after an intern who had been working for nearly 26 hours "forgot" about her allergy to penicillin.

"My 60 to 100-hour week usually includes two virtually sleepless nights between normal working days on either side," he wrote.

"One wonders how many people would board an aeroplane if the pilot had been awake for 24 hours?

"So how is it possible that the public can continue to accept that most interns and registrars ... are continually subjected to these conditions?

"Most people going into medicine do not do so for materialistic reasons, but as working conditions cause their idealism to fade they become more money-orientated.

"I realise that the problem is essentially one of inadequate finance, but am not sure this constitutes an excuse for masking the state of our health services.

"The hopelessly inadequate salaries of trained nursing staff carrying heavy responsibility compound the situation."

Hospitals recoup more from patients

By ELAINE COSSER (98)

PROVINCIAL hospitals are recouping more of their expenditure from patients in an attempt to shift the burden of health care costs from the state.

The state subsidy for provincial hospitals amounted to R2,9-billion last year — meeting the difference between what patients paid and the service cost. However provincial hospitals are beginning to recover as much as 10 percent of their costs from patients through a programme of tariff increases, as the table shows.

Racial duplication of hospital services is a major contributor to high costs. But even when apartheid health care goes, the poor will not go with it — the subsidies will have to remain.

The recent acknowledgement by Danie Hough, administrator of the Transvaal, that apartheid health care is costly is a breakthrough in official thinking. His comments suggest that the state may rationalise health care in order to reduce its costs. The 14 departments of health do not and cannot provide health efficiently and cost effectively.

But the scope for such measures to reduce state funding of health care is, at least in the medium term, limited — by the basic poverty of the majority of the populace.

Around 80 percent of hospital patients are "indigent", earning less than R315 a month. There is little hope that hospital services can break even given this level of national poverty, even *if* the indigent majority's meagre contributions are supported by full-paying patients.

Most of the country's health care spending benefits whites, further underlining the need for increased state intervention if equality in health care is to be attained. Given existing levels of private income, the scope for private funding of health care is limited, at least in the medium term.

The proportion of South Africa's gross domestic product spent on health is equivalent to 13 to 14 percent for whites — but only three percent for Africans, according to figures cited at a recent conference organised by Wits University's Centre for the Study of Health Policy.

The already deficient expenditure on health care for black people is being coupled with the state's attempts to reduce further its contribution.

Cost recovery measures have been achieved by largely phasing out free treatment and have doubled indigents' fees — even if only from R1 to R2 per visit.

	% OF EXPENDITURE RECOVERED FROM PATIENTS		TOTAL EXPENDITURE PROVINCIAL HOSPITAL SERVICES (R'000)	
	1987	1988	1987	1988
Cape	6,8	8,3	1035	1081
Natal	6,4	10	445	447
OFS	10,1	13,2	275	314
Transvaal	10,7	11,6	1103	1263

Hospitals still only recover a small proportion of their costs

Wmail 1-7/12/89.

R12m extension to Wynberg Medicentre

W/E Argus 2/12/89

98

By MAGGIE ROWLEY
Business Staff

BROAD Road Medicentre in Wynberg is to be expanded at a cost of R12-million to house a surgical day clinic, offices and retail space.

A spokesman for the developers, Perbro Investments, said a further three floors of offices and an additional lift are to be built on the existing site at a cost of about R4 million.

In addition, the adjacent vacant site had recently been acquired and was to be developed as an extension to the existing building at a cost of about R8 million.

When completed in December next year the total lettable area will be about 7000m². Rentals are from R20/m².

"The new project will be consolidated with the existing building to form a generous foyer and have access to four lifts," he said.

The Medicentre is situated in Broad Road, Wynberg opposite the South African Red Cross midway between the Main road and the fire station.

The developers, a group of professionals who have offices within the complex, said the existing building was initially opened in Septemeber 1987 as an office complex accommodating consulting rooms for various medical and dental discipliines including radiology and pathology.

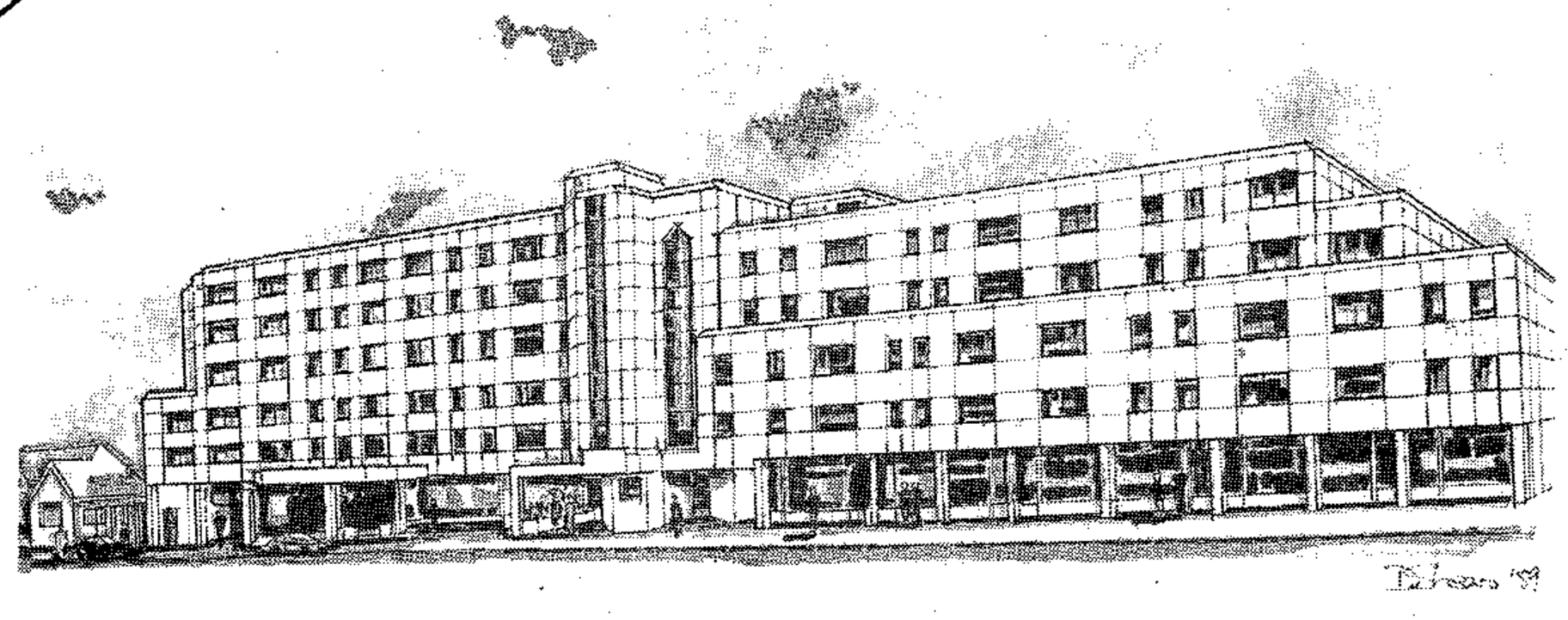
"The building was fully occupied in a short space of time and the ideal location increased the demand for A grade office space in this area," the spokesman said.

He said about 80 percent of the retail space on the ground floor had already been let and the only retail space available was for a 200m² superette.

However, there was still about 2600m² of office accommodation available to lease.

The new development will provide retail space on the ground floor, office and studio space, and on site parking for about 45 cars.

The surgical day clinic, comprising three theatres and specialising in dental and surgical day procedures will be housed on the fourth floor, he said.



OFFICE SPACE: An artist's impression of what the Broad Road Medicentre in Wynberg will look like following R12million extensions. The existing building, on which three additional floors are to be constructed, is to the left.

End health care duplication — MEC

Star 4/12/89.

By Toni Younghusband,
Medical Reporter

Providing health care for all South Africans regardless of whether they can pay for it is a top priority of the Transvaal's new MEC for hospital services, Mr Fanie Ferreira.

Mr Ferreira (51), who took over from Mr Daan Kirstein on December 1, said in an interview with The Star on the day of his inauguration that he was not sure how this could be achieved but he believed sound business management would be a key to reaching this ideal.

These sound business-management principles would be applied to stringent rationalisation of health services. Although he had had little time to study his portfolio, Mr Ferreira said there was clearly a need to eliminate the duplication of services.

"At present, local-government bodies are involved, provincial administrations, community development departments ... and we are all busy with the same thing. If we could rationalise these energies I believe health services would be more effective and we would save considerable costs."

An accountant by profession, he stressed he was not a doctor and would never try to be one.

"I don't believe a doctor should be MEC in charge of hospital services. This is a position for a businessman."

A man with wide business interests, Mr Ferreira believes his involvement in local government — he served nine terms as mayor of Naboomspruit and was a member of the Provincial Council for Waterberg for five years — will serve him well.

Prevention

Asked whether Transvaal health services might expect a greater budget next year, Mr Ferreira said he was sure his department would not escape the tightening-up of Government expenditure.

"We will have to make up for that by tightening up our administration," he said. This was where his business experience would be most valuable.

Another area of cost-saving was in the promotion of primary and preventive health care.

"We must put a lot of energy into educating every parent and child in preventive health care.

"It is no use our waiting until the patients come to hospital. We must reach them before they become sick," he said.

He saw the critically short-staffed academic hospitals, groaning under heavy patient loads, becoming centres of excellence where only highly specialised medicine was practised.

The balance of patients would be catered for at clinics and regional hospitals where super-tertiary care was not necessary.

Of grave concern to him was the nursing crisis, though he did not believe the standard of medicine had suffered as a result.

"I think a more immediate question is whether we don't have too many academic beds. Again, I must emphasise rationalisation."

He would not be drawn into the issue of desegregated health facilities, saying this was the responsibility of the Government, nor would he discuss the State's privatisation policy.

Of vital importance during the next decade would be an emphasis on individual responsibility for health.

"I get the impression that we are inclined to believe our health is somebody else's problem. If we get sick we phone the doctor or go to hospital. Look at our lifestyles, at the way we eat.

"Most men in this country are kept alive by pills when they reach the age of 50. We must go back to the basics and take better care of ourselves," he said.

If health education at schools was a necessary part of this procedure, he would push for it.

Honest

A dynamic man at the helm of a thriving family business, Mr Ferreira said he hoped to encourage an honest, open relationship with the media.

"I believe in an open situation and I will gamble on trusting somebody. But if that trust is broken it will be a different story. I don't believe in trying to bluff the press," he said, adding he believed it important that he be available for comment after hours and at weekends.

Mr Ferreira is married and has two married children.

A little girl's determined fight to get a new heart

WOMAN 98

6/12/89

Sowetan

THE courage,intelligence and iron-strong will to live of a 10 year-old Transkei girl who asked Red Cross Children's Hospital doctors for a new heart, persuaded them to comply.

Nombuyiselo Mabula of Butterworth three weeks ago became South Africa's youngest heart-transplant patient when she received a young boy's heart.

But it is only now that the story of the little girl's journey to Cape Town has been pieced together.

Nombuyiselo suffers from cardiomyopathy, a disease of the heart muscle. She spent some time in an East London hospital but, when she failed to get better, she was discharged and sent by bus to Cape Town.

Complex

Doctors have not yet been able to establish who put her on the bus and whether she made the journey alone. She did, however, make an unescorted ambulance journey from her aunt's home in Guguletu to the Children's Hospital where she presented herself to doctors and asked them to give her a new heart.

"We would normally not perform a complex operation of this nature on a child from such a third world background. The follow-up is difficult and she will need to be on medication for the rest of her life," said cardiologist Dr Mike de Moor.

"But we were so impressed with her, we couldn't turn her down. When she arrived here she was very ill and was suffering from severe heart failure," he said.

After a month at the Red Cross Children's Hospital, Nombuyiselo received her new heart and, two days after the operation, was transferred to a special isolation ward at Groote Schuur Hospital where she is said to be "doing very well."

De Moor said Nombuyiselo would have to stay in Cape Town once she is discharged to ensure a reasonable follow-up.

"She will also need money for her education and upkeep," he said. - Sapa.

Emergency cases swamp city hospitals

By DI CAELERS and
YVETTE VAN BREDA

PENINSULA medical services were severely tested at the weekend when ambulances received the highest-ever number of calls — and Groote Schuur Hospital dealt with a 50% increase in the normal number of trauma cases.

In a 24-hour period from 7am on Saturday, ambulance services received 812 calls, with one ambulance making at least 27 trips.

Groote Schuur dealt with about 500 patients in the trauma unit on Saturday night — an increase of 50% compared to a normal night, according to a spokesman.

Both Tygerberg Hospital, which was also severely affected, and Groote Schuur turned away trauma patients for three hours each — Tygerberg before midnight on Saturday and Groote Schuur after midnight, a Metro spokesman said.

Dr J G C Strauss, Tygerberg Hospital superintendent, told the Cape Times the closing 'of the hospital "from time to time" is not exceptional, however.

"We do so in co-operation with Groote Schuur and ambulance services to clear the decks, so to speak, to work away emergency cases and find beds," he said.

Groote Schuur superintendent Dr Jane Warren said the weekend was "very busy — quite unprecedented".

"Sometimes we have to ask ambulances to use other facilities for an hour or two. In effect they are diverted elsewhere but we do still continue to see patients," she said.

Dr Warren confirmed there were about 500 patients in the trauma unit on Saturday night. "The numbers were very high in all categories of trauma patients."

Mr Richard Harland, Ambulance Services divisional officer, said they had received 812 calls in the 24-hour period between 7am on Saturday and 6.59am on Sunday.

"The most number of calls dealt with by any one ambulance during a shift was 27 and the highest number of patients conveyed in a single trip was nine.

"Between 4am and 7am on Sunday we received 31 calls and by the time the shift changed at 7am there were five still outstanding," he said.

Dr Strauss and Dr Warren both cited a shortage in nursing staff as having compounded the weekend problem.

"The shortage of nurses continues and this makes it difficult to cope with any increase in the number of patients," Dr Warren said.

Mpetha's heart puts him in hospital

CAPE TOWN — The president of the African National Congress in the Western Cape has been admitted to the Groote Schuur Hospital with a mild heart problem.

A hospital spokesman said Mr Oscar Mpetha (80) was admitted on Friday.

His condition is reported to be satisfactory.

Mr Mpetha, recently released after being imprisoned for terrorism, will be kept in hospital for a few days for observation.

He was one of five people who visited Mr Nelson Mandela at Victor Verster Prison in Paarl on Friday.

The other members of the delegation were the United Democratic Front's Mr Trevor Manuel, Ms Cheryl Carolus, Mr Christmas Tinto, who led the delegation, and Mr Johnny Issel. — Sapa.

Mpetha 'stable' after mild stroke

Veteran trade unionist and African National Congress leader Mr Oscar Mpetha (80) was admitted to Groote Schuur Hospital last Thursday after suffering a mild stroke which affected the left side of his body.

A hospital spokesman today said Mr Mphetha was in a stable condition. — Staff Reporter.

● See Page 6.

Star 11/12/89

Minister 217 000 signatures — refuse
hundred signatures a day are being received.

Mpetha making good recovery in hospital

Star 1/8/89

CAPE TOWN — Mr Oscar Mpetha, admitted to Groote Schuur Hospital last Thursday, has had a stroke, a hospital spokesman said yesterday.

The 80-year-old ANC leader, released from jail about two months ago, was reported to be in a stable condition.

The spokesman said Mr Mpetha was admitted to hospital after a mild stroke which affected the left side of his body.

A LOT OF SLEEPING

"He has been stable throughout the weekend. He is awake, cheerful and doing a lot of sleeping.

"You know, he is a very old man now," said the spokesman.

One of the doctors treating the ill ANC leader said he had "a quiet night and appears to be stable for the moment".

"He is not in danger and we feel very positive about him." — Sapa.

Festive season crisis for hospitals

CAPE TIMES 78
14/12/89

By CLAUDIA KING

GROOTE SCHUUR Hospital's superintendent Dr Jocelyn Kane-Berman is "very worried" about how the hospital's already overworked trauma unit will cope with an expected flood of patients this festive season.

She said in an interview yesterday that the unit was busier now than any previous Easter, New Year or Christmas period and contingency plans for extra medical back up were being considered.

"Unfortunately most medical students who could help us out are on holiday. The public must be warned that unless these numbers are reduced patients may well not be able to get the care they need," she said.

"We anticipate a bad weekend and our resouces are stretched to their limit. We just don't have the doctors and nurses to deal with the number of patients," she added.

"Society has just become so violent — it's a kind of mass suicide."

The trauma unit, which handles all accidents, assaults and other emergencies was swamped with nearly 500 patients the weekend before last. This indicates a 50% increase compared to a normal weekend and resulted at one stage in both Tygerberg Hospital and Groote Schuur turning away trauma patients for three hours.

She said the new trauma unit at the hospital was functioning, but not to capacity, due to the staff shortage.

Chief superintendant at Tygerberg Hospital, Dr J G L Strauss, confirmed that the hospital was excessively busy and had been so over a long period of time.

"Our staff is maximally busy and we can't see any more patients than we are doing now," he said.

Dr Strauss said that Tygerberg ran one of the busiest trauma units in the Cape and had to "close up" to deal with the load from time to time.

Meanwhile, in response to the dramatic increase in violence in the city, the Mayor of Cape Town, Mr Gordon Oliver appealed to residents to celebrate a peaceful Christmas.

"I want to appeal to all Capetonians and visitors to celebrate the festive season by considering the needs and feelings of other people and to avoid violence and aggression, to limit alcohol intake, to observe road safety requirements and generally to celebrate in a spirit of love and harmony," he said.

Picture: ANDREW INGRAM, The Argus.

PROTEST BANNERS: Chanting City Park Hospital workers and union members demonstrate outside the hospital in support of 113 workers dismissed in August.

Dismissed hospital workers stage city protest march

argus 14/12/89 98

By STEWART ALCOCK
Staff Reporter

ABOUT 200 chanting City Park Hospital workers and union members, waving banners and placards demanding a "living wage", marched through Cape Town in support of 113 workers dismissed in August.

Yesterday's march was called by the National Education, Health and Allied Workers' Union, whose representatives presented a petition listing the dismissed workers' grievances to City Park Hospital manager Mr Alan Matthews.

They have had no financial support since their dismissal on August 22 for striking over claims of low pay and poor working conditions.

The union claimed that since their dismissal the management had stalled attempted reconciliation talks.

The march was organised when the latest talks, due to be held with a representative of the hospital's executive committee next Monday were postponed until January.

The hospital claimed there were no flights available from Johannesburg for executive committee members, the union said.

Mr Matthews declined to comment on the dispute.

The march, sanctioned by the chief magistrate of Cape Town, started at St George's Cathedral and proceeded to the hospital.

Four union representatives were allowed into the hospital to present their petition to Mr Matthews.

The petition was signed by hundreds of workers and union supporters, including at least 60 doctors who are members of the National Medical and Dental Association, demanding reinstatement of all the workers and a living wage.

An association spokesman described the pay as "starvation wages".

"The way the administration has handled this episode reflects badly on the whole medical profession," said association chairman Dr Stanley Levenstein.

He said the least they were asking for was immediate negotiations between the hospital and the dismissed workers.

Specialists likely to quit Rand hospital

Cape Times 18/12/89

Own Correspondent

JOHANNESBURG. — The J G Strijdom Hospital is expected to be left with only five of more than 40 specialists and senior doctors when Witwatersrand University withdraws on January 1, informed sources said.

Wits medical school dean Professor Clive Rosendorff said all of about 35 registrars (trainee specialists) would be transferred to academic hospitals.

When the government changed the hospital's status from academic to regional, Wits agreed to stay to the end of the year.

Appeals to restore the hospital to general affairs and academic status failed.

The hospital's superintendent, Dr Chris Visagie, said there was no threat that the hospital would be forced to close next year.

Non-racial Aids clinic for hospital

Argus 20/12/89

98

The Argus Correspondent

DURBAN. — The city's first non-racial Aids clinic has been established at Addington Hospital as shocking new figures show that over 1 000 people in Natal are HIV-positive while 61 people have developed full-blown Aids — more than double the figure recorded in January.

Addington's Chief Medical Superintendent, Dr Patrick Fitzgerald, confirmed that a clinic has been established in the hospital, and had opened last week to provide free Aids tests and counselling to the general public.

Although only one person has visited the clinic since it opened, Dr Fitzgerald said he expected more people to come as they got to know about it.

The latest figures published by the Department of Health reveal 310 full-blown Aids cases had been recorded in South Africa by October this year.

In January there were 300 carriers and 28 cases of full-blown Aids on record in Natal.

Dr Fitzgerald said it was not the number of Aids cases treated at Addington which prompted the establishment of a clinic, but the need to treat Aids on an ongoing basis.

"We felt it was not enough to simply test someone for Aids, treat them and send them away," he said. "People with Aids require some kind of counselling and we needed to have staff specifically geared towards treating the Aids patient as a whole. The medical staff in this clinic are just such people."

Anyone requiring help in dealing with Aids may contact the clinic.

National Aids Advisory Group member Professor Dennis Pudifin welcomed the establishment of the clinic.

He said a particularly good aspect was that some of the medical staff involved had worked with Aids patients before.

Angry protest stops relocation of homeless

Nurses flee blaze at Hillbrow Hospital

STAR (98) 21/12/89.

Staff Reporters

Pandemonium broke out at the Hillbrow Hospital in Johannesburg shortly after midday yesterday when the top floor of the nurses' residence caught fire.

About 70 black Hillbrow Hospital staff members — who were rendered homeless as they fled the blaze — were allowed to sleep in a Johannesburg Hospital residence last night, but only after staging a protest about the alternative accommodation offered.

As the alarm was given, night-shift nurses who had been sleeping escaped wearing only their nighties.

Patients in a nearby cancer ward were evacuated as the blaze gutted the third floor, causing the roof to collapse.

Within minutes of the alarm being sounded, 35 firemen from four fire stations were on the scene.

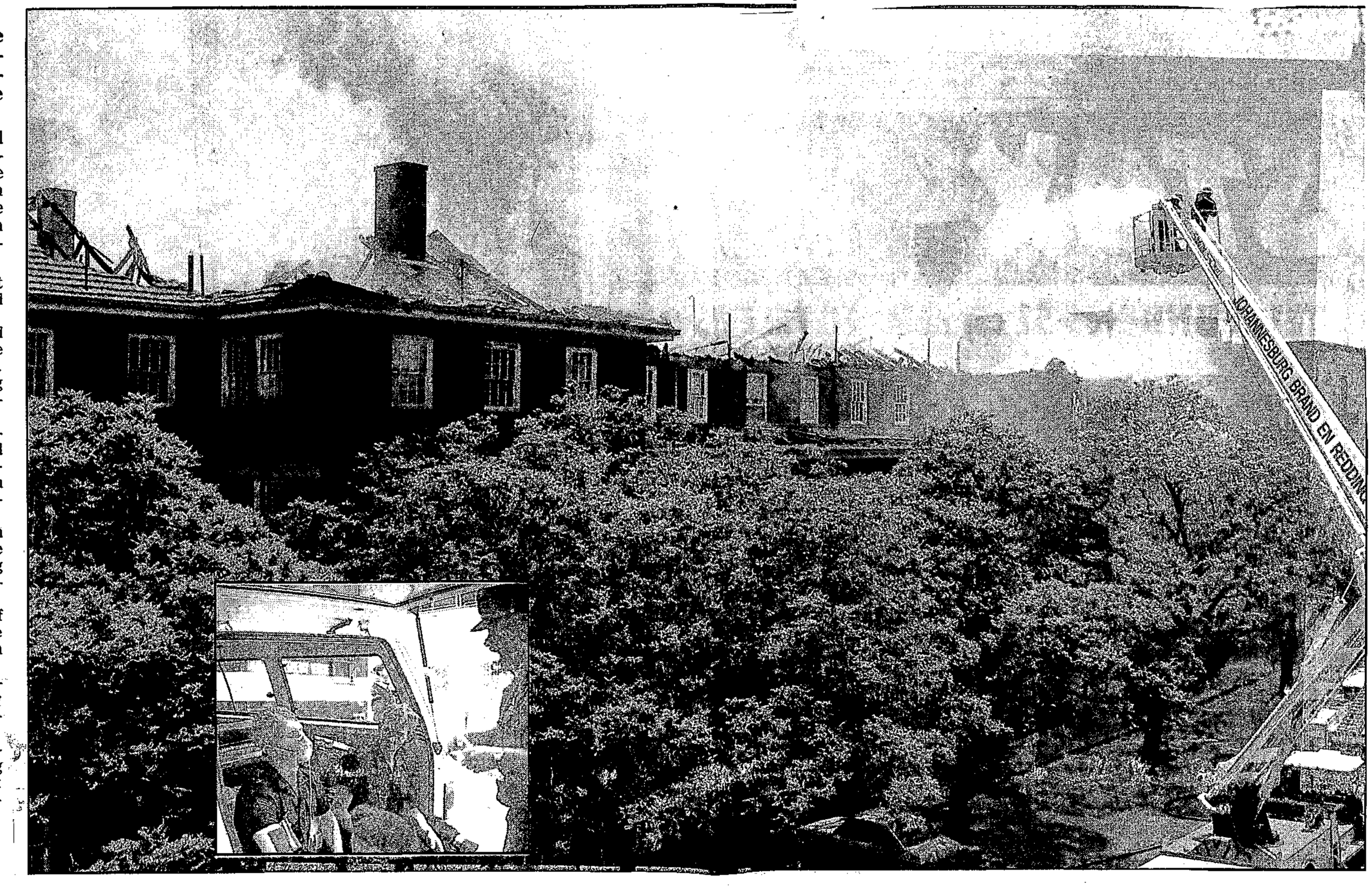
They battled for more than 30 minutes to control the flames and smashed down part of a wall in an adjoining building in an attempt to reach the fire, which caused damage estimated at R200 000.

Windows were broken and firemen with ladders rescued nurses. No one was hurt but victims had clothing scorched and were shaken and weeping.

Staff from the east block, many of whom lost all their possessions, were initially told to sleep at Baragwanath Hospital.

Determined not to go to Baragwanath they staged a sit-in in a Hillbrow Hospital canteen last night, some resorting to sleeping on the tables.

The deputy superintendent, Dr Trevor Frankish, today confirmed opening empty rooms in the the Fitzpatrick residence to the homeless nurses, radiographers, paramedics and clerks.



Roof devoured . . . 35 firemen arrived at the Hillbrow Hospital nurses' residence minutes after flames were spotted yesterday. They had the blaze under control in half an hour. INSET: Firemen Leon Rheeder (left) and Pieter Koch are treated for smoke inhalation and heat exhaustion. ● Pictures by Etienne Rothbart and Hesbert Mabuza.

'Difficult situation'

"We were faced with a difficult situation, it was late at night, there were people without homes and we offered them rooms."

Senior officials from the Transvaal Provincial Administration head office were today investigating the night's events but a spokesman said he could not comment until he had all the facts.

It is not certain if all the victims were housed in the Fitzpatrick Residence, but Dr Frankish said he took in all those who arrived.

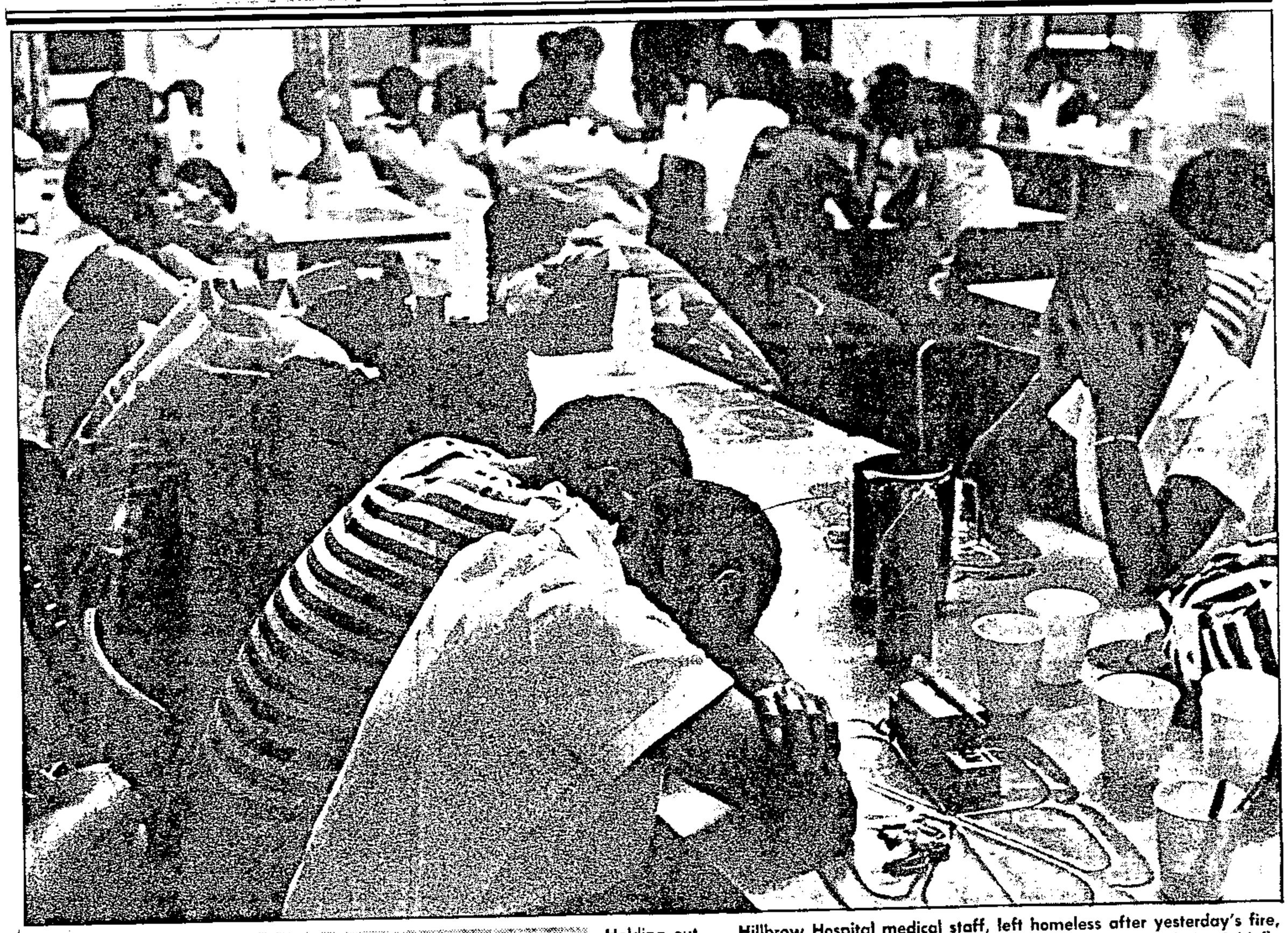
Hillbrow Hospital fire victims said the authorities had shown them no compassion and offered inadequate accommodation at faraway Baragwanath when there were empty rooms at the Johannesburg Hospital which was within walking distance.

At 10.45 pm — nearly 11 hours after the fire — Dr Aslam Dasoo, a member of the Health Workers' Congress, told the fire victims they could go to the Johannesburg Hospital for the night.

However, when they arrived at the residence they were barred by security officers and only allowed in after a tense telephone conversation between one of the protesters, Dr Norman Dubazana, and Dr Frankish.

Angry nurses told The Star they had no family with whom they could stay and were angry at the "lack of compassion" shown.

Although the building was insured it is understood the staff's personal belongings are not covered.



Holding out . . . Hillbrow Hospital medical staff, left homeless after yesterday's fire, stage a sit-in in a canteen last night in protest at alternative accommodation initially offered by the hospital authorities. ● Picture by Ken Oosterbroek.

Homeless after blaze

Friend's screams saved my life, says Anna

Staff nurse Miss Anna Matsose (25), tearful and wearing only her dressing gown, described how a friend had rushed into the room where she was sleeping at the nurses' residence at Hillbrow Hospital yesterday and screamed at her to wake up as a fire blazed only metres away.

The blaze gutted the third floor, causing the roof to collapse.

"I had come off nightshift at 7 am," said Miss Matsose.

"I was fast asleep when I suddenly heard Bessie screaming that the building was on fire. I had time only to grab a dressing gown and my handbag.

"The corridor and stairwell were already full of smoke and the fire was spreading.

"I ran down the stairs choking on the smoke. If it hadn't been for Bessie I would still be inside," Miss Matsose said.

"Everything I owned was in that room. It's all been burnt."

Mrs Crazzy Sithole, a cleaner who moves about on crutches, said: "I heard people shouting 'Fire! fire!' while I was busy with my chores.

"I said a prayer and thought of my children.

"People were climbing out through broken windows. I could not follow as I am on crutches.

"A colleague carried me down the stairs on his back. When I reached the ground I said thank God."

Ms Alice Medi, a nursing sister, said: "I heard a lot of noise and looked out to see smoke. When I looked up I saw fire coming from the top of the building."

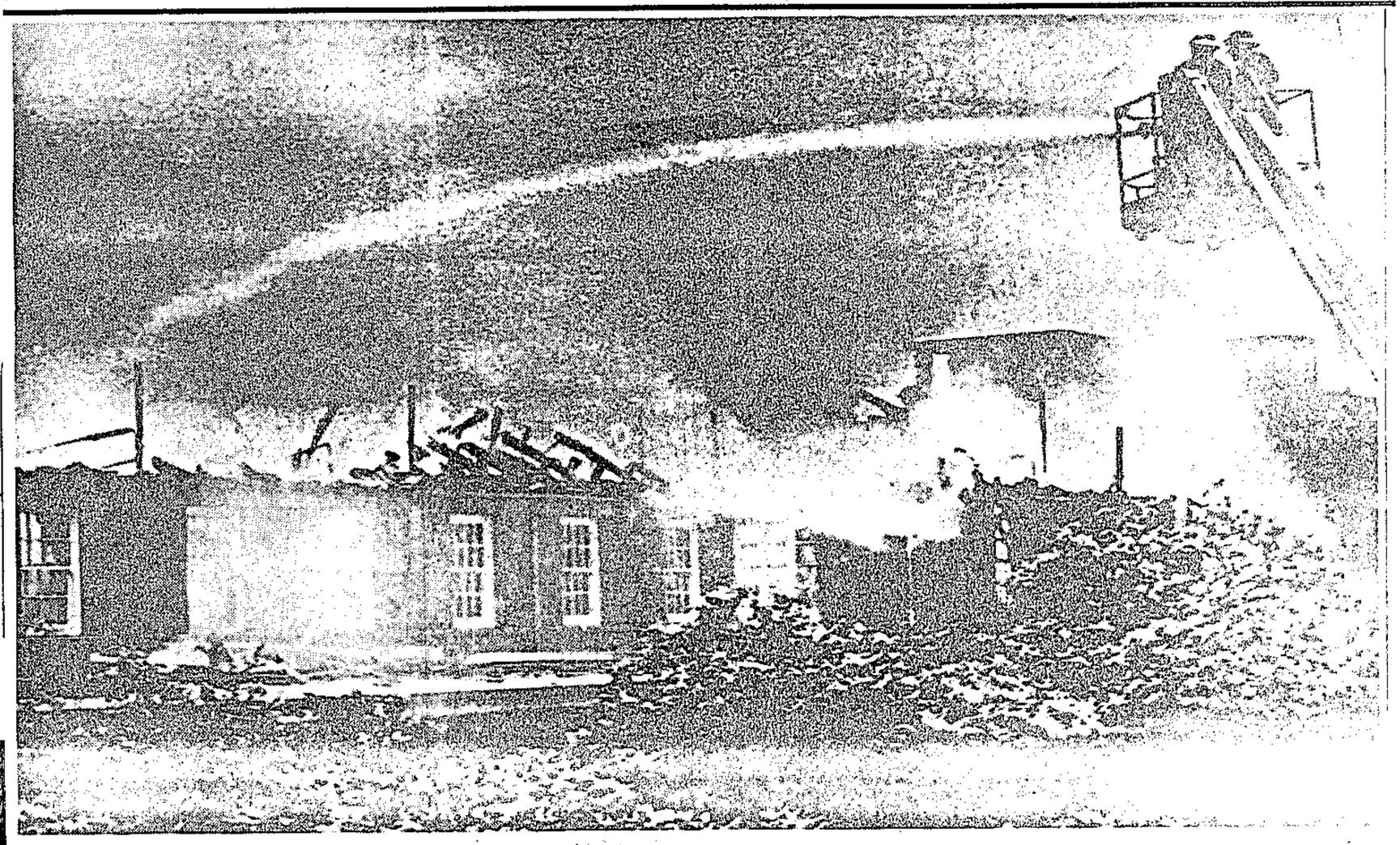
Another nurse said she had been trapped in the lift for about 15 minutes.

The director of hospital services, Mr J Olivier, said temporary accommodation had been provided at Baragwanath Hospital for 140 nurses.

STAR 23/12/89 (98)

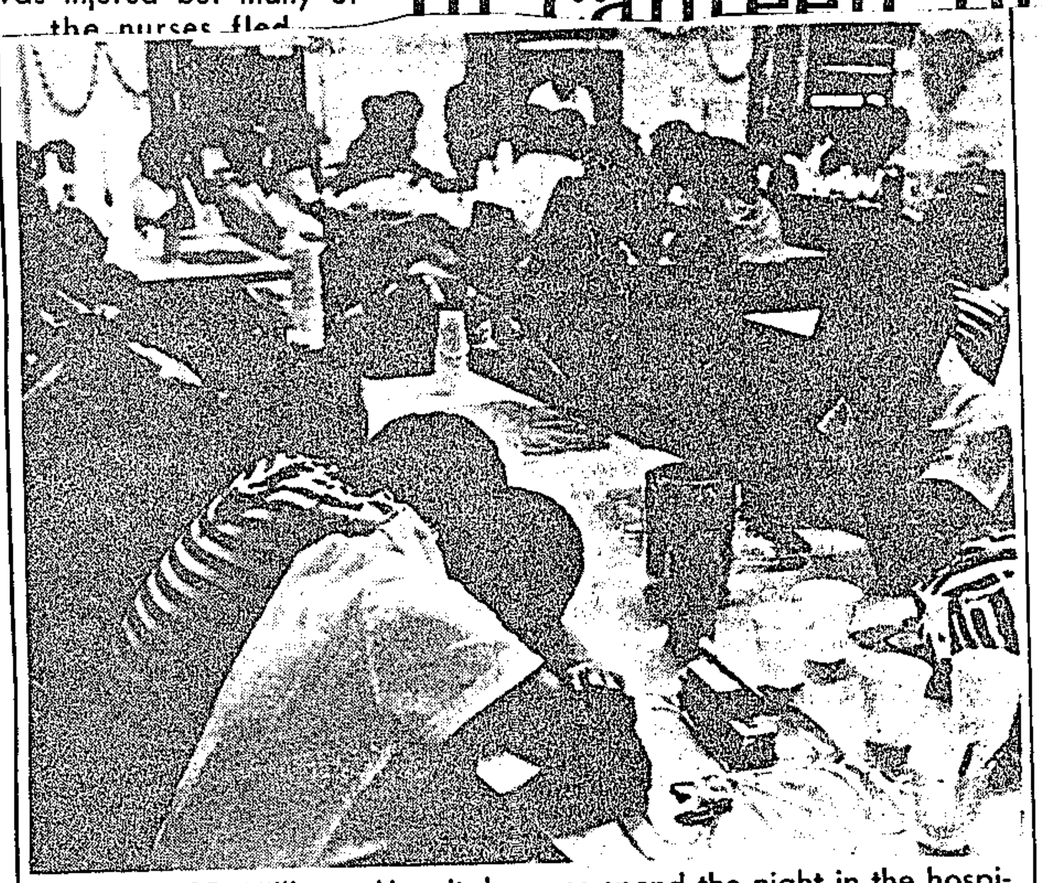
(89) (98) (01)

ARGUS 28/12/89



FIRE: Firemen fight the fire which destroyed a floor of the Hillbrow Hospital's nurses' residence. No one was injured but many of the nurses fled.

Nurses' home fire victims in canteen protest sit-in



HOMELESS: Hillbrow Hospital nurses spend the night in the hospital canteen after being refused accommodation in the whites-only section of the nurses' residence after their section was destroyed by fire.

JOHANNESBURG. — About 70 black Hillbrow Hospital staff who were left homeless after their quarters were destroyed by fire were allowed to sleep in a Johannesburg Hospital residence last night after protesting about alternative accommodation.

Staff from the Hillbrow Hospital east block, many of whom lost all their possessions in the fire, were told to sleep at the Baragwanath Hospital, Soweto. Determined not to go to Baragwananth, they staged a sit-in in a Hillbrow Hospital canteen last night.

The deputy-superintendent of the Johannesburg Hospital, Dr Trevor Frankish, today confirmed opening empty rooms in the the Fitzpatrick residence to the homeless nurses, radiographers, paramedics and clerks late last night.

LATE AT NIGHT

"We were faced with a difficult situation. It was late at night, there were people without homes and we offered them rooms," he said today.

Senior officials from the Transvaal Provincial Administration head office were today investigating the night's events but a spokesman said he could not comment until he had all the facts.

Hillbrow Hospital fire victims said the authorities had been shown them no compassion and offered inadequate accommodation at faraway Baragwanath when there were empty rooms at the Johannesburg Hospital which was in within walking distance.

At 10.45pm, nearly 11 hours after the fire, they were told they could go to the Johannesburg Hospital for the night.

Probe into barring of nurses from hospital residence

TRANSVAAL MEC in charge of health services Fanie Ferreira said yesterday a departmental investigation would be launched to ascertain why hospital staff affected by Wednesday's fire at Hillbrow Hospital were initially denied accommodation at the Johannesburg Hospital nurses' residence.

About 70 black staff members left homeless by the fire were only allowed into the Johannesburg Hospital at midnight when acting superintendent Dr Trevor Frankesh disregarded instructions from the department and gave them shelter for the night.

Ferreira said at a Press conference: "As far as I am concerned Dr Frankesh

DAVE LOURENS

was correct to allow the people in."

Hospital Services chief director Dr S J Cronje could not identify the official responsible for issuing the order to bar the evacuees from Johannesburg Hospital and send them to Baragwanath.

He said at the conference: "With everything happening so fast decisions were made by various people. In the confusion these decisions were not properly co-ordinated."

A spokesman for the 40 black nurses who work at Johannesburg Hospital, but have to live at Hillbrow Hospital, said: "People who work in a hospital should be accommodated there. But the black nurses who work in the Johannesburg Hospital are by law not allowed to live there."

MDM spokesman Cas Coovadia said the MDM was not surprised at the decision not to allow entrance.

He said: "It is ironic that at a time when President de Klerk is talking about reconciliation black health workers are barred from being accommodated at a hospital residence purely on the basis of apartheid.

"It is all very well releasing black leaders and saying apartheid is dead but it is obviously alive and well at the grassroots level where it affects people on a day to day basis," he said.

He said the authorities' action left the MDM no choice but to intensify their campaign to eradicate racist laws and the campaign against segregated health services would resume in the new year.

Ferreira responded: "It is unfortunate if people are going to use this fire to make an issue. We are not going to get anywhere by making issues of the situation."

He confirmed Johannesburg Hospital residences were for whites only.

Ferreira said: "As far as the residents are concerned everything is now under control. We ae convinced they will be properly taken care of."

Fanie Ferreira, left, and Dr Trevor Frankesh at yesterday's Press conference on the hospital fire row. Pictures: ROBERT BOTHA

Star 29/12/89 98

MDM promises to step up defiance campaign

TPA to investigate bar on black nurses

By Dawn Barkhuizen

Transvaal provincial health authorities have launched an internal investigation into events which led to black staff from the Hillbrow Hospital being refused accommodation at empty whites-only Johannesburg Hospital residences on Wednesday after a fire.

The MEC for Health Services, Dr Fanie Ferreira, yesterday bowed to demands by Hillbrow Hospital staffers that they again be accommodated in the Johannesburg Hospital's Fitzpatrick Residence — although he said most of the burnt building was safe for reoccupation.

Dr Ferreira said a current investigation into the running of the Johannesburg Hospital and its policies would be speeded up.

A representative of the SA Health Workers Congress (Sahwco), Dr Aslam Dasoo, said yesterday the incident had prompted the Mass Democratic Movement to extend their defiance campaign in the health sector. Mass support was being generated under the banner of the National Education, Health and Allied Workers Union (Nehawu) and Sahwco.

Mr Cas Coovadia, a spokesman for the southern Transvaal Defiance Campaign Committee, said: "This latest folly on the part of the authorities proves our point that the struggle must be intensified and the defiance campaign will thus be intensified at all levels in the new year."

This year the MDM staged acts of defiance across the country against segregated hospitals, parks and swimming pools.

The Hillbrow Hospital staffers, who were rendered homeless by Wednesday's fire, threatened to march on the Johannesburg Hospital yesterday should they again be barred from using empty rooms.

Dr Oupa Mpe, chairman of the Hillbrow Hospital Residents' Committee, accused hospital authorities of being blatantly racist.

Refused

After the fire staffers refused an offer of accommodation at Baragwanath or the suggestion that Hillbrow Hospital patients be reshuffled and wards be made available.

Only after staging a sit-in did they manage to persuade the Johannesburg Hospital acting superintendent, Dr Trevor Frankish, to give them beds.

Yesterday Dr Dasoo dismissed as "ludicrous and inhuman" a statement by Dr Ferreira that most of the residence was safe and could be reoccupied by 132 of the 150 residents. "The residence is a death trap with no fire escape. It should have been condemned a long time ago — it is amazing there was no loss of life."

Dr Ferreira however, said the building was sturdy and only the top section of block E, housing 18 people, would be closed off.

Electricity and water to the adjoining blocks B, C and D had been restored and the rooms were safe and had not been damaged.

At a press conference yesterday Dr Ferreira would not deny or acknowledge claims that a high-ranking official had refused to allow the homeless to stay in empty rooms in the Fitzpatrick Residence after the fire and had insisted that they spend the night at Baragwanath Hospital.

He said: "I am aware of the shock caused, but hope with co-operation we can restore things to normal. It would be very unfortunate if a fire were to result in MDM action.

"On the surface things might seem bad, but at the end of the day the people were accommodated." The authorities wanted to help.

Most residents had been inconvenienced for one night.

Only five in E block had lost possessions. Accommodation had been arranged for them and the 13 others living in that section.

Hospital authorities would also attempt to assist those who had lost possessions in the fire.

Dr Ferreira said initial investigations pointed to the fire starting in a bedroom.

Star 30/12/89.

We stay put, say defiant 'Brow nurses

Blacks displaced by fire declare hostel nonracial

MEDICAL personnel and health workers from Hillbrow Hospital have announced their intention to occupy the white nurses' residence at Johannesburg Hospital on a permanent basis — but the Transvaal Provincial Administration says accomodation is available for them at Hillbrow Hospital.

Following Wednesday's fire that destroyed parts of the nurses' quarters at Hillbrow hospital, about 70 people were accommodated at the Johannesburg Hospital on a temporary basis.

A joint statement from the SA Health Workers Congress (SAHWCO) and the MDM said they took the attitude the residences were *de facto* desegregated.

All the residents from Hillbrow Hospital would be moving into the Johannesburg Hospital quarters — with the "fullest support" of whites already residing there. A petition was also circulating in the Johannesburg Hospital to this effect, a SAHWCO spokesman, Dr Aslam Dasoo, said.

He added that they would "resist strenuously" any attempts that were made to remove them from the Johannesburg Hospital premises.

'No right'

MEC for TPA hospital Services in the Transvaal, Mr Fanie Ferreira, said yesterday the residents were using the fire to create a political issue and they "have no right to to be there (at the Johannesburg Hospital quarters)."

"It is unfortunate they have adopted this attitude because the Hillbrow facility is there for them.

"As soon as we are officially informed of their attitude we will go through official processes of talking to them — but they will be illegally occupying the residence. There is no reason for them insisting they stay there."

The SAHWCO/MDM statement said it was a political issue from before the fire "from years of being

tal, about 70 people were accommodated at the Johannesburg Hospital on a temporary basis.

A joint statement from the SA Health Workers Congress (SAHWCO) and the MDM said they took the attitude the residences were *de facto* desegregated.

All the residents from Hillbrow Hospital would be moving into the Johannesburg Hospital quarters — with the "fullest support" of whites already residing there. A petition was also circulating in the Johannesburg Hospital to this effect, a SAHWCO spokesman, Dr Aslam Dasoo, said.

He added that they would "resist strenuously" any attempts that were made to remove them from the Johannesburg Hospital premises.

'No right'

MEC for TPA hospital Services in the Transvaal, Mr Fanie Ferreira, said yesterday the residents were using the fire to create a political issue and they "have no right to to be there (at the Johannesburg Hospital quarters)."

"It is unfortunate they have adopted this attitude because the Hillbrow facility is there for them.

"As soon as we are officially informed of their attitude we will go through official processes of talking to them — but they will be illegally occupying the residence. There is no reason for them insisting they stay there."

The SAHWCO/MDM statement said it was a political issue from before the fire "from years of being forced to live in sub-standard accommodation while our white counterparts were accorded the luxuries of the finest, safest and most modern residences".

Mr Ferreira said there were clerks and others amongst the health workers who were not entitled to stay in the Johannesburg Hospital residences.

"We will have to speak to them ... if resistance does carry on, we will have to convince them of the rules."

'Utter contempt'

He said the Johannesburg Hospital was under investigation and any action taken now may prejudice the findings of a report which is expected early in the new year.

The MDM and SAHWCO said they "reject with utter contempt" the TPA assurances that the issue of hospital apartheid was under review.

"Our demands will not be buried in some departmental subcommittee, but the challenge will be open, forthright and uncompromising."

Asked if there was a possibility the residents might be evicted from the Johannesburg Hospital residences, Mr Ferreira said it would be premature to say so now as it might prejudice future negotiations.

He added he would like to give both sides — administrators and health workers — a chance to put their case and solve the issue amicably.

Democratic Party co-leader and MP for Parktown, Dr Zach de Beer, said yesterday that if the authorities refused to open the nurses residences at Johannesburg Hospital to all nurses regardless of race, then President F W de Klerk and his Government remained committed to apartheid.

Test of sincerity

He believed the hospital issue was a practical test of Government's sincerity.

"Pik Botha (the Foreign Minister) says apartheid is no longer their policy. If he is correct, then every consideration of humanity, equity, good medicine, and financial sense demands that the residences be made available to all nurses regardless of race."

Meanwhile, a Johannesburg Hospital spokesman confirmed the hospital superintendant, Dr Trevor Frankish, has been handed a petition from white hospital staff in support of demands that nurses from Hillbrow Hospital be accomodated at residences at the Johannesburg Hospital. — Sapa.

Row continues over hospital staff housing

JOHANNESBURG. — The Transvaal Provincial Administration (TPA) had told "non-white" health workers from the Hillbrow Hospital they can stay at the white residences at Johannesburg Hospital for seven days, a SA Health Workers' Congress (Sahwco) spokesman, Dr Aslam Dasoo, said yesterday.

After that they will have to move out.

But the Mass Democratic Movement (MDM), Sahwco and the health workers considered themselves de facto residents at Johannesburg Hospital and plan to stay permanently, Dr Dasoo said.

This follows Wednesday's fire at Hillbrow Hospital nurses' residence, after which the residents rejected accommodation at Baragwanath or in the hospital wards.

The TPA says accommodation is now available at Hillbrow Hospital, but the nurses, doctors, radiographers and clerks reject it as "unsafe and uninhabitable".

Democratic Party co-leader Dr Zach de Beer said if the authorities refuse to open the nurses' residences at Johannesburg Hospital to all races, President F W de Klerk and his government remain committed to apartheid. — Sapa

Why I let black nurses sleep in white hostel, by hospital chief

THE hospital chief who said no to officialdom this week reckons it was "no big deal".

Dr Trevor Frankish, acting superintendent at Johannesburg Hospital, ignored an order banning black Hillbrow Hospital staff from sleeping at his hospital's "white" staff quarters after their own rooms had been gutted in a R200 000 fire.

"It was late at night, there were people without homes and we gave them rooms," he said.

The order came from the Transvaal provincial hospital authorities, and staff at Hillbrow Hospital believe it was given because blacks sleeping in white residences would be against the Group Areas Act.

Earlier in the day the TPA authorities had agreed that the homeless doctors, nurses, radiographers and other vital health workers could sleep in empty rooms at the white hospital residences.

Later provincial authorities said staff members had to sleep at Baragwanath, a 30-minute ride away from work. They refused.

High-ranking staff at both Hillbrow Hospital and at the TPA claim not to know who was responsible for that instruction.

By GWEN GILL

Star 31/10/89

But the Transvaal's MEC in charge of hospitals, Mr Fanie Ferreira, said "it was probably a deputy director who'd already made arrangements for staff to be accommodated at Bara.

"When they've made that kind of decision, they tend to stick to them."

About 40 of the staff refused beds at Johannesburg Hospital before Dr Frankish stepped in actually work at the "white" hospital!

Angry

But they are not allowed to live there because the provincial hospital authorities enforce the Group Areas Act.

"Here I am with nothing but the clothes I stand up in, and the place where I work won't even let me sleep there after going through this terrible ordeal," said one sister who did not want to be named.

She was speaking at an angry staff meeting at Hillbrow Hospital on the night of the fire.

Staff who have long complained about their living conditions and are now calling them "unsafe and uninhabitable" staged a sit-in at the hospital cafeteria because they still had nowhere to sleep and had not been able to bathe or change after coming off duty.

At about 11pm Dr Frankish agreed to let them stay at his hospital.

98

Mr Ferreira later admitted that he had done the correct thing.

Many of the staff are now saying they won't leave the Johannesburg Hospital residence.

On Friday the TPA said they could stay for only a further seven days.

But, says, S A Health Workers' Congress spokesman Dr Aslam Dasoo: "If they want us to move out, they will have to use force."

Mr Ferreira has promised a look at the who-stays-where policy.

"We're living in a new atmosphere in this country and I hope we'll resolve all the problems of accommodation."

Democratic Party leader Zach de Beer said the hospital issue was "a test of the Government's sincerity."