

HEALTH & DISEASES - CLINICS & HOSPITALS

1994

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Strike Sowetan 6/1/94 stayed

By Mzwandile Jacks

A STRIKE by more than 1 300 workers at Sebokeng Hospital was yesterday partially averted when the Transitional Executive Council promised to give the "matter necessary attention" (9/8)

However, workers embarked on a "skeleton" system with one person working in each department, including the Intensive Care Unit, casualty and X-ray sections.

The TEC promised to look into the payment of Department Specific Awards to certain staff members of the Transvaal Provincial Administration.

The workers' spokesman said if their demands were not met by yesterday afternoon, there would be no option left for workers but to commence a full scale strike today. He said hospital workers were under constant criticism from the community for not rendering adequate service.

"We are understaffed and lack enough equipment to execute our duties to the fullest as required of us, therefore the community has to be party to this programme of action," he said.

TPA goodwill gesture turns into R40m row

BIDAY 6/11/94

A GOODWILL gesture by the Transvaal Provincial Administration (TPA) to nursing staff who held the fort during the 1992 Baragwanath Hospital strike has backfired. The province's entire hospital workforce is now demanding similar payments.

Faced with an unexpected multimillion-rand bonus bill, and a strike at Sebokeng Hospital, the TPA has passed the buck to the Transitional Executive Council (TEC).

TPA director-general Len Dekker said the TEC Act had come into operation and the TPA was legally bound to refer strikers' demands to the TEC.

The National Education, Health and Allied Workers' Union (Nehawu) argues the Baragwanath workers should give up their R500 bonuses to stop the situation snowballing. "But that will be risky," assistant general secretary Bob Marley conceded.

Marley argued that the TPA's request to the TEC for R40m to paper over its mistake was misuse of public funds as the money would have to be drawn from funds allocated to patient care. He said the Sebokeng Hospital strike was not backed by the union, which was trying to prevent further

KATHRYN STRACHAN

strikes across the province before the TEC responded on January 14. (98) 357

He said Nehawu had warned the TPA of the possible outcome when people who had joined Baragwanath Hospital as "scab labour" during the strike also demanded the "departmental specific award" — given for special contributions in adverse and violent conditions.

Baragwanath staff who were on strike then claimed that by virtue of working in Soweto, they also qualified for the award. To avoid confrontation, the TPA responded by making the payout to all Baragwanath staff, which amounted to R5m.

Hospital staff across the province are now threatening to strike unless they are also given the award. Sebokeng Hospital took the lead with 500 workers going on strike yesterday. The TPA has asked the TEC for R40m to make the payout to workers throughout the province — but not all workers and not all hospitals will qualify.

Nehawu has warned that by discriminating between staff the TPA will only spark further protests.

NEWS Sebokeng staff want danger money ● Zambian minister quits over drugs

Hospital faces strike

Sowetani 5/1/94

By Mzwandile Jacks

ABOUT 1 300 Sebokeng Hospital workers who are on a four-day sit-in have threatened to go on strike today if their demands are not met.

Workers are demanding 15 percent on each worker's annual gross earnings and the slackening of overcrowding at the hospital.

Joint statement

In a joint statement, Hospital Employees Association, South African Nurses Association, Concerned Nurses of South Africa and National Education and Health Workers' Union, all organisations representing

workers at the hospital, further demand what they refer to as the Specific Departmental Award.

The Transvaal Provincial Administration yesterday said they held a meeting with workers on Monday.

The TPA said the matter had been referred to the Transitional Executive Council.

"The TPA wishes to call upon all the workers at Sebokeng Hospital to be patient and not place undue pressure on the TEC and the TPA to come to a decision."

Sacrifices

According to the workers' spokesman, the amount demanded should be

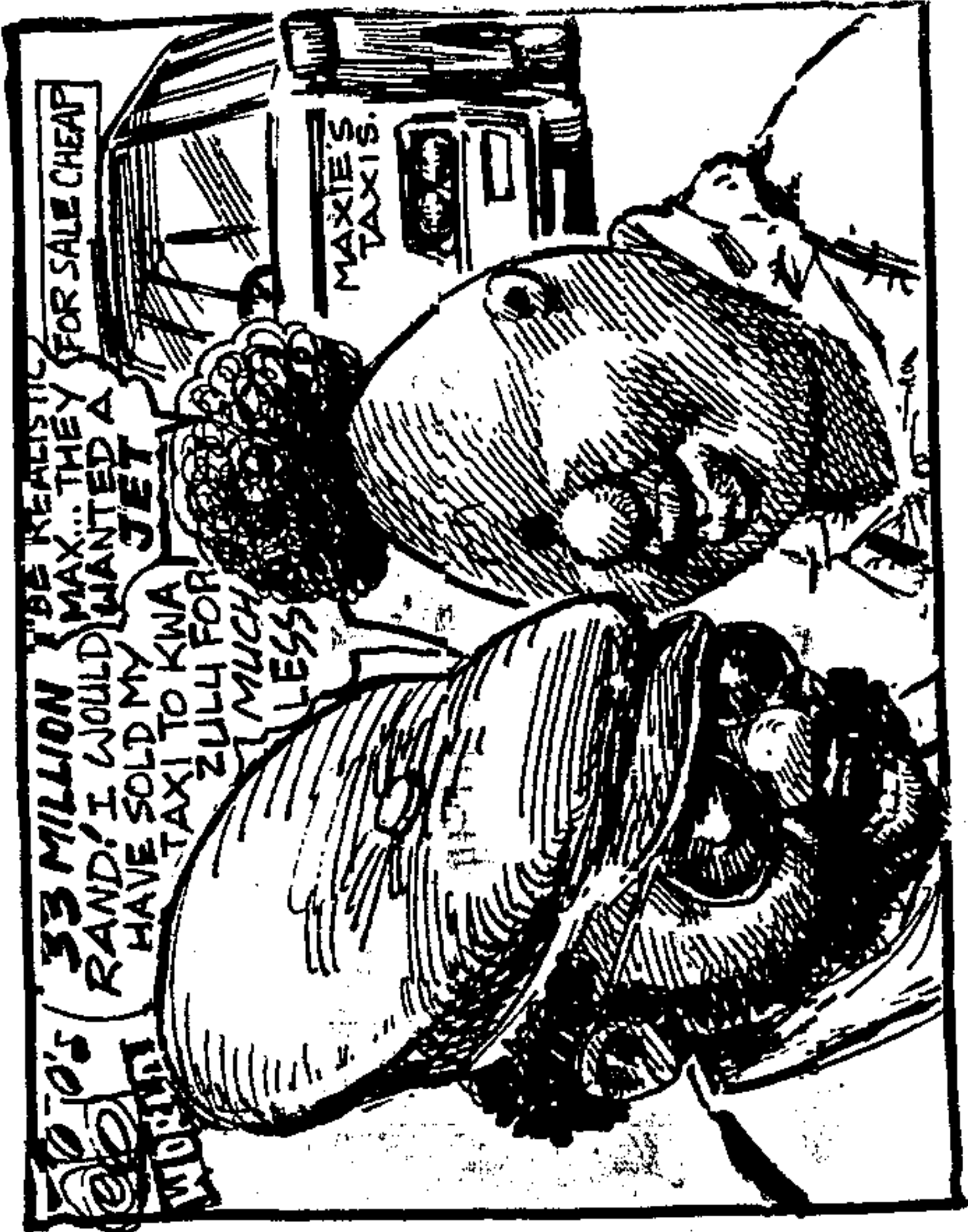
paid as a reward for the "sacrifices" they make especially during stayaways when there is no transport to work.

Abnormal conditions

He said the Vaal Triangle had been volatile since 1984 and the staff worked under abnormal conditions.

"The workforce has been travelling from a volatile area like Zone 7, Sebokeng. Some risked their lives travelling by train.

"Due to sense of duty and loyalty to serving our community, we neglected and sacrificed our lives by working abnormal hours and sleeping on the hospital premises so as to be on duty the following day."



CL

Day hospitals' staffs rewarded

CP 5/1/94 (98)
Staff Reporter

ALL staff of Cape Provincial Administration day hospitals in townships were given a one-off cash award last month in recognition of the service they rendered under "difficult and dangerous circumstances".

Regional director of CPA hospital services Dr John Moodie said yesterday a certain sum had been made available to CPA for this purpose.

"We were asked to put forward names of such people, and put forward each and every name of staff who work permanently at our day hospitals in townships. They worked under a lot of stress — they were harassed and shot at but they still went in every day and did the job," Dr Moodie said.

He said some staff who worked at Woodstock Day Hospital, like the drivers, had also been given the cash award as they had gone regularly into townships carrying staff and supplies.

"We also see the cash award as an incentive to keep the services going in the townships. We struggle to get doctors to work there. People are not that keen to risk their lives," Dr Moodie said.

Bara bungling sparks strikes

WM 28/1-3/2/94 (98)

On again, off again bonus payments at Baragwanath have caused resentment among hospital workers and wildcat strikes.

Ferial Haffajee reports

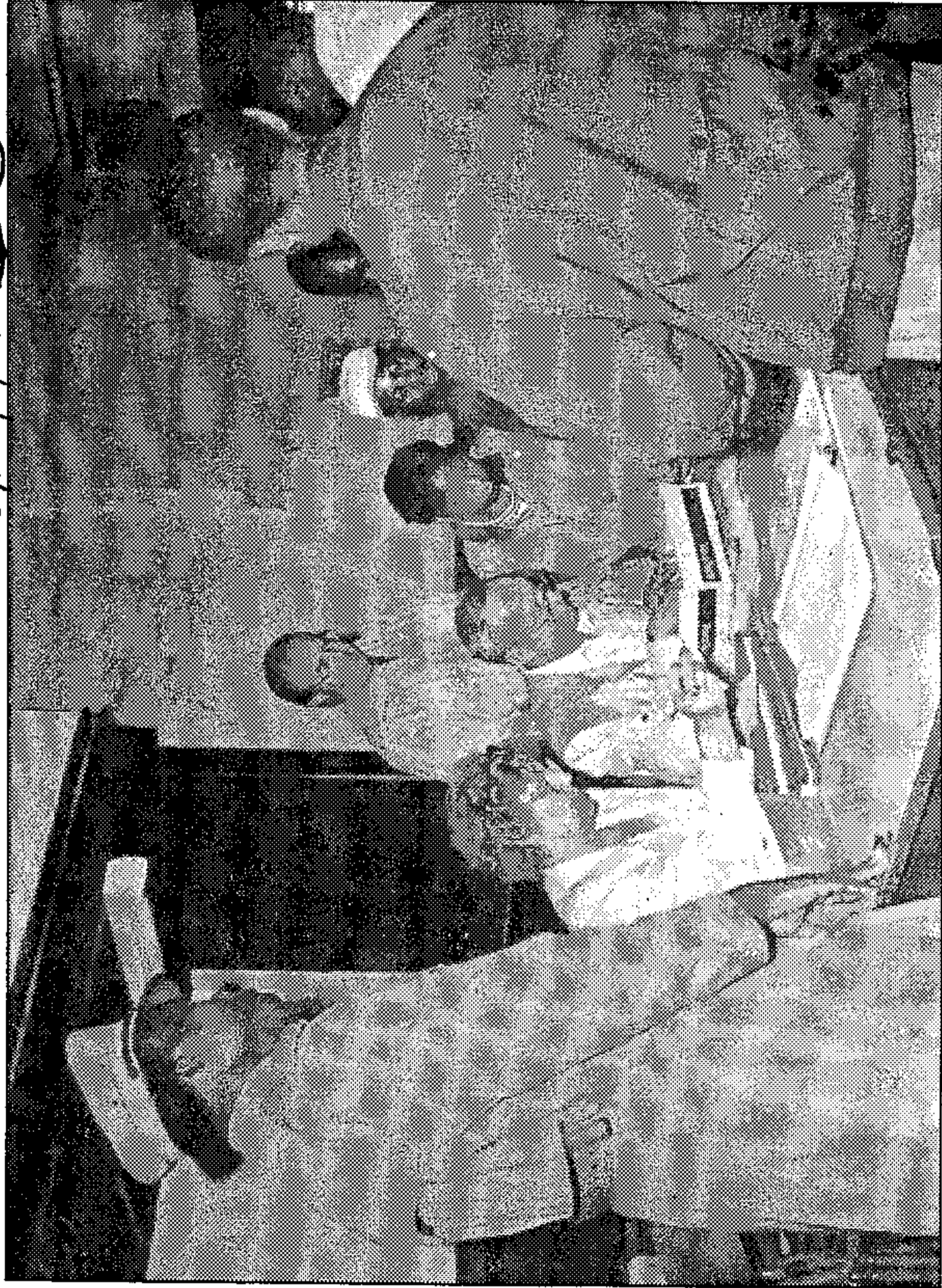
TRANSVAAL hospitals again lurched towards chaos this week as a wildcat strike by Baragwanath workers, sparked by selective bonus payments, spread to nine other hospitals in the province.

And a crisis agreement reached with Bara workers to end the strike last weekend is so flawed that it could mean further conflict later in the year. Industrial action snowballed and health workers' trade unions appeared powerless to stop it. At Leratong Hospital on the West Rand, workers held some staff members hostage and police threw a ring of steel around the building before bursting in and arresting strikers. It was also alleged that two intensive care unit patients died at the hospital through inadequate care.

Other affected hospitals were Baragwanath, Hillbrow, Johannesburg, Pholosoong (Brakpan), Ermelo, Sterkfontein, Tsepong (near Klerksdorp), Natalspruit, Secunda, Middelburg and Vanderbijlpark's Hendrik van der Bijl Hospital.

At the heart of the strike is a comedy of errors — or what one labour lawyer called "pre-Wiehahn labour relations". The strike was sparked by the payment of a R500 bonus to some Baragwanath workers by the Transvaal Provincial Administration, the retraction of that bonus and its eventual payment to all workers at the hospital. This has in turn ignited strikes at other institutions, where workers are demanding the bonus.

This week, the TPA began issuing warnings and threats of dismissals to



Payout ... Nurses and workers at Baragwanath Hospital queue to receive their R500 bonus cheques this week

PHOTO: RUTH MOTAU

strikers. But Philip Dexter, the general secretary of the National Education Health and Allied Workers Union (Nehawu) warned: "If they fire one worker, we take our gloves off. They (the TPA) initiated the problems. We told them not to make the payments in November."

Dexter added that disclosures of big increases for senior civil servants made it very difficult for trade union leaders to persuade their members to return to work.

The escalation of the dispute this week prompted the Transitional

Executive Council to appoint a commission of inquiry into a host of problems in the sector. These include "allegations of corruption, intimidation, poor industrial relations, employment of unqualified staff and strained race relations".

But a crisis agreement brokered by all players last weekend to end the immediate problem at Baragwanath hospital is flawed and may lead to further strike action later this year.

The agreement provides that all workers will return the money if an independent arbitrator decides that

the bonus was illegal. However, when Nehawu officials this week announced this part of the agreement, it was greeted with boos and jeers by Bara workers.

If the plans for the money of some Bara workers who received their cheques this week is anything to go by, it is going to prove a tall order to get the money back.

Dora Maloi, a cleaner at the hospital, said: "I am happy. I had to stay hungry and we lost our furniture", while Jacobeth Mabuka said "I'm going to pay lots of instalments".

Where have all the patients GONE?

CIPR 30/1/94

By KHANGALE MAKHADO

WHILE these beds were standing empty in Leratong Hospital near Krugersdorp this week, the Transvaal Provincial Administration appealed to the public to use private clinics and hospitals.

Full-scale strikes at hospitals in Lebowa and Gazankulu had resulted in an influx of patients to provincial hospitals - which, the TPA said, made it impossible for them to cope.

Health services in the Northern Transvaal were disrupted from last week as workers demanded the recognition of their union, the National Education, Health and Allied Workers' Union.

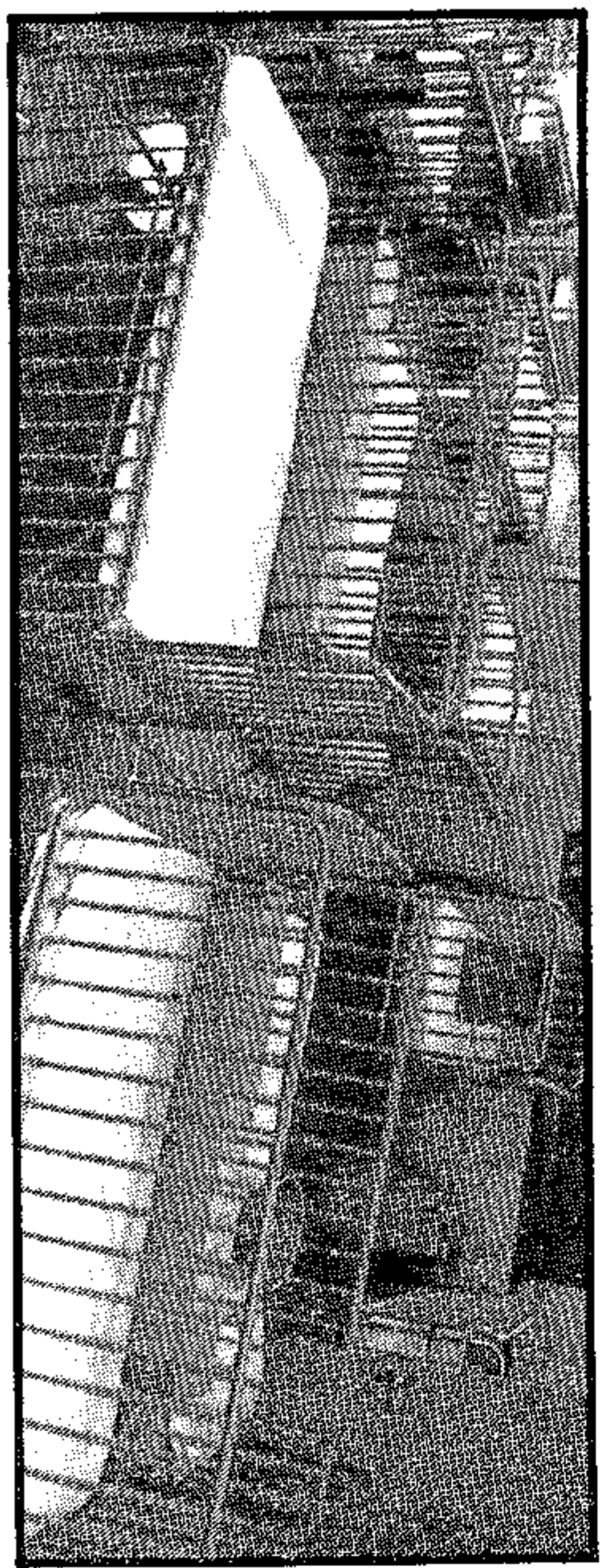
The TPA said this was in breach of an agreement reached between

them and employee organisations such as Nehawu and the Hospital Personnel Association, at a meeting at Baragwanath Hospital a week ago.

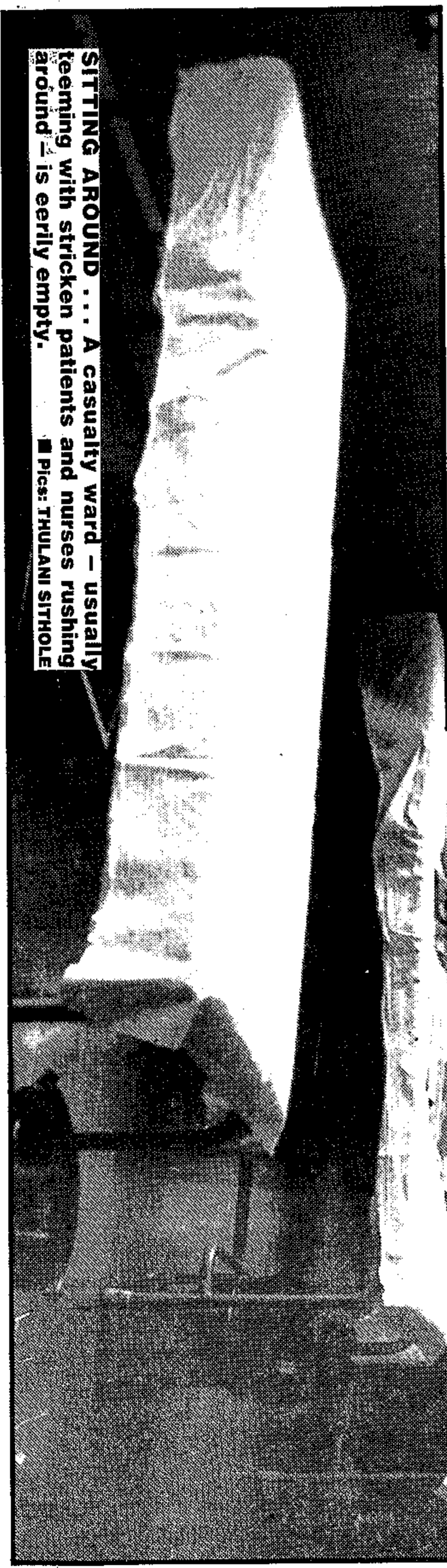
The parties had committed themselves to do their best to ensure that health workers in other institutions did not engage in any illegal industrial action concerning the payment of the R500 bonuses in dispute.

The entire Leratong Hospital staff marched to the TPA offices in Chamdor on Friday to demand the re-opening of their hospital, which was closed on Tuesday.

Although the TPA said that the hospital was reopened on Wednesday, all the patients evacuated had not been returned. When City Press visited the premises we were greeted by empty wards and idle staff.



KIDDIES' BEDS . . . Paediatric wards in Leratong Hospital remain empty.



SITTING AROUND . . . A casualty ward - usually teeming with stricken patients and nurses rushing around - is eerily empty. ■ Pics: THULANI SITHOLE

NEWS Cops search for stolen explosives

Nehawu denies TPA claims

Sowetan 28/1/94

By Mzimasi Ngudle

HEALTH workers yesterday dismissed as "blatant lies and cheap propaganda" claims that patients were dying because of the hospital strikes.

"Patients die every day in hospitals due to lack of adequate facilities, staff and medicines.

"Our grievances relate to these very deficiencies, misuse of resources, squandering of money and maladministration which continues daily," the National Education Health and Allied Workers said in its response to claims made by the Transvaal Provincial Administration on Wednesday.

The TPA claimed that at least two patients had died due to a strike at Leratong Hospital in Krugersdorp.

The strike was sparked off by a one-off R500 bonus initially paid to Baragwanath Hospital workers who complained about a heavy workload.

The strike spread to several other Transvaal hospitals where workers demanded similar bonuses.

"For the TPA to announce the death of people in this manner, despite the union initiative to put up skeleton staffs, is clearly opportunistic," Nehawu national organiser Mr Matthews Siko said.

Nehawu also warned the TPA not to "provoke confrontation that could lead to violence" (11-17) (98)

Siko said the TPA, despite the advice of the union and hospital management, decided to call in the Internal Stability Unit.

Siko said the TPA's threats to dismiss workers would only exacerbate the problem. He said the union was assisting in getting strikers back to work.

Siko said the union's lawyers were busy preparing for arbitration where a third party, agreed to by the union, TPA and other parties, would finally determine the dispute.

Union agrees to help run strike-hit hospitals

B/Day 28/1/94

PRETORIA — The National Education, Health and Allied Workers' Union (Nehawu) has agreed to help management run essential services at seven strike-hit hospitals in the Transvaal.

Sapa reports that Nehawu said it was "ready, willing and able to assist the management where any action breaks out to put staff in to ensure services continue. It is management's responsibility to inform the union of where this is necessary."

JACQUI GOLDING reports that the Transvaal Provincial Administration's directorate of communication services told Nehawu there were difficulties yesterday at the Ermelo, Hillbrow, Hendrik van der Bijl, Ontdekkers, Natalspruit, Leratong and Rietfontein hospitals.

"All hospital employees are rendering essential services. It is illegal, immoral and contrary to the agreement with Nehawu to strike pending the outcome of arbitration," said the TPA.

Nehawu and the TPA earlier agreed that independent arbitrators would decide on the R500 bonus paid to certain staff — the cause of the dispute — today.

Nehawu reiterated its warning that if there

were any dismissals, the union would "take its gloves off and teach the TPA another lesson in industrial relations".

Meanwhile, the NP yesterday accused the ANC of condoning the hospital strike and of disregarding the deaths of patients.

ANC spokesman Carl Niehaus said the organisation supported worker demands by Nehawu but was equally concerned about patient care. (17/9/94) (98)

The NP described the hospital crisis as "pathetic" and alleged the death of a patient in the QwaQwa hospital strike was the result of Nehawu members switching off the hospital's electricity.

The NP also said the union had lost control of its members.

Nehawu national organiser Matthews Siko said the TPA management was "incompetent, arrogant, insensitive to the people and incapable of ensuring services are delivered".

Nehawu called on the Health Minister, the MEC for Health, the Administrator of the Transvaal and the director-general to resign.

"If present management cannot solve the problems, let those who can enter the field," Siko said.

Doctor said don't move patient

Star 28/11/94

■ BY MONTSHIWA
MOROKE

A doctor at Leratong Hospital, near Krugersdorp, had warned authorities not to remove a very ill patient from the intensive care unit, hospital workers said yesterday.

The patient, identified by the Transvaal Provincial Administration only as M Makgetha (30), was certified dead on arrival at Paardekraal Hospital in Krugersdorp.

Makgetha was reported to have died on Tuesday during the evacuation of the hospital, "evidently as a result of inadequate patient care", the TPA charged this week.

A member of the hospital's workers' crisis committee told a report-back meeting on the hospital grounds that a doctor, whom he did not identify, had been against the transfer of the patient and had warned against such a move.

The National Education, Health and Allied Workers' Union (Nehawu) said yesterday that claims by the TPA that patients were dying due to the strike were nothing but "blatant lies and cheap propaganda".

"Patients die every day at hospitals due to the lack of adequate facilities, staff and medicines,"

the union said.

The TPA said it was experiencing difficulties at Ermelo, Hillbrow, Hendrik van der Bijl, Ontdekkers, Natalspruit, Rietfontein and Leratong hospitals, and requested Nehawu to comply with its offer to assist management to ensure that services continued. (98)

Patients from Leratong Hospital were transferred to the Coronation, Paardekraal and Kalafong hospitals after industrial action by staff to support their demand for the controversial one-off R500 bonus which was given to Baragwanath Hospital staff last year.

Staff at Leratong yesterday unanimously resolved to report daily to wards and other sections with the hope that management would return the patients and reopen the hospital "unconditionally".

The staff also said they would refuse to be transferred to other hospitals "because we were not responsible for the transfer of patients".

Many outpatients had been turned away at the gates by hospital security staff.

According to staff, family members of patients were still telephoning the wards to find out where their relatives had been transferred to.

Two die

Sowetan 27/1/94

in strike

By Mzimasi Ngudle and Sapa

TWO PATIENTS HAVE DIED at hospitals on the West Rand as a result of the strike by nurses and other workers, the Transvaal Provincial Administration announced yesterday. (98)

The TPA said that Mr N Makgetha (30) died in the intensive care unit at Leratong Hospital near Krugersdorp during the evacuation of patients from the hospital.

Another patient, Mr S Makomela (76), died shortly after his arrival at Paardekraal Hospital, also in Krugersdorp. The two hospitals have the same management.

A TPA spokesman said they had "learnt with regret of the death of two patients who evidently died as a result of inadequate patient care due to the strike at the hospitals".

National Education, Health and Allied Workers' Union spokesman Mr Phillip Dexter last night said the deaths could not be blamed solely on the strikers.

He said instead of finding solutions, the TPA was resorting to "malicious and detestable propaganda".

The TPA said patients were transferred to other hospitals after workers reportedly walked out of the wards, leaving patients without care.

Emergency medical teams were sent to the hospital to attend to the most serious cases.

Patients at Leratong Hospital have since been

transferred to other hospitals after workers joined other hospital workers who were on strike over demands for R500 bonuses which have been paid to nurses at Baragwanath Hospital in Soweto.

The TPA said 140 patients were transferred to Coronationville Hospital in Johannesburg and 249 to Kalafong Hospital in Atteridgeville, Pretoria.

About 10 hospitals in the Transvaal have been rocked by strikes, with workers demanding that they be paid the R500 bonuses initially paid at Baragwanath Hospital. Striking workers at Ermelo Hospital in the Eastern Transvaal reportedly attacked patients and two employees with knobkieries.

About 63 workers are on strike at Ontdekkers Memorial Hospital in Roodepoort. All general assistants went on strike at Hendrik van der Bijl Hospital in Vanderbijlpark in the Vaal Triangle.

Student nurses at Natalspruit Hospital on the East Rand are on strike, demanding a refund of their boarding fees.

Johannesburg Hospital was reported to be tense yesterday. Normal laundry services were disrupted by a strike.

Sebokeng, Middelburg and Baragwanath hospitals were reported to be calm and back to normal.

Hospitals in Lebowa have also been plunged into a crisis, with Seshego hospital workers joining the eight-day strike at four other hospitals in the homeland. Workers at the four hospitals — Mankweng, Groothoek, Mokopane and Jane Furse — are demanding that Nehawu be recognised.

● See pic on page 2.

Hospital strike claims lives

THE Transvaal Provincial Administration said yesterday two patients had died after receiving inadequate care in the strike-hit Leratong Hospital outside Krugersdorp.

The patients — aged 30 and 76 — had been found unattended in the intensive care unit of the hospital by an emergency medical team. They had died later in Paardekraal Hospital. *Biday*

National Education, Health and Allied Workers' Union (Nehawu) general secretary Phillip Dexter blamed the TPA for the deaths, saying the union had proposed using a skeleton staff during the strike.

Leratong Hospital, which has been closed, will remain evacuated until an agreement is reached on the dispute about R500 bonuses paid to workers last year.

The dispute has prompted widespread

JACQUIE GOLDING

strikes at Transvaal hospitals. Agreement was reached at the weekend that workers would return to work and independent arbitrators would meet to resolve the issue tomorrow. *27/11/94*

Yesterday the TPA issued ultimatums at two hospitals, ordering striking workers to return to work or face dismissal.

Sapa reports that strikers at Ermelo Hospital attacked patients and two staff members with knobkieries. The TPA said 36 people had been arrested. Workers had been warned to return to work or leave the premises. *(98)*

While staff returned to Baragwanath, Secunda and Middelburg hospitals yester-

To Page 2

Hospitals

Biday 27/11/94 From Page 1
day, workers at Vanderbijlpark's Hendrik van der Bijl Hospital failed to respond to the ultimatum, which gave strikers three days to get back to work. *(98)*

Dexter said if the TPA dismissed union members "there will be hell to pay".

"The wildcat actions and patient neglect at hospitals are not a result of full-blown strikes by our members, but are rather a reflection of worker anger towards the

TPA and its incompetent line of management," he said.

Nehawu Johannesburg branch secretary Siphwe Mabaso said the union was having difficulty selling the weekend's agreement to members.

Meanwhile, in Lebowa, health services at the Seshogo, Mankweng, Grootboek, Mokopane and Jane Furse hospitals collapsed as workers went on strike to back demands for promotion and recognition of Nehawu.

Strike: ⁹⁸ Patients in ICU die

CJ27/1/94

Own Correspondent

JOHANNESBURG. — As the TPA announced that two patients had died from inadequate care, two Transvaal hospitals were yesterday issued with ultimatums to return to work or face dismissal or disciplinary action.

The TPA said two patients, aged 30 and 76, died in Leratong Hospital outside Pretoria due to "inadequate patient care" after being found unattended in the intensive care unit.

National Education, Health and Allied Workers' Union (Nehawu) general secretary Mr Phillip Dexter blamed the TPA for the deaths.

An agreement was reached at the weekend between Nehawu and the TPA that workers would return to work until the issue of a R500 bonus, promised to hospital workers by the TPA, and then withdrawn had been resolved.

Meanwhile, workers at Ermelo Hospital and Hendrik van der Bijl Hospital in Vanderbijlpark did not respond yesterday to a TPA ultimatum telling them to return to work or face dismissal or disciplinary action.

deadline set for trilateral talks

Return to work, TPA tells strikers

Sowetan 26/1/94
■ FLOUTING AGREEMENT

Health services in danger of collapsing:

By Josias Charle

THE Transvaal Provincial Administration has warned hundreds of striking workers to return to work or face disciplinary action that will include being laid off (98) ~~off~~.

Announcing the measures to be taken against workers and nurses who are continuing with the strike in defiance of an agreement, TPA director-general Mr Leon Dekker said yesterday that workers flouting the agreement would have to be dealt with.

The agreement was reached last weekend between the TPA, National Education, Health and Allied Workers' Union, African National Congress, SA Communist Party and the Congress of SA Trade Unions.

"We have reached a stage where action will have to be taken. We have agreements which are being flouted to the detriment of the patients. We now have no option but to issue legal notices against the defaulters," Dekker said.

He also warned that unless discipline returned to hospitals, there was a danger

of health services collapsing completely.

"We are thankful, however, that no life has been lost so far as a direct result of the strike because patients were evacuated when the situation was getting serious."

Three hospitals have been identified as problematic. These are Ermelo, Leratong and Hendrik van der Bijl. Dekker said the agreement reached also made provision for an arbitrator to be appointed to decide on the issue of the R500 bonuses to hospital staff.

He said the money already paid would not be withdrawn, pending the decision of the arbitrator. Strikes continued at Pholosong, Leratong, Johannesburg, Sterkfontein and Hillbrow hospitals yesterday.

Disruptions triggered by the R500 bonuses given to health workers at Baragwanath Hospital continued yesterday at other provincial hospitals on the Witwatersrand.

Nehawu spokesman Mr. Sipiwe Mabaso said services had been disrupted at Leratong and Brakpan's Pholosong Hospital.

Striking employees demand same R500 bonus as Baragwanath

Transvaal hospital crisis deepens

BY MONTSHIWA MOROKE

Industrial action by thousands of health workers at several Transvaal Provincial Administration hospitals disrupted services yesterday as the crisis gripping "black" hospitals deepened.

More than a dozen hospitals have been hit by strikes, triggered by workers' demands for a one-off R500 bonus.

The action was marked by marches, demonstrations and work stoppages at hospitals in Klerksdorp, Ermelo, Vanderbijlpark, Brakpan, Hillbrow and Katlehong.

Leratong Hospital, near Krugersdorp, was closed yesterday and hundreds of patients were transferred to other hospitals.

A TPA spokesman said the hospital was "evacuated" after the entire staff went on strike to demand the controversial R500 bonus which was paid to

Baragwanath Hospital staff last year.

On Monday a large police contingent surrounded the hospital and razor-wire barricades were used after angry workers held senior staff hostage in the administration block.

Spread

This is the third hospital to have been closed in recent weeks. The others, which have already reopened, are Kalafong near Pretoria and Tshepong near Klerksdorp.

The industrial action which was triggered last month has so far spread to at least 13 hospitals.

All hospitals in Lebowa were reported to have come to a standstill yesterday because of the presence of a South African task force investigating irregularities in the homeland.

The latest hospitals to be hit

are Pholosong near Brakpan, Ermelo Hospital, and Hendrick van der Bijl in Vanderbijlpark.

Health workers at at least three hospitals — Ermelo, Leratong and Hendrick van der Bijl — have been given notices that their strikes were illegal and that they faced disciplinary action or dismissal if they did not return to work.

At a news conference in Pretoria, TPA director-general Len Dekker warned striking workers to return to work or face possible dismissal. He said services in some hospitals were on the brink of collapse.

In Johannesburg, more than 3 000 health workers from Hillbrow, Johannesburg, Sterkfontein and Leratong hospitals marched to the TPA regional offices. In Katlehong, on the East Rand, student nurses at the Natalspruit Hospital went on strike yesterday.



Demanding a bonus . . . hospital workers do a jig during a march to the TPA offices in Hillbrow, Johannesburg.

PICTURE: GEORGE MASHININI

TPA: Hospitals face collapse

JOHANNESBURG. — Leratong Hospital has been closed for the second time, and workers at two other Reef hospitals face dismissal or disciplinary action for an illegal strike unless they return to work today.

Workers are also on strike at seven other TPA hospitals over the issue of a R500 bonus which was promised to hospital workers and later withdrawn.

With the agreement of hospital workers union Nehawu, independent arbitrators will meet on Friday to solve the issue.

However, TPA director general Mr Len Dekker said yesterday that workers were ignoring agreements reached between the TPA and the union in terms of which workers should return until the issue was resolved.

Mr Dekker warned that unless

"discipline returned to the hospital floor, hospital services face collapse".

In issuing yesterday's warning to Ermelo and Vanderbijlpark hospitals, he said the action had been taken in terms of the Labour Relations Act.

An ultimatum would be issued later in the week and they would have three days to give reasons why they should not be fired.

NEWS Hospital move aimed at defusing

R500 Bara bonus gets go-ahead

Sowetan 25/1/94

By Mzimasi Ngudle

THE Transvaal Provincial Administration confirmed yesterday it would pay the controversial R500 bonus to about 250 workers at Baragwanath Hospital.

TPA spokesman Mr Piet Wilken said the TPA would not recover R500 bonuses which had already been paid to other workers. (98) ~~(98)~~

The TPA decision follows an agreement reached at the Public Service Bargaining Council on Saturday.

He said yesterday's handing out of the cheques to those who had not received them was aimed at defusing the crisis.

Meanwhile, the hospital strike at Leratong Hospital on the West Rand entered its seventh day yesterday with workers also demanding the R500 bonus.

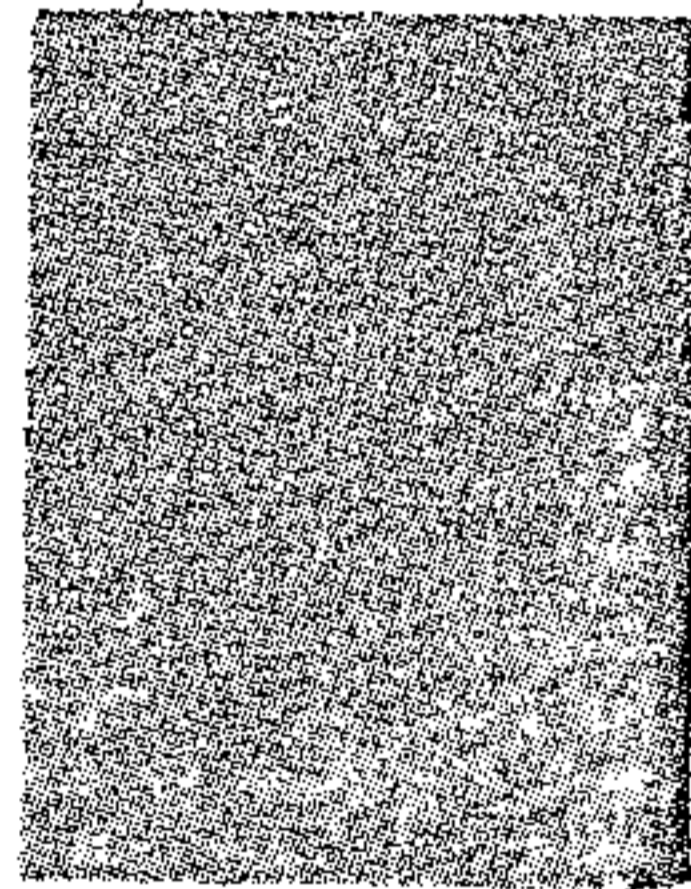
Leratong Hospital workers alleged that they were not part of the delegation from the National Education, Health and Allied Workers' Union who undertook to prevent other affected hospitals from engaging in "illegal" industrial action aimed at forcing the TPA to pay the bonuses.

The agreement was signed by five organisations, including Nehawu, the South African Nursing Association and TPA.

The parties agreed that a forum comprising TPA representatives and health workers' representatives should be set up to address worker's grievances at Baragwanath Hospital.

At Leratong Hospital, police cordoned off the area around the casualty section with barbed wire after it was alleged workers had held the senior matron hostage in her residence.

Late yesterday, representatives of about 1 200 workers who have downed tools were locked in talks with the hospital management over the demands of the workers.



C

Anger over R500 bonus

Siege at Leratong

Hospital

25 11 94

BY GIEN ELSAS
WEST RAND BUREAU

Leratong Hospital near Krugersdorp was surrounded by police yesterday afternoon when disgruntled workers held senior staff hostage in the administrative block.

The workers were unhappy about the slow progress of talks to defuse the tension surrounding the one-off R500 bonus payment made only to Baragwanath Hospital workers last year.

The hospital's superintendent, matrons and Transvaal Provincial Administration (TPA) officials found themselves stuck on the second floor while about 400 workers toyi-toyed on the floor below and refused to allow them to leave.

A labour relations official at the hospital said union officials and the TPA agreed last week that the R500 issue would be resolved by either the Industrial Court or an independent arbitrator. The decision taken by the

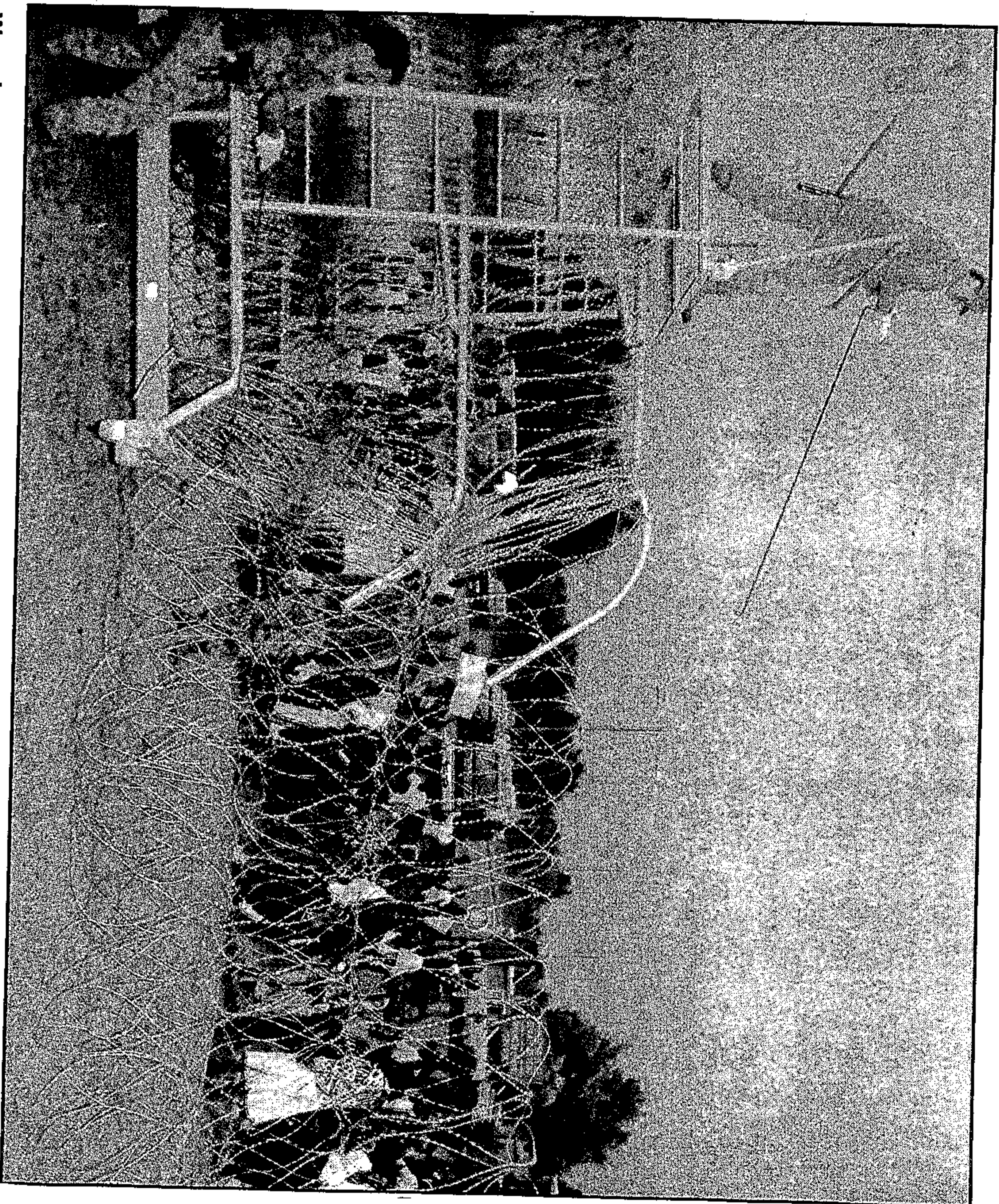
WORKERS took staff members hostage but then dispersed, agreeing to negotiate further, after police cordoned off the area

court or arbitrator would then become effective for all the other hospitals.

"We arrived at the hospital earlier in the day and were telling the shop stewards about this decision when, all of a sudden, the first floor was teeming with unhappy workers who did not accept what we were saying," he said.

The workers threatened to hurt the staff they were keeping "captive" if the police were called. However, police were called and a large contingent arrived and cordoned off the area where the demonstrators were.

Police said the workers agreed to negotiate further.



Wrapping up . . . police reload razor-wire barricades after defusing tension at the Leratong Hospital near Krugersdorp yesterday. Workers held several senior staff members "hostage" for a while to express their dissatisfaction at the TPA's handling of a R500 bonus dispute.

PICTURE: JOHNNY ONVERWACHT

Bonuses 'could mean lost jobs'

THE extra R40m needed for health workers' bonuses would have to be taken from individual hospitals and could lead to retrenchments, cutbacks in services and the closure of wards, the Transvaal Provincial Administration (TPA) said yesterday.

Even without paying the bonus to all 60 000 hospital workers, the TPA health services budget was R200m in the red for the current financial year. **B/Son**

The National Education, Health and Allied Workers' Union (Nehawu) said that by drawing the R40m from hospitals, conditions in overburdened wards would worsen, further compromising patient care.

Nehawu assistant general secretary Bob Marley said the union had warned the TPA that all hospital workers would ask for the R500 bonus granted to Baragwanath Hospital workers for serving under difficult conditions. He called for TPA officials to resign over what he said was another ex-

KATHRYN STRACHAN

ample of TPA maladministration.

The TPA said the TEC would be asked for its recommendations should any service cuts or retrenchments be necessary.

JOHANNES NGCOBO reports that Baragwanath Hospital workers, initially excluded from the R500 bonus, were paid the amount yesterday, following Saturday's agreement with the public service bargaining council. Previously only nurses had been paid the bonus. **251194**

The workers agreed to allow the dispute procedure to follow its course and to ensure that other health workers did not go on illegal strikes over the payments.

Addressing the Baragwanath workers, ANC Womens' League president Winnie Mandela "officially" renamed the hospital the Chris Hani Hospital. **98**

● Picture: Page 2

Rename Bara

- Winnie

Star 25/11/94

■ BY MONTSHIWA MOROKE

ANC Women's League president Winnie Mandela has called for Baragwanath Hospital to be renamed after assassinated SACP chief Chris Hani.

She was addressing more than 1 000 of the hospital's staffers at a report-back meeting yesterday on agreements reached at the weekend between the Transvaal Provincial Administration and health workers' representatives over a controversial R500 bonus payment. (48)

The TPA said after a special meeting of the Public Services Bargaining Council on Saturday that it would suspend action to recover the R500 awards paid out so far.

Yesterday some workers at Baragwanath were paid the bonus, which had triggered a crisis in at least 10 hospitals.

A workers' spokesman said last week's strike at Baragwanath had been because staff were "overstretched".

An independent third party will decide whether workers at other hospitals should also receive the R500.

Mandela told the crowd that the hospital should rightly be renamed the Chris Tembesile Hani Memorial Hospital. She questioned the budget disparities between black and white hospitals.

Bonus: 'Jobs may be lost'

Own Correspondent

JOHANNESBURG. — An extra R40m needed for health workers' bonuses would have to be taken from individual hospitals and could lead to retrenchments and a cutback in services, the TPA said yesterday.

Without making bonus payouts, the health services' budget was R200m in the red for

(98) CT 25/1/94
the current financial year.
The National Education, Health and Allied Workers' Union (Nehawu) said it had warned the administration that all hospital workers would demand the R500 merit bonus if it were granted to Baragwanath Hospital workers.

A strike at Baragwanath, sparked by the TPA's attempts to

recover the bonuses, ended at the weekend when it was agreed that workers would keep their bonuses until an independent third party had decided whether it should be retained, returned or extended to all hospital workers.

Sapa reports that Baragwanath staff initially excluded from the bonus were paid the amount yesterday.

PEOPLE'S LIVES *A new Hospice has opened for the terminally ill in the western suburbs*



Hospice-Home-in-the-West ... where the dying will forget their woes for a while this weekend.

Needs of the dying

● Hospice is a welfare organisation (with no Government subsidy) concerned with improving the quality of life for patients with terminal diseases. The movement was started just after World War 2 in England by Dame Cicely Saunders. A nurse, Saunders was inspired by a terminally ill patient and started Hospice to address the needs of the dying.

● In South Africa, Botswana and Swaziland there are 38 Hospices reaching over 5 000 people. In Transvaal and Bloemfontein 10 percent of the patients are Aids patients.

● The Hospice multi-disciplinary teams, including trained counsellors and nurses, help with pain control, physical mobility, problem-solving and pastoral support.

● Hospice Witwatersrand can be contacted by writing to PO Box 87600, Houghton, 2041.

New Hospice opens its doors

Sowetan 24/1/94

By Pearl Majola

■ DYING PROCESS *Educating*

patients and their families to cope:

There will be life at the Hospice-Home-in-the-West this weekend. The dying will forget for a while their woes and celebrate as the home opens its doors officially.

And who better to do the honours than Swiss-born Dr Elisabeth Kubler-Ross herself — the psychiatrist whose name has become synonymous with that of Mother Theresa in the world of caring for the sick and dying and on whose works and writings the Hospice programme is based.

Now living in the United States of America, Kubler-Ross landed in South Africa for the first time this week especially for the ceremony and a workshop for counselling trainers in Cape Town.

Life, death and dying

She became the world's foremost expert on the subject of life, death and dying after studying 20 000 people who were experiencing the final months and days of their lives. As a result she has established many care groups for this group of people in the United States.

Aptly named Shanti Nilaya (Abode of Eternal Peace), the Hospice-Home-in-the-West is abuzz with life as the multi-disciplinary team of nurses and counsellors goes about its daily task of

encouraging the terminally ill to deal with their situation.

The home was founded just over two years ago by Mr Salvatore Serio, who became aware of the need for a Hospice on the West Rand. His church then donated a building towards the accommodation of the organisation and work started.

Today it offers home and day care facility to 38 terminally ill patients, including Aids victims, pre-death and bereavement counselling, training and workshops for families. As soon as there is sufficient finance the five-bed in-patients facility will open.

Entrusted with the emotionally taxing task of counselling the dying here is a team of about 26 committed people: a director, a secretary, a fulltime nursing sister with help from three others on a part-time basis and 20 volunteer care givers.

Empower the patients

"We support, educate and empower the patients and families to cope with the dying process. We operate as a multi-disciplinary team and offer our care in the patient's own home, a setting where the patients feel safe and where, given the choice, they would choose to die," says director

“We support, educate and empower the patients and families to cope with the dying process”

Mrs Merisa Wollheim.

Wollheim says that they are negotiating with the neighbouring hospitals, including Leratong Hospital, for training of nurses in counselling so that the Hospice service of counselling the terminally ill can be extended even to those to whom it will otherwise not be readily available.

"The counselling skills will compliment the nursing and can only provide a better service for the patient," she says.

Blanket hospital bonus could cost TPA R40m

E/D 24/11/94

THE Transvaal Provincial Administration (TPA) faces a R40m payout if it is decided that all health institution workers in the Transvaal should get a R500 bonus.

This possibility arose after an agreement between the TPA and health worker representatives at Baragwanath Hospital, which sought to diffuse the crisis at a special meeting of the Public Services Bargaining Council on Saturday.

The TPA said it would suspend action to recover the R500 awards paid so far and would pay those Baragwanath workers who had not received the bonus.

The final decision on whether the bonus would be retained or returned, and who would be included in the payment, would be made by an independent third party to be agreed upon.

TPA director-general Len Dekker said the extension of the goodwill payment to all employees at Baragwanath "was not because I think they really deserve it, but just to diffuse the situation".

The bottom line was that this award was for, among other things, excellence and virtue. It was not an across-the-board bonus, Dekker said. He had tried to explain this to the workers.

Dekker said that he hoped the final decision would not cost too much as the esti-

imated R40m needed was "not attainable" in the light of vast budgetary overspending. Payment of the bonus to all 60 000 staff members would result in a cut-back in the hospitals' running expenses to the extent that they would have to close down certain wards.

This would be to the detriment of patients and at the expense of the community", a statement said earlier.

Other grievances of health workers and management at Baragwanath Hospital would be addressed by a forum consisting of TPA and health workers' representatives, which would be set up urgently.

In the agreement, the parties committed themselves to ensuring health workers in other institutions did not engage in illegal industrial action concerning the payments and to allowing the dispute procedure to follow its course.

The parties decided on a programme of visits to 10 health institutions over the next week for this purpose.

Baragwanath spokesman Adri Potgieter reported yesterday that everything was back to normal at the hospital with all nurses back on duty.

Comment Page 6

Commission asked to double in size

ADELE BAILEY

THE Independent Electoral Commission has asked the Goldstone commission to more than double its size to help investigate election-related complaints of violence and intimidation.

Its five investigation units will be enlarged and five more established. There will be one unit in each electoral region. The 10th unit, equipped for quick response, will help out other units. Each unit will include at least one foreign member and one independent attorney. Sixty SAP members and 12 foreign police experts will be seconded to the commission.

The SAP and the ANC welcomed at the weekend the Goldstone commission's report on the January 9 Katielohong shooting in which freelance photographer Abdul Shariff was killed.

The commission condemned Mazibuko hostel residents' and ANC members' actions and questioned the role of the police. "Drastic military action" should be considered to combat SA violence, which had proved unstoppable. The ANC had a responsibility to safeguard people who joined the entourage.

Donors' conference planned

LINDA ENSOR

LONDON — The Commonwealth and the UN planned to sponsor an international donors' conference in June or July to mobilise financial support in the form of both loans and grants for SA's reconstruction programme, UN Special Committee Against Apartheid chairman Ibrahim Gambari said at the weekend.

He also said the UN would soon initiate a process of detailed planning of socioeconomic assistance programmes for SA, particularly in the areas of human resource develop-

in SA, particularly those of the disadvantaged sectors of the society.

"Preparations will be made in consultation with the Transitional Executive Council and, following the April elections, with the new government."

Gambari noted, however, that while the international community might stand ready to assist the new SA, redressing its significant socioeconomic imbalances would depend on a growing economy.

Regarding the elections, he said the upsurge in poli-

ated with other international agencies, legitimate organisations in SA and the new government.

Gambari was addressing a conference on sustainable growth and development in SA organised by the UN and the London School of Economics' Centre for the Study of the SA Economy and International Finance.

He said the purpose of the planned international donors' conference would be "to stimulate interest among donor countries and

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● Comment: Page 6

Nurses back at work

Bara strike over R500 bonus ends

Stur 24/11/94

■ BY LEE-ANN ALFREDS

A strike by more than 3 000 nurses at Baragwanath Hospital was defused at the weekend when the Transvaal Provincial Administration agreed not to recover a R500 bonus paid to workers. (98) (304)

The TPA also agreed to pay out nurses who had not received the bonus.

The agreement had immediate effect. A Baragwanath Hospital spokesman confirming yesterday that all the striking nurses had returned to work.

In a statement on Saturday, the TPA said the final decision on whether the R500 bonus would be paid or returned would be made by an independent third party.

A forum comprising representatives of the TPA and health workers' structures would also be established to address employees' grievances concerning working conditions at Baragwanath Hospital, Soweto com-

A DISPUTE over a payment made to hospital staff who did not take part in industrial action in 1992 is resolved

munity health centres and the Baragwanath Nursing College.

The parties also undertook to try to prevent the 10 other affected hospitals — including Johannesburg, Hillbrow, Tembisa and Natalspruit hospitals — from engaging in "illegal" industrial action aimed at forcing the TPA to pay the bonus.

The agreement was signed by six organisations and endorsed by five others.

The strike at Baragwanath began on Thursday after the TPA had tried to recover the R500 bonus it had paid to some employees for working during a five-month strike in 1992.

TPA to pay R500 bonuses

JOHANNESBURG. —
The Transvaal Provin-
cial Administration
(TPA) agreed to defuse
the crisis at Baragwan-
ath Hospital during a
special meeting on
Saturday. (98) (98)

The TPA agreed not to
reclaim the R500 paid to
health workers and to
pay workers who had not
received the amount.

It was decided that a
forum of TPA and health
worker representatives
would be set up to ad-
dress other grievances.
The agreement was
signed by the National
Education, Health and
Allied Workers' Union,
the Baragwanath Work-
ers' Forum and Soweto
Community Health cen-
tres. — Sapa

ET 29/1/94

New deal ends hospital crisis

THE Transvaal Provincial Administration agreed yesterday to defuse the bonus-pay crisis at Baragwanath hospital during a special meeting of the Public Services Bargaining Council. *St. Times* 23/11/94

An agreement, signed by workers' representatives, said the TPA would not recover R500 bonuses paid to health workers at the hospital. (98) (S)

The TPA also agreed to give the bonus to workers who had not been paid the amount.

A forum of TPA and health-worker representatives will be set up to consider workers' grievances. — *Sapa*

Fears that Bara may close

By KHANGALE MAKHADO

CIPnews 23/11/94

THE on-off demonstrations by Transvaal hospital employees this week did not disrupt patients much, but some hospitals were forced to keep essential health services running with a skeleton staff.

Despite this assurance, the TPA had earlier admitted that the situation at Baragwanath, "where emergency is a routine", was very serious.

Public relations officer Wanda Langenhoven said the hospital had to make do with only one staff member for each unit.

The TPA said yesterday a tentative agreement with the hospital worker representatives was reached on Friday night "in the interest of patient care".

The agreement was to be presented to the

Departmental Chamber of the Public Service Bargaining Council in Pretoria yesterday for approval. If this last-minute effort failed, it was feared that Baragwanath might be closed down. (98)

Nehawu blames the TPA for the situation which saw workers at hospitals such as Leratong in Krugersdorp, Kalafong in Pretoria and Baragwanath in Soweto demonstrating and demanding that they be paid the R500 "bonuses" selectively paid to some employees.

"The problem started when the TPA refused to pay the remaining 250 Bara staffers," Nehawu president Vusi Nhlapo said last week.

■ The TPA agreed late yesterday not to recover the R500 paid to workers at the hospital, and agreed to pay workers who had not been paid the amount.

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Bara nurses on strike again

Sowetan 21/1/94

By Tsale Makam and Sapa

BARAGWANATH Hospital nurses went on strike again yesterday over the Transvaal Provincial Administration's decision to reclaim the R500 paid out to them in December.

Baragwanath Hospital spokesman Miss Adri Potgieter yesterday described the situation at the hospital as "absolutely critical".

"We appeal to the public to try to avoid as far as possible bringing patients to Bara. "The hospital is forced to operate on a skeleton staff and this means that very seriously ill patients are receiving sub-minimal attention," she said.

The Baragwanath Hospital strike resumed a week after a two-day strike in solidarity with workers who did not receive the promised R500 from the TPA.

Yesterday's strike began hours after the TPA had announced the reopening of the Kalafong Hospital in Atteridgeville near Pretoria.

The TPA had closed the hospital on Tuesday following what it termed the "unruly behaviour" of the strikers who were also demanding the R500 payments.

The Medical Association of South Africa yesterday condemned hospital strikes action. It said it had "great difficulty" in accepting striking as a mechanism to resolve labour issues when this had a great negative impact on the people who were supposed to benefit.

"The disruption of health services not only jeopardises the health of innocent people but adds pressure on those personnel who remain behind to keep the system going while not being adequately able to render the services," Sama said.

A Baragwanath Hospital outpatient said he received a life-saving four-hour treatment thrice a week at the hospital. He suffers from kidney failure. He was on a kidney-reviving machine when the strike started yesterday morning. "My treatment had to be cut short at 11 am," he said.

FROM PAGE 1 AT 11 AM

health

Hospital workers get tough

South 211-251194 (98)

HOSPITAL workers at Tygerberg warned their management last week that they would not tolerate victimisation of shop-stewards.

After a lunchtime meeting organised by the National Education, Health and Allied Workers' Union (Nehawu) on Wednesday, about 100 hospital workers stormed the Administration Building of the Bellville hospital as part of their protest action.

Nehawu members say the union leaders are consistently overlooked for promotion and are not allowed enough time to fulfil their union work.

Furthermore, workers are unhappy that their wages were deducted during strike action in September last year.

"Management's tactics are to get rid of the shop-stewards so that workers will be less able to protect themselves here," said Mr Gerard Hoffmester, Nehawu's branch secretary.

"If they succeed, workers at Tygerberg will be like small lambs facing big wolves — we are now going to make management conscious that our members are not sleeping. Members will make sure our shop-stewards are protected," he added.

The demonstrating workers, wearing "Go slow" stickers on their



IN DEFENCE: Tygerberg Hospital's chief superintendent, Peter Mitchell calls for calm during a worker demonstration inside the hospital's administration building last week

Photo: Vuyelwa Mottali

chests, toy-toyed inside the administration buildings and demanded to meet with Tygerberg's chief superintendent, Dr Peter Mitchell. After half an hour, Mitchell met with the workers and promised to acknowledge in writing that shop-stewards and union members should not be victimised. He also pledged to investigate cases of alleged victimisation submitted by Nehawu. **QUENTIN WILSON**

Baragwanath on brink of closing, medical staff say

B/Day 21/11/94

BARAGWANATH Hospital's closure was imminent last night, said 12 senior hospital doctors.

Patient care, they added, was "severely jeopardised".

The National Education, Health and Allied Workers' Union (Nehawu) said a national strike could be on the cards if the crisis at some hospitals, sparked by a R500 bonus promised by the Transvaal Provincial Administration (TPA) and then withdrawn, was not resolved.

The doctors urged the TPA to reconsider its decision to withdraw the R500 from the trained nursing staff at the hospital and said they hoped the relevant authorities were aware of their responsibilities.

"The consequences of closing the largest hospital in the southern hemisphere would be devastating," they said, outlining how patients would have to be transferred while others, who were critically ill or receiving specialised treatment, might die.

Baragwanath nurses yesterday embarked on another strike because of the unresolved crisis over the repayment of their R500 bonuses, while workers at Kalafong Hospital outside Pretoria and those at Pholofong Hospital on the East Rand returned to work.

Nehawu official for Leratong Hospital Joe Menyatsoe confirmed that 1 000 workers were on strike, holding demonstrations and meetings. "If they don't get their R500, they won't go back to work," he said.

Meanwhile, Nehawu regional secretary Isaac Molefo said while Kalafong Hospital workers had returned to work after a meeting with management on Wednesday night, their demand for a R500 increase was still on the table.

"It was in the interests of our patients we returned to work, but our demand for the R500 from the TPA still stands," he said.

A hospital spokesman said the ca-

JACQUIE GOLDING

sualty department, the intensive care unit and the maternity ward had reopened and outpatients were also being treated. (98)

Nehawu senior official Thuli Rodolo said: "Things are shaping up at the hospitals where agreements were reached and things are close to normal, with workers returning to their posts, except for Baragwanath and Leratong hospitals where the situation is critical." ~~(98)~~

At other hospitals, such as Hillbrow, lunchtime demonstrations were held, and at Pholofong Hospital on the East Rand a meeting between the TPA and the workers was to take place today.

However, the hospital was due to operate as normal.

Sapa reports the TPA has issued a second ultimatum to student nurses at Baragwanath Hospital to work night and weekend shifts.

The TPA said yesterday student nurses' refusal to work their scheduled hours had put an extra burden on the qualified nursing staff, who had to do additional shifts.

The TPA ultimatum called on students to provide, within three days, a written explanation of why they had not completed or resumed their official working hours.

Students informed the hospital management on November 14 they would work only from 7am until 4pm from Monday to Thursday, and from 7am until 1pm on Friday, and that they would be unavailable for weekend work.

"This demand by the students has had a negative effect on patient care, colleagues and the general climate at Baragwanath Hospital," said TPA director-general Len Dekker.

First-year students, who were supposed to start their training on January 17, would now have to report on March 7 because of the undesirable climate at the hospital.

Winnie intervenes in hospital bonus row

3 500 Bara strikers given ultimatum

Star 21/11/94

■ BY MOKONE MOLETE

ANCWL president Winnie Mandela has entered the R500-bonus controversy at strike-hit Baragwanath Hospital in Soweto.

More than 3 500 Baragwanath Hospital nurses went on strike yesterday because of unresolved differences with the Transvaal Provincial Administration over the repayment of R500 bonuses.

Yesterday:

■ More than 3 000 nurses at the hospital went on strike, leaving a skeleton staff to man wards.

■ Mandela addressed workers at the hospital in the afternoon.

■ She then attended, unan-

nounced, a meeting between the TPA and Baragwanath doctors, the SA Nurses' Association and representatives of the National Health and Allied Workers' Union in the evening. (18)

■ The TPA issued an ultimatum to student nurses at the hospital to resume work at night and over weekends. (18)

■ The National Council of Trade Unions entered the fray for the first time and issued a statement condemning the TPA's position over the R500 issue.

■ The Medical Association of South Africa (Sama) issued a statement condemning strike action in hospitals.

"The disruption of health services not only jeopardises the health of innocent people, but adds pressure on those personnel who remain behind to keep the system going," Sama said.

In a separate development, the TPA's director-general Len Dekker said student nurses' refusal to work their scheduled hours had put an extra burden on the qualified nursing staff.

The TPA ultimatum called on students to provide, within three days, a written explanation of why they had not completed or resumed their official working hours. Those who fail to do so may be dismissed.

Hospital workers out on strike again

JOHANNESBURG. — Baragwanath and Pholosong Hospital nurses and general workers have embarked on another strike because of unresolved differences with the Transvaal Provincial Administration over the repayment of bonuses.

A hospital spokesman said only a few nurses had reported for duty yesterday.

The situation had deteriorated to such an extent that it could be regarded as critical.

Further disruptions were also planned at other Transvaal hospitals by workers demanding a R500 bonus.

CT 21/1/94
Their demands follow last year's payment of a special bonus to certain staff at Baragwanath Hospital to reward them for working under difficult conditions.

This led staff at other hospitals to demand a similar bonus. The TPA has since decided to reclaim the bonus from Baragwanath staff. — Sapa (98) (152)

Support for Bara nurses' strike

Sowetan 20/1/94

By Joe Mdhlela and Josias Charle

HEALTH CRISIS Strike over

bonus spreads to Lebowa hospitals:

HEADS OF THE CLINICAL departments at Baragwanath Hospital yesterday supported striking nurses and general workers as the crises at various hospitals worsened.

The doctors also expressed a vote of no confidence in the Transvaal Provincial Administration because of its failure to resolve a crisis "which is causing a grave crisis in patient care".

Nurses and general workers are demanding that they be paid a R500 bonus which the TPA initially paid to some workers before withdrawing it, leaving thousands of workers disgruntled.

The same issue has led to crises at other hospitals.

At Leratong Hospital near Krugersdorp about 1 000 workers, including medical staff, went on strike yesterday demanding that the TPA pay

them the controversial R500 bonus.

At Kalafong Hospital, near Pretoria, which was closed down on Tuesday following a strike by staff, police arrested about 70 workers yesterday for "trespassing". (98)

About 500 workers at the hospital went on strike on Monday, demanding the R500 bonus from the TPA.

TPA last night announced the hospital would reopen this morning following successful talks with workers and community representatives yesterday.

Seriously ill patients had to be transferred to other hospitals while those not needing serious medical attention were discharged. All emergency operations have been rescheduled.

Strikes have also hit Groothoek,

Seshego and Mankweng hospitals in Lebowa, bringing health services to a virtual halt.

The strikes are being spearheaded by the National Education, Health and Allied Workers' Union, which is demanding that the homeland government sign a recognition agreement with them. Nehawu represents many of the hospitals' workers.

Meanwhile, Nehawu sources at Baragwanath Hospital claimed yesterday that the R500 bonus had been the "preserve of a selected few".

The withdrawal of the bonus resulted in a temporary work stoppage at the hospital, with union officials saying "a full-scale strike may be in the offing if authorities remain intransigent".

'Crisis' hospital to resume services

Star 20/11/94

■ BY MOKONE MOLETE

Kalafong Hospital, in Atteridgeville, will resume normal services today after talks to resolve the crisis there.

The hospital closed after a walkout on Tuesday by workers over the once-off R500 bonus paid to Baragwanath Hospital employees.

In a statement released last night, the parties — which included the TPA, National Education Health and Allied Workers Union and the local civic — pledged themselves to assist the commission of investigation proposed by the TEC to the President.

They also agreed to keep

in abeyance all charges against people who took part in the strike pending the findings of the commission.

Patients had to be transferred to other hospitals after the walkout.

Kalafong management pledged itself to:

- Stick to fair labour practice.
- Hold regular meetings with "properly elected worker representatives".

The committee negotiating on behalf of workers pledged to:

- Be fully representative of all workers by holding regular elections.
- To handle grievances "in the correct manner".

Standard procedures not followed, inquest told

Drip tests 'could have saved babies'

Star 20/11/94

98

■ BY LEE-ANN ALFREDS

Isotec's managing director conceded at an inquest in the Johannesburg Magistrate's Court yesterday that prompt testing of an infected drip bag could have saved babies' lives in 1992.

Iain Rosekilly also admitted that standard operating procedures controlling the testing of bags for infection were not followed.

The managing director said the results of early testing would have alerted doctors and prevented an outbreak of septicaemia at three Johannesburg hospitals in September 1992.

The contaminated batch of lethal drips were tested only 15 days after being prepared.

Testifying at the third day of an inquest into the death of seven babies from contaminated IV fluid, Rosekilly — who was employed by Sabax at the time of an earlier inquest into the death of about 30 babies from infected drips — said every bag could not be tested.

"With hindsight one can easily turn around and say that if the

CONTAMINATED batch of lethal drips tested only 15 days after being prepared, instead of on the day they were mixed.

bag had been tested it would have helped. We certainly should have made doubly sure, but we can't test every bag and the test is not a requirement to release the batch," he said.

Replying to magistrate B P Luyt's question whether early testing could have saved lives, Rosekilly said: "Certainly, if we had had the results communicated to us we might have been able to do something. However, the hospitals only notified us of the contamination on September 24, even though they were aware of it on September 12."

He added that Isotec had no reason to suspect that its normal sterilising measures were faulty.

When Luyt commented that he

considered it strange that the contaminated batch had not been sent for testing until 15 days after its preparation, Rosekilly replied that he too considered it "particularly" strange.

"It was an inadvertent omission that the bag was not sent, but it was not an unusual occurrence as it is not normal procedure to wait for the results of a test before releasing the batch," he said.

Rosekilly also contended there was no guarantee that the contamination would have been picked up even if the bag had been submitted earlier, as one bag in the batch of four had not been contaminated.

However, he admitted that Isotec's standard operating procedure stated that samples of each batch had to be submitted for testing on the day it was mixed.

Evidence by a former Sabax employee, who allegedly had expressed discontent with Rosekilly while both were still employed by the company, was disallowed yesterday.

The inquest was postponed until April 15 for argument.

TPA closes hospital

Sowetan 19/11/94

KALAFONG Hospital in Pretoria was closed indefinitely yesterday when striking workers refused to return to their jobs.

Patients have been transferred to other hospitals. (98)

Police were called in to remove about 500 members of the National Education, Health and Allied Workers' Union from the premises when they refused to comply with the hospital's ultimatums.

Superintendent Dr Julius Kunzman said the workers would have to fulfill certain conditions before the hospital was re-opened. — Sapa.

Baby deaths: 'Drips not tested'

JOHANNESBURG. — Isotec Nutrition did not have a register of the dispatch of sample drip bags for testing, a court inquiry into the deaths of seven babies in Johannesburg in September 1992 was told by managing director Mr Iain Rosekilly.

Magistrate Mr B P Luyt had asked for the register, which was required by the company's procedure manual, to be brought to court.

State counsel Ms Jeanette Neveling said

indications of bacterial contamination were usually evident between 24 and 48 hours after the testing started.

On September 24, 1992 Isotec was informed that there was a problem with their product and discovered that one batch had not been sent for testing. Four bags remaining from this batch were sent for testing — three tested positive and the fourth negative.

Mr Rosekilly criticised the hospitals,

saying that contamination was cultured as early as September 13, but Isotec was only notified on September 24 1992.

He claimed that "early detection would have prevented the dispensing of further contaminated products".

The state advocate said the lives of four to five babies would probably have been saved if the sample bags had been sent regularly for testing.

The inquiry was postponed to April 15.

CT 20/11/94 (98)

Hospital to re-open

JOHANNESBURG. —
Kalafong Hospital in
Pretoria will re-open
this morning after suc-
cessful negotiations be-
tween the TPA, the
National Education,
Health and Allied Work-
ers' Union and commun-
ity representatives on
Wednesday, the TPA
said.

The parties agreed to
help a commission of in-
quiry to examine the cir-
cumstances that led to
the hospital's closure.

● A skeleton person-
nel staffed Baragwanath
Hospital yesterday as
workers continued pro-
testing over their Christ-
mas bonus. — Sapa

No dissent over ceasefire, says PAC

THE PAC has dismissed three telephone calls to Sapa in which alleged PAC armed wing members denounced the organisation's decision to end the armed struggle.

PAC deputy president Johnson Mlambo said the names used by the callers were unknown to the PAC. He suggested "security agencies" were responsible for the calls, aimed at undermining the PAC.

The Law and Order Ministry had called on the PAC to clarify statements made by its armed wing, Apla, which the ministry said contradicted the PAC's recent announcement of a moratorium on violence.

PAC national organiser Maxwell Nemadzivhanani said the code name Karl Zimbiri used by one caller was out of use within the organisation and that the original Zimbiri had died.

BIDON 19/11/94
The only three military commanders entitled to issue statements on Apla operations were Apla commander Sabelo Phama, Apla political commissar Romero Daniels and Apla information chief Johnny Majosi.

Nemadzivhanani also denied there was dissent within Apla's ranks over the moratorium.

He said the PAC and Apla commanders had not given any orders for Apla operations since the announcement of the moratorium. The leadership had no knowledge of involvement by Apla operatives in Sunday night's attack on a Durban satellite police station.

He alleged claims to the contrary were the work of "enemy agents" intent on discrediting the PAC in the run-up to the elections.

However, the PAC central Trans-

kei region yesterday expressed its shock and disgust at what it termed the PAC's unilateral decision to suspend its armed struggle.

PAC regional secretary Mfanelo Skwatsha said the move was not in line with national conference resolutions taken in Umtata last year.

"This move is nothing but capitulation and renegation on the part of the PAC leadership."

□ The PAC is trying to woo controversial Indian politician Amichand Rajbansi into its ranks.

PAC public relations head Dede Pillay said she and PAC deputy secretary-general Thobile Gola would meet Rajbansi today in an attempt to get him to join the PAC.

Rajbansi said it was "difficult to say" whether he was tempted by the PAC offer. — Sapa.

PANIES

ENTS

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Baby drips 'were tested late'

KATHRYN STRACHAN

A POSSIBLE warning signal that the intravenous solution given to seven premature babies who died in 1992 was contaminated was lost because routine testing of the solution was delayed for 15 days, a judicial inquiry into the deaths was told yesterday. *BIDON*

If the contaminated bag had been tested earlier by manufacturer Isotec, subsequent contamination of other batches would never have occurred, Prof Margaretha Isaacson, head of the department of tropical diseases at the SA Institute of Medical Research and Wits University, told the inquiry. *19/11/94*

While standard procedure was for Isotec to accumulate samples of solutions made up over the week and send them for testing at a commercial laboratory at the end of the week, the contaminated batch was sent for testing 15 days after being made up, she said. *(98)*

Herman van Eerden, counsel for Isotec, argued that there was no warning signal of a break in procedure as all tests before the outbreak had been negative.

Isaacson testified earlier that swabs taken from Isotec equipment produced the same organism linked to the babies and to certain bags of intravenous fluid.

TEC calls for hospital probe

PRETORIA. — President F W de Klerk will be asked by the TEC this week to appoint a formal commission of inquiry into conditions in Transvaal hospitals. (93)

The request follows allegations made to the TEC that corruption, mismanagement, poor industrial relations, underqualified personnel and the physical disrepair of hospital buildings were commonplace in the province's hospital sector. ET 19/1/92

● Pretoria's Kalafong Hospital was closed indefinitely yesterday when striking hospital workers refused to return to their jobs.

Patients have been transferred to other hospitals. — Sapa

TPA and ANC meet on hospital closure

PRETORIA
CORRESPONDENT

Transvaal Provincial Administration (TPA) officials met early today with ANC health officials in an attempt to negotiate the reopening of the strike-crippled Kalafong Hospital.

The meeting between senior TPA health officials and Dr Abe Nkomo, which was also attended by members of the National Education Health and Allied Workers Union (Nehawu) and hospital officials, followed the indefinite closure of the Atteridgeville hospital yesterday after hospital staff stormed out of wards in protest over a R500 bonus paid to Baragwanath staff.

Following yesterday's closure Nkomo condemned the action by the TPA as "premature" and demanded the immediate reopening of the normally busy hospital.

"The community is up in arms about the transfers. They don't know where the sick are going, and many people are too poor to reach other medical treatment," he said.

At least 70 striking workers were arrested yesterday by members of the Internal Stability Division, who were called in to remove the strikers from the hospital and guard ambulances transferring patients to other institutions.

More than 520 patients were involved in a seven-hour evacuation opera-

tion, during which strikers petrol-bombed a hospital official's car and a man assaulted hospital superintendent Dr Julius Kunzmann.

About 90 ambulance-men crewing 32 vehicles from seven medical facilities operated continuously last night to relocate patients.

Kunzmann said late last night that the decision to close the hospital was taken following repeated refusals by strikers to return to work.

He said there were only two people in each ward to care for 45 to 50 patients.

In a statement issued by the TPA, the evacuation was attributed to unacceptable behaviour by staff and stewards.

'Bacteria could have been detected earlier'

Test on hospital drip delayed, inquest told

Star 19/11/94

98

■ BY LEE-ANN ALFREDS
COURT REPORTER

Doctors could have been alerted to the danger of a septicaemia outbreak in 1992 if Isotec had tested an infected hospital drip earlier than it had done, the Johannesburg Magistrate's Court heard yesterday.

Testifying on the second day of an inquest into the deaths of seven infants who died after being fed intravenously through the contaminated drips, pathologist Professor Margaretha Isaacson said 15 days passed before the infected bag was tested.

It was prepared on September 11 but submitted to the laboratories only on September 26 for testing.

"It normally takes only 24 to 48 hours to determine whether a

drip is infected or not. The contamination could have been picked up earlier if the bag had been submitted for testing earlier than it was. The bag should have been submitted on the same day as it was prepared or even within a week of its preparation," Isaacson said.

However, she conceded that the infected drip was the only sign which could have alerted Isotec employees to the infection, as routine tests had failed to pick up any hint of contamination before then.

"There was no other sign to warn employees of the contamination ... but too much confidence was placed on the ability of the technology to do the job without further attempts to prevent the introduction of bacteria through contact between the op-

erator and the product."

Isaacson said she believed bacteria had entered the drips through a tear in the Automix machine used to mix the fluid.

Gillian de Vos and Victor Davies, two Johannesburg doctors who treated six of the seven babies, also testified yesterday that they believed the babies had died of septicaemia (blood-poisoning) brought on by contaminated IV fluid which had been used to feed the children intravenously.

It is the second inquest being held into deaths allegedly resulting from contaminated drips. The first, held to investigate deaths of patients in 1990, cleared drip manufacturer Sabax of any culpability.

The case continues today.

Row over bonus for nurses 'a nightmare'

CT 14/1/94 (98) (98)

Staff Reporter

THE payment of R500 goodwill bonuses to nurses in unrest areas had become a nightmare, the South African Nursing Association (SANA) announced yesterday.

In a statement, the association blamed the Transvaal Provincial Administration for only rewarding nurses at Baragwanath Hospital despite the warning that this would cause a ripple of discontent through the entire nursing profession.

Disgruntled nurses at several Trans-

vaal hospitals have come out on strike and are threatening the provision of health care in the region unless they too are granted R500 bonuses.

"In the process the safety of nurses is being threatened, patient care is collapsing and nurses who dare to oppose the anarchy or try to maintain discipline in their hospitals are being victimised and intimidated," the statement said.

Protest action has not yet spread to other parts of the country.

TPA reclaims Bara workers' bonuses

CT 15/1/94

98

PRETORIA. — The Transvaal Provincial Administration is to reclaim R500 goodwill bonuses paid to health workers at Baragwanath Hospital, saying it had no other option following demands for similar payments made by striking staff at other Transvaal hospitals.

TPA director-general Mr Len Dekker said in a statement it had become clear at a 1994/95 budget meeting held yesterday that it would be impossible to pay R500 to all staff at

provincial hospitals.

"The demand that all personnel at all institutions should qualify for the payments left us with the choice: Pay all or pay no one."

The R500 bonuses were originally paid to Baragwanath Hospital health workers who did not join last year's hospital strike. The award was later extended to all Baragwanath staff.

Mr Dekker said the bonuses paid would be reclaimed over a period of time. — Sapa

Ambulance branch⁽⁹⁸⁾ R1,25 m^{ARC 17/1/94} in the red

Municipal Reporter

THE city ambulance branch has overspent its budget by R1 252 831.

Ambulance chief Rod Douglas said this included overspending on salaries, overtime, general expenses, bad debts, medical requisites, fuel and repairs to vehicles.

The amenities and health committee will decide today whether to condone the overspending.

He said the salaries budget had been overspent by R330 320 because the council had given staff increases of 11,5 percent to 12,54 percent, but the provincial administration had agreed to only nine percent.

"Subsequent vacated posts were frozen for the rest of the financial year to minimise overexpenditure."

The salary increase had raised spending on pensions, unemployment insurance, holiday bonuses and accrued leave pay — overspent by R45 970.

Changes to the by-law on leave caused overspending of R380 000.

Mr Douglas said the city treasurer had not reimbursed the ambulance service for this overspending because it was meant to get funds from the provincial administration.

Keeping staff and vehicles on the road had meant overspending on overtime, costing R224 000.

The provision for bad debts was R17 695 above the limit.

Fuel price increases and a value-added tax hike pushed spending on medical requisites R56 492 over limit.

Keeping 10 "redundant" ambulances in service at the request of the provincial administration, had caused R89 594 overspending.

Hospital interdicts striking workers

Staff Reporters

TYGERBERG Hospital has been granted an urgent Supreme Court interdict against workers after strike action disrupted operating schedules and caused a shortage of linen.

Urgent talks to halt the strike action take place today as top Cape Provincial Administration officials meet the National Education, Health and Allied Workers' Union.

Hospital authorities yesterday contemplated closing the trauma section and cutting down scheduled surgery, but all services were functioning today, according to senior med-

ical superintendent, labour relations, Japie du Toit.

"We are not closing beds, stopping admission or closing theatres, but it could yet happen," Dr Du Toit said.

He said everything was calm apart from "a small problem in the kitchen", which has now been resolved.

Tygerberg authorities were meeting today to evaluate the situation after going to court last night.

The interdict forbids union members from taking part in any protest action which would disrupt the hospital's services.

ARG 18/1/94 (98) 150
Dr Du Toit confirmed an urgent meeting of the dispute committee this afternoon.

According to a hospital spokesman, the shortage of bed and theatre linen after the disruptions yesterday was so severe that patient care was being jeopardised.

But claims that striking union members stormed into sterile operating theatres yesterday while operations where in progress have been denied.

"There have been a lot of claims of disruptive action — we deny going into theatres and intimidating non-striking workers," said union spokesman Wilfred Alcock.

Baby deaths: 'Loopholes'

CT18/1/98
~~18/1/98~~ 98

Own Correspondent

JOHANNESBURG. — The judicial inquiry into the deaths of seven babies after they received intravenous drips in 1992 heard yesterday that loopholes in the supplier's procedures could have let bacteria into the drip solution.

Prof Margaretha Isaacson, tropical diseases head at the SA Institute of Medical Research, said in a statement her team was not convinced decontamination treatments by Isotec had achieved sterility in the isolators.

Unfiltered

At best only surfaces accessible to and penetrated by the peracetic acid vapour used for sterilisation were sterilised.

There were several breaches in the isolator canopy, such as the pipe connector, and some small

'No quality control by supplier'

tears seen in the cover of the emergency sterilising bin.

The absence of several connecting plugs gave rise to more potential inlets for unfiltered air.

The lack of provision for monitoring the power supply and detecting power failures also made the procedure unsafe.

Isotec had done no quality control or sterility testing on any of the fluids or equipment as these had all been certified sterile by the manufacturers.

No provision had been made for the fallibility of equipment and services.

The cold chain maintenance

could therefore be expected to break down in the event of refrigerator defects, power failures and delays in transport.

Such eventualities could remain undetected and result in the supply of sub-standard products.

Encrusted

Some organisms, including *Serratia odorifera* — the organism found in most of the dead babies — grew under conditions where even an intact cold chain would not compensate for contamination at source.

Some of the equipment was encrusted with what may have been glucose, which would have protected the organism from the sterilising vapour and helped it to multiply.

In principle weekly tests were conducted on sample intravenous paediatric bags, but samples from one of the contaminated batches had only been sent for testing 15 days later.

Hospital strike talks continue

PRETORIA. — Negotiations were still under way at the Kalafong Hospital near here yesterday afternoon after National Education, Health and Allied Workers' Union members occupied the building earlier in the day.

Between 200 and 300 workers — mainly general assistants and some nursing staff — went on strike at the hospital after handing the superintendent a memorandum demanding a R500 bonus. — Sapa

CT 18/1/94

98

Ambulance cash shortfall paid for

CT 18/1/94

Staff Reporter

(98)

THE provincial administration has agreed to pay the R1 252 831 that the city ambulance branch overspent for its 1992/93 budget.

This included overspending on salaries, overtime, general expenses, bad debts, medical requisites, fuel and repairs to vehicles, according to ambulance chief Mr Rod Douglas.

Amenities and health committee chairman Mr Chris Joubert said the money had been overspent on "absolutely essential" items.

The committee resolved at its meeting yesterday to recommend that the executive committee condone the overexpenditure.

The salaries budget was overspent by R330 320 because of staff salary increases. Vacated posts were frozen for the rest of the financial year to minimise overexpenditure.

Mr Douglas said that the increase in fuel price was instrumental in the overexpenditure in the last quarter of the financial year.

Hospital bonus decision slammed

Star

18/11/94

■ BY MONTSHIWA MOROKE
and SAPA

The National Health and Allied Workers' Union (Nehawu) yesterday condemned a Transvaal Provincial Administration decision to reclaim bonuses of R500 paid to Baragwanath Hospital staff.

The R500 payment was made to workers who did not down tools during the 1992 health strike. The TPA decided on Friday to take the money back after workers at other hospitals went on strike, demanding that they too receive R500.

"The decision to withdraw the R500 bonus was not in the interests of settling the dispute and the union condemns the move," a Nehawu statement said. It said the withdrawal had placed Nehawu shop stewards in the firing line and that their lives were being threatened by political elements manipulated by the TPA.

The union called for decisive action from the Transitional Executive Council, which has been asked to intervene in the matter.

TPA director-general Len Dekker said the TPA welcomed the referral of the matter to the TEC.

Theatre operations were cancelled at Kalafong Hospital, near

Pretoria, where workers went on strike yesterday over the controversial payment.

A TPA spokesman said about 300 employees stopped working at about 11 am and began a sit-in in the corridors (98) (18)

Although operations could not be performed, basic health services were kept going (18)

Hospitals where labour unrest has taken place in the past three weeks include Tshepong, Sebokeng, Tembisa, Hillbrow, Johannesburg and Baragwanath.

Dekker said on Friday that the R500 payment, a goodwill gesture which "turned sour", would be recovered over a reasonable period, possibly 20 months. "The demands that all staff at all other institutions should receive the payment forced the TPA to choose between paying everybody or nobody," he said.

Nehawu rejected the decision, accusing the TPA of manipulating the situation.

Meanwhile, Baragwanath Hospital chief superintendent Dr Chris van der Heever appealed to staff to keep the hospital going.

"The community needs and depends on all of us to provide an essential service," he said.

Strike over at Tygerberg

Staff Reporter

TYGERBERG HOSPITAL was operating normally again yesterday after strike action on Monday had disrupted services.

Top officials from the CPA Hospital Services, Tygerberg Hospital management and Nehawu met yesterday to discuss the strike. The hospital was granted an urgent Supreme

Court interdict late on Monday.

Nehawu regional secretary Mr Alistair Charles said yesterday the strike was sparked by dissatisfaction with the way the hospital had dealt with the union/hospital "no work, no pay" agreement. He said Tygerberg's mainly white administrative staff had been given the day off in September because they had been "disturbed" by chanting

union demonstrators, whereas striking union members had had their pay docked.

(98) (98)
CT 19/1/94
A Tygerberg Hospital statement last night said the docking of pay and "no work, no pay" principle had been agreed to by both parties on September 29 and postponed till this month as a gesture of goodwill. Further negotiations would be held.

Tygerberg 'normal' after days of disruptive action

ARCT 19/1/74 (98)

SHARON SOROUR
Labour Reporter

TYGERBERG Hospital is operating normally after days of disruptive action by disgruntled non-medical staff, but a health workers' union is threatening an action campaign against Cape Provincial Administration institutions.

Officials from the National Education, Health and Allied Workers' Union (Nehawu) met a CPA delegation yesterday to iron out problems at Tygerberg after hospital services were disrupted and operations delayed by protest action.

But union spokesman Wilfred Alcock said they were unable to resolve the dispute.

Union members are objecting to the CPA taking money off salaries after strike action at Tygerberg in September. They are demanding that salary deductions also be made from the salaries of white staff who were given time off by management.

The chief medical superintendent, Dr Rex Simpson, said the salary deductions had been agreed to by Nehawu, in terms of an agreement between the union and the CPA, where the principle of "no work, no pay" was accept-

ed by both parties.

"As a gesture of goodwill, the CPA agreed that the deductions only take place in January, which would also allow time to verify documents on absenteeism."

Dr Simpson said that as a result of dissatisfaction by union members over the planned salary deductions, services at the hospital had been disrupted since January 14.

However, after the hospital obtained an urgent Supreme Court interdict on Monday forbidding workers from taking part in disruptive action, no notable disruptions took place yesterday.

"Routine operations took place as scheduled, emergencies were handled as usual and emergency operations were done. Meals for patients were also normalised."

He said steps were taken during the disruptions to ensure that patient care could continue.

Refuse removal was done by nurses and other staff members at night after their normal day shifts. Dirty linen was rinsed by administrative personnel.

Cleaning was done by nursing staff and other staff delivered linen.

Since Friday, administrative personnel had been in charge of

giving patients food, working at night or after their shifts had ended.

"In spite of a very pressured programme, free meals were still prepared for general assistants and an attempt made to serve them. Non-striking staff went out of their way to see that a high standard of patient care continued," Dr Simpson said.

Mr Alcock said that while the CPA had agreed it would not deduct money from salaries until the dispute was resolved, the union was preparing a campaign to "continue challenging racist practices and salary disparities".

"The court interdict was a sign of war," he said.

The union would only meet the CPA again if the attitude of its negotiators changed.

● Transvaal Provincial Administration officials met ANC health officials today in an attempt to negotiate the reopening of the crippled Kalafong Hospital.

The meeting followed the indefinite closure of the Atteridgeville hospital yesterday after staff stormed out of wards in protest over a R500 bonus paid to Baragwanath staff.

Day out-patients made to endure the long wait

ARG 14/1/94 (98)

ANDREA WEISS
Health Reporter

PATIENTS at more than 25 day hospitals in the Peninsula have become accustomed to long waits, sometimes only to be told to return on another day because doctors' quotas are full.

Doctors, in turn, are seeing 60 or more patients a day, while clerical staff have to cope with up to 2 000 new patient admissions a month.

Patients become abusive when bottlenecks develop, leading staff to respond irritably when the less seriously ill demand to be seen before those in urgent need of care.

The experience of one Mitchell's Plain, father Ridwaan Smith, illustrates why many are less than enamoured with the available health service.

Mr Smith, who lives a half-hour walk from the hospital, spent four frustrating days making repeated visits to the Mitchell's Plain Day Hospital when his daughter Rasia, aged 16 months, had diarrhoea and a rectal prolapse.

Eventually he obtained a letter gaining her admission to Red Cross Children's Hospital.

Mr Smith's story is certainly not unique, nor can he claim to have been turned away, because more than once he left of his own accord after long waits. But, put yourself in the shoes of a worried parent with a sick child, and his actions are understandable.

He said his daughter had been ill for three days before he and his wife, Mariam, asked the hospital for help.

Last Saturday, when Rasia started running a fever, he and Mariam decided to take her to the day hospital — arriving about 5.15pm.

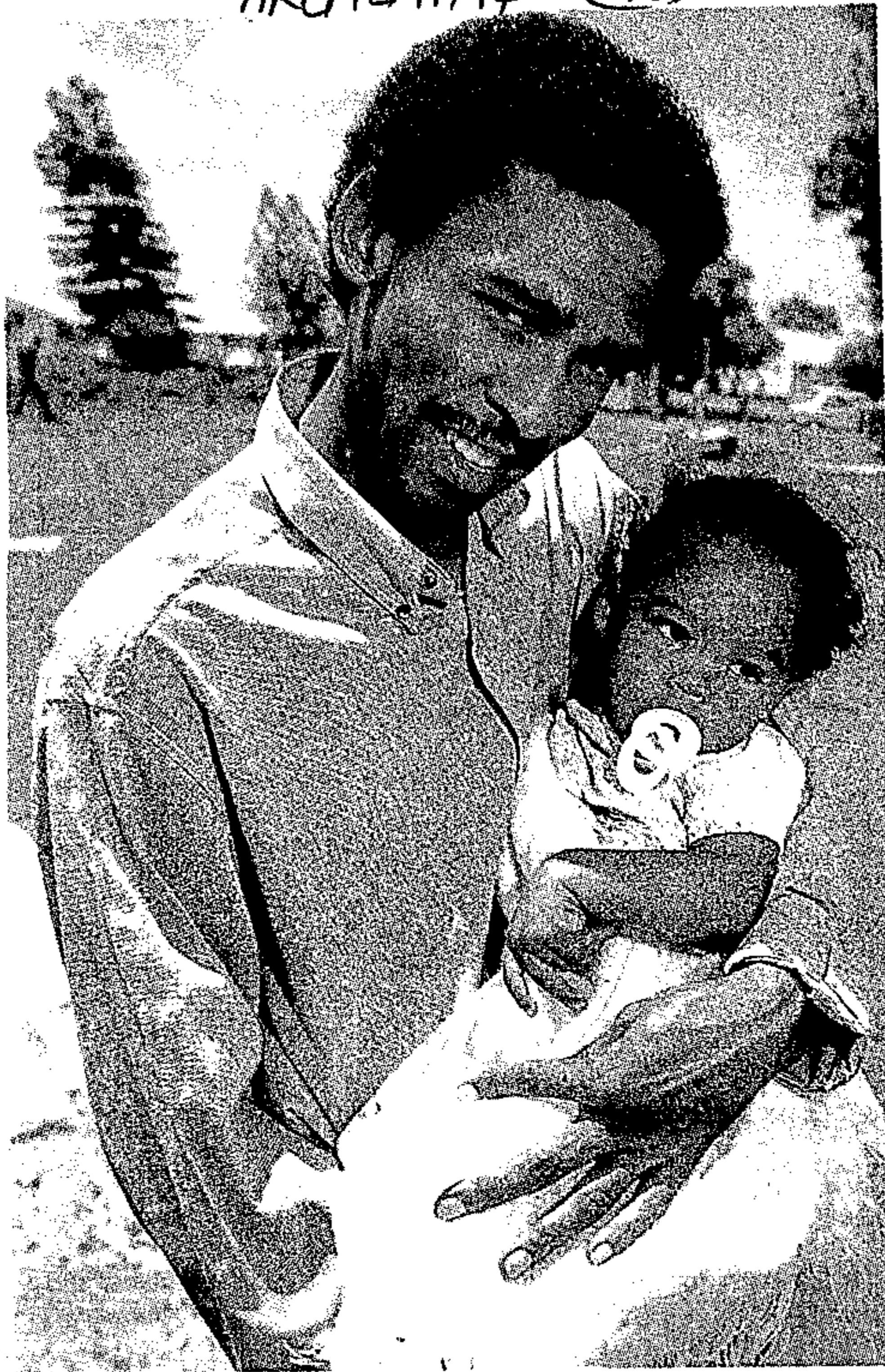
After an hour's wait, Mr Smith approached the porter saying that Rasia was an emergency — but he was told to wait.

"What am I supposed to do? Must the child die in my arms?" he asked.

Another hour passed, then the couple went home to treat Rasia with a home aloe remedy: they also put her in a bath to reduce her fever.

The next day, Sunday, Mr Smith telephoned the hospital to find out why he had been denied a doctor... he claims the sister to whom he spoke, put the phone down on him.

That evening, the family returned with Rasia in an effort to get help, and Mrs Smith was



Picture: DOUG PITHEY, The Argus.

WORRIED FATHER: Mr Ridwaan Smith of Eastridge, Mitchell's Plain, who struggled to get help for his one-year-old daughter Rasia at the day hospital.

allowed to enter the hospital with the baby.

After a brief consultation, they were sent home with some antibiotics.

On Monday, Mr Smith again attempted to discuss his problems with the sister in charge because he was unhappy about the way he had been dealt with at the weekend. He was advised to bring Rasia in again.

On Tuesday — now four days into the saga and with Rasia showing no signs of improvement — Mr Smith was back at hospital with his daughter at 9am. He was told to wait... to be patient, somebody would eventually see him.

By 12.15pm, he still had not been seen and returned home. Mr Smith called the hospital and returned that afternoon with his daughter.

After a wait of several hours

— partly because doctors were in a meeting to discuss gangsterism at the hospital — Rasia was eventually seen at 5pm.

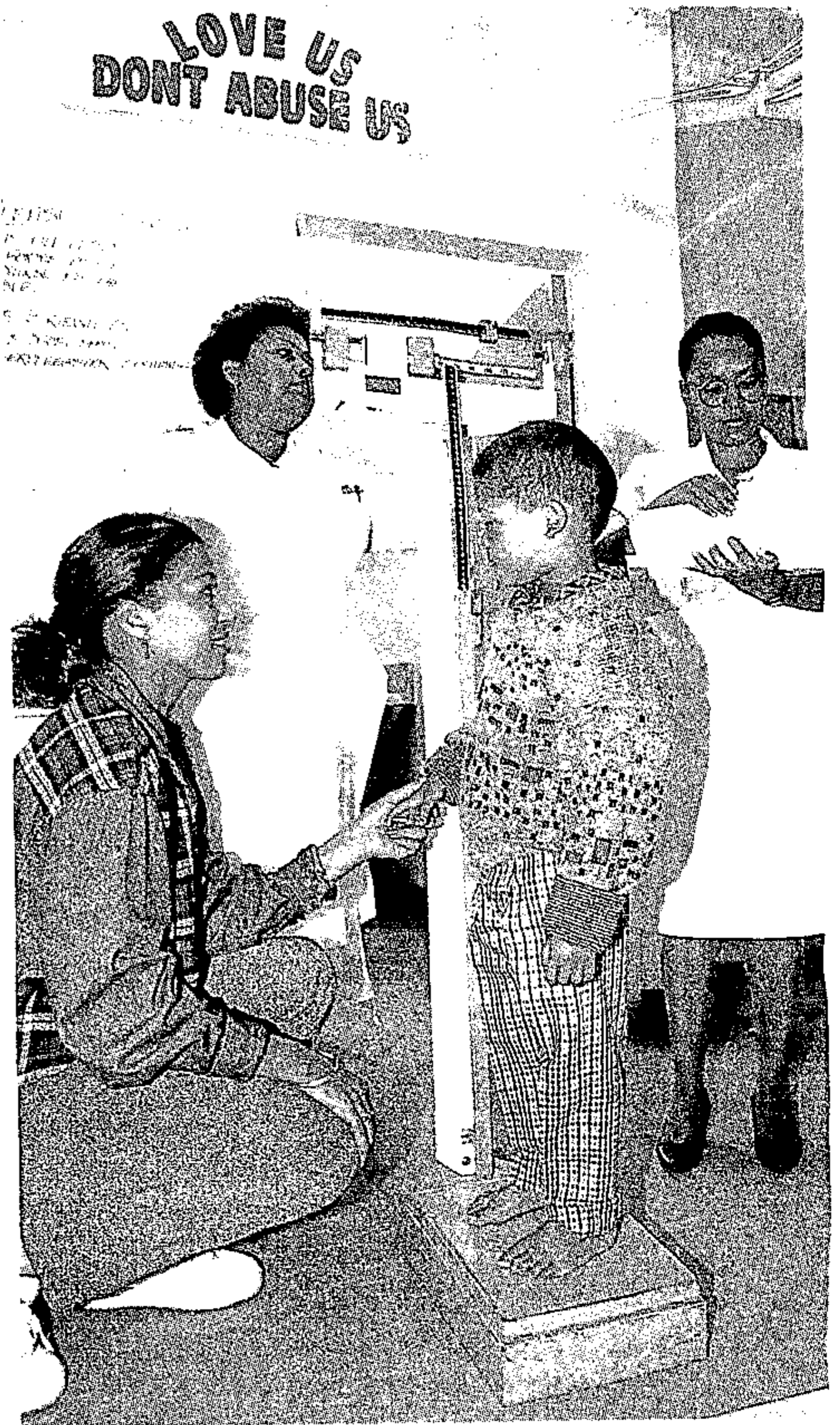
Mr Smith was then given a referral letter for Red Cross Children's Hospital where she was admitted for overnight observation.

● Sister in charge Mary Fritz said that had Mr Smith waited in the first instance, he would have been attended to because the hospital never turned children away.

She also said that the Tuesday of Mr Smith's visit had been particularly busy.

Mitchell's Plain Day Hospital is probably the busiest in the Peninsula.

Every month it sees 12 500 patients; 2 000 new admissions and sometimes 60 trauma patients a night.



Pictures: ANDREW INGRAM, The Argus.

LOVE US, DON'T ABUSE US: Staff at Mitchell's Plain Day Hospital have posted this message above the point where patients are weighed. Francesca Stanfield, left, accompanies her cousin Gershwin, 6, who is weighed by staff nurse Eileen Frazenberg, back left, and nurse Fagmeda Matthee.



TRAUMA UNIT: Anxiously watched by mother Noona Hendricks, handicapped child Yusreen Hendricks is given an injection by Dr Martin Thomson.

Gangs add terror to trauma facing ⁽⁹⁸⁾ Cape Flats hospitals

ARG 14/1/94

□ Staff complain security, facilities inadequate

ANDREA WEISS
Health Reporter

CAPE FLATS day hospitals are under pressure — not only from the volume of patients who pour through their doors — but because gangsters are importing their warfare into the buildings.

At Hanover Park Day Hospital, staff would like the hospital to shut its after-hour services as they believe they cannot work, or return home safely.

Their fears were heightened on Christmas Day in an incident which claimed the life of a security guard. The man was attacked by a belligerent patient who had been refused entry to the hospital with his dog.

Hanover Park hospital sees about 1 200 patients a month and offers a trauma service after hours when most problems occur.

At night, one doctor only is on duty; during the day there are four, one working half-days.

In a notorious gangland and next to a bus terminus, a gangster stamping ground, the hospital and its staff are subject to frequent threats — particularly when gang members accompany their injured.

The last time the hospital closed was in 1989 when an armed gangster threatened a doctor. But staff morale is low and few volunteer night service.

Staff report frequent threats

to lives, explaining they are frightened to use public transport home because they might be followed.

Security guards complain about being ill-equipped, with only one gun between them ... they do not use it unless directly threatened.

"It's just an ornament," they complained.

They also seek facilities for proper body-searches of patients.

Sister June Albertyn said staff felt particularly uncomfortable on Saturdays and Sundays when gang feuds were at their height.

"We often have patients requesting to leave by another entrance because there are guys 'waiting outside' for them.

"In December, we had to call police three times to provide escorts for patients — once for a man who was referred to the nearby TB clinic."

Police estimate that anything up to 3 000 gangsters roam the streets of Hanover Park. The hospital called police for assistance 17 times over a period of four months at the end of last year.

The gang warfare is also keeping away regulars and patients in need of emergency treatment, since they are too afraid to venture from their homes at night.

The situation was summed up by a reception clerk who spent four years on night duty.

"It's horrible to see what is going on at Hanover Park hos-

pital," he said.

He couldn't count the number of times he had been threatened or been subjected to verbal abuse and remembered one particularly frightening incident when a gangster leaned against him to demand a cigarette; he could feel the man's gun beneath his shirt.

That was the night the hospital had to be closed.

Hospital staff arranged a meeting with the local civic association yesterday in an attempt to defuse the situation. The association has apparently offered night assistance at the hospital.

Down the road, at Mitchell's Plain Day Hospital, the situation is not quite as bad. But, bad enough to have caused guns to be fired inside the hospital's doors last October and on New Year's Day.

Both incidents were seen by a nursing sister who is being treated for post-traumatic stress disorder. A single mother of two, she was threatened on both occasions for being a witness and has been booked off work.

The first incident involved a trauma unit patient being shot by a security guard because he was trying to stab a rival gangster; the second, an escort of a wounded man fired his gun during a fight, accidentally injuring his friend.

Mitchell's Plain staff have already held meetings to discuss security, which they regard as inadequate.



DAILY DUTIES: Staff nurse Denise September, left, takes the blood pressure of Mrs Unita Clarke of Heideveld at Hanover Park Day Hospital. Staff at the hospital would prefer to see the unit closed after hours because of the gangster problem.

Sowetan 13/1/94

Hospitals normal again

By Musa Zondi

THE crisis at Tshepong Hospital in Klerksdorp has been resolved after the staff, the community and the administration reached an agreement this week.

The agreement between the Transvaal Provincial Administration, hospital staff and representatives of the community provides for the setting up of "an interim hospital board".

This board is designed to serve as a

go-between for the community and the hospital management. (98)

The interim board has already agreed that:

- The community has undertaken to accept its responsibility "within the framework of the law with regard to Tshepong Hospital";

- All labour disputes must be taken up with the hospital management through normal labour channels;

- Should grievances arise, they must be settled through normal labour

channels; and

- Problems at Tshepong Hospital must be resolved systematically in co-operation with the hospital management.

Other hospitals, including Baragwanath, Hillbrow and Sebokeng, were reported to be back to normal yesterday.

A meeting to resolve outstanding differences will be held tomorrow between the TPA and Public Service Bargaining Council.

ARC 13/1/94
98

TEC to look into Transvaal hospital trouble

JOHANNESBURG. — The Transvaal Provincial Administration has welcomed the announcement that the Transitional Executive Council will look into alleged problems at provincial hospitals, including wasteful expenditure and strained race relations.

The allegations were made during investigations by the TEC's sub-council on regional and local government into industrial action at TPA hospitals.

Striking workers are demanding the R500 bonus which was paid to health workers who did not join last year's hospital strike.

TPA director-general Len Dekker said yesterday he appreciated the fact that an independent body would have the opportunity to hear evidence, especially on intimidation.

The TPA would support the TEC sub-council's investigation.

Cosatu said the conflict was a direct result of "gross mismanagement" of hospitals.

Meanwhile, a second complaint concerning alleged problems at provincial hospitals

has been lodged with the TEC by the Transvaal Provincial Administration.

The TPA raised an incident at Johannesburg Hospital yesterday after the chief superintendent of the hospital, Dr Trevor Frankish, was allegedly summoned to a meeting by 20 shop stewards from the National, Education, Health and Allied Workers Union.

At the meeting Dr Frankish was given an ultimatum by the shop stewards, which concerned statements made by two of the hospital's matrons to the TEC sub-committee on regional and local government concerning difficulties in managing general assistants.

Earlier this week Nehawu shop stewards demanded that the matrons who "said nasty things about the shop stewards at the TEC" apologise to them at a mass meeting.

Management's response was that it was willing to discuss any allegations made at the TEC meeting with the shop stewards, but was not willing to attend a mass meeting or to subject the matrons to undeserved treatment and intimidation, the TPA said. — Sapa.

Order to investigate hospital conditions

Star 12/11/94

■ STAFF REPORTER

The Transitional Executive Council yesterday ordered an immediate investigation into conditions at hospitals where workers are involved in a heated dispute with the Transvaal Provincial Administration.

The dispute revolves around a R500 once-off payment made to workers at Baragwanath Hospital who did not join the National Education, Health and Allied Workers' Union (Nehawu) strike last year.

Workers at other hospitals refused to work when they heard about the R500, demanding that they receive a similar payment.

The investigation's focus will include wasteful expenditure, poor industrial relations, strained race relations, the physical state of hospitals, and corruption and unethical behaviour.

The TEC decided not to interfere in the labour relations field, and said negotiations on the R500 payment to some hos-

pital workers should continue in the Public Servants Bargaining Forum. (98)(254)

Nehawu assistant general secretary Neal Thobejane earlier demanded that the TPA be charged with "misusing public funds and compromising patients" by making the one-off payment.

He also accused the TPA of undermining an earlier TPA decision that all health workers in the Transvaal be paid a similar amount.

The TPA responded by lodg-

ing a complaint with the TEC about alleged intimidation of Johannesburg Hospital workers by Nehawu members.

Nehawu shop stewards yesterday allegedly demanded that two matrons who gave evidence to the TEC's subcouncil on regional and local government about managing workers should apologise to them.

They accused the matrons of "saying nasty things about shop stewards at the TEC", the TPA said.

Gangster peril in hospitals

(98)
CT12/1/94

Staff Reporters

NERVOUS nurses, doctors and hospital staff met yesterday for two hours to discuss ways of curtailing aggressive gangster activity at Mitchells Plain Hospital, which has left staff fearing for their lives.

The meeting follows a series of incidents in which nurses and doctors were threatened by gangsters, often under the influence of alcohol and drugs, and told that if their friends died staff would be held responsible.

Gangsters have also threatened staff, demanding treatment for patients with less serious injuries ahead of people requiring immediate attention, and rival gang fights have erupted in wards and corridors.

Staffs fear for lives: Talks held

In one incident at the hospital a security guard was forced to shoot a gangster trying to stab a member of a rival gang, and bullets narrowly missed members of the nursing staff.

Similar problems have erupted at Hanover Park Hospital, where a security guard was badly injured after being beaten over the head with a baton by gangsters in December.

After the meeting, attended by about 30 staff members and hospital security, Dr John Frankish, deputy director of the Department of National Health, said: "The staff are very nervous about their safety but we want to ensure that services continue. We are here to treat gangsters and the general community and we don't want to close the service down."

Dr Frankish said it had been decided to make efforts to confine large numbers of people accompanying patients to the reception area and only allow one person to escort a patient to the ward.

No final decision was taken on a proposal that people be searched for weapons at reception and Dr Frankish said meetings would continue.

Transvaal hospitals 'corrupt' ⁹⁸

Own Correspondent

PRETORIA — Allegations of corruption, mismanagement, poor industrial relations and substandard building maintenance in Transvaal hospitals are to be examined urgently by the Transitional Executive Council, it was announced yesterday.

The decision came after a TEC subcouncil hearing last week on the hospital crisis in which a number of underlying factors were found to be at the heart of health sector staff discontent.

Local and regional government subcouncil spokesman Mr Billy Cobbett told the TEC last night that while looking into strike action at various hospitals, the TEC subcouncil heard a range of serious allegations which required the "immediate" attention of the TEC. CT 12/1/94

The allegations included corruption, unethical behaviour, wasteful expenditure and intimidation, he said.

Hospitals furore over R500 bonus

Sowetan 11/1/94

By Musa Zondi

■ HOT MONEY Workers hopping mad over money not received:

A R500 bonus for hospital workers has sparked off protests and disrupted three Reef hospitals.

The trouble started on Friday when some workers promised bonuses for "doing extraordinary work" during the 1992 hospitals' strike were paid the bonus and others weren't.

National Education Health and Allied Workers' Union regional chairman Mr Sipiwe Mazibuko said the Transvaal Provincial Administration agreed to the special bonuses to nurses for "doing extraordinary work" during the 1992 strike.

The union warned the TPA that this could have far-reaching implications.

First it was the nurses who wanted the money. Then workers from other departments also demanded the special

payment and were promised it.

Nehawu members who had taken part in the 1992 strike were not to be recipients of this bonus. They then also demanded the money and in an agreement between the union and the hospital management on December 29 last year the TPA agreed to pay them too.

Given no reason

Mazibuko said some of the workers were paid the bonus last Friday, the date agreed to but others, for no given reason, did not receive their money even though the cheques had been made out.

"We tried to get hold of the superintendent for an explanation but to no avail," he said.

At Baragwanath Hospital in Soweto, Nehawu members besieged the main administration building, demanding the money and preventing the superintendent from leaving until the matter was settled. The Internal Stability Unit had to be called in to defuse the situation.

At Hillbrow Hospital, scores of workers toyi-toyed on the premises and also demanded that they be given the money.

At Sterkfontein Hospital, about 150 workers downed tools in protest.

Attempts to get comment from Hillbrow and Bara administrations were unsuccessful as security blocked the entrance.

The TPA was said to be locked in a meeting until late yesterday.

The chief superintendent of Soweto's Baragwanath Hospital and three hospital officials were taken hostage by striking health workers yesterday, but were released later.

According to the Transvaal Provincial Administration, chief superintendent Dr Chris van der Heever and three officials were allowed to leave the hospital's administrative building, where they were held.

Hospital hostages released

The TPA said in a statement their release at 7 pm followed negotiations between its departmental chamber of the Public Service Bargaining Council and labour unions.

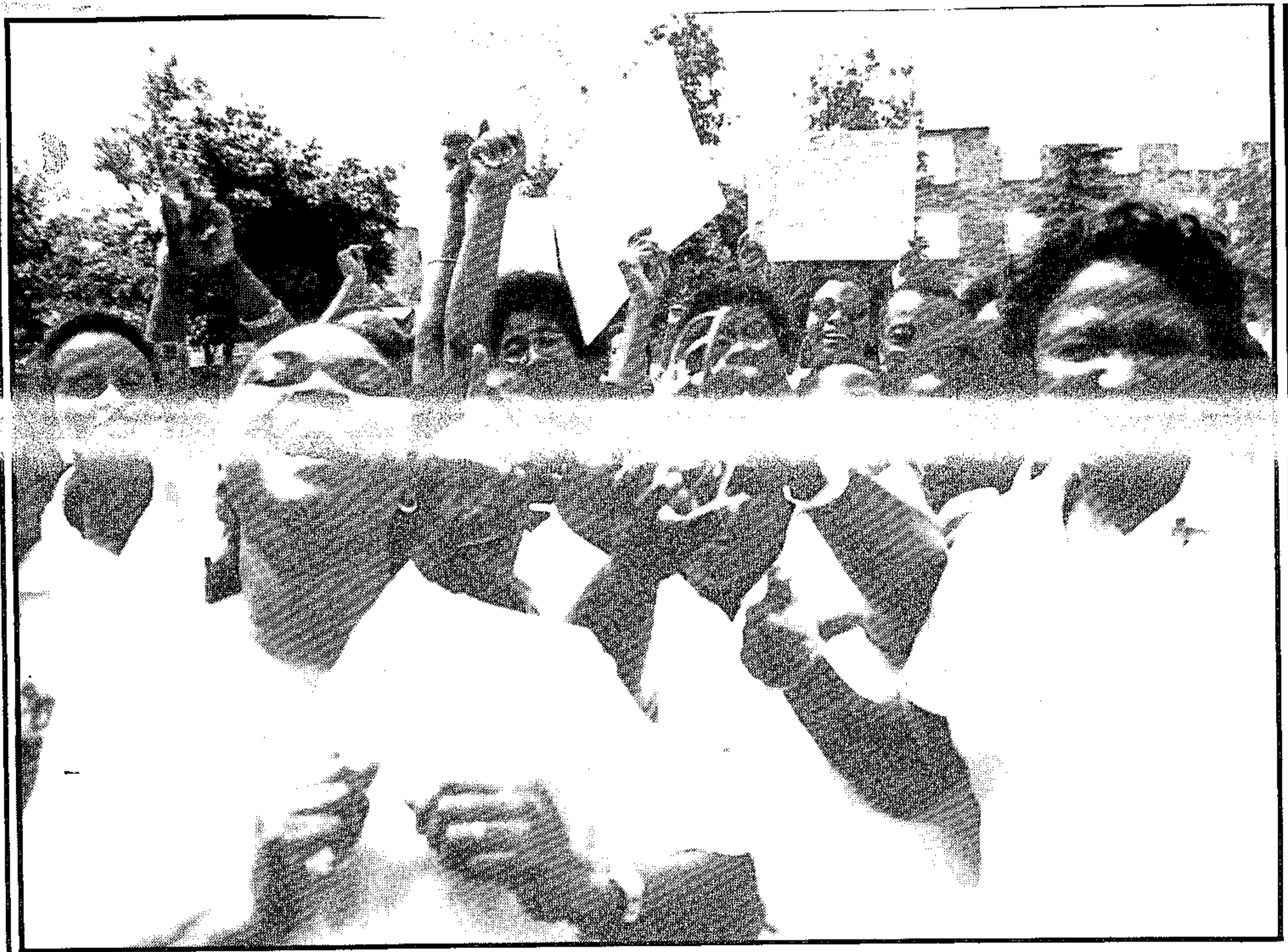
The strike at Baragwanath and other provincial hospital began last week in protest

Star 11/11/94
against a special bonus paid to certain hospital workers. (98)

The TPA said Klerksdorp's Tshepong Hospital was still evacuated and only casualties were being attended to. Patients who required admission were being referred to Klerksdorp Hospital.

At Johannesburg's Hillbrow Hospital, some personnel attended an illegal meeting and incidents of toyi-toying were reported yesterday. At this stage there is no strike at the hospital.

The situation has returned to normal at Sebokeng Hospital, the TPA reported. — Sapa.



SAME PRIVILEGES. . . Tshepong Hospital nurses on Wednesday went on strike demanding they be paid a special R500 bonus like nurses at Baragwanath Hospital. ■ Pic: DAN DHLAMINI

Striking nurses want bonus

By DAN DHLAMINI

"SAME sacrifice, same privileges!" proclaimed one of the posters wielded by Tshepong Hospital nurses as their strike entered its fourth day yesterday.

And it looks like there will be no speedy resolution of the strike.

The disruptions follow the TPA's decision

to award R500 bonuses to workers who worked during the strike last year.

The strike comes in the wake of disruptions at other hospitals in the province, including at Sebokeng and Baragwanath.

TPA spokesman Dries van Heerden has called for calm from involved parties, saying the matter will re-

ceive urgent attention on Tuesday.

Hundreds of patients had to be evacuated from Tshepong Hospital in the western Transvaal this week, as services ground to a halt after nursing staff went out on strike over the bonus issue.

Tshepong was deserted on Thursday as nurses and ordinary workers toyi-toyed

and loitered on the lawn while hundreds of patients were being transferred to neighbouring hospitals.

Tshepong Hospital superintendent Dr Martin Prinsloo told City Press that more than 300 patients, some from the intensive care units, were evacuated on Wednesday night following threats that nurses would go on strike the following day.

Dr Prinsloo said negotiation over the strike was now in the hands of the TEC.

Nursing staff spokesman Cornelius Rantekane said the strike action was triggered by the news that they were not included in the department's specific awards package amounting to a R500 bonus for each nurse who "sacrificed" by working during last year's national strike.

CIPRESS

9/11/94

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Hospital officials seized

PRETORIA. — The chief superintendent of Soweto's Baragwanath Hospital and three hospital officials were taken hostage yesterday by striking health workers, but were released later.

The Transvaal Provincial Administration said the release of chief superintendent Dr Chris van der Heever and three officials at 7pm

followed negotiations between its departmental chamber of the Public Service Bargaining Council and labour unions. After their release the situation at the hospital returned to normal.

The strike by health workers at Baragwanath and other provincial hospitals began last week in protest against a special bonus paid to certain hospital workers. — Sapa

(122) (98)

CT 111194

Hostages taken as hospital strike grows

CT 8/11/94 (98) (22)

PRETORIA. — Strikers kept Baragwanath Hospital's laundry manager and members of his administrative personnel hostage yesterday, a Transvaal Provincial Administration spokesman said.

The strikers also blocked the entrance to the administrative building and prevented staff leaving.

The dispute was apparently caused by workers' grievances about the selective non-payment of a special R500 award.

Strikes spread to Tshepong Hospital in Klerksdorp where patients have

been evacuated and only casualties and out-patients are receiving attention.

Talks at Tshepong have deadlocked, the spokesman said.

A Transitional Executive Council spokesman said a sub-council would meet this weekend with those involved in the Tshepong Hospital dispute and would present a report on Monday.

The strike also spread to Hillbrow Hospital yesterday, but a hospital source said talks were under way to address workers' grievances. — Sapa

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ABI plans to counter boycott threat

ERICA JANKOWITZ

AMALGAMATED Beverage Industries (ABI), whose striking workers threatened a consumer boycott of its products, which include Coca-Cola, said yesterday it was planning an information drive to counter the tactics of the Food and Allied Workers' Union (Fawu). *Biday 7/11/94*

The company would prepare pamphlets for distribution in townships.

On Wednesday, Fawu and the Greater Soweto Chamber of Commerce agreed to suspend the proposed boycott for a week to give the parties time to resolve the dispute. The wage strike by about 2 500

union members entered its sixth day today, with the union holding out for a 15% across-the-board increase in contrast to the company's final offer of 10%.

Meanwhile, ABI applied for and was granted urgent Supreme Court interdicts at its West Rand and Benrose plants to prevent further intimidation and disruption of operations. *(182/182)*

The spokesman said interdicts were now in force at seven sites, but not in Natal, where about half the workforce returned to work yesterday.

Union plans more legal action against Rainbow

ERICA JANKOWITZ

THE Food and Allied Workers' Union (Fawu) intended to proceed with further legal action to oppose Rainbow Farms' decision to close two processing plants with the loss of 800 jobs, even though it had lost its Industrial Court application, its legal adviser said yesterday.

Cheadle Thompson and Haysom labour lawyer Stephen Hardie said although the Malmesbury and Ezhakeni plants would close on Sunday, according to union information, this did not necessarily mean future Industrial Court action would "not declare the resultant 800 dismissals to be an unfair labour practice". *7/11/94*

The action would be argued on the basis of the company's refusal to make management accounts available to Fawu "and that it consequently failed to consult meaningfully with the union concerning possible alternatives and ways of minimising the impact of the proposed retrenchment. Should this be the case, the Industrial Court may very well order the reinstatement of the dismissed employees". *(182/182)*

Hardie disagreed with Rainbow attorney Willie Coetzee's interpretation of the possible reasons for Fawu's urgent interdict being refused on Tuesday, namely that the union had misread a recent court decision concerning information disclosure.

However, he said neither side could speculate accurately until the reasons were handed down.

He cited the Labour Appeal Court Cape provincial division case between Atlantis Diesel Engines and the National Union of Metalworkers of SA, which was "clear and unequivocal in its dictum in relation to disclosure of information by a company during a consultation process concerning possible retrenchment".

In this judgment, the court had held that sufficient information to make consultation meaningful should be made available, as should "information that will assist the employees or trade union in making contributions about ways of avoiding retrenchments".

He said Rainbow had not met the Labour Appeal Court's requirement that companies had to prove that requested information was not relevant to the union attempting to make such suggestions.

Mediation proposed

ERICA JANKOWITZ

IMPALA Platinum mine management yesterday proposed mediation to resolve a dispute with the NUM over the dismissal of two shaft stewards and retrenchments at the mine's Wildebeestfontein shaft near Rustenburg.

Union spokesman Roy Sewnarain said yesterday the union had requested a mass meeting of its members to put the proposal to them before replying to management. *(182/182)*

He hoped this meeting would be held prior to the scheduled discussions — due to be held this morning.

However, he held out little hope of membership agreeing to mediation as it had never proved successful at Impala in the past.

A company spokesman said production had not been affected by the disruptions at the mine, and the situation at both the hostels and work areas was quiet.

Management said the working of additional shifts was also being discussed at the meetings.

Sewnarain said the parties would meet on Tuesday on the retrenchment issue.

Workers had demanded that downscaling be halted until after the meetings.

Patients moved as strike looms

INGRID SALGADO

PATIENTS at Tshepong Hospital near Klerksdorp were discharged and transferred to other provincial hospitals yesterday in anticipation of a hospital workers' strike due to begin today, the Transvaal Provincial Administration said yesterday. *Biday 7/11/94*

Workers were protesting against the R500 bonuses given to all Baragwanath Hospital workers for special contributions in adverse and violent conditions.

Tshepong staff demanded they be given the "departmental specific award" too.

Yesterday about 200 Tshepong patients were discharged and another 200 trans-

ferred to other hospitals. The TPA said the hospital's casualty section would remain open for emergencies. *(98) (182)*

Negotiations between the Tshepong community and the hospital had been scheduled, but it was unclear when the hospital would begin operating again.

The dispute follows this week's strike by Sebokeng Hospital workers and threats by all provincial hospital workers to strike if they were not given the award.

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Hospital workers suspend strike

More than 500 workers at Sebokeng Hospital near Vereeniging suspended their two-day strike last night, saying they would await further negotiations between the authorities and worker representatives over a controversial cash award to staffers.

The Transvaal Provincial Administration said it had received a letter from strikers' representatives informing them of the suspension.

The strike began on

7/11/94
Wednesday after staff members demanded a one-off payment of R500 for services rendered under very difficult circumstances. (98)

Staffers at Baragwanath Hospital in Soweto received the cash award for continuing their chores during a strike.

The TPA said yesterday that the Tshepong Hospital near Klerksdorp remained empty because of a strike over similar grievances. — Sapa.

MATRONS RELIVE NIGHTMARE OF VAAAL HOSPITAL

STRIKE

By GILLIAN BESTER

FOR the matrons of Krugersdorp's Leratong hospital, Tuesday was a nightmare they never dreamt they would experience in their professional lives.

The hospital they were once proud of, which had never had a strike, will now be remembered as the place where "inadequate patient care" allowed two patients to die.

On Tuesday, 12 of them were left with a handful of student nurses to care for almost 400 patients. One nurse in a children's ward had to cope with 37 babies.

Two badly burnt patients were left

untreated for the whole day and two patients died.

Hospital staff are striking throughout the Transvaal to demand a R500 bonus already paid to some Baragwanath workers by the provincial administration.

At Leratong, every patient had to be evacuated and, in Ermelo, police arrested 36 strikers after they attacked patients with knobkerries.

"We felt so bad," said one Leratong matron. "We all want that money but we are dealing with human lives."

Another said: "When the staff first started striking, they would leave two or three nurses in the unit to remain

with the patients. This skeleton staff could not manage all the patients but we felt we should not interfere.

"When I came to work on Tuesday, I had five patients to prepare for theatre and a ward of 25 patients. I was working with one sister. A group of nurses and general assistants came in and went straight to the sister. They asked her what she was doing. She was so scared she couldn't answer. They just told her: 'Get out!'"

"I left the patient. I was attending to, who was bleeding profusely, and said to them: 'Do you know what is happening? Now I am the only person who is left.' They laughed and said: 'You are the matron, you know what

to do.' So I was alone."

Leratong staff returned to work on Thursday but the hospital will not admit any patients until an agreement has been reached with the TPA and there is a guarantee that no further action will be taken. Another meeting between the two parties has been set for tomorrow.

The nurses are emphatic they did not put any of their patients' lives in danger. "We were not on strike, we were demonstrating," said one. "We left a skeleton staff there so there was no reason to take the patients out and transfer them." *30/1/94*
"We want that R500. If Bara gets it, then we should get it." *(98)*

Nursing sisters in Hillbrow Hospital, where the staff protest from 8am to 12 noon every day, are working hard to provide a normal service with a skeleton staff.

But operations are being cancelled and the hospital is trying to cut down on the number of admissions.

"Today we are only two in this ward but we managed to give patients their treatments, feed them and do the discharges," said one nurse proudly.

"They told us we must join the demonstrations or else. We didn't want to find out what the 'or else' was," she said.

A TPA spokesman said negotiations would continue next week but empha-

sised that the controversial payments to Baragwanath staff would be recovered. No consideration would be given to paying the staff of other hospitals.

Sapa, meanwhile, reports that a private arbitrator is to be appointed to investigate the dispute. Legal representatives will meet on Tuesday to draft terms of reference for the arbitrator.

Strikes are also affecting the following hospitals: Johannesburg Hospital, Hendrik van der Bijl in Vanderbijlpark, Ontdekkers Memorial Hospital in Rodepoort, Natalpruit Hospital in the East Rand, Rietfontein Hospital and Maputha Malatji Hospital in Phalaborwa.

Arbitration in hospital bonus row continues

INDEPENDENT arbitration in the dispute between the Transvaal Provincial Administration and the National Education, Health and Allied Workers' Union continues today after no agreement was reached on Friday. *B/DOM 31/1/94*

The dispute about R500 bonuses to hospital workers was scheduled for arbitration last Friday, but legal representatives are to meet tomorrow to draft the terms of reference. These will be ratified in a follow-up meeting of the Departmental Chamber of the Public Service Bargaining

JACQUIE GOLDING

Council at the TPA this Friday.

The chamber appealed to all representative structures, including the SA Nursing Association and the Public Service League, to accept the processes and structures created as the "best possible means to address the crisis" and to give their "full support and co-operation" to this initiative.

TPA spokesman Piet Wilken described the situation at provincial hospitals as still "tense". (98)

Union, hospitals meet in effort ^{(98) (152)} ARG 3/2/94 to resolve strike

PAT CANDIDO
The Argus Bureau and Sapa

PORT ELIZABETH. — Strike-hit hospitals in the city were still without staff today as Nehawu members, hospital officials and members of the Provincial Administration met in an effort to resolve the crisis.

Acting regional health director Louis Marais said during a break in talks that he was hopeful the crisis could be resolved soon. He said no progress had been made and the parties had given themselves until late today to reach agreement.

He said the demands put forward by Nehawu could not be met by local health officials.

Today, the third day of the strike, the Dora Nginza Hospital was closed. Livingstone Hospital was not accepting outpatients and services were cut to a minimum at the Provincial Hospital.

There were allegations of doctors being prevented from carrying out an emergency operation at Livingstone.

Volunteers from churches and other organisations helped clean floors and maintain hygienic standards.

Administration offices at all striking hospitals were still occupied by strikers. Patients at Livingstone claimed that toyi-toying demonstrators had stolen their money.

Police spokesman Henry Chalmers said today that police would not withdraw from the Provincial but would maintain a low profile.

Hospital authorities called the police yesterday when about 30 AWB members threatened to enter the

building to guard sick friends and relatives.

Captain Chalmers said police had been deployed inside the building and at entrances to check bags for firearms. The AWB has been told to leave law and order to the police.

The situation was chaotic yesterday, with the hospitals at a virtual standstill as strikers occupied wards and offices while vigilantes armed with spiked sticks prowled the wards and corridors, forcing workers and non-union members to leave.

At the Provincial, male strikers allegedly urinated on a woman patient and a radiologist and assaulted people with nail-studded sticks.

At a children's hospital in the townships, 60 children — some desperately ill — were eventually removed. Earlier, strikers had refused to allow staff to tend to the children, feed the babies or change nappies.

The attitude of strikers has caused widespread public anger and revulsion. Doctors threatened to appeal to the Transitional Executive Council because, they said, strikers were endangering the lives of patients.

A patient who left the Provincial said she had never been so frightened.

"They were thugs. I felt so sorry for the nurses who were trying to help us. If this is the way negotiations are going to go in the future, I have very little faith or confidence."

Hospital corridors were scattered with rubbish, dirty laundry and used dressings, much of which, it was claimed, had been dropped by the strikers.

NEWS Traditional healer may be arrested under suppression of witchcraft

Sowetan 3/2/94

Strike hospitals tense

TRANSVAAL hospitals were still tense yesterday following strikes sparked off by a one-off R500 bonus paid to health workers at Baragwanath Hospital.

A spokeswoman for the Transvaal Provincial Administration, Mrs Lynette Roeleveld, said some of at least 10 affected hospitals were tense but that employees went back to work.

Workers at Hillbrow Hospital participated in a demonstration yesterday morning, but were back at work at noon.

Roeleveld said out-patients and casualty departments at Leratong Hospital in Klerksdorp were opened and that patients transferred to Paardekraal Hospital and other hospitals would be referred back to Leratong.

Fears that the JG Strijdom was on the verge of a similar crisis were fuelled by a meeting of health workers to discuss the R500 bonus demanded by health workers in TPA hospitals.

Meanwhile, TPA said that Northern Transvaal hospitals had been flooded with patients due to strikes in seven Lebowa and three Gazankulu hospitals.

Emergency services ceased and operating theatres were closed at hospitals in Port Elizabeth and Uitenhage in the Eastern Cape as a worker protest action was intensified yesterday.

The Red Cross in Port Elizabeth has been flooded with calls from people volunteering to work in the hospitals, regional director Mr Leslie Masondo said.



Toy-toying strikers CF 2/2/94 (2) (98) cause hospital chaos

PORT ELIZABETH. — A patient died of a heart attack in the provincial hospital here yesterday when staff were unable to alert emergency services because of chaos caused by striking workers.

However, hospital sources said it was difficult to say with certainty that the delay in contacting the cardiac arrest emergency trolley was solely to blame for the patient's death.

Militant workers occupied administrative offices, toy-toyed in wards — including children's wards — chased out non-striking staff and disrupted communications.

● In Durban, hundreds of general assistants embarked on a strike at the King George Jubilee Hospital yesterday over failed wage negotiations.
— Own Correspondent, Sapa

LOCAL

Strike at Leratong settled

Protests spread to more hospitals

Star 2/2/94

Protests by hospital staffers spread around the country yesterday, while the week-long strike at Leratong Hospital near Krugersdorp was resolved.

Leratong is to reopen today, but there were ugly scenes in other hospitals as further protests erupted.

Many workers rioted at the Livingstone Hospital in the eastern Cape.

Strikers rampaged through the hospital, smashing doors and windows and driving staff out of wards. There were no reports of injuries.

The deputy chief superintendent at Livingstone Hospital, Dr Herman Clarkson, said the entire administrative block was invaded by chanting workers. Staff were prevented from working

and many were threatened.

Clarkson said nurses were forcefully removed from some wards, and the paediatrics ward was locked and the children inside left unattended.

Hampering

Nurses and workers occupied Port Elizabeth hospital administrative offices yesterday, severely hampering health services.

The protest affected Cape Provincial Administration hospitals in Port Elizabeth and Uitenhage.

The workers and nurses, all members of the National Education, Health and Allied Workers Union (Nehawu), apparently embarked on the sit-in over unresolved disputes with the CPA.

And hundreds of general as-

sistants embarked on a strike at the King George Jubilee Hospital near Durban yesterday over failed wage negotiations.

The protest looked set to continue yesterday afternoon despite hours of talks between Nehawu representatives and the authorities.

It is understood the dispute is linked to December wage increases which were granted to selected categories of workers.

At Leratong, however, the strike sparked by dissatisfaction over a R500 bonus given to staffers at Baragwanath Hospital in Soweto, because of the dangerous conditions they worked under during a strike last year, was resolved after negotiations. — Staff Reporters and Sapa.

Greater Soweto councils will meet at the Orlando Stadium on

Hospital workers intensify action

B. Day
JACQUIE GOLDING 2/2/94

LABOUR action intensified at hospitals across the country yesterday with workers in the eastern Cape, Durban, Port Elizabeth, Lebowa and Uitenhage disrupting services or embarking on go-slows in support of demands for payment of R500 bonuses by the Transvaal Provincial Administration (TPA). (98)

However, an agreement was reached yesterday to reopen Leratong Hospital in Krugersdorp following its closure last week due to strike action. A TPA spokesman said the re-opening would allow nurses to return to work.

The controversial R500 bonus paid to Baragwanath Hospital workers last year has sparked protest action at other hospitals where the National Education Health and Allied Workers' Union (Nehawu) is represented.

Nehawu officials stressed that the agreement reached between the TPA and the union to allow independent arbitrators to decide on the payment of the bonus still applied.

A Nehawu spokesman said the actions by protesting workers could not be attributed only to Nehawu members since there were many angry workers who were not members of the union.

The respective legal teams are to sit on Friday for their second meeting.

"The situation at Transvaal hospitals has simmered down except for work stoppages at Hillbrow," said the TPA.

Sapa reports that six hospitals in Lebowa stood empty yesterday while 3 000 members were on strike.

Tvl hospitals. ⁹⁸ Strikes still on

CT 1/2/94
JOHANNESBURG. — Workers at a number of Transvaal provincial hospitals are continuing protest actions following a dispute regarding bonuses given to workers at Baragwanath Hospital.

Meanwhile, the South African Medical and Dental Council (SAMDC) has received messages of concern from senior doctors at the Baragwanath and the medical superintendent of Makopane Hospital in Potgietersrus about the rendering of health services.

The SAMDC pointed out although it was not responsible for salaries and working conditions in hospitals, it "appeals to all concerned to take every possible step to resolve the problems which impinge on the rendering of health services".

● The South African Nursing Association (Sana) yesterday said health employees who leave patients without care should be dismissed.

This was in reaction to ANC spokesman Mr Carl Niehaus' alleged statement that he could see no reason why health services should be declared an essential service.

Nurses pitch in to help clean up dirty hospital

JACQUIE GOLDING

JOHANNESBURG Hospital nurses and superintendents began cleaning up the hospital yesterday after a go-slow affected hospital services.

"Things were getting out of hand and patients deserved better," said one nurse who declined to be named. It was reported in the Sunday Times that patients were facing infection from grime as a go-slow by general assistants to protest against the Transvaal Provincial Administration's decision to award a R500 bonus to Baragwanath Hospital workers entered its fifth week. Independent arbitration on the strike has been postponed until Friday.

A Johannesburg Hospital spokesman said the Sunday Times report had been an exaggeration but admitted the hospital had been in a "bad state" last week. The situation at all Transvaal hospitals was quiet but tense, a TPA spokesman said. Workers at nine Transvaal hospitals had returned to work this week.

However, a skeleton staff attended to patients at Hillbrow Hospital yesterday and the Far North Hospital in Pietersburg was overcrowded because of striking workers at Lebowa hospitals.

At Leratong Hospital, which was closed temporarily last week, the TPA held talks yesterday with unions and employee associations.

Sapa reports the SA Nursing Association yesterday said health employees who left patients without care should be dismissed.

The association was reacting to ANC spokesman Carl Niehaus's alleged statement that he could see no reason why health services should be declared an essential service.

"It will be a tragic day when defenceless patients are consigned to a system where human lives are used as the only mechanism for solving disputes," said association president Marie Muller.



Inkatha's health secretary Derek Arbuckle and ANC health director Ralph Mqijima at the conference. Picture: ROBERT BOTHA

Venter warns against unrealistic health promises

IT WAS irresponsible to make unrealistic promises to an expectant electorate, Health Minister Rina Venter said yesterday.

She told a Midrand conference on financing a new health care structure that the NP would attempt to be a "voice of sanity" in a field where expectations were running high and where there was a temptation to propose unrealistic solutions.

ment - should be given urgent attention. National health insurance would largely affect those who fell within the sphere of the private sector.

However, the financing of the national health system would not be dependent on this model.

The ANC could realistically meet its goals through other sources of financing, including revenue from higher tobacco and alcohol taxes.

KATHRYN STRACHAN

To be sustainable, health care had to be affordable, which entailed primary health care focused on the community and devolved to the lowest levels of government structures.

ANC health spokesman Ralph Mqijima said the option of a national health insurance scheme - proposed in the ANC's draft health policy docu-

Nurses pitch in to help clean up dirty hospital

BISA 112194
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Midwives granted cash award

152 (98) 355
Staff Reporter

STAFF of the midwife obstetric units in Guguletu and Khayelitsha are to be paid awards amounting to 8,33 per cent of their annual salaries after a strike threat last week because they were overlooked when a one-off cash award was made to day-hospital staff in December.

This was announced yesterday by Tom Sutcliffe, deputy director-general of the Cape's hospital and health services.

The strike threat followed crippling work stoppages in the

Transvaal, where payment of a R500 cash bonus to Baragwanath Hospital staff sparked dissatisfaction elsewhere.

At the Guguletu unit 46 staff members signed a letter to Groote Schuur Hospital management, which oversees five units in the Peninsula.

The Guguletu maternity staff said they operated a 24-hour service and were as much at risk as day-hospital staff.

Yesterday's announcement outlined the criteria for the award. These include that:

- The institutions be situated

in areas where violence and unrest prevail.

- Personnel spend their full working day at the institutions.

- Staff be subjected to intimidation and acts of violence to and from their places of work as well as in the workplace itself.

Dr Sutcliffe also announced that the award was for the period January 1 to December 31, 1993, and that it was to be a non-pensionable, taxable cash payment.

Staff should also have been in service on December 31.

Berco: Solution to medical strikes

CT 4/2/94

Business Staff

(98)

A NEW hospital cleaning group Berco is making its mark in the country and could soon erase problems relating to strikes at local medical centres.

The Berco group has the advantage of representing UK's largest hospital services company, Mediguard in SA.

MD Ray Long said that the concept follows the world trend of sourcing out non-medical related services including switchboard, portering, cleaning and catering.

The group can save a hospital as much as 35% on the costs of providing these services, says Long.

This is, so he says, because of the specialist training in the cleaning fields and the technology the group has to back this up.

The money saved can be used to purchase "more modern capital equipment", says Long.

"Talks are currently under way between privately owned hospitals and major state hospitals such as Groote Schuur," he says.

The group has in recent times obtained the contract to service the Kingsbury hospital in Claremont.

PE hospitals halt surgery

Sowetan 3/2/94

HEALTH services at all Cape Provincial Administration hospitals in Port Elizabeth were yesterday still severely disrupted by striking workers and nurses who occupied administrative offices overnight. (98)

The workers and nurses, all members of the National Education, Health and Allied Workers' Union, embarked on the sit-ins over unresolved disputes with the CPA yesterday.

Deputy superintendent at Livingstone Hospital Dr Herman Claassens yesterday said the strikers were "charging through the hospital and dragging (non-striking) nurses in the halls".

Claassens said the workers also tried to assault a hospital matron.

He said the hospital was in chaos and the superintendent, Dr Fred Rank, was on the verge of calling in the police. He said Rank had already called on the SA National Civics Organisation to intervene.

It was also reported that many scheduled operations had been cancelled. One person also died of a heart attack yesterday, but it was not clear if this was as a direct result of the strike.

Meanwhile, large groups of workers and nurses could be seen walking around the hospital premises yesterday. A large group was also toying near the workers' canteen at the back of the hospital. Refuse and linen bags lined the hospital corridors and streets outside.

A spokesman for Nehawu, Mr Vuyani Dlabantu, said the workers were demanding that the CPA drop a plan to fire 13 shop stewards who were found guilty of occupying the administrative offices during a strike in August last year.

Other demands centre on the dismissal of two workers at the CPA's roads and nature conservation departments. — *Eena*.

Cape strike shuts operating theatres

Star 312194

Cape Town — The Cape Provincial Administration has applied for an urgent interdict against the National Education, Health and Allied Workers' Union (Nehawu), Cape MEC for hospitals and health services Peter Marais said yesterday.

Emergency services ceased and operating theatres were closed at hospitals in Port Elizabeth and Uitenhage in the Eastern Cape as worker protest action was intensified yesterday.

In a statement, Marais said he wished to express his "utter disgust" at the behaviour of Nehawu members striking at Cape hospitals and appealed to them not to put the lives of innocent patients at risk.

"Their behaviour borders on barbarism and cannot be condoned in any civilised society," he said.

Police had been summoned to prevent confrontation between strikers and Afrikaner Weerstandsbeweging members who had entered the dispute at Port Elizabeth Provincial Hospital, he said.

Actions by Nehawu members at Dora Nginza Hospital had re-

CHAOS in Port Elizabeth and Uitenhage hospitals, but it's back to work in the Transvaal (98)

sulted in patients having to go without breakfast, and at Port Elizabeth Provincial Hospital the administrative offices had been occupied, causing "total chaos".

Striking staff had armed themselves with sticks with protruding nails, and male strikers had urinated on women, said Marais.

In the Transvaal, personnel at the Hillbrow and Johannesburg hospitals returned to work, according to Nehawu organisers.

Nehawu has agreed to meet the Transvaal Provincial Administration, the Institute for Public Servants, SA Nursing Association, Public Service Association, Hospital Workers' Association, and the Public Service Artisan and Allied Workers' Association tomorrow.

As the strike entered its second day in Port Elizabeth and

Uitenhage, operating theatres at the Livingstone and Dora Nginza hospitals were closed and emergency services ceased.

Workers occupied the office of Dora Nginza Hospital superintendent Dr John Hanraty. And at Port Elizabeth's Provincial Hospital, the superintendent and his staff locked themselves in their offices as Nehawu members toyed outside.

Meanwhile, the R500 special bonus payment to Baragwanath Hospital workers, which sparked protests at provincial hospitals countrywide, is to be investigated by an independent arbitrator in terms of an agreement by all the parties involved.

A TPA statement said the arbitrator would decide "whether or not the payment should be retained or returned".

Management at Durban's King George Jubilee Hospital is to review the salaries of general assistants following Tuesday's strike by about 500 employees over salary backpay.

Workers at Hillbrow Hospital took part in a demonstration yesterday morning but were back at work at noon. — Sapa.

Overflow crisis at SA hospitals

By Josias Charle

MINISTER of National Health Mrs Rina Venter has expressed dismay at the overflow of patients from strike-hit hospitals in the Northern Transvaal home-lands to other towns in South Africa.

Speaking at a Press conference in Pretoria yesterday, Venter said it was unacceptable that hospitals in Pietersburg, Tzaneen and Phalaborwa, which had problems of their own, should carry the burden of extra patients who were being transferred from hospitals in Lebowa and Gazankulu affected by nurses' strikes. (98)

Dealing with the nurses' demands, Venter said there was no possibility of adjusting their salaries at this stage.

"We cannot adjust salaries of nurses in one area without doing so elsewhere. We have to act responsibly within our budget constraints to ensure that health care is provided without compromise."

Venter said it was irresponsible for employees to make demands that were selfish and not in the interests of the patients.

(We cannot allow the interests of the patients to be compromised)

She said efforts had been made to explain to nurses that they should raise their grievances through established channels and it was regrettable that this was not being done.

She also attacked the African National Congress for saying that nurses had a right to strike "in spite of the consequences to patients". "We cannot allow the interests of the patients to be compromised. It is high time that the ANC clarified its stance on this matter and at the same time the union (National, Health, Education and Allied Workers' Union) has to take strong disciplinary action against its defiant members."

Venter said on the other hand the Government could not unilaterally act against errant employees without going through established channels.

Hospital chaos continues

Own Correspondent

PORT ELIZABETH. — Striking male Nehawu workers allegedly urinated on female patients at the Provincial Hospital here and others paraded through the hospital armed with nail-studded sticks as chaos continued at the city's hospitals yesterday afternoon.

By evening the situation at the hospital was calm, after police were called in earlier to prevent AWB members from entering the premises.

Negotiations between the Cape Provincial Administration and Nehawu ended shortly before 4pm with little progress made and will continue today.

CPA hospital services acting regional director Mr Louis Marais last night confirmed a statement by Cape MEC Mr Peter Marais that striking staff at the Provincial Hospital had been armed with nail-studded sticks. An inci-

Strikers 'urinated on sick'

dent of staff urinating on someone had been reported to him.

Mr Peter Marais said the behaviour of Nehawu members at Cape hospitals bordered on "barbarism" and "cannot be condoned in any civilised society".

Staff at Livingstone Hospital were apparently moving patients into one ward last night so they could cope better as each ward only had one nurse.

At the Provincial Hospital at visiting time last night there was a strong police presence, with Nehawu members still sitting in the foyer and AWB leader Mr Barend Mostert and about 30

CT3/2/94

people at the far edge of the parking lot.

The hospital's switchboard was restored by 6pm yesterday after being out of action for most of the past two days.

A senior paediatrician at the Provincial Hospital blamed the disruption of the hospital's switchboard by Nehawu strikers for the near-death of a Graaff-Reinet woman rushed to the hospital for an emergency operation yesterday.

The doctor said the eight-month pregnant woman, a patient of a senior obstetrician at the hospital, was rushed to Port Elizabeth for an emergency operation but her doctors could not get through to the Provincial Hospital to notify staff.

"The delays and failure to be able to use the hospital's telephones could have cost a life. We couldn't prepare ourselves properly for the operation," he said.

● A Nehawu spokesman could not be reached for comment last night. (98) (158)

Hospital strike

'out of control'

BIDGAM JACQUE GOLDING 2/2/94

STRIKE action at Port Elizabeth's Livingstone Hospital was said by hospital staff to be "out of control" yesterday as worker protests in the eastern Cape intensified.

Emergency services ceased and operating theatres were closed in hospitals in Port Elizabeth and Uitenhage.

The Cape Provincial Administration (CPA) applied for an urgent interdict against the National Education, Health and Allied Workers' Union (Nehawu) after an emergency meeting with the union.

The nationwide protests were sparked by payment of a R500 bonus to staff at Soweto's Baragwanath Hospital.

The administration offices of all eastern Cape hospitals were occupied and nurses at Livingstone Hospital were intimidated by striking workers, the CPA said.

Sapa reports that doctors at Livingstone Hospital condemned the behaviour of striking workers. A statement signed by nearly 70 doctors demanded that the issue be resolved immediately by the CPA and Nehawu, or be referred to the TEC.

A doctor in Livingstone's casualty ward said strikers were "rampaging through wards and corridors". A medical superintendent said emergency obstetric services had to be arranged for mothers who had given birth because of stress induced by "rioters".

The CPA called in the police to defuse a confrontation between union members and the AWB in Port Elizabeth.

A regional Nehawu official said unless workers were awarded increases and retrenched workers were reinstated, industrial action would continue.

In Lebowa and Gazankulu, strike action continued at 10 hospitals.

Court order curbs strike chaos at E Cape hospitals

98
ARG 4/2/94

PAT CANDIDO
The Argus Bureau

PORT ELIZABETH. — Six Eastern Cape hospitals have obtained an urgent interdict from the Industrial Court preventing striking National Education, Health and Allied Workers' Union (Nehawu) members from intimidating workers and disrupting essential health care services.

The four-day strike — which has been marked by intimidation, violence and scenes of chaos — has provoked widespread anger.

The SA National Civics Organisation has condemned the strike and intimidation of the workers. The organisation said Nehawu had embarked on the action without consulting other organisations.

At Livingstone Hospital some strikers were still refusing to leave administrative offices and passages today and there were claims of further intimidation. Police were called to monitor the situation.

There was chaos at Livingstone last night when strikers overturned trolleys of food

intended for desperately-ill children.

Senior medical superintendent Herman Claasen said he had seen chaos and anarchy, and that there was only soup left for the children to eat, that operating theatres were blocked by demonstrators and that urgent cases had been referred to private hospitals.

He said it was possible the hospital could close today.

Septic refuse, filth and laundry bags with septic sheets were lying everywhere. Rubbish bins had been overturned and staff still on the premises felt their lives were in danger, he said.

Some doctors said Nehawu was responsible for deeds tantamount to murder, and praised the work of a "handful of truly dedicated nurses and volunteers who tried their best 'to keep things going'".

Today all was quiet at the Provincial Hospital, where police were still on duty.

Dora Nginza Hospital was still closed early today, while authorities waited to see whether staff would come to work.

NOTED TO THE
FRANZIS UTO...

Patients abused by strikers, says Venter

BIDAY 4/2/94

THE National Education, Health and Allied Workers' Union had lost control of its members and had been acting in an unacceptable manner during the hospital strikes, Health Minister Rina Venter said yesterday.

She said there had been reports of union members urinating on patients, emptying dustbins in hospitals, attacking administrative staff and damaging cars, Sapa reports. "This is totally unacceptable and the public should take notice that the union has lost control of its members," she said.

Cosatu, in turn, said it was becoming "increasingly alarmed" by the hospital crisis. JACQUIE GOLDING reports Cosatu said it feared that unless wage increases for hospital and other public sector workers were addressed and industrial relations improved, hospital services nationally would be "paralysed".

Cosatu said it would be exploring ways to solve the crisis, "even if this means top-level intervention to persuade the government to change its stance".

Meanwhile, the situation at Port Elizabeth and Uitenhage Hospitals was described as "stable" yesterday, with volunteers from the nearby Red Cross Hospital performing essential services.

Workers at some eastern Cape hospitals have been on strike since Monday, but those at Transvaal Provincial Administration (TPA) hospitals have returned to work and the issue of the R500 bonus has been left for independent arbitration today.

Earlier in the week general workers rioted in the Port Elizabeth and Uitenhage hospital wards to press demands for salary increases and the reinstatement of retrenched colleagues. (98)

A Cape Provincial Administration spokesman said striking workers and Nehawu members were still occupying administration buildings at both hospitals, making it impossible for volunteers to man switchboards or carry out other tasks.

Administrative workers who arrived for work yesterday said they were prevented from entering the building by strikers. A Nehawu official denied this.

A group of AWB supporters spent part of the day at Port Elizabeth's Livingstone Hospital yesterday and said they were there to protect white staff members.

In Johannesburg volunteers came to the aid of 57 cerebral palsied children at the Harry Kessler home in Rosettenville after 45 non-medical staff went on a wage strike yesterday.

Some parents fetched their children to ease the burden facing staff nurses and volunteers. These parents also took some handicapped orphans into their care.

Nehawu negotiator Heather Numa said workers at the home would continue to strike if their wage demands and other grievances were not addressed.

It was also reported yesterday that seriously ill patients in strike-hit hospitals in Gazankulu were being transferred to TPA hospitals in Tzaneen, Pietersburg and other neighbouring towns.

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Hillbrow Hospital's damage control

Wm 4-10/2/94

98

Hillbrow Hospital workers are on strike but, thanks to a skeleton staff system agreed to by management and unions, the service has not ground to a halt, writes **Ferial Haffajee**

FRANS DE KLERK takes one telephone call, puts another on hold and speaks urgently into a walkie-talkie. "Sure you can come up and see me," he says to the caller, "if you can get through."

He means through the hundreds of toyi-toying nurses, cleaners and clerks who clog the entrance to his office in the administration block of the Hillbrow Hospital.

Most of the workforce is on strike and the hospital has been turned upside-down for De Klerk, its head of security. Also affected are hospital administrators, patients, doctors and workers who have defied the strike call.

It's midday, and out-patients wait in a queue that grows longer and moves at snail's pace.

Two or three staffers deal with agitated patients who demand their attention. Most of the cubicles usually manned by at least 20 clerks stand empty.

"I'm suffering, I'm here from seven (this morning). It's difficult, the government must just give them the money because now we're going to die," says Annie Kau, a patient who says she has asthma, high blood pressure and an ulcer.

Another woman complains that she has to get back to work. "I was in a queue, I was at the window — now I'm back in the queue," she says before moving quickly into the next

seat as the long line inches forward.

A matron in the casualty section remains stoic. "A few of us remain and a few go out," she says, explaining the remarkable skeleton staff system, agreed with trade unions, which has enabled the hospital to keep operating.

This damage-control agreement appears to have worked at Hillbrow Hospital.

Apart from the queues of patients and the sense of disarray — the floors haven't been swept and many laundry bags litter the wards — things are running relatively smoothly. Patients are getting their lunches and there have been no strike-related emergencies.

Outside, workers wait for news from their delegation which is negotiating with hospital administrators. Some toyi-toyi, others loll on the grass under the palm trees, oblivious to the official notices pasted on all the hospital doors warning that the strike is illegal and that workers face dismissal if they fail to report for work by lunchtime the next day.

'The patients are suffering. The TPA must give us the R500," says a nurse at the hospital. She is referring to the spark for countrywide disputes in state hospitals: the bonus paid by the Transvaal Provincial Administration to some Baragwanath Hospital workers at the end of last year, and last week extended to all workers at Bara.

"Of course we are worried about our patients. But we do the very same job — if they give them (the Bara workers) the R500, they divide us and make us fight."

The patients are the major concern for Jan Bischoff, Hillbrow Hospital's labour relations officer: "A person coming out of an operation needs the help of nurses and doctors. They may



Snail's pace ... Out-patients queue up patiently PHOTOGRAPH: RUTH MOTAU

need transfusions and they must be looked after.

"The stress is building up in us," he says, listening to a message on his walkie-talkie. A security guard's crackling voice comes over the air: "Hulle is op pad na die grasperk toe. (The strikers are moving to the

lawn.)"

Bischoff's task is to make contingency plans: all hospital staff must be available for the most menial of tasks, from seeing that patients are fed to ensuring that cleaning is done and that the "hundreds and thousands" of pieces of laundry are washed.

He may have to employ voluntary workers who queue outside the hospital after hearing of the strike. "But we had a problem with voluntary workers (during the last strike). They work for one day and disappear," he says.

If the strike continues, he may have to call in the family members of patients to assist, while doctors will discharge as many patients as possible and group the seriously ill patients together to make it easier to treat them.

"It's a madhouse here," says Bischoff.

A no-nonsense cardboard sign at the entrance to the hospital answers him. It says: "R500 now."

from arrival

Sit-in ends but strike goes on

PORT-ELIZABETH. — The sit-in by hospital workers at Provincial Hospital and Livingstone Hospital here ended last night with droves of weary demonstrators going home. (98) (192)

But the strike was not yet over, a spokesman for the National Health Education and Allied Workers' Union said.

Police stood on standby at both

hospitals, but despite a direct appeal to them for help from the Livingstone Hospital, they took no action against strikers.

In a dramatic telephone call to a local newspaper yesterday, Livingstone Hospital's senior medical superintendent Dr Herman Claasen reported scenes of "chaos and anarchy", with "musclemen" intimidating nurses and

overturning food trolleys intended for children.

"I have called on the police and asked for the internal stability division to step in," Dr Claasen said.

"The last of the nurses were physically removed from the general block this (yesterday) morning and badly frightened.

"Very septic refuse is lying everywhere."

Wage call at
home 'too high'

JOHANNESBURG. —
Legal action against
striking workers at a
home for mentally
handicapped children
here has been avoided
until Monday when ne-
gotiations will resume.

5/12/94
The Harry Kessler
home's administrator,
Mr Eaton Daniells, said
another meeting had
been scheduled in an at-
tempt to come to some
compromise (78) (25)

The home says it can-
not afford the union's
minimum wage demand
of R1 100. — Sapa

NEHAWU under fire at Johannesburg Hospital

Star 5/2/94

ON the surface, Johannesburg Hospital has not been particularly hard-hit by the latest National Education Health and Allied Workers Union (NEHAWU) protest.

However, a glimpse of the underlying tensions at the hospital was provided by a senior staff member who broke ranks this week to accuse NEHAWU members of intimidation and rank indiscipline — and management of doing nothing about it.

A Transvaal Provincial Administration official yesterday confirmed the staff member's description of a breakdown

GUY JEPSON

in discipline at the hospital as "correct in many areas", but denied that management was not taking problems seriously.

NEHAWU regional secretary Khumbu Magudulela dismissed allegations of union involvement in intimidation and the discipline breakdown, saying they had been made before — without any proof — by the hospital authorities.

Among the other claims made by the hospital employee — who

asked not to be identified — were:

● That many assistants were not cleaning wards and toilets properly, leaving nurses to do the work, and that some wards were in an "appalling" condition and potentially dangerous to patients because of the risk of infection.

● During disruption of the hospital's linen supply over the past fortnight, some patients had to bring their own bedding, children and the elderly had to lie in their own excrement and blood and patients had to be dried with paper towels.

Venter goes for Nehawu

Sowetan 4/2/94

THE National Education, Health and Allied Workers' Union had lost control of its members and was acting in an irresponsible and totally unacceptable manner.

Health Minister Dr Rina Venter said this yesterday with regard to the current hospital strikes. (98) (S)

"The Government is extremely concerned about the situation," she said at the National Party federal congress in Kempton Park.

She said there had been reports of union members urinating on patients, emptying dustbins in hospitals, attacks on administrative staff and the damaging of staff cars.

Essential weapon

"The African National Congress says striking is an essential weapon for negotiation. It says hospitals cannot be categorised as emergency services and that it wants to protect patients." — Sapa.

Strike over at PE hospitals

(98) (123) (123)
CT5/2/94

Own Correspondent

PORT ELIZABETH. — The strike at provincial hospitals here ended officially at 2pm yesterday, with messages from union leaders going out immediately to strikers to resume duty and to normalise the hospitals.

At the same time, guidelines governing labour dispute deadlocks were issued.

The statement was undersigned by the National Education Health and Allied Workers Union (Nehawu), the CPA Hospital and Health Services, Cosatu, the SAP and the Peace Committee.

Nehawu regional co-ordinator Mr Vuyani Dlabantu, acknowledging that the strike had endangered health and life at the hospitals, said this factor would be "taken into consideration" by

Workers ordered to return

Nehawu in future.

After the negotiations Mr Dlabantu spelt out for the first time since the strikes started on Tuesday the underlying reasons for the strike and for the militant attitude of the strikers.

He alleged that labour grievances brought by Nehawu to CPA officials were treated with "bureaucracy and indifference" and that the CPA's response to Nehawu's complaints invariably

was that Nehawu should "take the matter to the labour office in Cape Town".

CPA Hospital and Health Services acting regional director Mr Louis Marais denied this.

"What has been possible for us to deal with here has been dealt with. But there are certain issues that cannot be dealt with locally.

"Nehawu has direct access to the Commission for Administration, a state institution in Pretoria, which alone can deal with wage disputes.

"We are authorised to deal with domestic issues only."

The Commission for Administration had no office in Port Elizabeth that Nehawu could approach, Mr Marais said, but Nehawu's latest complaints could have been conveyed to the commission by Nehawu's headquarters in Johannesburg.

By RAYMOND HARTLE

THE settlement of the hospital strike in the Eastern Cape came too late to save the life of Laetitia Windvogel, who was born prematurely at Port Elizabeth's Livingstone Hospital.

A few hours after nurses in the neonatal intensive care unit were driven from their posts by striking members of the National Education, Health and Allied Workers' Union, little Laetitia gave up the struggle to live.

And the nurses who fled the ward before a mass of chanting, armed workers are angry and disgusted.

"At 7am on Wednesday the baby was looking well.

"An hour later the nurses were forced from the ward.

Strike ends ^{S Times} too late for ^{6/2/94} little Laetitia ⁹⁸

"When they returned at 4pm, the baby was dead," said Livingstone Hospital superintendent Fred Rank.

"She was a high-risk baby but she was stable and would not have died if the sisters were not removed."

Striking workers will officially return to their duties tomorrow, but mopping up at the provincial hospitals in Port Elizabeth and Uitenhage hit by the four-day action started yesterday.

Acting Cape Provincial Administration regional director Louis Marais said that the CPA and Nehawu had reached an agreement on Friday afternoon, Sapa reports.

In terms of the agreement, Nehawu's demands would be investigated by a dispute committee, Mr Marais said.

Despite the agreement, bitterness remains after nurses, mainly elderly sisters who believed that the interests of their patients came first, were forced out of the wards by striking workers.

"I never thought that in my career I would be dragged from the ward against my will.

"This was disgraceful, degrading," said the nurse, who asked not to be identified for fear of reprisals.

Star 8/2/94

Bid to settle bonus row

The Transvaal Provincial Administration and its eight worker representative unions have agreed on the terms of reference for a yet-to-be-appointed arbitrator to settle the R500 bonus controversy which triggered strikes at hospitals countrywide.

At a meeting on Friday the TPA and the unions reached an arbitration agreement which also included the process to elect an arbitrator,

who must be a practising senior counsel. Each party must provide a list of three senior counsel within the next four days. Legal representatives of the parties would then consider a combined list and appoint the arbitrator.

Arbitration is expected to begin no later than March 9.

A report is expected from the arbitrator within 15 days.
— Labour Correspondent.

STR 8/2/94

Strike ends at cerebral palsy home

■ BY STAFF REPORTERS

A crisis at the United Cerebral Palsy Association's Harry Kessler Centre in Rosettenville was averted when some of the 45 striking staff members returned to work yesterday.

The home's executive director, Eaton Daniell, said the workers had returned to work after being warned that they would be fired if they did not do so by 6 pm.

He added that in an effort to resolve the problems, negotiations would continue with the 45 non-medical workers who went on strike.

Daniell also said the response to an appeal for volunteers to temporarily replace the striking staff had been overwhelming.

"Fantastic public support meant that at times the 57 children were virtually assured of one-to-one care.

"Professional off-duty medical staff and laymen from as far afield as Germiston and Johannesburg's northern suburbs rallied and ensured that the children were not affected by the strike," said Daniell.

National Education, Health, and Allied Workers' Union negotiator Heather Huma said workers would continue to strike if their wage demands and other grievances were not addressed immediately. Workers demanded a minimum salary of R900 a month and accused management of "union-bashing".

Thursday's stoppage was the second at the home since December.

Hospital strikers return to work

THE National Education, Health and Allied Workers Union (Nehawu) and the Cape Provincial Administration (CPA) had agreed to "douse the hospital strikes", a CPA spokesman said yesterday. *Biday*

"Everything is under control and workers are performing their duties," he said.

Port Elizabeth and Uitenhage hospital workers returned to work last week after a dispute committee was established, ending a week-long strike in which workers demanded salary increases and the reinstatement of retrenched workers. *(98)*

The dispute committee's first task will be to discuss the dismissal of two CPA workers and disciplinary action involving 13 shop stewards at Port Elizabeth's Livingstone Hospital.

The committee will be sitting next week with four representatives from Nehawu and the CPA and one mediator from Independent Mediation Services of SA.

The CPA has in the meantime agreed to

JACQUIE GOLDING

"put on hold" all charges and warnings to Nehawu members pending the outcome of the committee's deliberations.

Both parties agreed that in the event of a deadlock, the committee would decide on appropriate deadlock-breaking mechanisms, and if these failed the CPA would step in.

Meanwhile, *812194* Transvaal Provincial Administration hospital workers also returned to work last week.

Workers in various centres went on strike following the payment of a R500 bonus to Baragwanath Hospital staff for working during a strike last year.

Workers are waiting for a decision to be taken by a team of independent arbitrators as to whether the R500 bonus paid to Baragwanath staff will be paid to other hospital staff in the Transvaal.

A decision is due at the end of the month.

Baragwanath go-slow ^{BIDON} 'risks patients' lives'

MEDICAL heads at Baragwanath Hospital have warned that a go-slow action by radiographers is jeopardising patients' lives.

A statement from the superintendent said yesterday radiographers had complained to management about deteriorating equipment, Sapa reports. They embarked on the go-slow on February 8.

One X-ray machine had been delivered since then. Another three units had been ordered but radiographers were continuing their action. 1512194

Our Durban correspondent reports hundreds of nurses abandoned their patients at Durban's King Edward VIII hospital yesterday, protesting about issues which included the R500 merit bonuses given recently to some colleagues.

The nurses also wanted to know why patients had been transferred from Addington to the overcrowded King Edward "without consultation".

The Natal Provincial Administration's health department warned that no provision had been made in

the 1994 budget for the R500 bonuses and said these awards would not be granted to everybody.

Natal health MEC Rudi Redinger said an agreement between the two hospitals allowed patients to be referred from Addington to King Edward because certain staff were more qualified at King Edward.

Meanwhile, management at 13 Lebowa hospitals hit by the strike by nurses and labourers decided yesterday to discharge patients.

The nurses and workers went on strike last Friday demanding promotions, night duty and overtime allowances. (98)

Central action committee chairman David Tsheola said that the agreement reached between the Lebowa government and National Education, Health and Allied Workers' Union did not address the problem.

Ambulance drivers were also on strike but nurses at six hospitals, including Groothoek, who were on strike for three weeks, returned to work on Thursday.

Gold Rush talks progress

ERICA JANKOWITZ

OPERATION Hunger and the National Education, Health and Allied Workers' Union (Nehawu) yesterday agreed on procedures for the retrenchment of staff as a result of the failure of the Gold Rush competition. BIDON 1512194

In a joint statement, they said the effective date of the retrenchment exercise would be extended to the end of March, which would give both sides time to appraise financial information pertaining to the competition.

Union-appointed auditors would "examine and receive explanations on the status of Gold Rush 15".

The two parties would also appoint a sub-committee to "facilitate the resolution of the retrenchment procedure".

600 down tools at hospital

Sowetan
CORONATION Hospital became the latest victim of the on-going hospital strikes yesterday when about 600 workers downed tools in demand of a R500 bonus.

The strikes, which rocked more than a dozen Transvaal hospitals, were sparked by a one-off R500 bonus paid to Baragwanath Hospital workers after they

17/2/94
had complained of "a heavy workload".

Coronation Hospital workers waved placards reading: "We worked for Kalafong and Leratong. Now pay us."

Transvaal Provincial Administration spokesman Mr Jan Van Wyk confirmed there was a "go-slow" at the hospital.—

Sowetan Reporter. (98)

Hospital workers back on duty but dispute not over

BIDON 1712194
KATHRYN STRACHAN

NURSES and general assistants at Johannesburg's Coronation Hospital embarked on a strike yesterday, but returned to work in the afternoon after they were addressed by management and union representatives.

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Meanwhile, Lebowa Health Minister N M Malekane yesterday met representatives of the homeland's nurses who have been on strike for more than a week in demand of promotions and pay for overtime and night shifts.

Sapa reports from Durban that more than half the nurses, who went on strike at the King Edward VIII Hospital on Monday have returned to work.

Hospital staff, union officials and management will meet on Wednesday. (98)

Hospital workers back on duty but dispute not over

BIDON 1712194
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NEWS

Union wants Govt or TEC to help end hospital crisis

Star 22/2/94

■ BY JOVIAL RANTAO
LABOUR CORRESPONDENT

The National Education, Health and Allied Workers' Union (Nehawu) has called for the Government's or the Transitional Executive Council's intervention to resolve the hospital crisis, which it says threatens to develop into a national strike.

Nehawu general secretary Neal Thobejane said the crisis needed a political solution.

Only the Government or TEC could declare a wage increase agreement — which Nehawu is unhappy about — null and void.

Then wage negotiations could be reopened.

Thobejane said the agreement, which allows a 3,4 percent increase to lowly paid workers and a 20 percent increase for high earners, was biased against its members, the majority of whom earned "starvation wages".

Nehawu warned that there would be confrontation unless

the politicians intervened and reversed the decision to increase salaries.

Thobejane pointed out that his union objected to the salary increases but had been outvoted by other staff associations.

He said that if all negotiation avenues failed, workers in all State departments would embark on a national strike that was bound to cripple the civil service. (98) (SSR)

"Our members have legitimate demands. These increases cannot be justified morally or otherwise. They're biased against our members," Thobejane said.

In its response, the TPA's Commission for Administration urged Nehawu and other parties to respect principles in the Public Service Labour Relations Act of 1993. (250)

"It enshrines certain principles regarding employer-employee relations and provides certain mechanisms to deal with disputes."

Union

goes to

Sowetan 21/2/94 COURT

By Sowetan Correspondent

THE Hospital Personnel Association of South Africa has challenged the Transvaal Provincial Administration's decision to retrench hundreds of hospital workers in Pretoria.

The association yesterday launched an application before Pretoria Supreme Court judge Mr Justice Mynhardt.

Another hospital workers' union, the South African Health and Public Workers' Union, has been cited as an intervening party. (98)

Hospersa said in papers the TPA retrenched 544 workers at the GaRankuwa Hospital, two at the HF Verwoerd Hospital and 706 at the Rosslyn Laundry Depot. The association said during June 1992, the TPA experienced strikes by a number of employees at several hospitals. It said it had become clear that the TPA had taken a decision to retrench the workers without any prior consultation with it.

CLINIC HOLDINGS
FM 412194
Share still lagging

For a group which has consistently grown earnings, in real terms, throughout the recession, it's hard to fathom why Clinic Holdings' share price is so poorly rated compared to other listed medical groups and the sector average. *(98)*

Previously, the separation of Clinic's property and trading operations was seen as a factor hampering the share price; until last year the properties were held in an unlisted company controlled by the directors and which received rentals from the listed company. The split of assets certainly attracted criticism, to which management was slow to respond.

The merger of the property and operating interests, with effect from the end of 1992, is reflected in the accounts for most of the financial year. The transaction, financed through issue of R400m convertible debentures and a R160m long-term loan, has helped push gearing up to 35% (1992: 32%), though that has not strained the balance sheet.

FINANCIAL MAIL • MARCH • 4 • 1994 • 85



Clinics' Hurwitz ... a pool of potential acquisitions

That the merger of assets was what the market wanted was shown in the share price a year ago, when it climbed strongly to 420c on news of the restructure. Yet, despite solid interim and full-year results, the price has drifted down and, at 275c, compares poorly to its placing price of 200c when Clinics was listed in December, 1987.

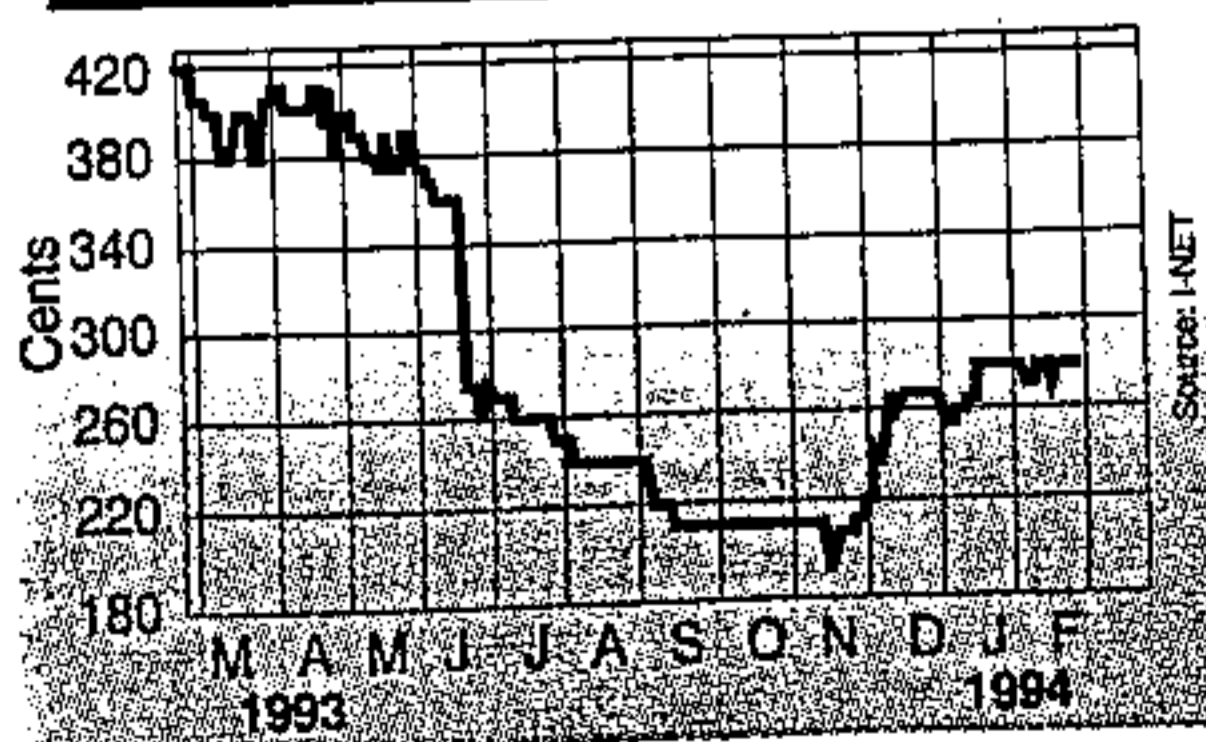
Some analysts are also unable to explain the poor share price performance and are putting out bullish reports on prospects for the share. Chairman Barney Hurwitz says while the unpredictable economic and political climate makes accurate forecasting difficult, he believes the group can continue to achieve real earnings growth.

That only leaves uncertainties around changes to legislation governing medical aid schemes and uneasiness at some of the possible implications of the ANC's draft health policy, as dampeners on the share price. To a certain extent the whole sector is suffering from this (though not as much as Clinics), as investors adopt a wait-and-see attitude to industries perceived to be more exposed to political change.

Clinics, however, is not putting anything on hold. In financial 1993 it invested R36m in assets and upgrading, mainly in new medical equipment. Capex of R33m has been budgeted for this year.

It also seems that, should threats not to issue any further private hospital licences take effect, Clinics could be less affected

Clinic Holdings



FM 412194
Activities: Owns and operates private hospitals. *(98)*
Control: Hurwitz family and directors 68,3%.
Chairman: B Hurwitz; MD: J L Hurwitz.
Capital structure: 99m ords. Market capitalisation: R272m.

Share market: Price: 275c. Yields: 5,8% on dividend; 14,6% on earnings; p:e ratio, 6,9; cover, 2,5. 12-month high, 420c; low, 190c.
 Trading volume last quarter, 4,6m shares.

Year to Sep 30	'90	'91	'92	'93
ST debt (Rm)	—	14,5	3,2	2,9
LT debt (Rm)	25	25	35,9	190,6
Debt:equity ratio	0,31	0,43	0,31	0,35
Shareholders' interest	0,36	0,37	0,36	0,64
Int & leasing cover	76	30	20	22
Return on cap (%)	27	27	24	12
Turnover (Rm)	314	408	503	564
Pre-int profit (Rm)	48,2	57,8	66,1	95,4
Pre-int margin (%)	15,4	14,2	13,1	16,9
Earnings (c)	23,9	29,8	34,7	40,1
Dividends (c)	11,5	13,5	15,5	16,0
Tangible NAV (c)	65	81	100	127

than other hospital groups.

Since listing, the controlling shareholders have followed a policy of developing or acquiring an interest in hospitals themselves, but not effecting the acquisition by the group until it is felt the hospitals will offer an acceptable return. The original thinking probably had more to do with bringing acquisitions on to the books with minimal disruption or strain on resources, but it now means Clinics has a pool of potential acquisitions available.

Hurwitz says there is an interest in seven additional developing hospitals, two of which meet profitability parameters and are being considered for acquisition.

Low growth in local patient levels is also being offset partly by patients from Europe and Africa, an area which could become increasingly important. There will certainly be new pressures on the private hospital sector in future, but Clinics, which tends to service the top end of the market through its specialised surgical and medical facilities, should be able to retain its core market.

That would suggest the share is significantly underrated and offers value. A lot probably depends on the view investors take of the future of the private medical industry, but anyone scouting around the sector would be foolish to ignore Clinics' share at this price.

Shaun Harris

March 11 to March 15 1994

98

PATIENTS ARE SICK OF WAITING

Southaster (suppl. to South) 1113-15/3/94
Elderly people walk then wait for hours at day hospitals



QUEUE FOR A CURE: Medical treatment can mean a long wait at Cape Flats day hospitals

BY JOSEPH ARANES

GETTING up at five in the morning and walking, in some cases up to 10 km, is tough if you're old and sickly.

Hundreds of frail and infirm people make this journey to day hospitals across the Cape Flats for treatment daily.

Then they still have to queue in the dark, sit in waiting rooms for hours, see a doctor and wait at least another hour for their medication.

Mr Ismail Abrahams, 51, of Bonteheuwel, who attends the Heideveld day hospital monthly, said there is little else he can do.

"If you don't get there early, you spend the whole day just sitting around waiting to be helped.

"I have a seven o'clock appointment to see the doctor, but he will only arrive at about eight and I will probably only see him at 11.

"What I can't understand is why we are given such early

appointments when the place only opens at 8 am," said Mr Abrahams.

Mrs Janap Anderson, of Heideveld said the only reason she came so early was to get out of the place before the day was over.

"The doctors do a good job trying to cure us, but those in authority should send more personnel here and provide shelters for us to stand under during the wet winter months," Mrs Anderson said.

Mrs Nettie van Schalkwyk, of Bonteheuwel landed in Groote Schuur hospital recently after she was given the wrong tablets by day hospital staff.

"At times I feel the hospital authorities treat us as if we are cattle coming to be slaughtered," she said.

"The doctors are doing a good job, but there are too few of them and that is why mistakes happen.

"There are also times when seriously ill people are just left to wait their turn. One day one of

them is going to die before they see a doctor," Mrs van Schalkwyk said.

Dr John Frankish, head of Day Hospital services, said they were aware of the problems and were introducing a plan to overcome them.

"We see about 90 000 patients at our hospitals monthly and if they all arrive early in the morning, then there will be long queues and people will have to wait," Dr Frankish said.

"Our plan is to introduce an appointment system where people are given times to come into the hospital and see a doctor.

"About 90 percent of all our patients are out of the hospitals at about 2pm."

Dr Frankish said the system worked well at the smaller day hospitals like those in Wynberg and Ocean View.

"Once the pressure is off, the doctors perform better and mistakes hardly occur."

Dr Frankish said none of his hospitals was understaffed.

Girl, 16, charged with murder of her sister

BY JOSEPH ARANES

A 16-year-old Factreton girl who allegedly murdered her sister on February 26 appeared briefly in the Cape Town magistrate's court last week.

The girl, who cannot be named, was not asked to plead and was released on R200 bail.



HOUSE OF DEATH: Where Deborah Petersen was allegedly murdered

The investigating officer, detective sergeant Gerhard Lammerinks, said the alleged murder happened after the sisters began arguing with each other.

"The victim, 19-year-old Deborah Petersen, was the mother of a young daughter," Sergeant

Lammerinks said.

"She was allegedly stabbed in the left side of her chest and died at the scene of the crime."

The detective said the case was still being investigated and asked anyone with information to phone him on 593-2020 ext. 210.

Hospital clerks protest

98

CT 29/3/94
ABOUT 150 Tygerberg Hospital clerks demonstrated outside the CPA offices yesterday for an independent audit, saying they suspected corruption in the hospital administration.

No clean linen in Jo'burg Hospital

Patients forced to wait for operations

Star 8/4/94

■ BY ABDUL MILAZI

Patients at the Johannesburg Hospital have been forced to wait up to a day for operations as surgeons hunt for sterile linen because of a three-month go-slow by laundry workers.

The hospital's superintendent, Dr Robert Odes, said the situation reached a crisis three days ago when critically injured patients had to wait for hours to receive treatment because of a shortage of bed sheets.

The most affected section was the operating theatres as operations could not be conducted without clean linen. Patients who were admitted on Wednesday needing operations were only taken to the theatres yesterday morning, Odes said.

"The situation has really got bad. We now have a situation where there is only one bed sheet available for each patient in the wards. Others are using duvets brought in by relatives."

Odes said the hospital authorities were doing all they could to diffuse the situation.

Neither Odes nor the National Education Health and Allied Workers Union (Nehawu) knew the cause of the go-slow. (98)

Nehawu head office yesterday said it was not aware of any strike action by its members in Johannesburg.

Odes speculated that the go-slow could have been triggered by the controversial 500 "bonuses" given to Baragwanath Hospital workers last year. This led to a national strike when other hospital workers demand-

ed it too.

A Nehawu spokesman said the demands that led to last year's strike were being negotiated with the Government.

There were rumours that the JG Strijdom and Coronation hospitals were also affected by the go-slow, but this could not be confirmed by the two hospitals.

Meanwhile, members of the Venda Defence Force yesterday took over essential health services at the Venda Hospital, after nurses downed tools in support of their demands for promotions and the creation of new posts.

Venda Department of Health director-general Dr John McCutcheon, however, said the Siloam Hospital and community clinics were not affected by the strike.

Hospital crisis as bodies pile up fast at mortuary

98 ARG 16/4/94

Weekend Argus Correspondent

DURBAN. — Corpses are piling up five times faster than normal at the mortuary at King Edward VIII Hospital, which resembles a war zone in the face of increasing violence and a crippling health crisis.

The mortuary, which normally receives about 25 bodies a day, was on Wednesday alone packed with 108 corpses, said hospital superintendent Lal Dwarikapersadh.

Bodies were piled on top of each other because of the shortage of space created by the closure of some strike-hit Natal hospitals and escalating violence in the province.

Prince Mysheni Hospital, where workers have downed

tools, operated with few employees this week and most of its patients have been transferred to other hospitals, mainly King Edward.

Although provincial ambulance drivers returned to work on Thursday, the effect of their industrial action lingers.

In the midst of the two-week-old health crisis, King Edward came close to being closed, said despondent Dr Dwarikapersadh.

The 2 000-bed hospital, which normally treats about 1 500 in-patients daily, had 2 075 patients.

The maternity ward, which handles about 35 deliveries a day, coped with an estimated 55 daily. Dr Dwarikapersadh said the figure did not include

babies born at night.

Mothers with newborn babies slept on mattresses on the floor or shared beds and sat on benches to have their meals.

Maternity staff tried to improvise by turning the ward's veranda into a ward but this did not ease the pressure, a matron said.

"My staff are at the end of their tether. Most are saying they can't take any more," Dr Dwarikapersadh said.

He said if King Edward employees went on strike there would most definitely be deaths as a result. "We're fortunate that we have had no deaths as a result of the extra work so far.

"If the situation continues I will have to close the hospital

■ KWAZULU and Natal Provincial Administration officials are to hold separate talks with Health Minister Rina Venter in Pretoria this week on the possible takeover of strike-hit Edendale Hospital outside Maritzburg. ~~152~~ 98

The Transitional Executive Council has recommended that the NPA take over the running of the hospital. ARG 23/4/94

NPA officials said a final decision had not yet been taken about the transfer of administrative duties.



Hospital staff back on the job

Own Correspondent

DURBAN. — Striking staff have returned to work at King Edward VIII hospital here amid claims of intimidation of "scabs" by hundreds of strikers. 98 (98)

Hospital management and NPA health services reached agreement yesterday afternoon with the hospital's Central Workers' Forum to return to work, but talks will continue. 20/4/94

A caller to the Mercury claimed the hospital's 150 laboratory staff were forced to flee the premises yesterday morning when strikers told them "it's a matter of your life or you join the strike".

One doctor described the chaos — which has reportedly seen a nurse, who tried to treat a patient, having her arm broken by unruly strikers — as "sheer mob hysteria".

● Meanwhile, a decision regarding the ongoing Edendale hospital strike is imminent, according to an NPA spokesman.

Patients bring linen from home

Stew 16/4/94
CHARLES WEBSTER

PATIENTS at the Johannesburg Hospital have for the past three weeks been forced to bring fresh linen from home, following a three-month go-slow by the hospital's laundry workers.

One doctor told WeekendStar that no surgery lists could be kept last week and that not all emergency cases could be attended to. 98

"We had 32 patients in our ward, and another 40 patients lying around, many waiting to have operations that shouldn't have waited. Some emergency cases had to wait 24 hours before going into theatre."

WeekendStar received a telephone call from a mother, Victoria Clark, on April 8 about the fact that her 12-year-old son had an ear operation postponed indefinitely because of the linen crisis.

Dr Cornelius Lourens, the TPA's deputy director-general of health services, claimed that more linen than usual had been used after the March 28 blood-bath in Johannesburg's CBD when demonstrating "Zulu royalists" took to the streets.

Lourens admitted that patients' lives could be jeopardised as a result of the strike. He said the linen situation would be back to normal in a week.

LABOUR BRIEFS

between management and the Central Workers' Forum. *ARLT 23/4/94*
Negotiations are continuing.

A court order, forcing the workers to return, was obtained on Monday by the Natal Provincial Administration. *(98) (100)*

Nurses, general assistants and clerks apparently went on strike demanding increases and overtime pay.

In Thaba Nchu, striking health workers returned to work on Wednesday.

Strikers' spokesman Mr Lebogang Mapota said the Transitional Executive Council had undertaken to guarantee the pensions of public servants and to bring health workers' salaries in line with their South African counterparts.

Medical clinics under fire from doctors

BEATRIX PAYNE

MALBAK subsidiary Medicross has come under fire from doctors who allege that its operations could clash with SA Medical and Dental Council (SAMDC) legislation. Medicross has denied the allegations. (98)

The company recently opened several clinics providing multi-speciality services such as X-ray facilities, general practitioners, dentists and specialists. The clinics are administered in conjunction with a number of medical aid schemes and are intended to provide "cost-effective and quality health care".

But SA Medical and Dental Practitioners chairman Joe Maelane said the clinics were geared more towards profit than providing complete patient care.

Western Cape Independent Practitioners Association legal department chairman Steve Jooste said SAMDC legislation did "not provide for this kind of clinic to practice like this". Jooste also claimed doctors were overservicing patients as they were paid on a fee-for-service basis.

But Medicross CE Walter Ward said the company was registered with the SAMDC and its partnerships with doctors had been approved by it.

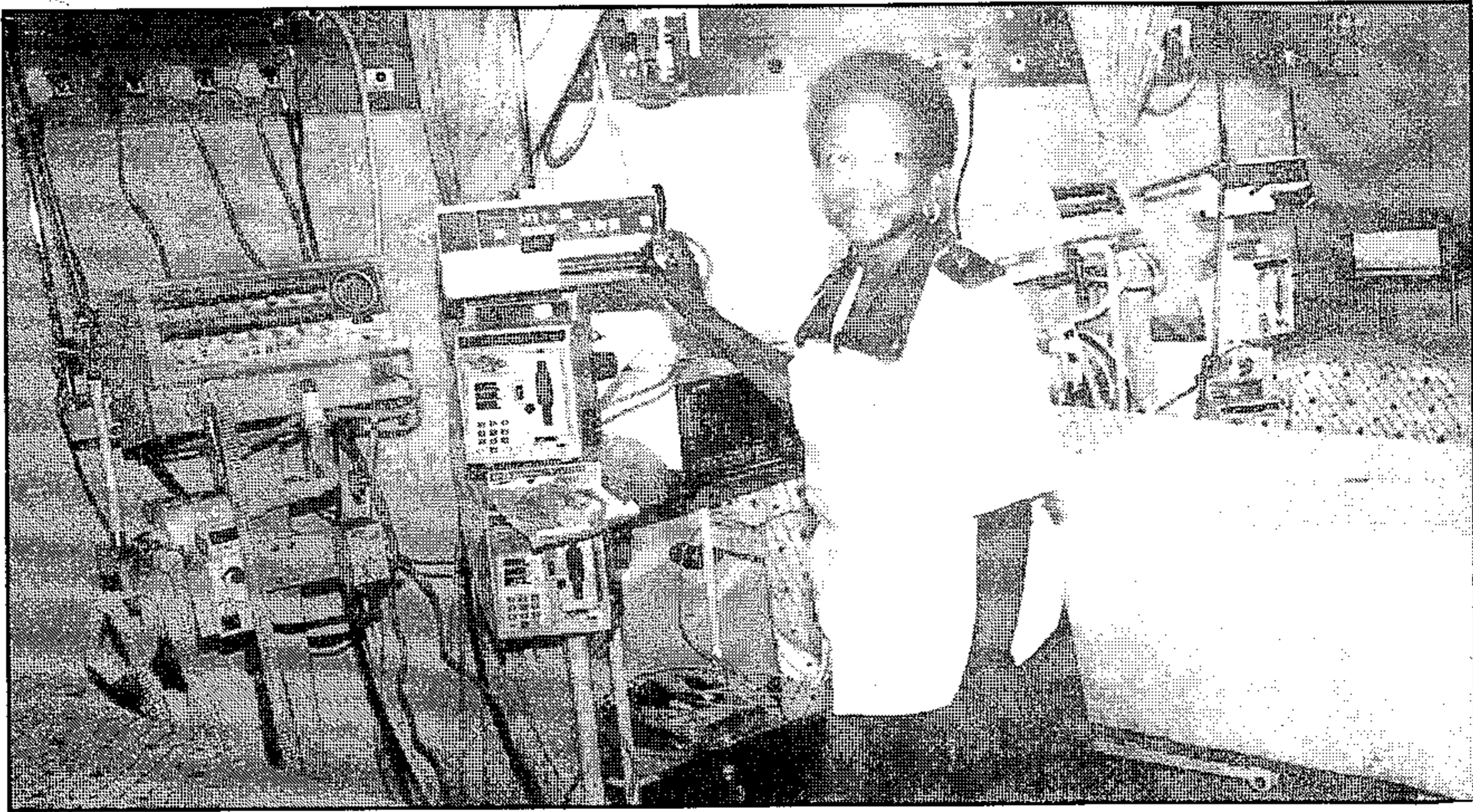
Doctors were paid on a fee-for-service basis but the company kept a close watch on the use of facilities to ensure there was no overservicing.

Jooste said Medicross might also have been testing ethical regulations by advertising its practices through the public launches of its clinics.

But as the company which owned the infrastructure within which the doctors practised, Ward said Medicross was entitled to advertise.

Maelane was concerned that Medicross doctors were encouraged to use generic medicines. Ward said Medicross gave priority to the use of generic medicines as they represented savings of up to 30%. "We don't consider this a restriction. It is a normal practice in ... the US and Europe."

lanana opens new hospital in Vosloorus ● Seers help in search



A senior nursing sister at the newly opened Botshelong-Empilweni Clinic in Vosloorus on the East Rand proudly points to some of the sophisticated medical equipment. The clinic opened to the public last Friday.

Better health care for Vosloorus

Sowetan 26/4/94

By Pearl Majola and Joe Mdhlela

THE FIRST PRIVATE AND up-market hospital in an East Rand township has been opened in Vosloorus.

The Botshelong-Empilweni Clinic is an initiative of a group of black doctors with help from Bonitus and Sizwe medical funds, among other shareholders.

Dr Nthato Motlana, a board member of the clinic and chairman of shareholding Sizwe Medical Fund, said the clinic was built to match the times and the needs of the community it would serve.

The 102-bed clinic has already started operating and offers radiology and pathology services and has a pharmacy and three theatres.

The clinic drew a lot of support from the community at the building stage as

■ UP-MARKET Black doctors build modern clinic on the East Rand: 98

local business people and artisans were contracted for work.

Motlana a businessman who chairs a number of companies including *Sowetan*, said the opening of the clinic marked a new era for blacks who are out to show that they have the necessary acumen to run big institutions.

He said the time for "toyi-toying" was over.

"Now we must go forward with projects that will empower us. The building of the clinic will surely elevate our people," he said.

The clinic, he said, was an asset to the black community.

He said the clinic has been planned, constructed and equipped to the highest

standards which gives it sophistication that matches the best clinics in the world.

Chairman of Bonitas Professor Paul Luthuli said the clinic would help to create employment opportunities for the community of Vosloorus and other surrounding townships.

"This project will create job opportunities and wealth for our community. We are also excited that it is the joint effort of doctors, businessmen and the community," he said.

One of the leading health care providers, Afrox, has accepted the contract to manage the clinic. The company has a share in the equity.

Dr Peter Matseke has been appointed managing director of the clinic.

Hospital sector shares 'sound'

BEATRIX PAYNE

SHARES in the hospital sector were offering the best prospects for growth in an otherwise lacklustre pharmaceuticals sector, analysts said yesterday. *8/Day*

Analysts said Mediclinic, Clinic Holdings and Presmed were under-priced in the sector. *(18)*

Clinic Holdings, due to post its interim results, closed yesterday at 290c a share after falling to an annual low of 190c last November.

Earnings have grown 16% on average over the last two years while dividend growth has fallen from 14% in 1992 to 3.2% to the end of 1993. *4/5/94*

Mediclinic, 93% owned by Rembrandt, saw shares fall to 120c in February. It fixed at 145c yesterday.

Dividend growth has been erratic over the last two years, increasing 50% to 6c to end-1992 but rising only 10% to 6.6c to end-1993. Growth on earnings a share has averaged 12% since 1991.

Presmed has seen a steady rise in its share price. It closed yesterday at 390c.

Dividends have averaged an annual 29% since 1991, while earnings growth has averaged 32% for the same period.

Low cost clinics mooted

BEATRIX PAYNE *B/Dey*

MALBAK subsidiary Medicross is to present proposals to the ANC for the provision of low cost health care facilities by the state and private sector.

Medicross CE Dr Walter Ward said yesterday Medicross, in conjunction with Murray and Roberts and a "major" financier, could provide the state with multispeciality clinics similar to those Medicross operated in the private sector. (98)

"The state has limited funds and we are prepared to assist in providing health care for all," he said.

ANC health department national co-ordinating committee member Dr Kamy Chetty said the party would wait for Ward's written proposal before any decision was made. 615/914

"Just because we have a meeting with someone doesn't necessarily mean we endorse the programme," she said.

Murray and Roberts would provide a modular clinic structure and the unidentified financier would amortise the costs of running the clinics over the first 10 years.

The operations of some of Medicross's clinics had recently been criticised by private doctors concerned about clinical independence and cost containment, Medical Association of SA Medical Ethics and Legislation director Braam Volschenk said yesterday.

Emergency hospital for Manenberg

South eastern (suppl) to Sunday

BY BARBARA-ANN BOSWELL

VICTIMS of accidents and violence on the Cape Flats will no longer have to travel long distances to receive emergency medical care. 13/5 - 17/5/94

From next year the GF Jooste Hospital in Manenberg, now a convalescent home, will become an emergency hospital.

"It will handle emergencies such as car accidents, assault, asthma attacks and poisoning," said Dr Frans Krigef, deputy director of the regional office of the Cape Provincial Administration (CPA).

Dr Krigef said the change in the GF Jooste Hospital was part of a rationalisation programme which started with the closing of Woodstock Hospital two years ago.

"Woodstock Hospital's resources were distributed to

night services at Mitchells Plain, Elsies River and Guguletu day hospitals," Dr Krigef said.

GF Jooste was chosen as an emergency hospital because its central position meant it could serve most of the Cape Flats.

New facilities, including a casualty department, two operating theatres, two X-ray rooms and an ambulance station will be added to the hospital at a cost of R8 million. (98)

"It is a fairly cost-effective change to make to an existing building. It's the best situation we have — it's as close to the people as possible," Dr Krigef said.

This did not mean no new hospitals would be built. The CPA saw the conversion as a temporary solution to the health crisis in the Western Cape, he said.

Building on the new structures would begin at the end of May and should take nine months.

Ms Faldiela de Vries, an executive member of the Manenberg Civic Association and head of the health department of the South African National Civics Organisation (Sanco), said the organisations welcomed the restructuring of GF Jooste.

"There is a high level of violence in the community and the closest 24 hour emergency hospital is in Hanover Park," Ms De Vries said.

"Many people don't have transport in an emergency and have to pay other people to take them to hospitals. They can't always afford this."

However, she felt the CPA was dragging its feet with the development of G F Jooste.

"The process should have been sped up long ago and has been left unattended for too long. This project was first mentioned two years ago and up to now, the process has been dragged out," Ms De Vries said.

ble by the support of Warner-Lambert

Medi-Clinic achieves 16% earnings growth

EDWARD WEST

CAPE TOWN — Rembrandt-owned hospitals company Medi-Clinic lifted earnings 16% to 21,8c (18,8c) a share in the year to March 1994, despite limited sales growth.

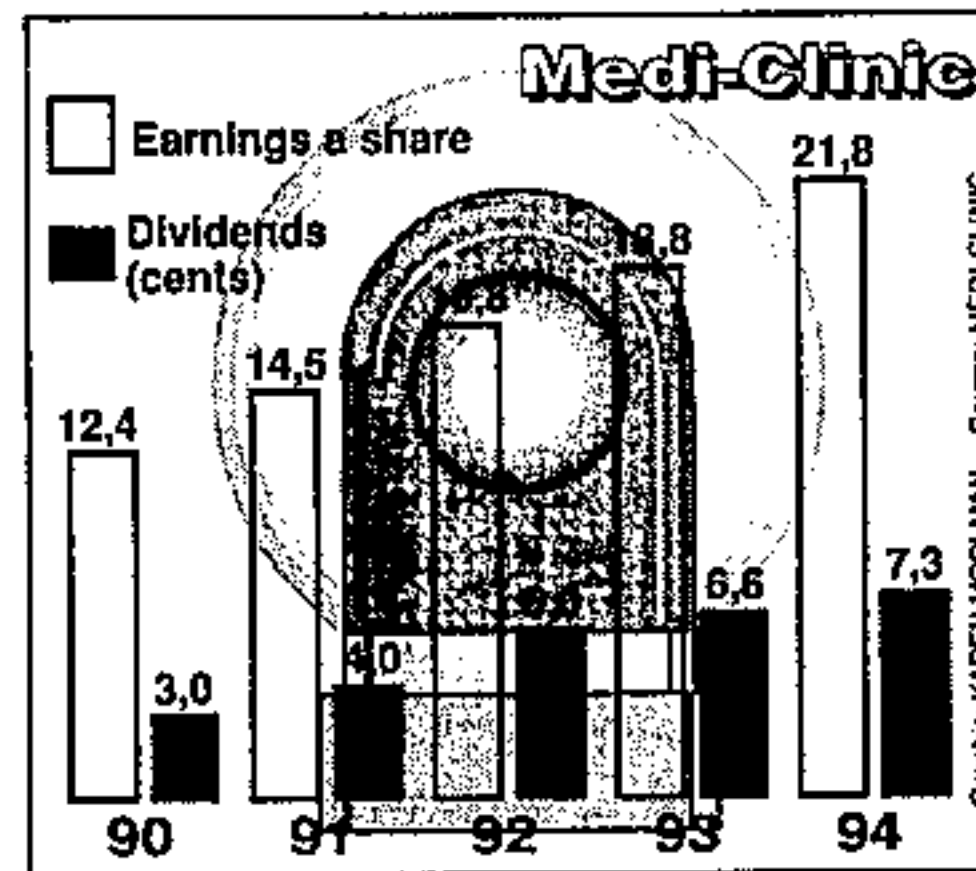
The company said turnover and operating profit could not be compared as the 1993 figures included the consolidated results of a subsidiary, Hospital Products, which had been sold during the 1994 year.

On a comparable basis, turnover climbed 7% to R246,7m, finance director Craig Tingle said. A 5,05c (4,4c) final dividend brought the year's distribution to 7,25c (6,6c).

Operating income amounted to R41,7m. Tax was lower by nearly a quarter at R16,2m (R21,6m). Taxed profit was marginally higher at R28,2m (R27,5m).

A R2,1m extraordinary item represented a write-down in investments and loans.

The sale of Hospital Products and



the acquisition of a 34% stake in the Macmed Group had had a positive effect on earnings.

Medi-Clinic said large new hospitals had been opened in close vicinity to Sandton Medi-Clinic, Morningside Medi-Clinic and the Constantiaberg Medi-Clinic but the decline in bed occupancies had stabilised and a recovery was under way.

The company planned to establish a cardiac surgery and well as a cancer therapy unit at Panorama Medi-Clinic. A 67-bed Medi-Clinic in Bethlehem was planned as was a upgrade

of the Sandton Medi-Clinic.

These plans, together with uncertain political and economic conditions, made earnings forecasts difficult, Medi-Clinic said. (98)

The new Medical Schemes Act had had little effect on the group. The draft healthcare plan published by the ANC in January 1994 provided for a distinct though regulated role for private sector health services.

A final health plan, to be released shortly, was expected to further favour the private sector. Employer contributions to employee medical schemes should remain tax-deductible within reasonable limits, said Medi-Clinic.

The recommended medical scheme tariff scale to apply from January 1995 could affect results.

The sharp increase in competition from day clinics should be restricted by the review of the tariff scale to ensure day surgery was much more profitable than other facets of hospital service provision, Medi-Clinic said.

Thursday May 26 1994 **SOWETAN**

NEWS FEATURE *Hospital engulfed in violence has lost some of its staff*

By Mkgadi Pela

IN A QUIET DAY Natspruit Hospital handles about 10 gunshot victims, Dr Cercega Mircea says.

And during the widespread unrest on the East Rand before the recent elections, the hospital resembled a war zone as it handled vast numbers of victims of violence.

As recently as April 19 this year, Natspruit Hospital treated more than 50 gunshot victims each day.

It's a situation akin to the Middle East, Bosnia and other hotspots of the world where the sound of gunfire doesn't raise eyebrows anymore.

The media relations officer for the hospital, Mr Nico Pieterse, says in 1993 alone, Natspruit Hospital admitted more than 2 000 people with gunshot wounds. A further 5 000 were admitted with stab wounds.

This hospital has seen it all. According to Mircea, "I wanted to learn more about trauma and Natspruit Hospital stood out as the ideal place."

Refuge

In the violence that has ravaged the country since 1990, Natspruit Hospital has been a refuge to more than 30 000 residents who fled unrest in the neighbouring townships of Katilehong, Tokoza and Vosloorus.

In the senseless violence occurring almost daily a few yards from the hospital, some of its staffers have lost their lives and limbs. Some of the very recent cases include:

- The shooting of a doctor on his way to work in April;
- The death of two nurses in the Germiston car bomb on April 25; and

On the East Rand hostel battle front

SA HOTSPOT Hospital at the

scene of daily senseless violence:

(98)

● The brutal slaying of a blind telephone operator on her way to work.

Actually, just outside Natspruit Hospital, runs one of the most feared streets in South Africa — Kumalo Road. This street runs in front of Tokoza Hostel.

In fact it would be grossly remiss to talk about the casualties of the East Rand violence without mentioning Kumalo Road. Most injuries and deaths occur in that street.

One remembers major battles that have contributed to many casualties like the abortive march by the African National Congress early last year.

As the marchers passed the hostels adjoining the street, shots rang out from the direction of the hostel. What happened is history.

Due to problems emanating from Kumalo Road, Natspruit Hospital doesn't operate its own ambulances. Pieterse explains that many ambulance drivers have been shot at before

and "we wouldn't want to risk more lives".

Victims of the violence are brought to hospital in police vehicles, army vehicles and private cars.

The hospital has to care for about three million people in Katilehong, Tokoza, Vosloorus, and numerous shack settlements.

This hospital only has 960 beds, 240 reserved for surgery. It has 73 doctors. In the casualty department one doctor is usually responsible for up to 50 patients. The doctor-patient ratio is typical of most black hospitals in South Africa.

Mircea explains that in the run-up to the elections, the hospital prepared a disaster plan to deal with the flood of patients that was expected.

This, however, did not materialise as the election process started a peaceful chapter in the area.

Mircea says one incident stands out in his mind: "I was terrified by the death of a five-year-old girl who was

shot in the abdomen while playing with friends.

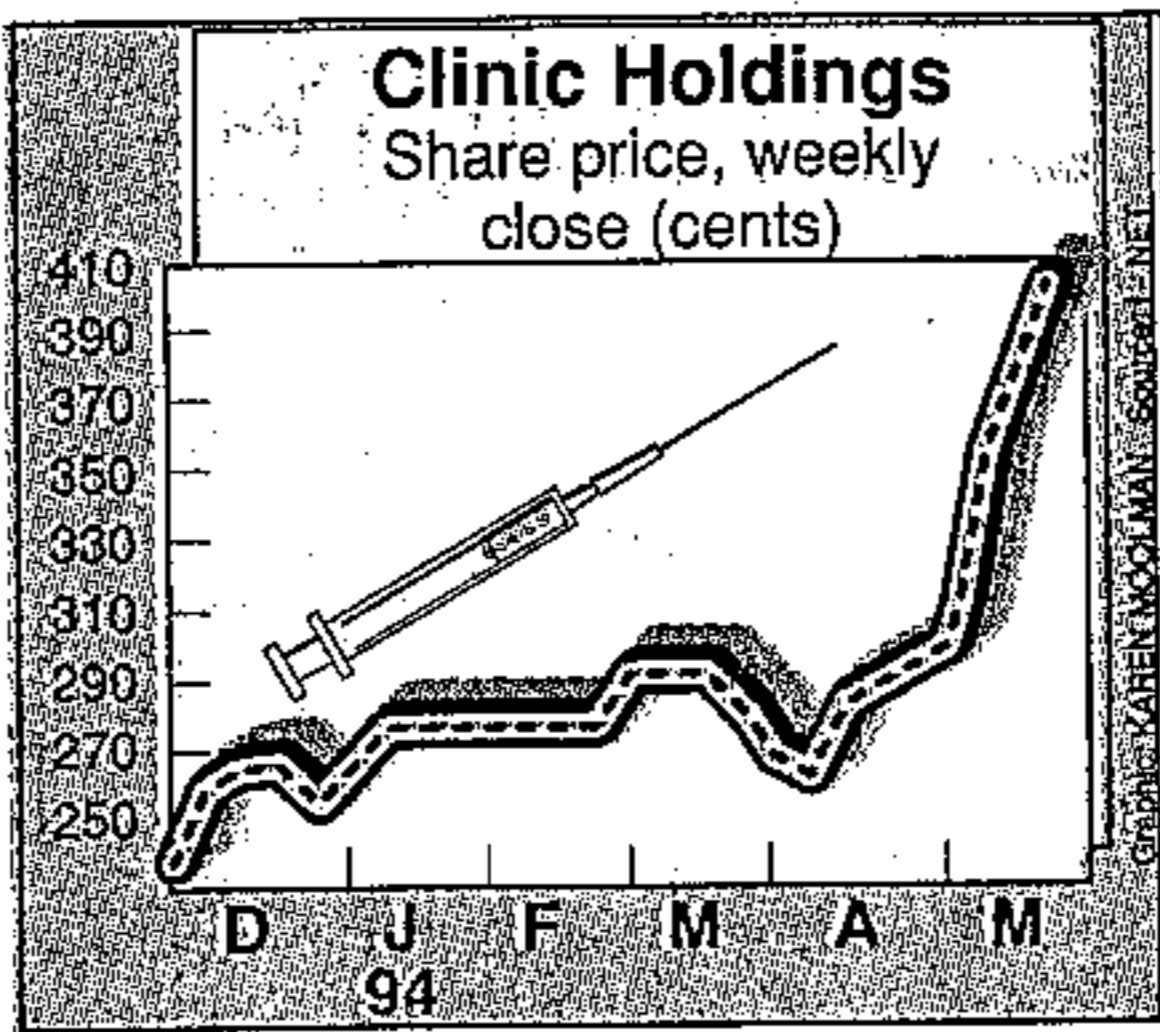
"It wouldn't have been such a bad wound had it not reached one of her main blood vessels. By the time she was on the table almost all her blood was in the abdomen because of the leakage.

"She died before we could save her sweet life. I think I will remember this incident for the rest of my life," he said.

Mircea has called on the new Government of National Unity to declare war on guns, whether licensed or not. "There are too many guns in wrong hands in South Africa," Mircea adds. When that happens, Mircea feels, Natspruit Hospital may become the hospital it used to be. Treating the sick and the injured.



Dr Cercega Mircea



Clinic Holdings lifts its earnings

Biday 11/6/94
MARCIA KLEIN

PRIVATE hospital group Clinic Holdings (Clinics) increased its attributable profit 15,6% to R19,1m (R16,6m) for the six months to March, and announced the acquisition of two hospitals from its controlling shareholders.

Directors said the group, whose hospitals include the Park Lane, Milpark, Garden City and Rosebank, operated in a period fraught with uncertainty and a difficult trading environment. (98)

The group was able to lift turnover 21,1% to R324,3m (R267,7m) and operating profit 18,5% to R62,4m (R52,6m), despite modest tariff increases and amendments to the Medical Schemes Act.

Changes in the structure of finance charges — with no more rent paid and higher interest — reflected the effects of the completion of the merger of the property interests and hospital trading operations.

Fully diluted earnings were 12,6% up at 18,8c (16,7c) a share. But the dividend was maintained at 6,5c in line with the intention of achieving a three times cover.

A director said the important feature of the reporting period was the acquisition of the entire shareholding of the Krugersdorp Hospital and an effective 89,2% interest in Greenacres Hospital in Port Elizabeth from the controlling shareholders of Clinics. Clinics also gets complete ownership of the properties.

The total consideration was R21,9m, of which R14,7m was payable in cash with the balance payable on December 1, 1995.

The controlling shareholders — the Hurwitz family and directors — have been buying or developing hospitals, but not

To Page 2

Clinics

Biday 11/6/94

From Page 1

bringing them into the listed group until they offer a good return. This ensures there is no rollercoaster effect on earnings. (98)

This is part of Clinics' stated policy of acquiring additional hospitals once they are fully established to generate suitable profits. The director said that, since its 1987 listing, it had been Clinics' intention to acquire the controlling shareholders' inter-

est in seven hospitals. The acquisitions represented the first two in this process.

Directors said the new dispensation should stabilise business conditions. The private healthcare industry would "participate meaningfully in the expected new socioeconomic initiatives". This, as well as the expanded operating base, should contribute to future earnings growth.

Standards may drop

Staff Reporter

98

ET 14/6/74

FURTHER budget cuts to Groote Schuur Hospital could seriously affect the quality of health care at the institution.

Groote Schuur's chief medical superintendent, Dr Peter Mitchell, was reacting to reports that all state departments faced budget cuts of four percent to fund over-expenditure by the Independent Electoral Commission.

The draft budget for the hospital

this year was already lower than last year's expenditure, he said.

And while staff and management at Groote Schuur had always striven to provide a high standard of patient care, "if any further budget reductions are made, the quantity and quality of service could be affected because the hospital has no further reserves", Dr Mitchell said.

Education budgets will be slashed by R200 million to subsidise the IEC's over-expenditure.

Shift from curiosity to centre-stage

HEALTH POSER

Millions of South Africans make use of traditional healers, but what sort of official policy should be adopted towards them? Health Writer **DAVID ROBBINS** seeks some answers.

The ANC health policy document is fairly vague on the issue of traditional healers. It says simply that the need for a co-ordinating body for these people, and mechanisms for their incorporation into the national health system, should be investigated.

But this seems to raise more questions than it answers. Who are the people who call themselves traditional healers? What is their special attraction? And how could they be incorporated into a health system which is dominated by Western medicine? "They should not be incorporated in the conventional sense, as dentists or physiotherapists are," says Dr Engela Pretorius, senior lecturer in the Sociology Department at the University of the Orange Free State.

"But there can be no doubt that traditional medicine will be with us for a long time to come. So there needs to be some liaison. In fact, I believe the two systems should work in tandem."

Pretorius has made a specialist study of African medicine since 1987. During that time, traditional healers have moved — at least from the point of view of health administration in South Africa — from being a peripheral anthropological curiosity to a position much closer to centre-stage. And right-

ly so, in the more democratic climate in which we are now living.

Here are some of the basic facts:

- Well over 50 percent of trained nurses consult a traditional healer first, before calling in the Western expertise they know best.
- Large numbers of black professionals also fall back on traditional methods — although many do it under cover of darkness.
- Estimates indicate a total of 80 000 traditional healers are operating on the highly urbanised Witwatersrand alone.

But do they do any good? Pretorius answers: "It is now generally accepted that the chance of successful treatment of any condition decreases where there is socio-cultural distance between patient and therapist. Obviously, this illuminates the traditional healer's great strength.

"Unlike the Western doctor, the healer performs a much more supportive role, embracing the socio-cultural and religious spheres as well as the purely medical."

Pretorius points out that these vital links in the health and spiritual well-

being of millions of South Africans come in varying forms. Main categories include sangomas, inyangas, and prophets.

It is said that the true sangoma suffers from a disease called *thozosa* from which relief can only be found by learning (through an apprenticeship) and practising the ancient sangoma skills.

These include diagnosis (often by throwing bones) and intercession with the spiritual world on behalf of those still living in the temporal one. The sangoma is psychologist, priest, physician and counsellor rolled into one.

Inyangas (or ngakas in the Sotho languages) are herbalists, although some of them claim supernatural powers. They also serve an apprenticeship with a mentor.

The prophets or faith healers are a relatively recent addition to African medicine, and are a direct offshoot of the Independent Churches (like the Zion Christian Church).

"All these people," says Pretorius, "fill a real need in a society which is undergoing rapid urbanisation, which has withstood the battering inflicted by

influx control and apartheid generally, and which has been and still is ravaged by violence.

"It's perfectly understandable that so many people, finding no mechanisms to cope with these new situations, should fall back on what is known and has been trusted for many generations."

But Pretorius warns that, since the economic potential inherent in these needs is so enormous, there are a great many charlatans at work. One reputable traditional-healer grouping estimates that of the 80 000 people practising on the Witwatersrand, only 10 percent are the real thing. That means there are 72 000 charlatans.

"Whites have also climbed on the bandwagon," Pretorius reveals. "Right here in the OFS, I have documented the case of a white man who phones black women at night, especially those he knows to be alone, offering special medicine to ward off evil spirits."

One of the most pressing needs, therefore, is for traditional healers to be controlled by a code of ethics and their own council. They need to be registered with a single body, as they are these days in Zimbabwe.

"This is absolutely essential," says Pretorius. "But equally essential is to listen to the traditional healers themselves. My experience is that they are eager to upgrade their skills, but without demystifying their social role.

"They are beginning now to talk about a reciprocal referral system with Western-trained doctors. And trade unions are pressing for the recognition of leave of absence certificates signed by traditional healers."

The possibilities seem endless. Pretorius has written in support of the idea of including a study of "traditional cosmological views" in the curriculum for Western-trained doctors. There's a lot more investigating to be undertaken around this complex subject.

Whatever the outcome of these investigations, however, one thing is already certain: that the need of a society caught in transition for old anchoring points will be ignored or belittled only at our collective peril.



Throwing the bones... a sangoma in action. But there is far more to traditional healing than these conventional images.

Star 14/6/194

(978)

Health budget crisis warning

Bara chief warns on closures

Star 17/6/94

■ BY DAVID ROBBINS
HEALTH WRITER

The health budget for the PWV should be reopened and subjected to professional scrutiny to avoid a major crisis, including the closing down of many hospital wards, says a superintendent at the region's largest hospital.

Dr Grant Rex of Baragwanath Hospital, and co-author of a report commissioned by the ANC, has warned that without this intervention the region's health services also face possible job cuts during the current financial year.

He said the situation could have serious political consequences for the ruling ANC.

According to the report, entitled "Preparing to Govern", immediate action should also be taken to unscramble cumbersome bureaucratic procedures which impede the efficient management of hospitals.

Rex said the procedures laid down by the Public Service Commission were too complex and slow-moving.

"We are urging that the commission be decentralised as soon as possible, with each province establishing its own," he said.

On the financial crisis, the report states: "The provincial budget has been carefully designed so that its overspend will be

THE CO-AUTHOR of an ANC-commissioned report warns of the possible shutting of thousands of hospital beds in the future

politically impossible to cut."

Overspending on health for 1994/5 in the PWV is estimated at around R300 million or about 10 percent of total budget, a figure which has risen steadily from R93 million in 1992/3. The normal procedure is that the health department simply asks for supplementary votes during the course of the year.

"The same will happen this year," says Rex, "forcing the Government either to find the money or to face huge problems in most major hospitals."

The report says: "By September hospitals will start running out of supplies and the national Government will be faced with the option of shutting many thousands of hospital beds in order to come in under budget."

"Preparing to Govern", co-authored with Rex by health specialists, has been submitted to the PWV's health MEC, Amos Masondo, for consideration.

Millsite Hospital workers on strike

NURSING staff and workers at Millsite Hospital in Randfontein, for psychiatric and geriatric patients, are striking over poor patient care and management's dismissal of about 12 shop stewards.

Police and dogs were brought in on Friday afternoon to disperse strikers, a shop steward said. *B. Dewey 20/6/94*

She said workers had gone on strike last week as their calls for better basic care for patients had been ignored. There was often no hot water, the heating system was totally inadequate and patients did not have enough warm clothing or blankets.

Hospital spokesman Helen Duigan denied these allegations and said the hospital was constantly upgrading and maintaining facilities. However, the hospital boiler had been sabotaged several times in the past few months, she said. *(98) (152)*

A tentative agreement made on Thursday that workers would return to work while negotiations continued collapsed

KATHRYN STRACHAN

when about 12 shop stewards were dismissed on Friday. Negotiations collapsed and workers went out on strike again.

The shop steward said they were informed of their dismissal when they arrived for a meeting with management on Friday morning. The reason given was that by attending a caucus meeting prior to the meeting with management they had failed to be at work.

She said the stewards had reported to the sisters on duty in their wards and had then met to caucus in preparation for the 10am meeting with management.

Duigan said the group was dismissed because it failed to get prior permission from management for a caucus meeting during work hours. She conceded the meeting with management had only been arranged after midnight, and that the caucus meeting was essential to negotiations.

Hospital salaries 'negotiated'

Staff Reporter

CT 22/6/94 (98)

SALARIES of hospital personnel were not determined by the CPA, a senior spokesman said yesterday in response to a Health Workers' Union (HWU) protest in Wale Street on Monday.

The spokesman, who declined to be named, said the Public Service Commission was responsible for salary reviews, "and it does not decide them unilaterally".

A central bargaining chamber had been set up. The most recent salary increase — the one about which the HWU had been complaining — was the product of a negotiated settlement agreed upon by 13 participants.

It was not correct that "CPA management had voted themselves large increases", he said. Yet it was true there had been "a grade of difference between cer-

tain classes of posts".

Concerns had been raised about the promotion of two people at Groote Schuur Hospital.

The unionists conceded yesterday that the promotions had been correctly done. They believed however that some people may not have known what documents they had to provide, apart from their matric certificates, to be considered for promotion.

Private hospitals ⁽⁹⁸⁾ caring for community _{ARC 23/6/94}

COMMUNITY involvement is not only the domain of public hospitals and non-governmental organisations — some private hospitals also offer community-oriented services.

Two of these are Libertas Hospital in Goodwood and Vincent Pallotti Hospital in Pine-lands.

Frail care, surgery, maternity, paediatrics, out-patients and psychiatry are some of the specialist services offered by the Libertas Hospital and medical centre.

A Community and Health Centre was opened in 1991 and the centre houses a number of community-oriented organisations, like Famsa (Family and Marriage South Africa), the Child Protection Unit and the National Cancer Association.

The Libertas Trust has also established a clinic which provides free service to the community, taking blood-sugar lev-

els and giving advice on diabetic-related matters.

Vincent Pallotti is the only Catholic private hospital in Cape Town and probably the oldest — having been established in 1938.

Although the hospital provides all general facilities, from surgery to pure medical care, its special feature is frail care.

And a recent development is the paediatric surgery facility, provided by top surgeons of the Red Cross Children's Hospital.

It's run by the Pallottine Sisters, whose prime motive is to "provide a health-care facility that puts patient care ahead of financial and profit motives".

The hospital said its future plans lie not in more high-tech, costly medicine, but in exploring ways of providing health care to a wider spread of the population.

Medi-Clinics offer a wealth of services

FROM high-tech spinal surgery to plastic surgery, from paediatrics to neurosurgery — the Medi-Clinic Corporation offers all these services, and many more.

The group was formally established in 1983 and its management style is to run the hospitals on a decentralised basis as far as possible.

● Panorama Medi-Clinic has 320 beds — in maternity, paediatrics, neonatal, intensive care, medical, surgical and day-care departments.

The hospital has a large number of specialists in fields like orthopaedics, urology, gynaecology, neurosurgery, plastic surgery, radiology and thoracic surgery.

There are also physicians, anaesthetists, pathologists, psychiatrists and dermatologists.

And early next year a new complex, housing a sophisticated cardiac unit and Oncology unit, will be officially opened.

● The Louis Leipoldt Hospital, with 237 beds, is one of the

oldest and best-known private hospitals in the Cape.

It offers a wide range of services including gynaecology and obstetrics, urology, plastic surgery, maxillofacial oral surgery and paediatrics.

● The Constantiaberg Medi-Clinic offers many specialists disciplines and has several special units, including an oncology unit handling radiotherapy and chemotherapy, a neonatal intensive care unit and pathology laboratories.

● Leeuwendal Medi-Clinic has two laminar flow operating theatres which cater mainly for orthopaedic surgery.

It also has a ten-bed psychiatric unit.

The hospital has facilities for the latest spinal techniques and the doctors' suites are occupied by orthopaedic surgeons.

The hospital is at the forefront of advanced shoulder, knee and ankle procedures and was also the first in Cape Town to get a Continuous Passive Motion (CPM) machine for

shoulder rehabilitation.

● Mitchell's Plain Medi-Clinic offers a wide range of services, but has become known especially for its maternity and paediatric sections.

The doctors' suites are occupied by 25 practising specialists and there are also radiology and pathology facilities available. **MR 23/6/94**

● There is also a Medi-Clinic in Stellenbosch, with the first central control nurse station in the country.

Other private hospitals and clinics in Cape Town include:

● Kingsbury Hospital in Claremont, which has 132 beds, six theatres, a 10-bed intensive care unit and a fully equipped maternity ward.

There is also a day ward for patients undergoing minor surgery for small procedures and a fully equipped in-vitro fertilisation laboratory.

● Gatesville Medi-clinic in Athlone, which has a neo-natal intensive care unit and has specialists in radiology, pathology,

physiotherapy, speech therapy and also caters for orthopaedics, neurosurgery, ophthalmology and general and arterial surgery.

A milestone in the history of the centre was the delivery of a baby which weighed only 490 grams — and the hospital generally has a high success rate with very ill and premature babies.

● The Medicor group, which has 11 private hospitals and provides a full spectrum of health-care services, including sophisticated operating theatres and general, pulmonary, maternity and intensive care units.

The flagship of the group is the recently opened Milnerton Medicity, which has a casualty and trauma unit, with its own ambulance service and a helicopter landing pad.

● Other private clinics include Claremont surgical clinic, Jan S Marais Clinic in Bellville, and Newlands surgical clinic.

Private hospitals offer state-of-the-art treatment

□ 'Necessary to keep up with first world technology'

(92)

ARL 23/6/94

WITH primary health care and community participation the vogue words in health at the moment, private hospitals are still flourishing and offering state-of-the-art medical care.

The private sector claims to contribute about R1 billion in tax to the country's coffers every year.

And the latest word from the department of national health and population development is that existing resources must be fully used.

Opponents of private health care claim that it is "over-catered for", but according to Neville Codron, hospital manager of City Park in Loop Street, "the private hospital is one way of ensuring that we keep up with first world medicine. Because it's a commercial enterprise, one can keep up with modern trends and technology".

"It also relieves pressure on the provincial sector.

"Patients can get immediate attention and have the doctor of their choice at the time of their choice.

"The most important thing is that we offer first class medicine for those that wish to have it," Mr Codron said.

City Park Hospital draws cardiac patients from all over the Peninsula and further afield, including Namibia and overseas countries.

Mr Codron said: "Cardiac is our number one."

A full range of services, including a fully-equipped 24-hour emergency casualty facility, a dialysis unit for patients with failed kidneys, a skin laser centre, full maternity facilities, a neonatal intensive care unit, three catheterisation laboratories and a paediatric ward with two mother-and-child rooms are also offered.

There is also a breastfeeding clinic.

Mr Codron said: "We're basi-



THE LATEST: A nursing sister prepares a patient for Excimer laser treatment which corrects poor eye vision without the need for surgery at N1 City Hospital.

Reports compiled by **LIBBY PEACOCK**

cally geared to anything from minor procedures to trauma and are serviced by our own ambulance service, Swift Care."

Among the state-of-art equipment used by the hospital is a lithotripter and a lasertrip-tor, which break up kidney stones through shock waves.

Also falling under Clinic Holdings, City Park's holding company, is N1 City Hospital in Goodwood, and for those who have extreme short-sightedness or astigmatism — or a wide range of other health problems — help is to be found there.

N1 City Hospital has a sophisticated Excimer laser — the first of its type in Africa and in the southern hemisphere — which has revolutionised eye surgery world-wide.

The R1,5 million Excimer laser is used, among other things, in the treatment of astigmatism, certain corneal disease, short-sightedness and superficial corneal scarring.

The hospital has two intensive care units, seven theatres, a 24-hour casualty/trauma unit and a four-bed resuscitation room with full facilities.

The wide range of services

offered includes radiology — there is a radiographer on call 24 hours a day — and equipment includes a state-of-the-art CT scanner.

One of the seven theatres is dedicated to ophthalmic surgery. Other specialised services include neurosurgery, facial reconstruction, orthopaedic surgery and plastic surgery.

By the end of the year N1 City Hospital will also be offering cardiac surgery and, according to hospital manager Selwyn Sharon, is striving to be "a centre of excellence".

Hospital strike over promotion

Staff Reporter

CT 24/6/74
ABOUT 300 Groote Schuur Hospital staff members yesterday embarked on a strike in reaction to the recent promotion of two administrative staff members.

Chief Medical Superintendent Dr P J Mitchell said in a statement last night the hospital regarded the strike as "illegal" because procedures outlined in the new Public Service Act had not been followed.

98



Ambulance service crisis

CT 27/6/94 (98)

Staff Reporter

WESTERN CAPE ambulance services are so short of resources that there is only one ambulance to 150 000 people, blankets have to be cut in half to meet demand and delays in responding to emergency calls put patients at greater risk of dying.

Details of the crisis were given to the Western Cape Minister of Health and Social Services, Mr Ebrahim Rasool, by about 40 ambulance staff members who met him at the Ambulance Service Centre in Pinelands yesterday.

Ambulanceman Mr Archie Flax, a member of the South African Municipal Workers Union (Samwu), said there were nearly 150 000 people to an ambulance and there were not enough men, vehicles or equipment.

The shortage of staff was so severe and the volume of work so great that the "trend today" was

Delays 'raise risk of death'

to say a patient had "died of natural causes because there is too much work involved in carrying out an autopsy", Mr Flax said.

Because there was such a shortage of ambulance blankets, many were cut in half to meet demand.

Mr Comfort Sibeko, who works in the Ambulance Data Information Control centre, provided the minister with evidence of ambulances being sent out hours after emergency calls were received. In one such incident the victim was dead when the ambulance arrived 5½ hours later.

Ambulancemen claimed that "apartheid policies were still practised in the management of ambulance services" and accident victims in the coloured and black communities had to wait hours for an ambulance.

'No toilet'

Ambulance driver Mr Peter Rossouw said there was only one ambulance at the Wolesley station and he worked alone on weekend shifts, which stretched from Friday until Monday mornings. He added that he had to go home to use the toilet as there wasn't one at this station.

Ambulance staff also complained that management posts were filled by "white men who were traffic officers, fire brigade chiefs and municipal inspectors, instead of being filled by those men who had many years of experience in the service".

Mr Rasool said he had noted 22 problems which needed solving.

Strike at hospital continues

Staff Reporter

98 (S) 94
ET 28/61

ABOUT 300 striking non-medical staffers at Groote Schuur Hospital have disrupted reception, porter and messenger services, but emergency services have not been affected so far, a hospital spokeswoman said yesterday.

The workers went on strike five days ago.

Yesterday they continued their sit-in at the Nico Malan recreation centre at the hospital.

However, negotiations were continuing between the union and provincial authorities to resolve the problem.

Chief medical superintendent Dr Peter Mitchell said the hospital would try to keep all services running and appealed to the public to avoid burdening the service unnecessarily.

Clash over function of academic hospitals

El Day 28/6/94

WITS University vice-chancellor Prof Robert Charlton disputes PWV health minister Amos Masondo's claim that tertiary academic hospitals are designed to deliver health services to a wealthy minority.

Masondo told a Johannesburg conference yesterday that the Transvaal Provincial Administration was confronted by an overspend of more than R340m in the current financial year. (98)

He said 74% of this was attributable to the academic hospitals while community clinics were underfunded. The concentration of resources in tertiary institutions had to be directed to deprived communities through radical restructuring.

Charlton said the academic hospitals connected to Wits — Baragwanath, Hillbrow and Coronation — were the only source of health care for the underprivileged in those areas. The other two academic hospitals, JG Strijdom and Johannesburg Hospital, also catered for the poor.

Masondo said that despite the province's large health budget and expertise, it was confronted by some of the worst health indicators on the continent. Infant mortality, immunisation rates, care of the dis-

KATHRYN STRACHAN

abled and the availability of contraception were among the worst in the world.

He blamed this largely on the fragmentation of health services.

Charlton also said a proposed plan by the National Health Department to sever links between Wits and Reef hospitals would be disastrous. Responding to a department statement that academic hospitals would soon be rationalised to curtail health care spending, Charlton said Wits had made proposals to reduce costs without destroying the service.

These included funding many hospital beds at the lower regional hospital rate, and only a limited number at the academic hospital rate. But he said all the hospitals should preserve the link with Wits.

National Health director-general Coen Slabber has said the five hospitals associated with Wits will probably be reduced to the Johannesburg Hospital and Baragwanath. JG Strijdom, Coronation and Hillbrow hospitals stand to lose their status as academic hospitals through rationalisation and to be converted to regional hospitals.

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MOU

oting referee sets record straight

Cash curbs hit hospitals

Sowetan 29/6/94

■ **HEAVY LOAD** TPA orders new

scaling down of services because of

budget constraints:

Mokgadi Pela

THE Transvaal Provincial Administration has instructed hospitals, including Baragwanath, to scale down services because of budget constraints. (98)

This directive follows reports that Baragwanath Hospital may close a number of wards following the reduced budget.

The TPA was, however, evasive following media speculation that this could lead to closure of more wards and staff retrenchments.

Communications officer Ms Elzabe Nel said the TPA would hold a strategic planning meeting to address the crisis.

Nel said: "It is impossible to carry the load of patient services with the available budget."

She would not say whether the TPA would ask for more financial assistance from the Government.

However, a spokesman for Baragwanath Hospital yesterday quashed reports that it was considering closing several wards.

Media relations officer Mrs Hester

Vorster said: "Our problem is staying within the limits provided by the current budget."

She attributed Baragwanath's cash crisis to the impact of the Government's new "free services" policy towards children under six years and pregnant women.

"We are seeing more patients with less money. There is also a tendency at Bara to overspend the budget provided for us," she said.

Vorster stressed that no wards would be closed in the foreseeable future.

Growing population

On Monday, superintendent of the hospital Dr Chris van der Heever said Baragwanath faced the problem of a growing population in Soweto which had increased tremendously in the last 15 years.

Van der Heever said the hospital's future depended on political and administrative rethinking.

Baragwanath serves more than three million Soweto residents. It also takes referrals from the Vaal Triangle, West Rand, East Rand, north-western Cape and on occasion Zimbabwe, Mozambique, Uganda and Nigeria.

Groote Schuur Hospital staff blockade

ARC 30/6/94

Workers protest at no-work no-pay policy during strike

JOHN VILJOEN
Staff Reporter

GROOTE Schuur Hospital workers blocked entrances to the hospital today in protest against the enforcement of a no-work, no-pay policy after an eight-day strike.

Workers said their action would not prevent patients, nurses or doctors from entering the hospital. Their action was not intended to affect treatment of patients, they said.

Those taking part in the protest ranged from ground staff to porters and cooks.

The eight-day dispute between workers, provincial au-

thorities and the hospital over allegedly unfair promotion practices ended yesterday.

Workers went on strike because they rejected the hospital's merit system for promotion.

Two people had been appointed unfairly as chief clerks ahead of others with longer service, workers said.

The dispute was resolved at a meeting yesterday but authorities told workers that a no-work, no-pay policy would apply for the eight-day period.

Health Workers' Union general secretary Norman Maharaj said the authorities conceded that workers had legitimate demands but at the

same time wanted to punish them by docking their wages.

Today's protest action was designed to persuade authorities to negotiate on the no-work, no-pay issue.

Protesters who earned wages of about R700 or R800 a month were prepared to sacrifice leave rather than lose their salaries.

"We know our responsibility and our important role but they must also recognise that we have very legitimate demands," Dr Maharaj said.

He emphasised that today's action was not aimed at doctors, nurses or patients.

The protesters appeared to be blocking non-medical staff from entering the hospital.

92

Hospital staff stage protest

Staff Reporter

CT 30/6/94

ABOUT one-third of the staff at Princess Alice Orthopaedic Hospital joined some 300 non-medical striking workers at Grootte Schuur Hospital to stage a sit-in at Grootte Schuur's new wing yesterday.

Workers belonging to the Health Workers' Union have been disrupting hospital services since last week, expressing dissatisfaction with the filling of two administrative posts and salary increases.

A hospital spokeswoman said 80 members of the Princess Alice staff joined hundreds of Grootte Schuur striking workers to stage the sit-in.

Neither of the two hospitals' emergency services have been affected, said the spokeswoman.

Asked about allegations that volunteers were reluctant to help at Princess Alice, she said permanent staff were being shuffled around "furiously" but volunteers had not been called in. "I'm sure there would be a great degree of intimidation if volunteers replaced the striking workers," she said.

Negotiations between the union and management were continuing, although yesterday's visit to the hospital by Western Cape Health Minister Mr Ebrahim Rasool was cancelled.

DENTIST 'GAIN'T FILL GAP' AT MENTAL HOSPITAL

BY SABATA NGCAL

Southwester (suppl. to South)

(98)

LENTEGEUR Psychiatric Hospital in Mitchells Plain is being run by a dentist who is not qualified to run the institution, staff claim.

Dr Koos Muller would neither deny nor confirm the claim. "I don't want to involve myself in controversy," he said.

However, the Cape Provincial Administration (CPA) confirmed that Dr Muller is a dentist.

A CPA spokesperson said that in the past, in terms of the Mental Health Act, "a medically trained person was promoted to the position of a medical superintendent".

Lentegeur Hospital staff allege that the bad management there has worsened since Dr Muller took over.

Employees plan to hand a list of grievances to the regional health ministry this week.

They say Dr Muller's "inefficiency" is due to the fact that "he only knows how to extract teeth and has no nursing or psychiatry training".

"He was never even admitted to a psychiatric hospital!" one employee remarked.



EXTRACT THE DENTIST: Lentegeur Hospital staff protest Photo Roger Sedres

117 - 517194

Dr Muller was seconded to the hospital by the CPA two years ago.

Employees have been holding pickets at the hospital gates since last Monday.

They said the situation at the hospital is "miserable and abhorrent" and were concerned

that the hospital secretary's only qualification is matric.

"His position is equivalent to assistant director and therefore should have a post matric qualification," an employee claimed.

Another complaint is that the staff heading the nursing sec-

tion were "rude, arrogant and autocratic".

The employees have called for a commission of inquiry to investigate the "horrible" situation at the hospital.

Last week the employees handed over their grievances to the CPA.

CPA opts out of meeting

HOPES that the Cape Provincial Administration would address employees at a mass meeting at Lentegeur hospital were dashed on Monday.

Instead the CPA sent a letter saying the employees should send a delegation to its offices to discuss their grievances.

The employees are demanding a meeting at the hospital and not at the CPA offices.

The meeting is expected to be held on Wednesday.

Angry workers waved posters reading "The Truth Commission is on its way to Lentegeur".

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Hospitals groan with the load

CIPress 3/7/94

98

By ZANELE VUTELA and SIPHO ZUNGU

THE clearly exhausted nursing sister looked through her thick-framed spectacles and admitted with resignation: "It is true, children in Soweto hardly go beyond the age of six nowadays."

This statement underlines the present health crisis in the township since the announcement by President Nelson Mandela that all children under the age of six and pregnant mothers would receive free medical treatment from June 1.

Joyce Nxumalo, a Soweto resident, told City Press that people were taking unfair advantage of free medical health for the under-sixes. "They have taken to lying about the ages of the children they bring into the clinics."

The crisis is generated by the fact that health facilities that were already at pathetic levels are just about collapsing with the strain brought about by the sudden increase in the number of clinic attendances.

According to Dr Soomati Natha, acting superintendent of Soweto's 12 clinics, the declaration of free medical services, while welcome, "found us unprepared and is way beyond what we can cope with".

The number of children under six years old being brought into the clinics has increased dramatically and there are fewer older children. With Soweto's characteristic speed, this problem has in less than a month embedded itself into the health services.

This has led to Natha to the conclusion that if it came to the push, the clinics would have to insist that the children bring their "road to health certificates" to provide proof of age.

There have also been reports that in abusing the system, people tend to bring the "not-so-sick", who in the past would not have taken the trouble to go to a doctor for the same ailments.

A notice issued by Health Minister Dr Nkosazana Zuma stipulating guidelines for rendering free medical services was published in the Government Gazette on Friday. The notice stipulates that free medical care must be provided to:

- Pregnant women from the day the pregnancy starts until 42 days after the pregnancy has been terminated, for whatever reason. If a complication arises because of the pregnancy, the patient is to remain under free medical care until she is well.
- Health care will be rendered to pregnant women for ailments not related to pregnancy.
- Children under the age of six.
- Non-citizens of South Africa who are in the above categories who incidentally get sick while they are in the country.

According to the notice, free medical care is to be provided by the following institutions and people:

- State-care facilities, including hospitals, community health centres, clinics, mobile clinics and satellite clinics.

- State-aided clinics whose budget is subsidised by more than 50 percent by the government.

- By district surgeons.

The following are not eligible for free health care:

- People and their dependants who are on a medical aid scheme.

- Non-citizens of South Africa who visit South Africa for the purpose of obtaining free medical care.

The notice does not say anything about how the health services will be revamped to face up to their task. As it is, Baragwanath Hospital is on the verge of curtailing its services. On Monday the hospital's superintendent, Dr Chris van der Heever, told the media that Bara would have to close some wards unless additional funding is found.

Strike: No work, no pay — but overtime concession

Staff Reporter (42) 98 (42) staff as a whole."

GROOTE Schuur Hospital workers who went on strike last week will be subject to the "no work, no pay" principle, but will be allowed to work off half the salary lost as overtime.

The remainder will be deducted from their salaries in monthly instalments.

This was announced yesterday by Western Cape Health Minister Ebrahim Rasool, who said: "Although the principle of 'no work, no pay' is paramount, the province always reviews the merits of each case and ensures that the principle is applied fairly and with sensitivity, in the best interest of the health services and the

Actions which led to the disruption of health services and "the threatening of lives" could not be supported.

Mr Rasool said the agreement to allow strikers to work off 50 percent of the time lost would apply to this particular strike and should not be seen as a precedent.

He expressed his "sincere gratitude and appreciation to the overwhelming majority of the staff" who had carried on working under "very difficult circumstances".

Staff who had worked overtime to keep essential services going would be paid for all hours worked.

ALL 6/7/94

Hospital workers threaten to strike over funding crisis

WORKERS at Baragwanath Hospital have threatened to strike unless government makes extra funds available to the cash-strapped institution and allays fears of retrenchments. *B. N. Day*

The United Commercial, Catering and Allied Workers' Union of SA said yesterday its members were concerned by reports from management about the funding crisis at the hospital. *7/7/94*

Union secretary-general Manyoro Gumede said the funding crisis — which was brought about by government's new focus on primary health care — was certain to result in the closure of wards and the retrenchment of staff.

While it welcomed the new primary health care plan, the union believed the shift away from tertiary care should be managed in such a way that it did not result in retrenchments.

A special fund should be made available to hospitals to offset the costs of new health care and to carry them through the transition phase without having to resort to retrenchment, Gumede said.

The union would not wait until it was actually faced with retrenchments, and strike action was threatened if government failed to make extra funds available.

Transvaal Provincial Administration spokesman Elsabe Nel said the administration was considering ways to stretch

KATHRYN STRACHAN

the diminished hospital budget, and to manage the problems that resulted.

"At this stage we cannot say whether it will be necessary to close wards, but if it is — and if retrenchments are necessary — there will be negotiation with all the unions," she said. *(98)*

A spokesman for Baragwanath Hospital said each year the state had to make additional funds available to meet the hospital's overspend. At the moment no wards would be closed, but it was one of the options open to the state should additional funds not be available this year.

Natalspruit Hospital also expressed its need for additional funds yesterday, saying that high levels of violence in the area had placed great strain on the institution, and could jeopardise the quality of service.

The strain could be illustrated by the fact that it cost the hospital about R20 000 a patient with gunshot wounds — and last year the hospital treated 2 000 patients with gunshot wounds.

"The demand for services at our hospital is much higher because of the violence in the area, but this is not reflected in our budget," said hospital spokesman Nico Pieterse. However, because of the dedication of staff, the hospital was "coping at the moment" and Pieterse did not foresee any closure of wards.

Khayelitsha's primary health entrepreneurs

□ Shipping container centres launched in townships

LIBBY PEACOCK
Staff Reporter

A NEW brand of entrepreneur is on the rise in Khayelitsha — 24-hour primary health-care providers, living and working from converted shipping containers.

The unique township operation was launched recently by the South African Association for Relief of Medical Ailments, SAAFROMA, and five centres have already been established in Khayelitsha.

A further six will be installed by the end of the month and SAAFROMA hopes to have launched 50 centres in Cape Town township, and a further 50 nationwide, by the end of the year.

The township entrepreneurs buy the franchises, but they will also provide a regular meeting point for mobile clinics to advise the community on nutrition and other health issues, as well as

weigh babies and provide inoculations.

The health centres comprise two shipping containers placed on top of each other to form a double-story unit.

The lower part is the first aid station with hot and cold water, an examination table and a shop selling over-the-counter medicines, toiletries and other items.

The centres can also act as depots for dry-cleaning, shoe and bag repairs and stock newspapers and magazines.

SAAFROMA head Derek Marks said the project, a profit-making operation, was sustainable, as all the parties were winners.

Besides improving health care in the townships, it had an educational component in that practitioners receive ongoing training.

It also helped to create jobs, as the practitioners could employ staff.

And, as living quarters were

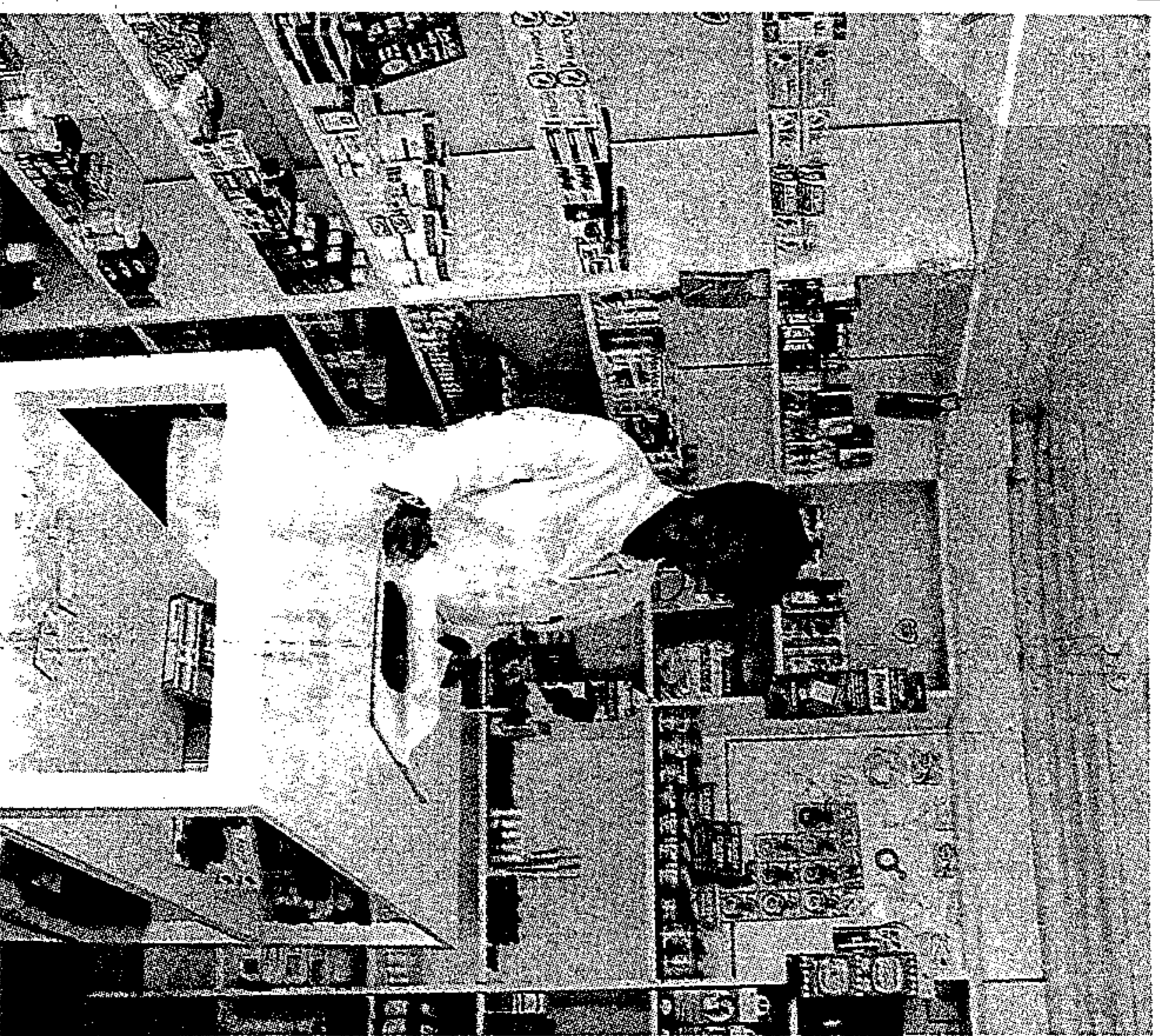
provided above the health centre, the health workers were available on a 24-hour basis.

Mr Marks said the project had "the blessing" of the formal health care sector and would link with day hospitals and clinics and refer patients where necessary.

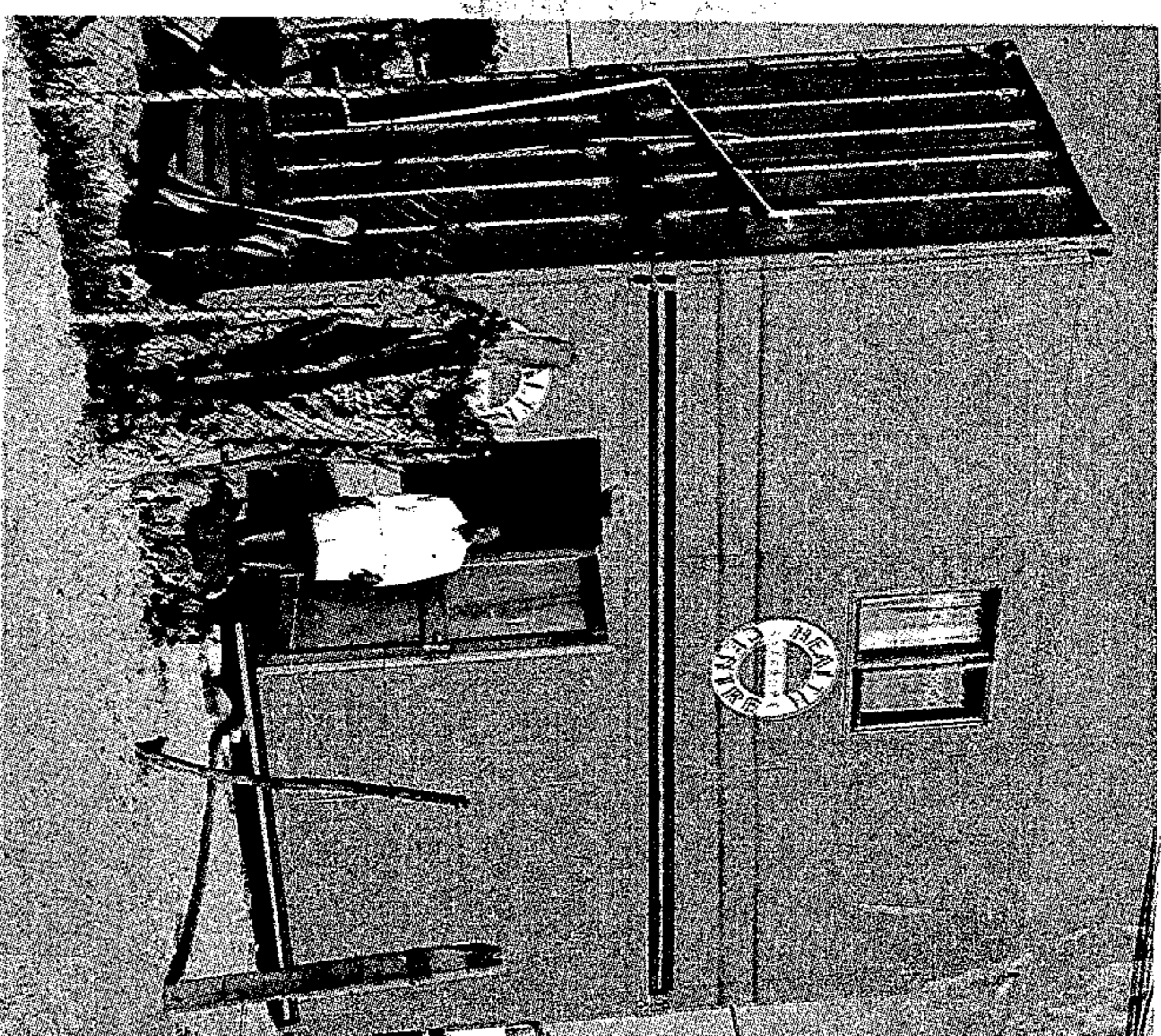
The health care workers were qualified to deal with stab wounds and other injuries and were trained to treat preventative diseases, so they took pressure off other health services.

● The health workers undergo a two-month intensive training programme (conducted, among others, by a trained senior nurse and St John Ambulance) in basic first aid, community health, emergency childbirth, product knowledge and business skills before they are allowed to operate. Further training is provided.

The centre is provided with opening stock, but afterwards SAAFROMA distribute medicines.



ORGANISED: Health worker Lindiwe Dondolo does the books in her innovative health centre in Khayelitsha.



HEALTH CENTRE: Lindiwe Dondolo outside her Khayelitsha health centre, a converted container.

More clinics may be built

PRETORIA. — The government may build more clinics to ease overcrowding at state hospitals, Minister of Health Dr Nkosazana Dlamini Zuma said yesterday.

She said her ministry had identified several problems in the provision of free medical care to children under six and pregnant women. One of these was a shortage of clinics, par-

98
CT 9/7/94
ticularly in rural areas.
"With the building of more clinics, more patients will be able to get health care nearer their homes and be referred to hospital only in case of serious illness," she said.

Dr Zuma said eight of the nine provinces had established regional offices of the Department of Health as well as strategic

management teams to rationalise health departments of the former TBVC states, self-governing territories and provinces.

A feeding scheme for needy primary school pupils would be implemented in some provinces next month.

A R350 million plan to fight Aids was awaiting government approval before being unveiled next week. — Sapa



MILITANTS IN MUFTI . . . Tygerberg Hospital staff toy-toyi in the canteen yesterday, most of them wearing their own clothes instead of their specified uniforms.
Picture: STEWART COLMAN

Workers dump 'prison' uniforms

Staff Reporter

ABOUT 40 angry hospital workers dumped their khaki and pink uniforms in the managers' offices at Tygerberg Hospital yesterday.

They were protesting against having to pay for uniforms. A shop steward of the National Education Health and Allied Workers' Union, Ms Sarah Botha, said the grievance was just one of many.

Workers in the "general assistant" and "housekeeper" categories had recently been told they were going to have to

pay for their uniforms. They did not even like the uniforms, their own choice of navy skirts and pants had been overridden. The men had complained the khaki uniforms made them look like prisoners.

"We are supposed to be in the new South Africa. Why do we always live in the old?"

They had decided not to wear uniforms at all and demanded that regional Health Minister Mr Ebrahim Rasool "and his whole cabinet" should come to the hospital.

"We chose them. We expect them to do something for us now," Ms Botha said.

A senior management spokesman, who declined to be named, said a "polite" group of visiting pupils from Holy Cross Convent had been alarmed when the workers had rushed past them on their way to the offices. The pupils left soon afterwards.

Managers said that nearly all 1 400 patients had received their lunch up to 2½ hours late, after the workers were pre-

vented upon in negotiations to return to the kitchens to dish up.

Other complaints by union members, about 40 of whom took part in the protest, were about "boetie-boetie appointments" (favouritism), and about differences in disciplinary action depending on the social status of persons caught stealing from the hospital.

Benefits like transport subsidies, the use of a crèche and housing on the hospital premises were only for "managerial types", Ms Botha said.

(98) ET 14/7/94

Tygerbergs staff to meet minister

98
AR 14/7/94

□ Old uniforms scattered

LIBBY PEACOCK
Staff Reporter

GENERAL workers at Tygerberg Hospital will meet Western Cape Health Minister Ebrahim Rassool today to discuss a range of grievances, including unhappiness about their new uniforms.

Yesterday a large group of members of the National Education, Health and Allied Workers Union, including cleaners, housekeepers, clerks and porters, went on strike, at one stage scattering old uniforms along two long corridors and in the head matron's office.

They claimed they had been consulted about the new uniforms, but their choice had been disregarded.

They were also unhappy because they believed some workers, such as cleaners, would have to pay R100 for the new uniforms, while porters would get theirs free.

A hospital spokesman said patients did not get their

lunch at the normal time yesterday, as some kitchen workers were attending a meeting. Others, who were working, refused to stand in for the strikers.

He said a group of workers rampaged through the corridors of the administration block, scattering uniforms and piled linen on top of one of the secretaries and shouted abuse at her.

But a Nehawu spokeswoman said the group of workers who went to the meeting had just finished their shift and a skeleton staff was on duty, so there was no reason for patients not to receive their food.

After negotiations with members of the hospital administration, Nehawu shop stewards called some of the strikers from their meeting to dish up for patients.

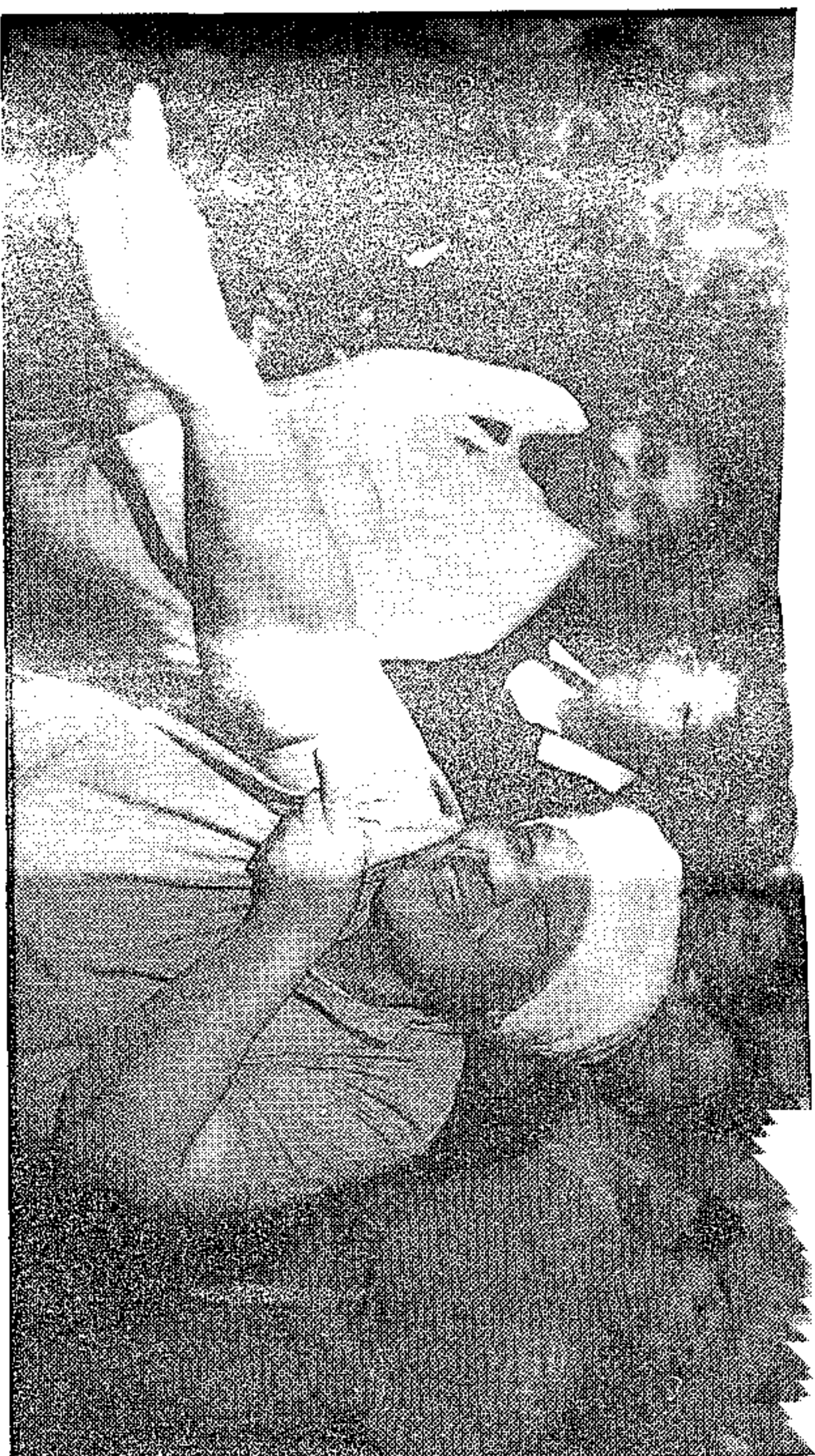
The spokeswoman said: "We demand the dismissal of management. They are incapable of running the hospital."

Other grievances included favouritism and discrepancies in salaries.

STRIKERS: Workers, above right, toy-toy in a recreation hall at the hospital.

DISARRAY: A hospital employee, right, in an office strewn with uniforms.

Pictures: PIETER MALAN, The Argus.



Morals protesters come from near and far to show their 'disgust' at gay film festival

Staff Reporter

THE *Out Of Africa* gay and lesbian film festival in Cape Town had a sideshow in the form of a placard protest against homosexuality by 200 people representing religious communities.

Organised by the Co-Ordinating Council for Moral Standards, yesterday's demonstration was staged outside the Monte Carlo cinema on the Foreshore.

Protesters, some from Malmebury, lined the streets surrounding the cinema and stood five metres apart in keeping with a city council permit for the protest.

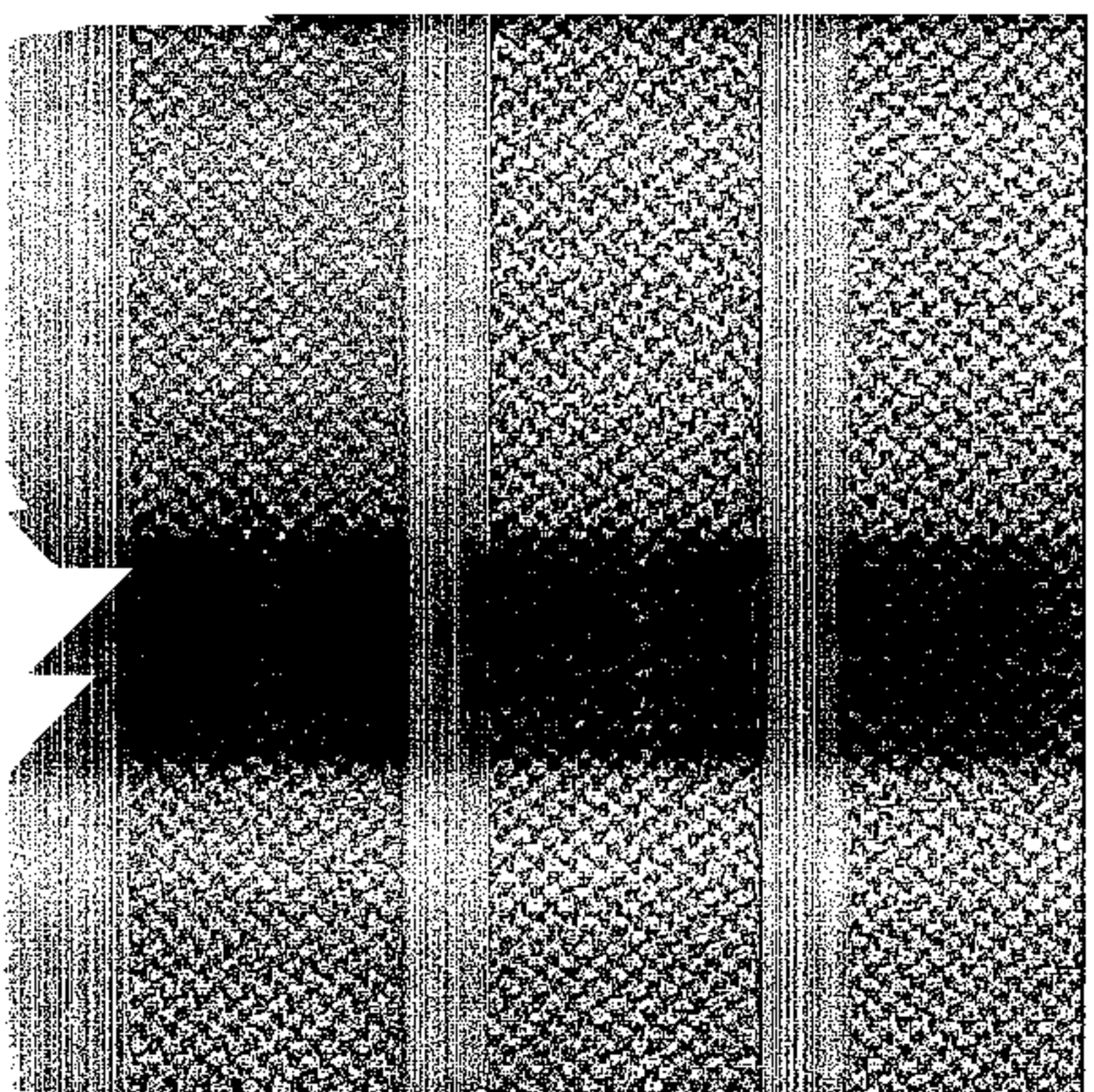
Originally the council wanted only 14 people to take part in the demonstration but after further correspondence from the organisers allowed an unlimited number of people to protest.

A spokesman for the demonstrators said although they understood gays and lesbians had rights under the new constitution, these rights were being abused by "people who are bent on indoctrinating the society with their immoral and unnatural activities.

"While we respect the essential humanity of every human being, we cannot close our eyes to the fact that gay and lesbian activity are unnatural and should not be allowed to flourish in our society.

"As a religious community we have the right and duty to express our disgust and disagreement at these deviant sexual tendencies.

"We used this film festival to show our opposition to their practices and as an attempt to get the organisers (of the festival) to stop it," the spokesman said.



Minister moves to end strike

CT 15/7/94
By YAZEED FAKIER

LOCAL Health Minister Mr Ebrahim Rasool last night moved swiftly to end the strike by employees of Tygerberg Hospital which disrupted services and meals to patients for two days.

About 60 workers toyed in the hospital's canteen and dumped their khaki and pink uniforms in the manager's office to protest, among other grievances, against having to pay for the uniforms.

Mr Rasool announced after a union meeting that affirmative action would be applied at the hospital and a "re-orientation and re-education programme" would be introduced to address insubordination of the hospital's middle management.

The medical superintendent would conduct an audit on privileges and facilities with special reference to creches and residences. Transport subsidies would be investigated.

Mr Rasool said he would deal with allegations of corruption.

Dispute at Tygerberg Hospital now resolved

Staff Reporter (98) ARG 15/12/94
THE dispute between Tygerberg Hospital general workers and health authorities has been resolved.

Western Cape Health Minister Ebrahim Rasool met members of the National Education, Health and Allied Workers' Union (Nehawu) yesterday to discuss their grievances.

The employees went on strike on Wednesday, resulting in disrupted services at the hospital.

A spokeswoman for Mr Rasool said the minister had reiterated that affirmative action would be implemented and the meeting had agreed that "a mechanism to deal with corruption" would be devised.

In the long term, a commis-

sion would be established to deal with allegations of corruption, but in the short term these would be considered by the minister.

Complaints by workers about transport subsidies would be referred for investigation and the medical superintendent would conduct an audit on privileges and facilities, with special reference to crechés and residences.

A reorientation and re-education programme would be introduced to address alleged insubordination of middle management.

Mr Rasool thanked the Tygerberg Hospital staff for their "restraint and discipline" and also thanked the community for "the patience displayed".

Hurt patients 'turned away' from hospital

By KHANGALE
MAKHADO

THE HF Verwoerd Hospital in Pretoria stands accused of racism after two "critically injured" patients were allegedly turned away from its doors.

A youth from Laudium Township in Pretoria said hospital staff turned him away after he was hurt in a car accident.

Nineteen-year-old Sumeer Mooloo told City Press this week that although a nursing sister at the hospital had told him they could not attend to him because the hospital "was full", they continued to admit white patients in full view of the black patients - who were being turned away.

Another black patient, Lazarus Skhosana, was also turned away.

According to Mooloo, Skhosana "looked like he was chopped with an axe all over his body and his father told me they had come all they way from KwaNdebele".

Mooloo said he was driven to the hospital by his cousin Sudesh Mooloo at about 4.30 am last Saturday after being involved in a car accident.

"I was bleeding profusely from the head and my cousin thought it best to rush me to the HF Verwoerd because we knew they had proper facilities. To our surprise I

was turned away like a dog.

"I was in a lot of pain and I had expected the nurses to have at least given me pain killers, cleaned my wound or stopped the bleeding before chasing me away. What has happened to medical ethics?"



BITTER Sumeer Mooloo.

His distraught cousin has accused the hospital of clinging to apartheid.

Both Mooloo and Skhosana were later treated at the nearby Kalafong Hospital.

Senior superintendent at the HF Verwoerd Hospital Dr Mary-Jane Smal denied allegations of racism and said the hospital was could not cope with increased numbers after amenities were opened to all.

Oranjezicht hospital to close

JENNY VIALI, Staff Reporter

(98) ARG 20/7/94

THE Volks Hospital in Oranjezicht will close at the end of October as part of a provincial administration rationalisation plan.

The decision has been taken with the approval of the Cape Metropolitan Health Care Forum, formed to stop unilateral restructuring of health services.

A spokesman for the CPA's Western Cape Regional Office said the hospital would be closed as the Cape Town city area had too many hospital beds.

The main service at the "Volks" is a rehabilitation unit of about 40 beds, which will be moved to Conradie Hospital.

Nobody would lose their jobs in the move, said the spokesman. Staff would be moved to other hospitals.

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PRESMED *FM 22/7/94*
Steady earnings pulse

Activities: Operates private hospitals and day clinics.

Control: Presmed Holdings 60%.

Chairman: P H N Bremer; Joint MDs: C A Grillenberger, R B Speedie.

Capital structure: 28,3m ords. Market capitalisation: R113,2m.

Share market: Price: 400c. Yields: 1,6% on dividend; 7,6% on earnings; p:e ratio, 13,2; cover, 4,6. 12-month high, 475c; low, 325c. Trading volume last quarter, 392 000 shares.

Year to February 28	'91	'92	'93	'94
ST debt (Rm)	0,1	0,5	2,7	2,6
LT debt (Rm)	3,6	3,2	5,6	13,3
Debt:equity ratio	0,16	nil	nil	0,07
Shareholders' interest	0,37	0,35	0,47	0,71
Int & leasing cover	6,0	—	—	8,3
Return on cap (%)	36,1	31,9	22,8	14,4
Turnover (Rm)	51	80	96	125
Pre-int profit (Rm)	8,0	9,5	10,8	18,3
Pre-int margin (%)	15,5	11,8	11,2	14,6
Earnings (c)	13,9	19,3	23,0	30,4
Dividends (c)	3,13	4,19	5,25	6,56
Tangible NAV (c)	40	50	48	261

President Medical's turnover exceeded R100m and its EPS rose 32%, yet its share has not been re-rated by the market. On the contrary, the counter fetches 60c less than a year ago and its 13,2 p:e is well below the Pharmaceutical sector's 20,5 average.

This anomaly becomes even more difficult to understand in view of the worldwide trend towards greater use of affordable day clinics — PresMed's niche market. Also, local health care will become more competitive, boding well for a process of consolidation of medical aid schemes. *(98)*

This will result in a concentration of health-care funders in the market, who will, in turn, seek a wider network of units for hospital and day clinic services. It should also increase their bargaining power in negotiating the prices of services rendered to members. *(98)*

To this end, PresMed expanded its service base considerably last year through the purchase of Carstenhof Clinic, Midrand — which is to become its flagship. This was followed by the acquisition of Faerie Glen hospital and a 25% interest in the Wilgers Hospital. These are both modern hospitals in



Presmed's Grillenberger . . . stronger equity base

the eastern suburbs of Pretoria.

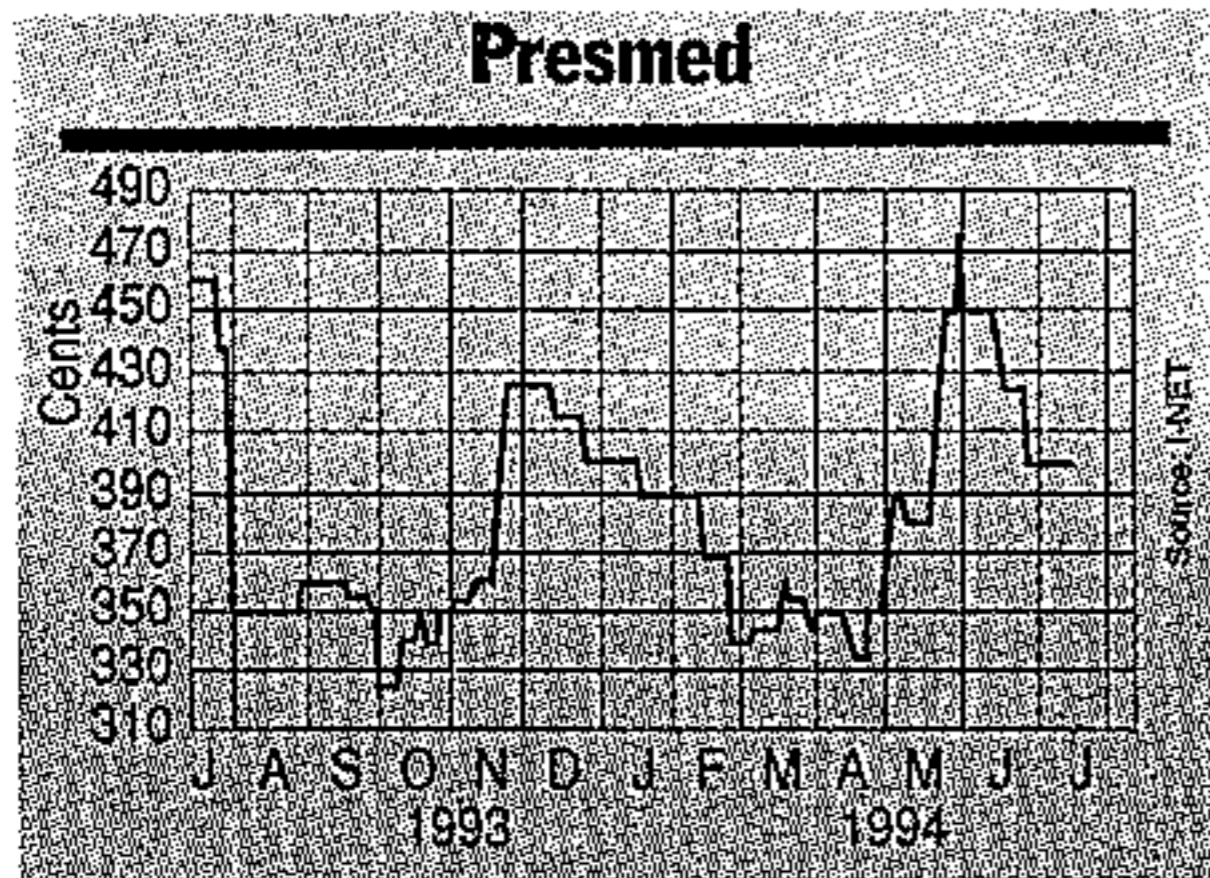
Equity financing rather than debt was used to fund the acquisitions. The strengthened equity base improved NAV and earnings from these acquisitions will allow for further expansion — the balance sheet is now strong enough to absorb debt. Gearing is a mere 7%. *FM 22/7/94*

Financial 1994 was eventful for other reasons; pyramid PresMed Holdings was listed and PresMed's operations were split in two divisions — hospitals and day clinics. This was done because of the acquisitions and the growth in the number of business units. The group now operates and/or has interests in eight hospitals and 13 day clinics.

Conversion of the 12,5% debentures will dilute earnings this year, though there will be a small saving of interest. Nonetheless, shareholders can expect real earnings growth with the contributions from the three acquisitions as well as any new purchases that might be made. *(98)*

At 400c, PresMed is not the cheapest stock in the Pharmaceutical sector but it offers good long-term potential. Six years ago it was a ticky stock on the DCM; now it boasts turnover of R125m. In another six years, that figure will have more than doubled. By then, perhaps, the share will have appreciated more in line with earnings growth.

Kate Rushton



Red Cross pleads for cash injection

The South Africa Red Cross Society faces possible bankruptcy and might have to halt services.

The Red Cross, whose income depends on donations, spent about R26 million last year on humanitarian services, relief supplies and paying off debts.

According to spokesman

^{Star}
Ann Gordon, there is no Government support for the Red Cross in South Africa and it is totally dependent on dwindling public funding.

26/7/94
"Getting food to starving children or medication aid to wounded civilians caught in the crossfire is expected of the Red Cross.

"Volunteers are so busy

doing the work, but where the resources come from is seldom mentioned."

Gordon outlined the sterling services the Red Cross offered in disasters such as township violence and the Merriespruit dam burst. The Red Cross needed an injection of R2,5 million to continue its services. — Own Correspondent.

Presmed to reap benefits

BEATRIX PAYNE

HEALTH care group President Medical Investments (Presmed) would benefit from growth in private-sector consumption of health care and the greater use of day clinics, chairman Naude Bremmer said in the group's annual report.

"Growth in private-sector consumption of health-care services will increasingly be derived from the black consumer market."

Day clinics provided a more cost-effective service than fully fledged hospitals, he said.

During the year the group acquired the Carstenhof Clinic in Midrand, Pretoria's Faerie Glen hospital and a 25% interest in Pretoria's Wilgers hospital.

The group reported a 32% rise in earnings to 30,4c (23c) a share for the year to February on the back of a 31% rise in turnover to R125,3m (R95,8m) and a 74% increase in attributable income to R7,4m (R4,2m).

Young SA drug 'guinea pigs'

By GLYNNIS UNDERHILL

YOUNG healthy South Africans were volunteering to be paid as guinea pigs for drug tests undertaken by local academic institutions conducting research for pharmaceutical companies.

Volunteers participating in these "clinical trials" can earn from R200 a day to up to R2 000 for a six-month trial.

Professor Otto Müller, head of the pharmacology department at the University of the Orange Free State, said most of the volunteers were students aged between 18 and 25.

"There is tremendous control over these clinical trials in South Africa," said Prof Müller.

The chairman of the Medicines Control Council, Professor Peter Folb, said yesterday that it was part of the code of conduct that clinic trials should not be seen to be providing "undue financial incentive".

R200 a
day for
'trials'

All the big academic institutions in South Africa, including Groote Schuur and Tygerberg hospitals, were involved in clinical trials, Prof Folb said.

Prof Müller said the volunteers were paid as compensation for "inconvenience" but not for risk.

He was not aware of any healthy volunteer in South Africa who had died or been hospitalised as a result of a drug test.

Volunteers reactions had occasionally included fainting, a slight skin reaction, or in rare cases, vomiting.

LINDA ENSOR reports from London that hundreds of young South

Africans travelling abroad were making easy money as guinea pigs for drugs tests at the city's Guy's Hospital.

They can earn £250 (R1 425) for a two night admission and £1 400 (R7 980) for a two-week stint.

A hospital spokesman estimated that about 1 500 people were admitted for drugs testing each year, most of them South Africans and Australians. She estimated that South Africans made up 40% of the volunteers.

Most were between 18 and 35 and were travellers in need of money.

Deterioration

Director of clinical research, Dr Dipti Amin, emphatically denied that the health of the young people was at risk.

She said that in all the years in which Guy's had undertaken this work, there had never been any legal action against it and no reports of a deterioration in health after the tests.

(98) CT 27/7/94
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R4,8m hospital funds missing

ET 27/7/94
JOHANNESBURG. —
R4,8 million budgeted
for the kwaMhlanga hos-
pital in the Eastern
Transvaal has gone miss-
ing, Eastern Transvaal
Premier Mr. Mathews
Phosa said *(98)*

Additional funds
would have to be ob-
tained for the hospital to
start operating. — Sapa

Probe into ambulance services

(98) CT 2/8/94

By CHRIS BATEMAN
Political Staff

AN URGENT probe into the crisis-ridden ambulance service in the Western Cape will begin in a fortnight.

Health and Social Welfare Services Minister Mr Ebrahim Rasool said yesterday that "service inadequacy and staff dissatisfaction" had convinced him that action was necessary.

In June members of the Pinelands control centre claimed that there was only one ambulance for each 150 000 people in the province, that blankets had to

be cut in half to meet demand and that the risk of death was increased by response delays.

Ambulancemen and members of the South African Municipal Workers' Union also alleged that work loads were so heavy that the trend was to say a patient had "died of natural causes" to avoid carrying out an autopsy.

Mr Rasool said yesterday two members each from the province, the two trade unions (Samwu and Saame) and the Cape Metropolitan Health Care Forum would form the task force.

The group would have 1½ months to complete its work, beginning on August 15.

City home (98) gets interdict

Staff Reporter ST 3/8/94

A CITY frail care home was yesterday granted a final Supreme Court interdict preventing the National Education Health and Allied Workers' Union from staging mass action to demand the re-instatement of dismissed workers.

The home together with Fedics Food Service also interdicted nearly 180 of Nahawu's former employees from intimidating staff, blocking entrances, occupying their premises and disrupting "normal business activities".

NEWS FEATURE *Impetuous top down approach by*

Free health woes

By Mokgadi Pela

■ PREMATURE CARE *Hospitals*

cannot cope with influx of patients:

PROBLEMS BESETTING hospitals due to the extension of free health care to pregnant mothers and children under six make one wonder whether the Government will admit that the step was premature.

From Leratong Hospital on the West Rand to Nobel Hospital in the Far Northern Transvaal, the story is the same — a top-down approach does not work.

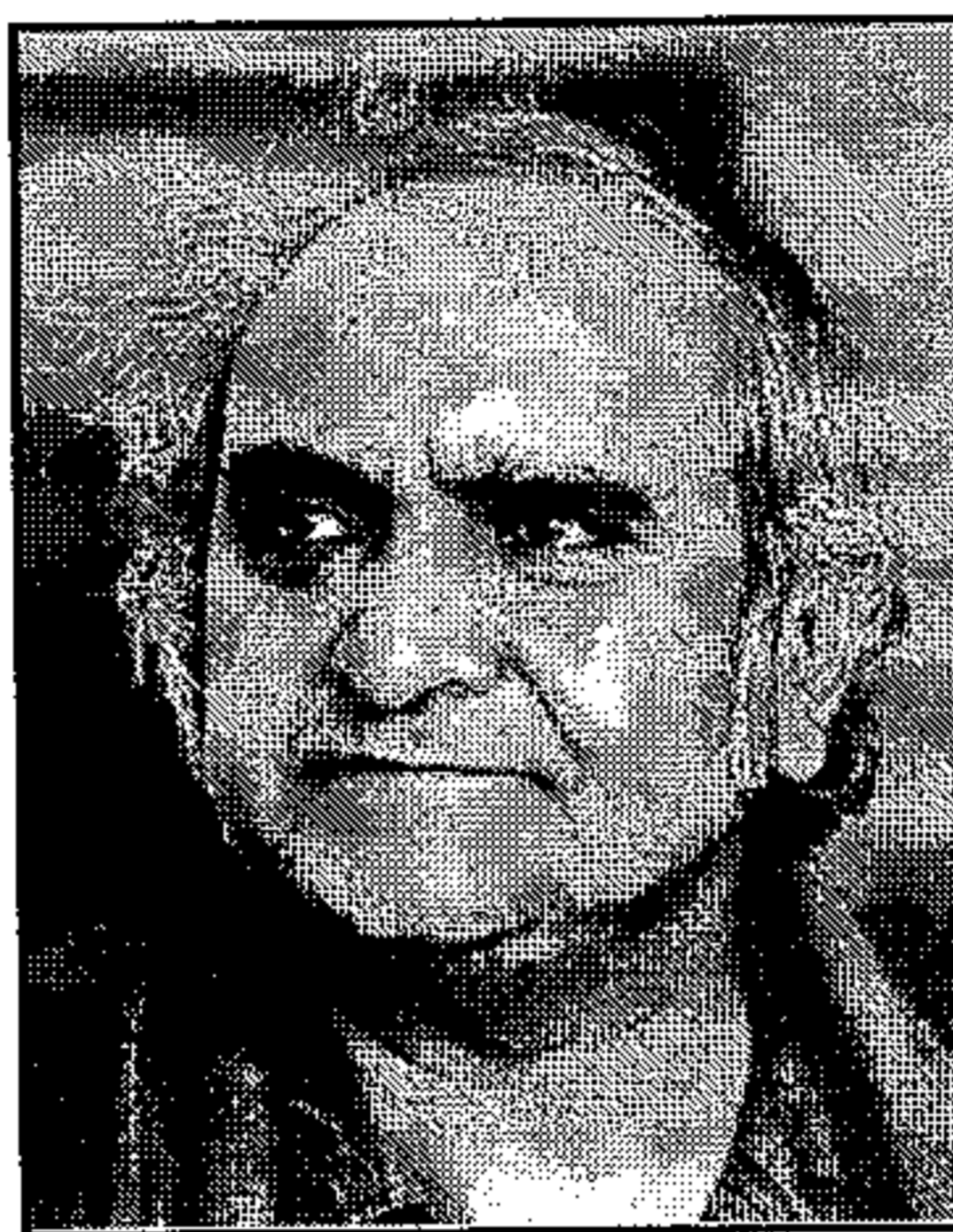
To borrow prominent writer Dr Gomolemo Mokae's words: "Although the Government meant well, it failed to act well."

First to blow the whistle was chief superintendent of Baragwanath Hospital Dr Chris van den Heever when he said it was not far-fetched to foresee the closure of several wards at the hospital. Van den Heever said Bara faced the problem of remaining within limits of a budget which left very little chance to manoeuvre.

This view was reinforced by the chief director of Transvaal Provincial Administration's health services, Dr Jan Nagtegaal. He said all hospitals had been instructed to scale down services due to budgetary constraints.

Some of the complaints raised by hospital staffers include:

- A rapid increase in the number of patients with insufficient personnel;
- Lack of resources, especially



Dr Mayet of the Wattville Clinic.

drugs;

- Lack of consultation by authorities;

- No remuneration for sacrifice in handling greater numbers; and

- Lack of supportive primary health care clinics in the area of the hospital.

One clinic in the East Rand township of Wattville epitomises the situation very well.

This clinic has one part-time doctor, one primary health care nursing sister, one staff nurse, one clerk and two general assistants (both do urine

and blood sugar tests on patients). They earn R800 a month and have not had a salary increase in six years.

It opens for two hours a day and during that period treats an average of 60 patients. Whereas this clinic used to treat about 30 children a month, it now handles more than 300 in the same period.

For two months, this clinic did not have medication for scabies. The clinic still does not have medication for fungal infections. (98) (85)

What should doctors do? Write a prescription for people who can hardly afford the R8 fee?

According to Dr Abram Mayet, this sort of situation leads to bad blood between the community and hospital personnel. Patients think health workers are reluctant to help them, unaware of the dilemma they find themselves in.

"They don't blame Zuma, Mandela or the TPA. They blame health workers. We are in the firing line of the patients due to politicians making decisions from their ivory towers."

"Not a single person from the Government has come down to hospitals to see what the situation is like on the ground," Abram said. If the situation is like this in urban areas, how is it in Magoebaskloof or Cofimvaba?

Health minister cools tempers in hospital

By CHRIS BATEMAN
Political Staff

LOCAL Health Minister Mr Ebrahim Rasool yesterday visited Tygerberg Hospital to placate staff angered by comments he reportedly made last month about "middle-management insubordination".

His comment, which he yesterday explained was "aimed at a few individuals and not the entire middle-management", came at the height of a two-day National Education, Health and Allied Workers strike at the hospital.

Some 60 workers toyi-toyed in the hospital's canteen and dumped their khaki and pink uniforms in the manager's office to protest, among other grievances, against having to pay for their uniforms.

Hospital services and meals to patients were disrupted.

Mr Rasool, after meeting the workers at the hospital yesterday, expressed his "appreciation for the frankness with which this matter was brought to my attention".

Urging the nursing staff delegation to "work towards a relationship of co-operation", he said his ministry would be consulting widely to discuss "restructuring" at the hospital in line with the RDP.

Last month Mr Rasool also said the medical superintendent would conduct an audit on privileges and facilities with special references to creches and residences. Transport subsidies and allegations of corruption would also be probed, he said.

CT 11/8/94

98

Strike mandate at hospital

98

Staff Reporter

THE Public Servants
League of SA (PSLSA)
yesterday obtained a
mandate from about 400
Lentegeur Hospital staff
to lead a strike if future
wage negotiations dead-
locked.

CT 12/8/94

This was said by
PSLSA spokesman Mr
David Meiring, who add-
ed that league president
Mr Malcolm Domingo
had called the meeting
to assess "grassroots
feelings".

New staff approved for Valkenberg

LIBBY PEACOCK
Health Reporter

WESTERN Cape Health Minister Ebrahim Rasool has approved 15 new posts — eight of which can be filled immediately — to relieve the pressure on Valkenberg Hospital staff.

(98) APR 24/8/94
Mr Rasool met hospital senior management and health personnel, including doctors, nurses and general assistants yesterday after Monday's pickets by staff who say they fear for their safety after a nurse was raped and a nurse

and a nursing assistant were attacked.

Mr Rasool said staff were "understandably angry" and felt vulnerable and insecure. He sympathised with the victims of the assaults.

The new posts should ease the workload on staff and increase the staff-patient ratio.

He said he had told Minister of Justice Dullah Omar that Valkenberg would be reluctant to admit new patients for observation until security and staffing levels were improved.

He had also suggested to Mr Omar that financial arrangements be negotiated so that the health budget was not stretched to care for State President's patients.

The regional health ministry had appointed a committee to probe the improvement of mental health care at Valkenberg.

Interim security arrangements were already in place. Mr Rasool was confident the measures would lead to an improvement.

Strike at Welkom hospital

BLOEMFONTEIN. — Workers at Goldfields Regional Hospital in Welkom went on strike yesterday, demanding that privatised cleaning and security services revert back to local government control and that the provincial hospital be closed.

Several departments at the hospital had closed because of the strike.

● A strike involving more than 500 general assistants and nurses at King Edward VIII Hospital in Durban continued yesterday (98) (98)

Hospital superintendent Dr Ahmed Badat said strikers were demanding an audience with hospital management and the kwaZulu/Natal minister for health. CT 24/8/94

Dr Badat said a skeleton staff was caring for 1 400 patients and he hoped they would cope.

A spokesman for the strikers said they were demanding an inquiry into alleged mismanagement, salary increases promised last November, and an end to harassment. — Sapa

Durban hospital closed

ARG 24/8/94
by strike

98
The Argus
Correspondent

DURBAN. — The King Edward VIII Hospital, the city's biggest, was closed today as workers, including general assistants, clerks and nurses went on strike.

The hospital has been plunged into a crisis situation and last night began transferring some of the 1 400 patients to other institutions and peripheral hospitals, said Dr Ahmed Badat, medical superintendent.

The hospital's out-patient department was closed yesterday.

About 2 000 staff walked out on Monday, leaving a skeleton staff on duty, to demand the suspension of hospital management and the formation of a commission of inquiry to address their grievances about working conditions — especially over wage packages.

But having received no response from the health services branch of the NPA or the Kwa-Zulu-Natal Minister of Health, Dr Zweli Mkhize, by yesterday afternoon, staff called everyone out.

Dr Badat said one of the conditions made by Dr Mkhize was that he would only negotiate once people had returned to work.

He said there was a high level of intimidation among strikers.

This is in spite of assurances from the Central Workers Forum, which represents the hospital staff, that the situation would be monitored to ensure patients would not be left stranded.

A staff member who did not want to be named as she had defied the strike call, said the situation was chaotic and she was afraid to leave the ward.

Non-union hospital staff fear sack for strike

Labour Reporter

CLEANING staff at Lentegour Hospital want to strike for higher wages, but don't belong to a union and fear they will lose their jobs.

About 180 cleaners at the hospital are employed by Steenberg contract cleaning company Master Cleaners.

Full-time staff — contracted

for five years — earn R648 a month, part-timers earn R350.

A cleaners' spokeswoman, who asked to remain anonymous, said they had not had increases since starting at the hospital in 1992.

"We don't know where to go for help; we are paid by Mr (Henry) Beukes but he is never there for us. We are thinking of

striking, but have no one to guide us and no union. Mr Beukes can just fire us," she said.

Mr Beukes, Master Cleaners' chief executive officer, said minimum wages in the industry were determined by the Department of Manpower.

Mr Beukes said he would encourage workers to unionise.

98 132 ARG 24/8/94



Strikes cripple Natal hospitals

CT27/8/94

Own Correspondent

(292)

DURBAN. — The public health service in kwaZulu-Natal has been plunged into chaos, leaving critically ill patients desperate for treatment as the medical strike sweeps through the province.

The initial strike which caused the closure of King Edward VIII Hospital has had a ripple effect, and strikes are now gripping Addington Hospital, where kitchen staff walked off the job yesterday; Clairwood Hospital, Empangeni's Ngewezeza Hospital, and King George V Hospital.

A paediatrician said doctors had been working day and night to prevent a disaster "of catastrophic proportions".

At Addington Hospital yesterday, kitchen staff initially prevented other staff members from collecting food for patients.

Workers were eventually persuaded to leave and were replaced by a private catering company.

Most of the patients have been transferred from King Edward to the already overloaded health services that are still operating.

'Sinister' hospital strike in KwaZulu a serious threat

ARC 27/8/94

MARITZBURG. — KwaZulu-Natal health minister Zweli Mkhize said the province's health services could be paralysed by a hospital strike that has spread from Durban to the north and south coasts.

Mr Mkhize said "anarchists" appeared to be behind the strike. He said he would seek an urgent Supreme Court interdict against strikers if last-ditch negotiations failed.

"I have led strikes myself and there's something sinister about this one. You don't just go on strike and make demands without following a process.

"We believe we may have a problem with anarchists, which may lead to a paralysis of health services in KwaZulu-Natal."

Mr Mkhize would not elaborate on his suspicions, but hinted that elements were using legitimate worker grievances to create anarchy and to challenge the new provincial government.

He said he would be forced to call police to hospitals where there had been intimidation of volunteers and those employees who wanted to work, particularly at Durban's King Edward VIII.

Nurses and general assistants began striking at King Edward VIII on Monday afternoon, citing grievances over pay and bonuses, as well as alleged corrupt management as reasons. They also complained that whites and Indians held most supervisory and management positions.

The strike has since spread to three other Durban hospitals as well as Murchison on the south coast and Ngwelezana on the north coast.

There have been reports that staff at several other provincial hospitals were about to strike.

"There is a lot of dissatisfaction with the situation in the health services. I know there are legitimate grievances.

"But why do these people face the government all of a sudden after three months in office? These problems have been existing for so long, but they didn't take the same action at the time of the previous government." — Reuter.

98

Doctors fear working in townships

Shortage of staff blamed for death in hospital queue

BY SABATA NGCAI

ONLY 42 doctors at six day hospitals serve about 800 000 people in the Western Cape's African townships. And 20 posts have been vacant for a year.

Because of the acute shortage of doctors, medical care in the townships is suffering.

On Monday morning, a man collapsed and died in a queue of about 500 people waiting for treatment at the Guguletu Day Hospital.

Day Hospital head, Dr Theo Dahms, could not confirm the death.

However, he said if the man died, the shortage of doctors might have contributed to his death.

He said the Guguletu hospital has five full-time and two half-day doctors.

Dr Dahms said his office was doing all it could to fill the vacant posts.

"We have advertised in the local press and the medical journal with no results," he said.

Up to now 27 letters of appointment have been sent to doctors, with no response.

There are 62 posts for all hospitals in African townships, but only 42 are filled.

Dr Dahms attributed this to the fact that white doctors were afraid to work in the townships for fear of violence.

Before the elections white doctors were escorted to hospitals in the townships.

They complained that their lives were threatened by the sporadic incidents of violence in these areas.

Southeaster (suppl. to South)

Hospital doctors attributed the shortage to the resignation of doctors who complained that they were underpaid. (98)

The deteriorating situation has left the remaining doctors with a heavy burden of attending between 80 and 120 patients a day.

On many occasions they are forced to turn patients away.

There are only six hospitals serving the townships of Guguletu, Nyanga, Langa, Khayelitsha, New Crossroads and the squatter areas.

Khayelitsha with an estimated population over 400 000 has only two day hospitals with six doctors at the one and two at the other.

Crossroads Day Hospital at Crossroads squatter camp with an estimated population of over 80 000 people has only two fulltime doctors.

The doctors complained that they did not have enough time to spend with the patients.

"We are facing a big problem without an immediate solution," a doctor at Nolongile Day hospital, in Khayelitsha, said.

The doctor, who spoke on condition of anonymity, said he saw 120 patients a day.

"I don't have enough time to spend with each patient because the queue is growing bigger outside," the doctor said.

"I have to hurry up so that I don't keep the people waiting. In such circumstances one could not guarantee that people are getting enough of what they are supposed to get.

"On several occasions we are forced to turn people away. We don't like to do it but we are forced by the circumstances."



DYING TO SEE A DOCTOR: On Monday morning, a queue of patients stretched down the corridors at the Guguletu Day Hospital
Photo: Roger Sedres

Army moves in as strike cripples Durban hospitals

S Times 28/8/94

By GEORGE MAHABEER

TWO Defence Force Dakotas with 70 medical personnel from Pretoria have arrived in Durban to help hospitals cope with a crippling strike by nurses and assistants.

The strike at Kwazulu Natal provincial hospitals entered its fifth day yesterday. Officials doubt whether it will end before the middle of the week.

There have been reports that two patients — one a child — had died at Durban's King Edward VIII Hospital since the strike started.

Yesterday, however, a hospital spokesman denied knowledge of these deaths.

The strike centres on demands for more pay, dissatisfaction with hospital management, racial imbalances in supervisory positions, grievances on promotions and annual increases.

Nurses have also complained about having to cope with increased workloads, saying that in some cases, the number of

patients in wards has doubled.

Natal provincial hospitals stopped admitting new patients on Thursday.

While hundreds of nurses and other workers toyi-toyed around King Edward earlier this week, ambulances and medical rescue buses removed hundreds of patients to other medical centres.

"We still have a number of patients but we are coping with the assistance of volunteers," said a hospital spokesman.

A Clairwood Hospital doctor said more than 1 000 of the nursing and general assistant staff had been on strike since Friday. (98)

"We are coping entirely with the assistance of volunteers," he said, although new patients were not being admitted.

Kwazulu Natal MEC for Health Dr Zweli Mkhize said in the event of the strike not being resolved he would seek a Supreme Court interdict and consider calling in the police to ensure the safety of non-striking and volunteer health workers.

Crisis in *Sowetan* hospital 29/8/94 strike (98)

TRAUMA and cardiac patients as well as pregnant women are being turned away from hospitals in kwaZulu-Natal as the strike by nurses reaches desperate and critical proportions.

In some places, ambulance staff have even downed tools in fear of intimidation by more than 4 000 striking medical workers, including nurses.

At least two people — one a child — are believed to have died but hospitals around Durban yesterday threw a blanket of silence over their activities, with personnel offering no comment on the situation.

Today, in a desperate bid to prevent health care from deteriorating further, amid fears that the strike could spread within the province, the Natal Provincial Administration is to apply for an urgent interdict against the strikers before the Durban Supreme Court.

It will seek to restrict striking workers from hospital premises to enable additional workers to be brought in with the hope of averting further deterioration of health services.

Today will be the seventh day of the work stoppage which deputy-director of health in the province, Dr Daryl Hackland, said was in demand for an end to salary imbalances, nepotism and corruption.

The SANDF has meanwhile flown in a contingent of 57 medics.

A staff member at Clairwood said the hospital was functioning under "siege" conditions.

King Edward VIII Hospital's ICU and nursery were kept functioning yesterday by skeleton staff.

Nurses there sat in the sun reading newspapers or crocheting while the hospital turned away trauma, cardiac and maternity cases.

Desperate position at hospitals hit by strike

OWN CORRESPONDENT

Durban — A strike by more than 4 000 nurses and other medical workers has led to chaos of desperate and critical proportions at five hospitals in KwaZulu/Natal, according to Dr Daryl Hackland, deputy director-general of the KwaZulu/Natal Provincial Administration.

Nurses at King Edward Hospital in Durban sat in the sun yesterday reading newspapers or knitting while trauma, cardiac and maternity cases were turned away.

At Addington Hospital — the only one accepting emergency trauma victims yesterday afternoon — paramedics had to wait at least 20 minutes before

their patients could be admitted for treatment.

Hackland said the strike was against salary imbalances and alleged nepotism and corruption.

A paramedic said ambulance staff had been alerted that they would have to take patients to Grey's Hospital in Maritzburg if Addington became full.

A staff member at Durban's Clairwood Hospital said they were working under "siege conditions".

Hackland said SANDF personnel, flown in on Friday from Pretoria, volunteers and doctors, were working around the clock at Clairwood Hospital to provide optimal patient care.

He said private hospitals

2918/94
were also being roped in to help.

"The illegal work stoppage and stayaway is intolerable, and totally unacceptable. We are doing everything humanly possible to see that patient care is provided. Doctors are giving their utmost to provide optimal care, feeding and nursing the patients themselves. They are at their wits' end," Hackland said.

Hackland said health services management had reached the end of its tether and would take a strong stand against the strikers.

He said an application for an interdict against the strikers would be brought in the Durban Supreme Court today.

► **Strike Watch - Page 3**

Doctors nurse the ill during strike

Own Correspondent

DURBAN. — Hospitals in kwaZulu/Natal have been brought to their knees by over 4 000 striking nurses and general medical workers.

Dr Daryl Hackland, deputy director-general of the Natal Provincial Administration, said yesterday the situation was chaotic and had reached desperate and critical proportions.

"The illegal work stoppage and stayaway is intolerable and totally unacceptable," Dr Hackland said.

"We are doing everything humanly possible to see that patient care is provided. Doctors are giving their utmost to provide optimal care, feeding and nursing the patients themselves. They are at their wits end."

He said an application for an interdict against the strikers would be brought in the Durban Supreme Court later today.

CT 29/8/94
Nurses at King Edward Hospital yesterday morning sat in the sun reading the newspaper or crocheting while the hospital turned away trauma, cardiac, and maternity cases. A skeleton staff are keeping the intensive care and nursery operational.

At the over-burdened Addington Hospital, the only hospital accepting emergency trauma victims, paramedics had a minimum 20-minute wait before their patients could be taken for treatment.

"Even cardiac patients have to join the queue as under-staffed doctors battle to save lives," said a paramedic.

At Ngwelezana Hospital near Empangeni, hospital administrators have negotiated for a skeleton staff with striking employees. Ambulance personnel were reluctant to work as they were being intimidated by the strikers.

Strikers go back at two Durban hospitals

DURBAN. — Strikers at Durban's King George V Hospital returned to work today and the hospital was "up and running", the superintendent said.

This leaves only workers at King Edward VIII and Addington hospitals still on strike, after Clairwood Hospital workers also resumed duties today.

Government spokeswoman Narina Riskowitz said authorities hoped a Supreme Court interdict barring workers from harassing or intimidating others would be granted this after-

noon.

She said workers had allegedly manhandled a doctor at King Edward, where nurses and general assistants today vowed to defy an ultimatum to return to work or face dismissal.

She said the government hoped to get the interdict or it would be difficult to summon police to problem areas.

Earlier National Education, Health and Allied Workers Union regional secretary Obed Zuma said Nehawu's president

~~198~~ FRL 29/8/94
would visit Durban this afternoon to discuss the government's offer of an inquiry to investigate workers' complaints over pay and alleged management corruption at certain Durban hospitals.

A worker representative at King Edward, Sibusiso Mtshali, said: "We are going forward with the strike. We are determined to have our grievances addressed.

"We are not concerned with the interdict. Even if the police come we'll carry on striking

until our demands are met." Nurses at the hospital agreed, saying they were determined to have their demands met.

They said they wanted houses and the suspension of the hospital's management.

On Friday KwaZulu-Natal Health Minister Zweli Mkhize told a news conference he had done all he could to address workers' grievances, including setting up a parliamentary committee. — The Argus Correspondent and Sapa-Reuter.

'Hospital strike to death of fo

KATHRYN STRACHAN

THE KwaZulu/Natal provincial administration yesterday won a court interdict against striking hospital workers in Durban enabling it to evict them from hospitals.

Almost 2 500 workers were yesterday still supporting the strike, which crippled health services.

Sapa reports that King Edward VIII Hospital chief medical superintendent Dr Lal Dwarikapersad testified that four patients who did not get their antibiotics on time because of the strike, died.

Director of health services Colin Mackenzie said they would not hesitate to take action against workers who remained on strike today.

Workers who ignored yesterday's ultimatum would be served with a second notice informing them their services would be terminated.

King Edward VIII and Addington were yesterday the only hospitals still affected by the strike over grievances about pay and alleged management corruption.

Strikers at King George V and Clairwood hospitals returned to work yesterday morning. *B Day*

According to a regional government statement yesterday, the strike had virtually crippled health services, and negotiations at the highest political and administrative level had failed to resolve the crisis. *30/8/94*

Staff still working at the strike-hit hospitals were reportedly only accepting the most critical cases for treatment. At the weekend SANDF personnel were flown in from Pretoria to help.

National Health, Education and Allied Workers' Union president Vusi Nhlapo said the strikes had not been initiated by Nehawu. Employees' grievances had to be addressed in an organised way.

He said Addington Hospital employees decided to return to work after a government ultimatum to return by today or face dismissal. *(98)*

Nhlapo said a meeting of about 1 300 King Edward VIII Hospital strikers would be held after the deadline had elapsed to discuss a government offer to set up a commission of inquiry into their grievances.

"If Nehawu is satisfied we'll prevail on non-Nehawu members to go back to work. It (the commission) will go a long way in addressing these problems."

He said employees' dissatisfaction stemmed from high expectations that "years and years of apartheid backlogs" would be addressed after the April elections. "We cannot address all these issues in one day but workers are very impatient. They've been waiting very long."

It was Nehawu policy that during hospital strikes a skeleton staff should remain on duty to treat emergency cases and he appealed to union members to observe this.

Court restrains hospital strikers

Star 30/8/94

Durban — All the nurses and other staff members at Durban's King Edward VII and Addington hospitals have been restrained by the Supreme Court from continuing with the illegal strike which began last week.

Striking employees at the Clairwood and King George V hospitals returned to work yesterday morning after regional organisers of the National Education, Health and Allied Workers' Union convinced them to do so.

Late yesterday Durban Supreme Court judge Mr Justice Hugo granted two urgent temporary interdicts brought by Kwa-Zulu/Natal Health Minis-

ter Dr Zweli Mkhize against strikers at King Edward and Addington.

The orders prevent all nurses, general assistants, porters, security guards, specialised auxiliary service officers, messengers and radiographers at the two hospitals from continuing with strike action.

Mkhize will meet representatives of the Kwa-Zulu/Natal Provincial Administration health services, health workers, unions, hospital management, and medical school officials in Durban tomorrow to discuss the future handling of grievances.

— Own Correspondent.



Chairman Prof Nic Wiese, right, talking to Lotteries and secretary David Swanepoel at the first sitting of the Board in

Picture: ROBERT BOTHA

'Hospital strike to death of four'

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ins white SA's hearts

KATHRYN STRACHAN

tively low profile. His tally among coloureds was 5,2 and Indians, five.

De Klerk was far more popular among these groups, with coloureds rating him at 7,6 and Indians at 7,2 — even higher than his seven among whites. Blacks gave him 4,8.

However, urban blacks largely rejected IFP leader Mangosuthu Buthelezi and Volkstaat leader Gen Constand Viljoen. Buthelezi scored 1,9, while Viljoen scored 1,5. Among whites Buthelezi scored 5,6 and Viljoen 5,2.

In its survey of support for parties, Mar-kinor found overwhelming support for the ANC among urban blacks.

The survey also showed a sharp decline in support for the PAC and the SACP since November last year.

ndela has popularity over the past poll. Mar-kinor re-support for degree rest as much as de Klerk. ndela scored as, a sharp rating of is poll. the presi- n average le. Among Indians 7. aki had a ng urban commun- his rela-

Biday 30/8/94

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[Handwritten scribble]

Hospital strikers urged to go back

ARG 30/8/94

98 ~~102~~

□ Four patients die from drug delays

DURBAN. — Union officials today urged striking hospital employees to go back to work as their action threatened health services in the north and south of KwaZulu-Natal.

This follows a supreme court ruling yesterday in which an urgent interdict was granted barring striking nurses, security guards, general assistants or porters from harassing or intimidating workers at Durban's Addington and King Edward VIII hospitals.

King Edward VIII Hospital chief medical superintendent Dr Lal Dwarikapersad testified that four patients had died of neglect as a direct result of the strike. They had not been given antibiotics on time.

Today National Education, Health and Allied Workers Union (Nehawu) officials appealed to strikers to return to work at Durban's King Edward VIII hospital, where the industrial action started last week.

They told strikers negotiations on their grievances would get underway as soon as they returned to work.

"Negotiations will begin when you return to work. Give the proposal a chance," said Nehawu's national organiser Matthew Siko.

He said the union and the provincial health minister have agreed to an inquiry into grievances against hospital management and to continue pay talks and he urged about 1 200 workers to suspend their action, saying they could resume the

strike if they were unhappy with further developments.

Union officials have stressed that Nehawu did not organise the strike and have said there could be "agents provocateurs" using workers' grievances to undermine the new government.

Northern KwaZulu-Natal's Ngwelezana hospital superintendent Dr Adri Mansvelder told Reuters that about 1 200 nurses and other staff had been on strike since Friday.

Most of its 900 patients had been referred to other hospitals, he said, but added that the region's health services were facing a crisis as all facilities were full and some patients were even sleeping on floors at Empangeni hospital.

Strikes 'hijacked by anarchists'

(98) (E) CT 31/8/94

Own Correspondent

DURBAN. — Anarchists had hijacked the hospitals' strike here and were using it to cripple the health services, kwa-Zulu/Natal Health Minister Dr Zweli Mkhize said yesterday.

The strike which started at the King Edward VII Hospital, has spread to Kokstad, Murchison and the J G Crookes

Hospital in Scottburgh.

J G Crookes superintendent Dr Ian Haines said general assistants had "literally forced" nurses to join the strike.

Nehawu and Cosatu leaders left the King Edward Hospital embarrassed yesterday after workers defied their pleas to return to work.

The Nehawu leaders were

publicly dressed down by Mr Vincent Gumede, a former member of the workers' forum, who accused them of handing the workers to the "enemy" rather than fighting for them.

The strike is continuing in defiance of a court interdict issued earlier this week.

The Nehawu leaders will try again today to get the workers

to call off the strike.

Hospitals not taking part in the strike were severely overburdened and some had patients sleeping on the floor.

Speaking after meeting the union leadership, Dr Mkhize said the law would take its course if the workers continued with their strike in defiance of the court order.

NEWS Demand for R1 500 and end to discrimination

Hospital workers' strike is spreading

Sowetan Reporters
and Sapa

HUNDREDS of health workers were still on strike at more than 10 hospitals yesterday, with unions accusing KwaZulu-Natal authorities of insensitivity to the demands of hospital workers.

The secretary general of the SA Health and Public Service Workers Union, Mr Silas Baloyi, said "the only thing that is happening is that the KwaZulu-Natal authorities are threatening but no one is addressing the grievances".

Saphswu had sent KwaZulu-Natal health minister Mr Zweli Mkhize a letter condemning the court interdict against the strikers which "prevents the right of workers to be heard".

Meanwhile, administrators of Kwazulu-Natal state hospitals yesterday met in Durban to discuss the strikes which have virtually crippled health services in the region.

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Authorities accused of insensitivity:

Provincial spokesman Ms Narina Riskowitz said the forum had been called by MEC for health Dr Zweli Mkhize to discuss effective channels for addressing strikers' grievances.

She said employee representatives and medical personnel had also attended. Riskowitz said strikes were continuing at four hospitals, including Durban's King Edward VIII, where the protest began eight days ago.

The others were Ngwelezana Hospital, Kokstad Hospital and the Hospital of Christ the King at Ixopo.

She said there were unconfirmed reports that strikers at CG Crookes and Murchison hospitals on the South Coast had returned to work.

A patient died at East Griqualand and Usher Memorial Hospital in Kokstad as a strike by nurses and assistants entered its second day.

King Edward strikers were due to meet leaders of the National Education, Health and Allied Workers Union.

The union said it would urge them to return to work. Saphswu condemned Nehawu for distancing itself from the strikers. "It is a workers' grievance and not a matter for a workers' organisation," it said.

Nehawu had accepted a 7.44 percent wage increase at the central bargaining chamber which "was not mandated by the workers".

The mandate of the workers was 17.5 percent and a minimum wage of R1 500 a month and the removal of racial discrimination in promotions, Saphswu said.

Meanwhile, about 300 nurses at various hospitals in the former homeland of Venda went on strike yesterday demanding bonus and promotion.

NEWS Demand for R1 500 and end to discrimination

Hospital workers' strike is spreading

Sowetan 19/94

**Sowetan Reporters
and Sapa**

■ SERVICES CRIPPLED

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Hospital crisis: Still no end in sight as strike drags into 10th day

(98)

ARG 1/9/94

DURBAN. — The strike at King Edward VIII Hospital here dragged into its 10th day today with no sign of an end to the crisis, health officials said.

Employees at three other KwaZulu-Natal hospitals were also still out today.

Provincial government health spokesman Narina Riskowitz said two hospitals in the south of the province — Kokstad Hospital and Ixopo's Christ the King Hospital —

were still hit by strikes while Ngwelezana Hospital in the north was closed.

Officials say 2 600 workers are striking in the province.

Police were stationed at the gates of King Edward VIII Hospital and allowed in only those staff members who wanted to work.

Officials estimated that more than 1 200 nurses, general assistants and other staff were on strike at the facility.

Kokstad Hospital medical superintendent Jan Hill said about 160 nurses and general assistants were on strike there.

"Virtually all of our nurses and general assistants are on strike except for a small contingent of whites, coloureds and volunteers," she said.

The medical superintendent at Ixopo's hospital said about 130 employees out of a staff of about 150 were on strike.

Hospital shuts as strikes spread

EMPANGENI. — The remaining 30 patients at Ngwelezana Hospital here have been evacuated and the hospital shut as the strike by nurses and general assistants continued yesterday.

Empangeni Hospital, which has not been affected by strike action, is about 120% full.

On Monday 150 patients from Ngwelazana were transferred to Empanjeni and other hospitals.

Wildcat strikes continued at Kokstad, Ixopo and Durban's King Edward VIII hospitals yesterday in spite of union attempts to persuade employees to return to work.

Employees at a fifth hospital, at Matatiele, left their posts to attend a protest meeting against having to treat patients from other hospitals.

At Ixopo nurses walked out yesterday, demanding a pay rise and a visit from Health Minister Dr Zweli Mkhize.

Strikers at C G Crookes and Murchison hospitals have returned to work.

Calling it a crisis, a health spokesman said: "There's hardly a hospital that hasn't been affected. Even if they're not on strike it simply spills over." — Own Correspondent, Sapa

Durban hospital's staff expected to end strike

KATHRYN STRACHAN

STRIKING workers at King Edward VIII Hospital in Durban are expected to return to work today, following the expiry of management's ultimatum to end the strike.

National, Education, Health and Allied Workers' Union (Nehawu) president Vusi Nhlapo said yesterday he believed the workers would heed the ultimatum, particularly as the grievances over pay and alleged management corruption were being resolved through a newly established commission of inquiry.

The hospital's management said striking workers faced dismissal unless they made representations by 9am today. Night staff had to submit their representations by 10pm tonight.

Staff who wished to return to work could do so pending a final decision, and steps would be taken to ensure their safety at the hospital. Arrangements had been made to place staff, on their request, at other institutions in the Durban area to ensure their safety.

The strike yesterday continued at Kokstad's Usher Memorial Hospital and at Ngwelezani Hospital in Empangeni.

Sapa reports that KwaZulu/Natal officials of Cosatu met King Edward VIII hospital staff yesterday in an attempt to persuade them to return to work.

Regional Cosatu secretary Paulos Ngcobo said he and Nehawu were "in the process of convincing them to go back to work".

Meanwhile, public servants in the former KwaNdebele, claiming government was ignoring them, began a protest strike yesterday.

A spokesman for the strikers, Tsebo Mohapi, said none of the clinics in the area were operating because of the lack of medicines. Other projects that were meant for community development had been halted, he added.

Mohapi said a meeting was held at the KwaMhlanga stadium to draw up plans for further action.

Attempts were being made to contact government officials on the allegations by the strikers.

Strikers stand firm over their demands

Sowetan 2/9/94

KWAZULU-NATAL officials of the Congress of South African Trade Unions met striking King Edward VIII hospital staff in Durban yesterday in an attempt to persuade them to return to work.

Regional Cosatu secretary Mr Paulos Ngcobo said he and National Education, Health and Allied Workers' Union representatives were "in the process of convincing them to go back to work".

Ngcobo said Nehawu officials travelled to Ixopo and Kokstad in southern KwaZulu-Natal yesterday to hear strikers' grievances.

Ngwelezana Hospital on the North Coast remained closed yesterday after staff walked out earlier this week.

While Cosatu and Nehawu are trying to get strikers to return to work, strikers have accused them of siding with management.

Strikers rejected the provincial government's offer to set up a commission to investigate pay grievances and alleged management corruption.

Government spokeswoman Ms Narina Riskowitz said the provincial government appealed to employee organisations to consider the future of their members, who may be dismissed today.

She said the action would be taken because strikers had ignored an ultimatum to return to work and a second notice to give reasons why they should not be fired.

Four hospitals planned

By BARRY STREEK,
Political Staff

FOUR new hospitals are being planned for the Cape metropolitan area, the Minister of Health, Dr Nkosazana Zuma, disclosed yesterday.

She said four general hospitals of 200 beds each were needed on the Cape Flats, in the Hottentots Holland and Kraaifontein areas instead of one large hospital on the Cape Flats as had earlier been envisaged.

"It is highly likely one of the hospi-

(98) CT 2/9/94
tals will be built in Mitchells Plain," she said in reply to a question tabled in Parliament by Mr Farouk Cassim (IFP).

Dr Zuma said the matter was a provincial issue.

No final decision had been taken as assessment studies had to be done in the respective areas.

The proposed hospitals formed part of the overall plan to render health services in the Cape Metropolitan and greater Peninsula area.

Hospital strikers, union divided

Behind this week's strike by Natal hospital staffers lies a growing gulf between workers and their union, reports **Farouk Chothia**

STRIKING hospital employees at Durban's King Edward VIII Hospital were warned this week that they risked losing their union membership if they defied calls to return to work.

National Education Health and Allied Workers' Union regional secretary, Obed Zuma, said that if the crippling strike continued, it would be "difficult for us to regard them (the strikers) as our members."

"No union should say that the right to strike should be taken away but that right should be used correctly. At this stage, we feel that it's being abused," said Zuma.

But the chairman of the Workers' Forum that is steering the strike, Sbu Mshali, suggested that strikers' loyalty to Nehawu was not absolute. "We still see them as our representa-

tives but we are going to see how things develop," he said.

The gulf between the two men's positions is possibly the biggest to develop between a Cosatu affiliate and its membership since the April election and reflects workers' disgruntlement with what they see as Cosatu's softly-softly position on strike action in favour of giving the government time to settle into office amid delicate negotiations with big business on broader issues.

For Mshali, the issues are clear: "The ANC is in government. Nehawu is the child of Cosatu and Cosatu is in an alliance with the ANC... Just because we got an ANC government, Nehawu is siding with employers. It is very wrong to do that."

Zuma denied the charge that Nehawu had ditched workers.

A meeting between strikers' representatives and the Nehawu leadership was scheduled for Thursday to hammer out differences. King Edward staffers also indicated they were at loggerheads with the ANC. King Edward is operating on a skeleton staff after being hit last

week by the latest in a series of strikes. Four other hospitals in the region have also been affected.

Patients, including babies in incubators, were transferred to other hospitals. While exhausted doctors worked around the clock, nurses spent time toy-toying or knitting.

Initially, kwazulu/Natal Minister of Health, the ANC's Zwell Mkhize, tried to resolve the issue through negotiations. But when strikers refused to return to work his attitude hardened.

Arguing that he faced a "moral catastrophe", Mkhize brought an urgent court interdict early this week to force the strikers to resume work. On their refusal, Mkhize accused "anarchists" of seizing control of the strike, while Nehawu's Zuma charged that "certain elements", whose back-ground still needed to be fully "investigated", were "within" the ranks of strikers.

Mshali said the strike followed the failure of authorities to address grievances. Workers called off a strike at the hospital just before the election, accepting Nehawu's assurances that

the Transitional Executive Council was looking into their grievances. When nothing happened, workers resumed their action. Grievances include:

- Low wages and workers have not been paid a five percent wage increase promised to all civil servants last year.

- Racism. No African has yet been appointed to a senior management post. Mshali said management had taken "merit awards" worth R10 000 to R20 000, even though there was much "corruption". "There are people who take medicines in bulk from the hospital to their private businesses. Some of them have pharmacies."

Mkhize assured strikers that a commission of inquiry would investigate. This prompted Nehawu's call for an end to the strike. It said emphasis should be placed on resolving grievances through negotiations.

While a small group of strikers heeded Nehawu's call and resumed work on Tuesday, the majority decided at a mass meeting on Wednesday afternoon to continue.

WJM 2-8/9/94

(98)

Nurses back at beds — strike suspended

(98) ARG 3/9/94

DURBAN. — Workers at King Edward VIII Hospital have agreed to suspend an 11-day strike and return to work on Monday, a Cosatu official said.

"We met more than 1 000 workers from King Edward today and they decided to go back on Monday. But they are only suspending their strike while a commission looks at their grievances," said Cosatu's

southern KwaZulu-Natal chairman, John Zikhali.

He said the commission, to include Cosatu, the National Education, Health and Allied Workers' Union (Nehawu) and the King Edward workers' forum would be separate from a national inquiry announced by Health Minister Nkosazana Zuma.

Provincial government spokeswoman Narina Riskowitz said more than 100 nurses had reported for duty at King Edward by 2pm yesterday.

Meanwhile, Mr Zikhali said he expected the suspension to influence other work stoppages and could signal an end to the Ngwelezana and Kokstad hospital strikes. — Reuter.

Hospital staff return to work

MARITZBURG. — Employees at King Edward VIII Hospital in Durban have agreed to go back to work.

Members of six employee organisations agreed to return yesterday, and their National Educational, Health and Allied Workers Union counterparts said they would return on Monday morning.

A statement by the National Provincial Bargaining Chamber

(98) (98) CT 3/9/94
yesterday also suggested that the authorities, with the full support of the employee organisations, would take drastic action against anyone who intimidated or victimised those wishing to return.

This would be done in accordance with the principles and procedures of the Public Service Labour Relations Act (1994).

The statement said all parties also agreed to set up a demo-

cratically elected and representative staff forum on Monday

No further industrial action would be embarked on at the hospital pending the outcome of a commission of inquiry announced by Minister of Health Dr Nkosazana Zuma.

Monday's return to work should coincide with a return to work by strikers at Kokstad Hospital and Ngwelezana Hospital, the Congress of South African Trade Unions said. — Sapa

Thor workers 'not given medical tests'

BIDay 6/9/94

Own Correspondent

MARITZBURG — Certain Thor Chemicals workers were not removed from their workplace when their biological levels of mercury were high, a former Manpower Department inspector told a Maritzburg regional court yesterday.

Testifying during the resumption of trial, occupational safety inspector Greg Woolley said that in addition workers told him they had never undergone medical examinations while employed at the Cato Ridge factory.

Thor Chemicals, its MD Steven van der Vyver, Gavin Daniels and Bill Smith are being charged with the mercury poisoning of two former employees, Peter Cele and Frank Shange.

In addition the four parties face 29 contraventions of the Machinery and Occupational Safety Act.

Woolley told Magistrate Fred Heuer the issuing of personal protective equipment to casual employees was done "very casually" and it would have been hard to control a work force with "records of that nature".

He said the administration records of casual employees was not as accurate as those of permanent workers.

On his inspection of the plant on April 3 1992,

Woolley told the court, he found masks being stored in the spray-painting room.

In 1991 he had found a makeshift paint tin and a metallic flask used to contain metallic mercury, without a lid, in the compressor room which supplied fresh air to workers.

He said he had recommended — among other things — that the masks should be cleaned and stored in an uncontaminated place.

Once he saw the standard of training was not at the required level, Thor Chemicals had said they would implement a formal, documented type of training instead.

Woolley said he had not been able to investigate or analyse what substances were contained in the paint-tin and flask, but that Daniels seemed "surprised" at the discovery.

Despite assurances that the company would analyse the substances, he had never received any indications as to what they were from Daniels.

He said when he visited the maintenance staff, whose duty it was to repair faulty equipment, it was clear they had not had any instruction on what to do with possible contaminated equipment.

The trial continues today.

Two-week strike at Durban hospital ends

STRIKING health workers at Durban's King Edward V111 Hospital returned to work yesterday after a two-week strike, a union official said in Johannesburg.

The national executive committee of the National Education, Health and Allied Workers' Union (Nehawu) met for three days in Johannesburg to discuss the strike and other issues. Union President Vusi Nhlapo said at a news briefing that Nehawu had resolved that two commissions of inquiry should be set up —

one specifically to look into worker grievances at King Edward, and the other a judicial commission to look into problems related to health workers in KwaZulu/Natal.

The union would be "pushing" KwaZulu/Natal's health MEC to establish the commission of inquiry for King Edward V111 hospital as soon as possible, he said.

Nhlapo said Health Minister Nkosazana Zuma had already announced that a judicial commission would be set up. — Sapa.

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Durban health staff end strike

JOHANNESBURG. — Health workers at Durban's King Edward VIII Hospital returned to work yesterday after a two-week strike, a union official said.

National Education, Health and Allied Workers' Union president Mr Vusi Nhlapo said the workers had agreed to return to work.

Nehawu's national executive committee met for three days here to discuss the strike and other issues.

Mr Nhlapo said it had been resolved that two commissions of inquiry should be set up — one to look into worker grievances at King Edward and the other a judicial commission to look into problems of health workers in kwaZulu/Natal.

Nehawu would be "pushing" Natal's health minister to establish the commission of inquiry for King Edward hospital as soon as possible. Mr Nhlapo said the Minister of Health, Dr Nkosazana Zuma, had already announced a judicial commission would be set up.

Nehawu was calling for disciplinary action to be taken against management at King Edward hospital found guilty of corruption, bribery and incompetence, Mr Nhlapo said. — Sapa

Hospitals Biday 7/9/94 strike threat

KATHRYN STRACHAN

THE Hospital Personnel Trade Union of SA (Hospersa) yesterday threatened "serious action", which could include strikes, if government did not respond to its demand for next year's wage increases.

The union, which represents 180 000 public servants, as well as other public sector unions, walked out of negotiations last week after the state showed "bad faith" in trying to discuss rationalisation of the public service instead of following the agreed agenda of wage increases.

Hospersa director Nita Ceronio said the union had lowered its demands to a general salary adjustment of 15%, and an increase of the minimum wage to R1 500 a month. This represented a total drop in the union's demand from R16,1bn to about R8bn.

However, the union also objected to the fact that the state appeared to be giving higher priority to rationalisation than to wage negotiations and stability.

Ceronio said that in integrating the homeland public services into a national structure, parity in terms and conditions of service had to be established.

Unless the state responded to these demands by the next session of negotiations, beginning on September 19, employee organisation would consider far-reaching action, she said.

Strikers blockade hospital

A HOSPITAL was cut off today when 200 angry staff blockaded the entrance with their cars and demanded to see regional Health Minister Ebrahim Rasool. (98) (S)

Night-shift nurses and social workers at Lenténeur Psychiatric Hospital stayed at their posts to attend to patients' basic needs.

Staff taking part in the blockade included social workers, nurses, clerks and cleaners who belong to the National Education Health and Allied Workers Union and the Public Service League.

● Full report, picture page 10.

FILE 8/9/94

Lentegeur ⁹⁸ hospital blockaded

Aug 8/9/94

□ Staff demand to see Rasool

ROGER FRIEDMAN
Staff Reporter

A HOSPITAL was cut off today when 200 staff blockaded the entrance with their cars and demanded to see provincial Health Minister Ebrahim Rasool.

Night-shift nurses and social workers at Lentegeur Psychiatric Hospital stayed at their posts.

Staff taking part in the blockade included social workers, nurses, clerks and cleaners who belong to the National Education, Health and Allied Workers Union and the Public Service League.

Hospital superintendent J P Muller said the blockade was not adversely affecting the running of the hospital.

"All units are open although

some of them are operating with a skeleton staff," he said. Dr Muller praised the night-shift nurses as "a good nursing force whom we rely on heavily. They are helping us out to a certain extent."

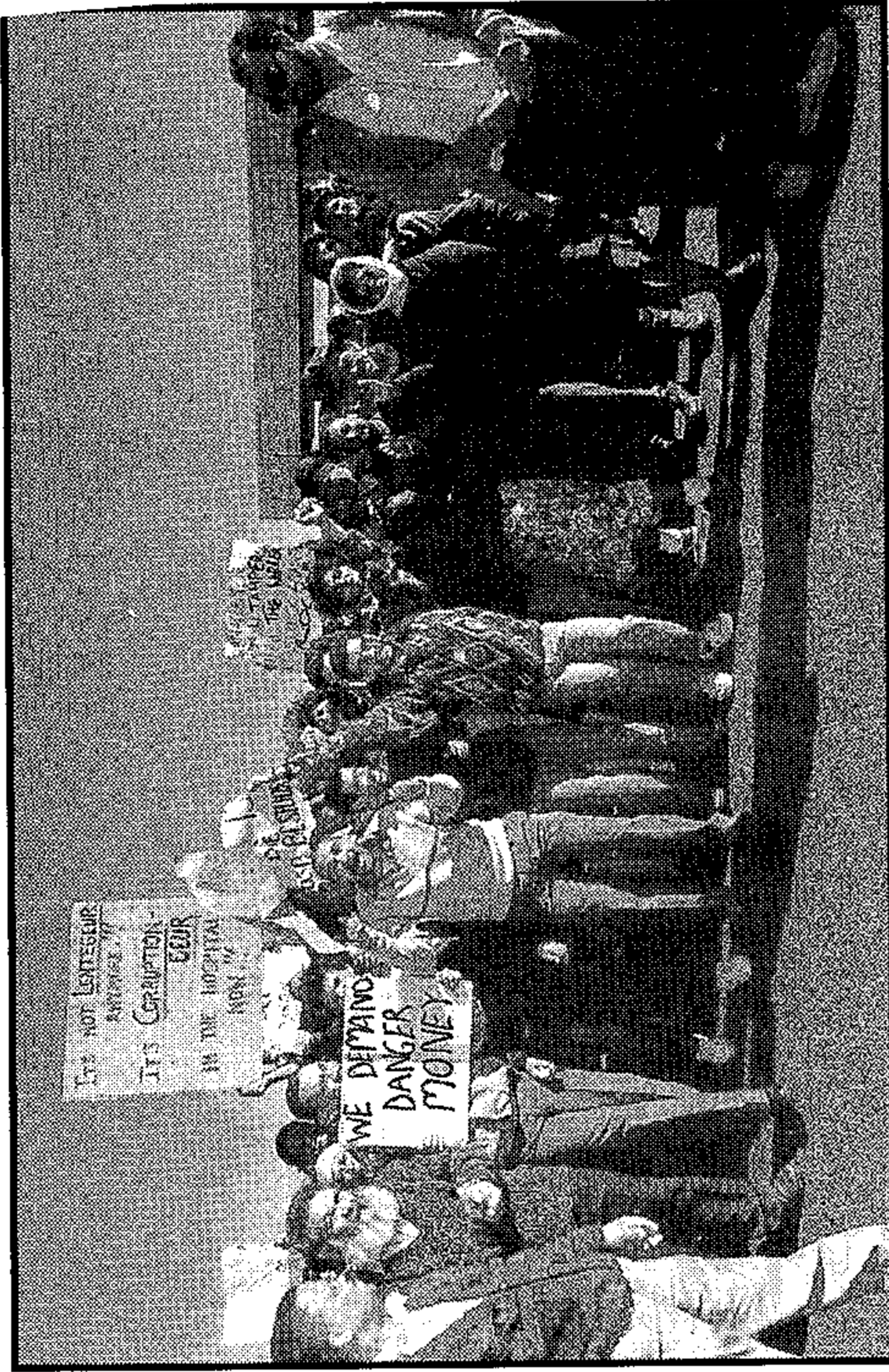
Spokesmen for the unions said the provincial administration "problem-solving committee" walked out of negotiations on Tuesday without beginning to address staff grievances.

Complaints included alleged mismanagement of funds, understaffing and ineffective management, said Nehawu's Faustino Jantjies.

"The problem-solving committee walked out of negotiations saying legal peaceful protests were uncivilised," he said.

"After 13 weeks of negotiating this is unacceptable to us.

"We have set up an emergen-



Picture: DOUG PITHEY, The Argus.

BLOCKADED: Lentegeur Psychiatric Hospital staff blockade the hospital entrance today demanding an audience with regional health minister Ebrahim Rasool.

cy plan so that if patients should come in requiring urgent attention we will allow them through. We are blocking non-essential services only."

Public Service League spokesman Joshua Peters said workers were tired of waiting

for action on their grievances.

By 12.30pm Mr Rasool had yet to make contact with the Lentegeur workers. Mr Jantjies said employees would be satisfied if the minister would just agree to meet with them.

Meanwhile, ambulances were stopped outside the gates

and staff were forced to lead patients through the throng into the hospital.

Mr Jantjies said it had been agreed among the workers that night-shift staff would be replaced where necessary to keep essential services running.

Workers protest at hospital

DISGRUNTLED employees at Lentegour Psychiatric Hospital yesterday prevented other staff members from entering or leaving the premises by blockading the entrance with their cars.

The workers were protesting at understaffing, a lack of security, ineffective management and mismanagement of funds, a spokesman for the National Education, Health and Allied Workers' Union (Nehawu), Mr Oscar Samuels, said yesterday. **98 (152)**

They vowed to continue the protest until they had spoken to Western Cape Health Minister Mr Ebrahim Rasool, who had indicated he would only be able to see them on Tuesday, said Mr Samuels.

Mr Rasool could not be reached for comment last night. **CT 9/9/94**

The hospital said night shift nurses remained at their posts, and the blockade was not adversely affecting the hospital.

Although some of the units were operating on a skeleton staff, they were all open. Nurses, social workers, cleaners and clerks — all members of Nehawu and the Public Service League — took part in the protest.

Lentegeur: Solve the strike today — minister

ROGER FRIEDMAN
Staff Reporter

PROVINCIAL Health Minister Ebrahim Rasool has stepped in to resolve the paralysing strike at Lentegour psychiatric hospital.

The minister's car was not allowed through the blockade of cars outside the hospital's entrance but he was led on foot through hundreds of strikers to the main hall.

The hospital has been paralysed for two days by angry staff who occupied the administrative offices today, turned off the main boiler which paralysed both kitchens and laundry, and turned fire extinguishers on the folded laundry.

After addressing the workers the minister and worker representatives retired to the boardroom to thrash out an agreement.

Mr Rasool, who was accompanied by provincial deputy director of health Tom Suteiffie and provincial personnel officer Johan Jooste, told the strikers he wanted the problem solved today. He had to go to mosque at 12.45 but would return at 2pm if necessary.

Staff said they did not want to negotiate with the "very officials" who walked out of the conflict resolution committee on Tuesday.

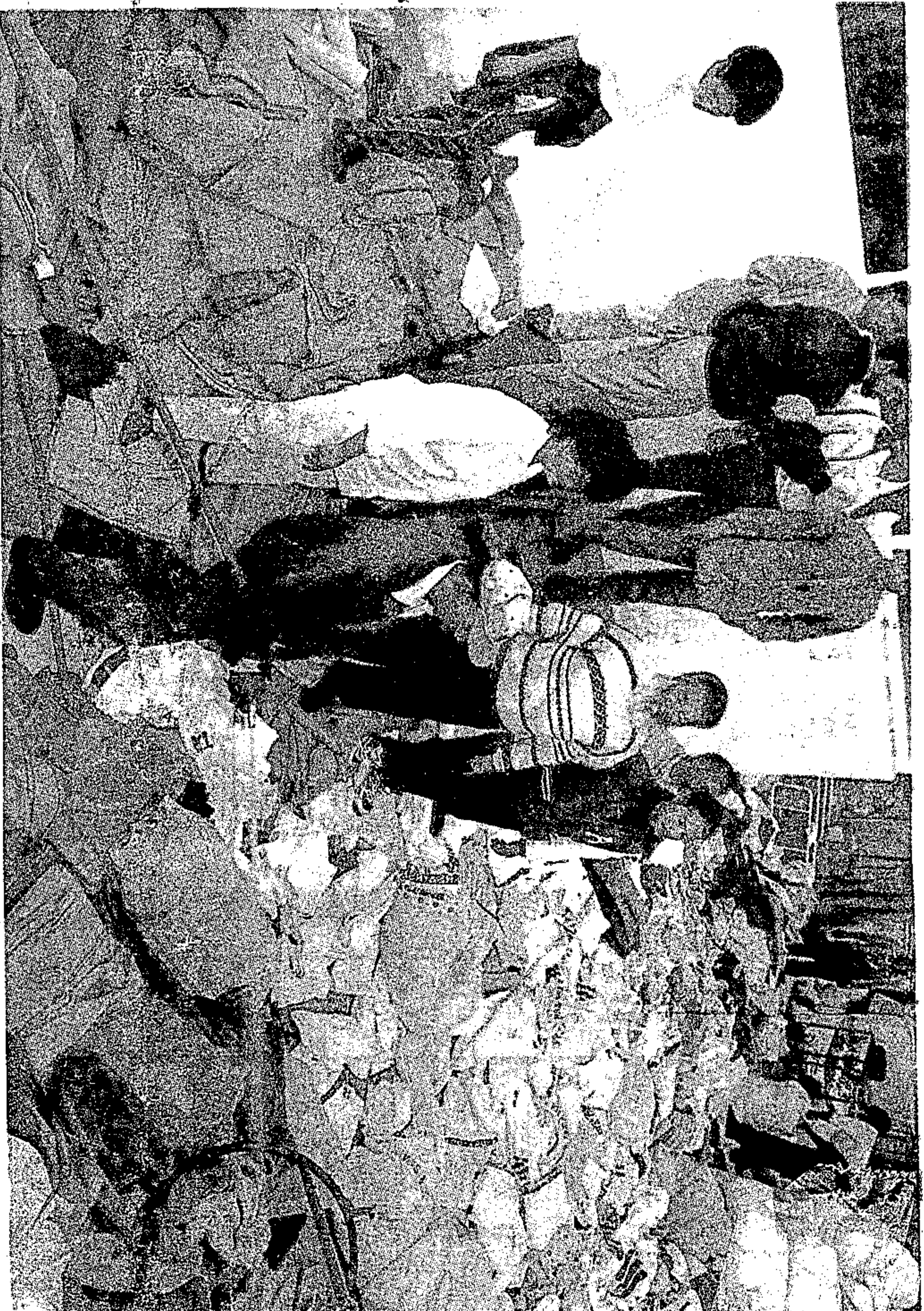
But Mr Rasool told them he was not there to "dilly-dally" — his delegation was empowered to make immediate decisions.

"Don't shoot yourselves in the foot by demanding they leave," he said.

The meeting allowed the two provincial officials to remain.

Mr Rasool said the province was already facing a R200-million health budget deficit and negotiations would have to be "creative" rather than expensive.

AG 919194



CHAOS: Striking workers at Lentegour Psychiatric Hospital turn firehoses onto clean laundry, above, while others, below, occupy the administrative offices and disconnect the switchboard.

Pictures: LEON MÜLLER, The Argus.



Hospital acts over disruptions by gangs

(98)
ARLT 10/9/94
From page 1.

"And of the 20 percent we see as a result of motor-vehicle accidents, about half are drunk pedestrians who have wandered on to our streets and highways," he said.

Dr Mitchell said it was "most unfortunate that patients who have suffered injuries through no fault of their own are often having to wait for cases which are more serious, but are due to unnecessary violence, alcohol and drug abuse".

Avoidable injury or illness often placed heavy demands on the hospital, which attended to an average of 100 patients in the trauma unit (for burns, assaults and accidents) every 24 hours, and a further 150 in the emergency unit (including heart attacks, asthma attacks and poisonings).

These figures doubled during weekend peak periods.

Questioned on what had forced them to take action now, Ms Van der Walt claimed that while incidents had previously been sporadic and mostly of a verbal nature, they were becoming the norm as well as increasingly physical.

"Because of the nature of nursing there are mostly females practising in the trauma unit and the situation is becoming intolerable for them.

"Trauma is a highly stressful area to render service and we're seeing a much higher turnover of staff there than anywhere else in the hospital," Ms Van der Walt said.

Free-care patient flood causing burnout

DI CAELERS

Weekend Argus Reporter

STAFF at Red Cross Children's Hospital are being attacked, insulted and abused by angry parents facing long delays in treatment for their children in a tragic offshoot of the government's "free care for under sixes" policy.

With outpatients' attendance figures for last month soaring to 64 percent higher than August last year, the already overburdened hospital has been thrown into a major crisis that could affect its high standards of child care.

Staff have made a desperate appeal for parents to be patient — they know that parents often wait an entire day for treatment and medication, but staff numbers are limited and they say they are doing the best they can.

But, the stress is taking its toll, according to Red Cross Hospital acting chief matron Daphne Hoogenhout, who told Weekend Argus they were recording extraordinarily high absenteeism rates as the "burnout syndrome" emerged.

Rod Marshall, the hospital's superintendent, said the state had to recognize that, although Red Cross was a teaching hospital, it also provided a primary health-care service to at least half-a-million people each year.

"The government's emphasis now is on primary health care and that's where funds are being channelled. But, before those services are in place, which will take some time, we must continue providing the service without the backup of more staff and increased funding.

"We support fully the concept of free care to children under six, but it's a political statement and the implications thereof have not been fully evaluated."

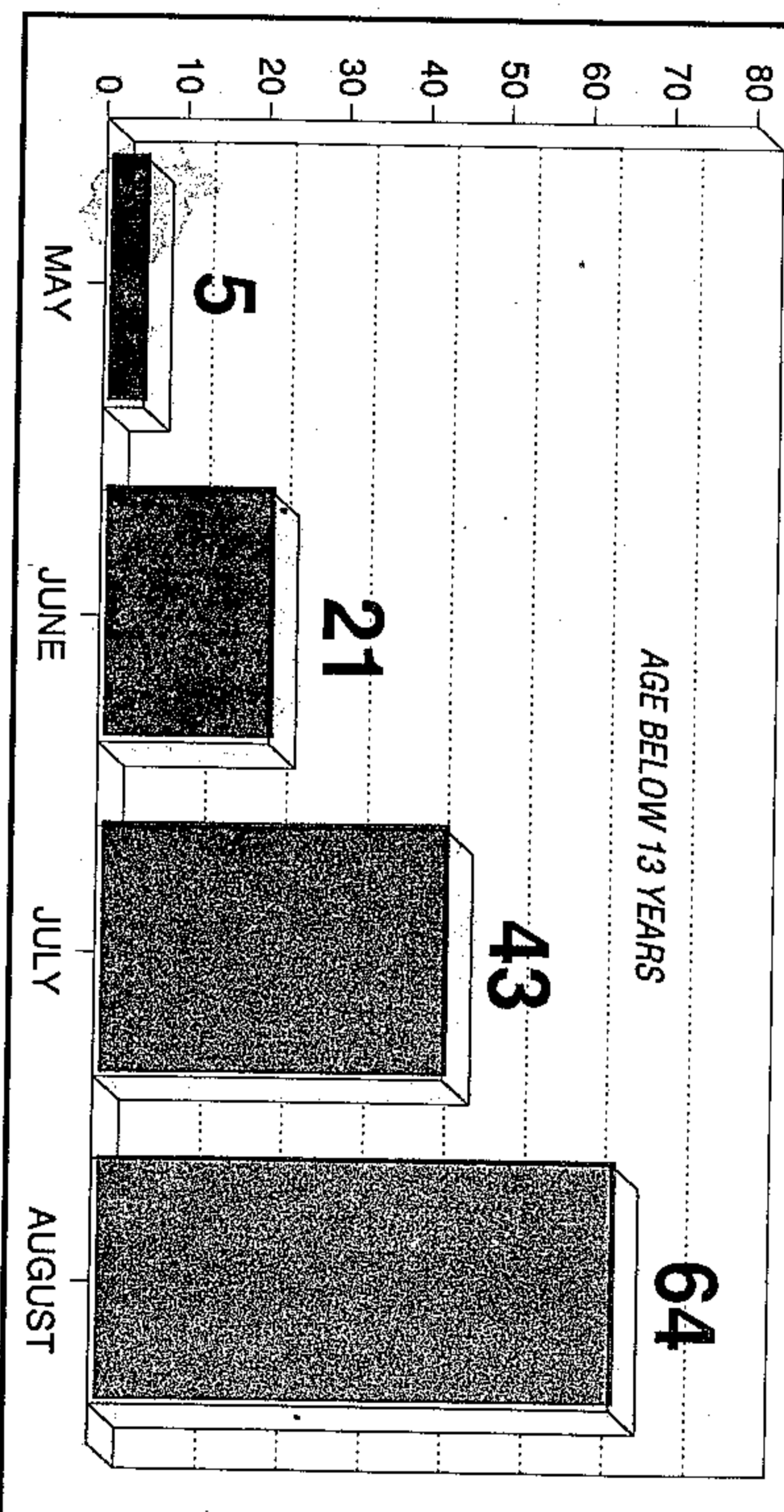
Ms Hoogenhout said about 900 children were passing through outpatients each day with only between three and five medical officers on duty at any given time. Parents often were waiting up to four hours for their child to be diagnosed and then a further two to three hours for medicines at the dispensary.

Seventy-five percent of the children they treated were under six.

Figures show that, from June this year and following the announcement of free care for children under six, outpatients attendance figures had risen sharply.

Abuse, both verbal and physical, is the order of the day at Red Cross Children's Hospital as services begin to crumble under the weight of the enormous numbers passing through the outpatients' department after the announcement of free care for children under six.

Red Cross Children's Hospital
General outpatients attendance —
1994 % increase on same month in 1993



GRAPHIC GROWTH: This graph, right, shows the dramatic increase of patients using the Red Cross Children's Hospital's outpatients facility.

In June, they were 21 percent up on the same month last year, in July they doubled to 43 percent higher than last year, then shot up by 64 percent last month compared to August last year.

Dr Marshall called for an immediate change in the government's perception of Red Cross Children's Hospital as an "ivory tower academic hospital" and appealed for increased budgeting to cover the hospital's primary health-care component that resulted in a huge service load.

"Our personnel simply cannot cope. They are trying to maintain standards under high stress.

The provincial administration of the Western Cape was investigating the possibility of lending them some

Vital health services meeting delayed by Lenteguur strike

Weekend Argus Reporter

A TOP-LEVEL meeting to formulate an emergency plan to prop up the Western Cape's crumbling health services is expected to be held next week, according to a spokeswoman for local health minister Ebrahim Rasool's office.

The meeting, to be attended by national health minister Nkosazana Zuma, Western Cape premier Herms Kriel, Mr Rasool and affected parties, was scheduled for yesterday after-

staff and they had opened a mini-dispensary in outpatients in an attempt to shorten waiting periods.

Ms Hoogenhout said she was concerned the hospital would get "a name of non-caring and not wanting to see the children".

"That's not true, that's what we're here for and that's why we all work here. But, humans are humans and the human reaction to all the stress is going to start showing. We need to avoid that at all costs.

A spokeswoman for provincial Health Minister Ebrahim Rasool said an urgent meeting was held yesterday to formulate an emergency plan to provide immediate relief to health services in the province, including the possibility of increased personnel.

noon but was delayed after the minister stepped in to defuse the crisis at Lenteguur Psychiatric Hospital.

The emergency plan, the spokeswoman said, was expected to provide immediate relief to health services within the province, including the possibility of increased personnel at embattled facilities.

Problems to be addressed include overcrowding and the resultant angry patients, budget cuts for the region, low staff morale, understaffing and vacant posts in the townships.

Hospital goes 'democratic'

Lentegeur adopts plan to prevent disruptions

ROGER FRIEDMAN
Weekend Argus Reporter

WORKERS are to be involved in the future management of Lentegeur Psychiatric Hospital in Mitchell's Plain — the first hospital in the country to adopt a form of participatory management.

This was the key component of a deal struck yesterday between regional health minister Ebrahim Rasool and dissatisfied workers who effectively had paralysed the hospital.

Having blocked the entrance for 24 hours and demanding to see Mr Rasool, the workers embarked on a campaign of "disruptive action", shutting down the main boiler which powers the kitchen and laundry.

Hospital superintendent J P Muller meanwhile put a brave face on things by saying patient care was continuing and that all other facets of the hospital — including security, workshops, garden services and switchboard — were shut down.

After a couple of hours of negotiations between Mr Rasool, worker representatives and senior provincial health officials, the delegation reported to workers and reached several agreements.

Termining the agreement over participatory management a "milestone in health services in South Africa", Mr Rasool said he would start putting the process into motion as soon as he left the meeting.

"If we want mental health to succeed in the Western Cape and be run on a sound basis we believe there must be participatory management," he said.



Pictures: LEON MÜLLER, Weekend Argus.

□ **UNITED WE STAND:** After announcing the agreement, negotiators, from left, Tom Sutcliffe (provincial health, Isaac Basson (worker representative), Health Minister Ebrahim Rasool, Wayne Wertz (worker), Nama Nosisana (worker) and Jophan Jooste (provincial health) join hands before an ecstatic audience in the Lentegeur Hall.

Although logistical details were still to be worked out, Mr Rasool said the management team could comprise the hospital superintendent, managers and workers — joint decision-making being seen as the answer.

Termining it an "experiment", Mr Rasool said it was a first for the country.

"You will go down in history as the hospital where democracy came first. But if we are unable to prove we can deal with it reasonably and responsibly we will give a bad name to participatory management.

"We must not be tempted to give democracy at Lentegeur that bad name," he warned.

"If it fails here it will not be implemented anywhere else in South Africa."

After the meeting, Mr Rasool said the Reconstruction and Development Programme made provision for participatory management and that the opportunity at Lentegeur had provided the opening to implement it.

"If used effectively it could serve as a beacon for other health institutions. I hope the trend we have set here will reverberate throughout hospital

services in the province," he said.

Other agreements brokered between the minister and workers were:

■ The formation of a team comprising provincial health authorities, a worker representative and a community representative to investigate allegations of mismanagement and corruption at Lentegeur. Lentegeur's present management would not be represented on the team.

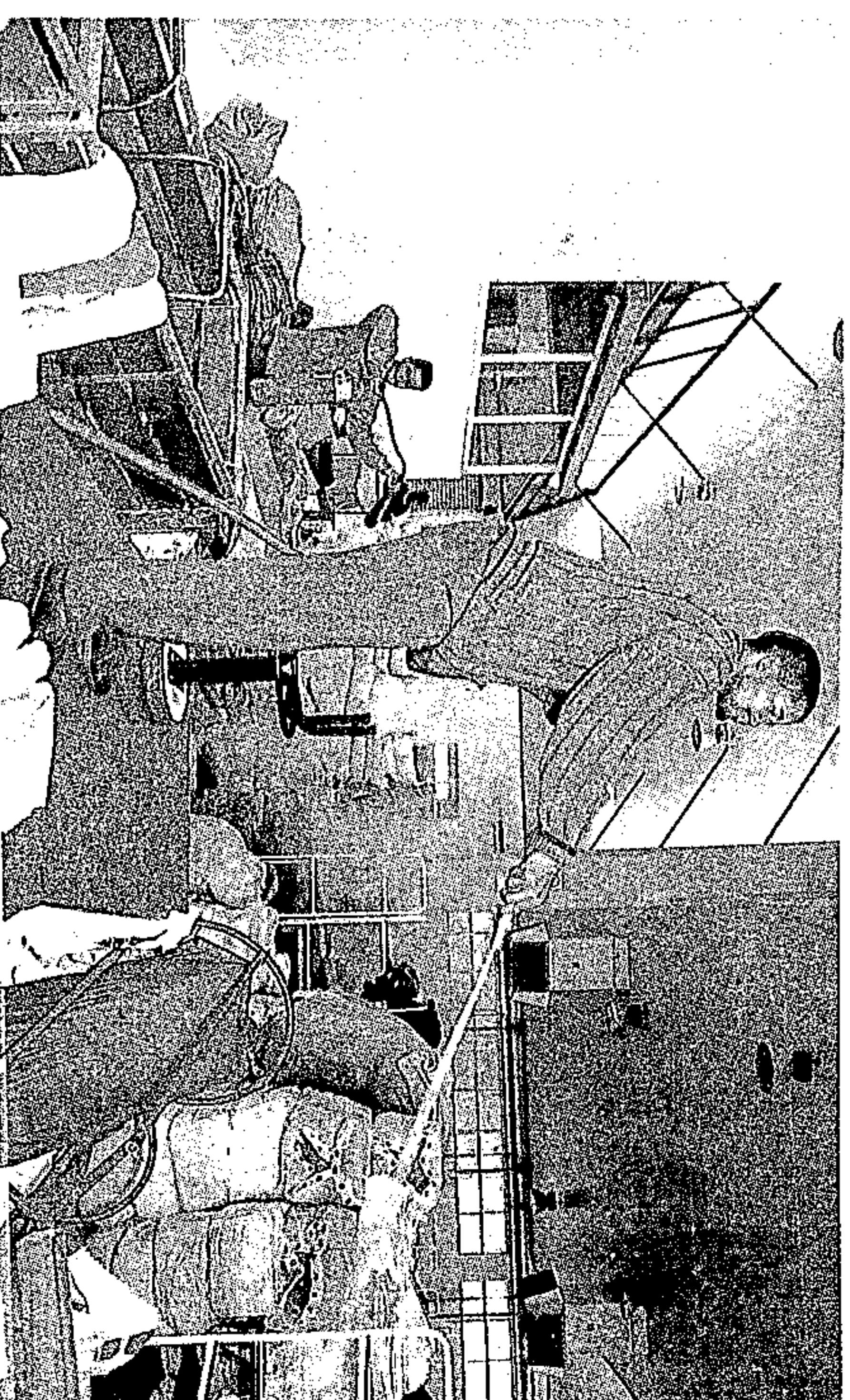
■ The government's Management Advisory Services are to be asked to start investigating the executive man-

agement at Lentegeur, including staff structure and working conditions.

■ The formation of a "problem-solving committee" comprising workers and provincial health authorities was to be disbanded.

■ Solutions are to be sought to overcome language barriers at Lentegeur where too few staff members are conversant in Xhosa.

Dr Rasool undertook that no disciplinary action would be taken against striking workers, but regretted the principle of no work-no pay would have to apply.



□ **WASH DAY:** Striking Lentegeur Hospital staff damp down clean washing with fire-extinguishers as they sweep through the laundry.



□ **PACKED HOUSE:** Workers throng the hall at Lentegeur Hospital to hear the results of a couple of hours of negotiations between Mr Rasool, worker representatives and senior provincial health officials.

(98) ARG 10/9/94

■ For the first time in South Africa a hospital will be run by hospital workers in a bid to democratise management and set an example for the rest of the country.

Gangs terrorise Groote Schuur

■ Gang warfare is following injured gangsters into Cape Town's biggest hospital, disrupting waiting rooms and treatment areas, and leaving staff and innocent patients angry and frightened. Now Groote Schuur has decided to strike back.

DI CAELERS
Weekend Argus Reporter

ARMED gangsters who accompany their injured comrades into Groote Schuur Hospital — threatening and abusing staff and patients alike with guns and knives — have forced the hospital authorities to respond with a police hot line and double security doors to guard the trauma unit entrance.

The number of visitors and escorts will also be severely limited along with changes to the trauma and emergency units to improve patient flow and access control, Groote Schuur heads said yesterday.

The changes have become essential as gang warfare is increasingly entering the hospital's trauma unit and leaving staff extremely frightened, according to chief medical superintendent Peter Mitchell.

He warned that if the situation worsened, they could be forced to stop treatment in gang-related incidents.

Deputy director of nursing Anna-Marie van der Walt said injured gangsters were often accompanied by as many as 15 people.

"Often we have two opposing gangs arriving with injured members at the same time, and all they do is bring the fight they were having outside into the hospital.

"They invade the treatment areas, taking over places that are there for other patients, and interfere while the staff are trying to do their jobs."

The gangsters came with guns, knives and other weapons which they refused to hand over to security personnel.

Referring to the weekend at the end of last month, Ms Van der Walt said:

■ Friday, August 26: Gangsters attacked a relative of another patient, stabbing him in the chest in the waiting room.

■ Saturday, August 27: A group of 10 relatives pushed their way past security and started fighting in the waiting room.

■ Sunday, August 28: Another fight broke out in the waiting room and nurses called the police. At 10pm a man arrived to be treated for a gunshot wound after being discharged the previous day — for another gunshot wound.

A doctor had also been spat at in the face while treating a patient, nurses had been slapped, and a security guard had been stabbed in the finger.

John Knottenbelt, head of the hospital's trauma unit, has disclosed that about R3 million spent by the unit each year involves "unnecessary trauma" — nearly half the patients they treated were brought in after assaults.

To page 3.



□ **TRAUMA ALERT:** Groote Schuur Hospital chief medical superintendent Peter Mitchell, left, and trauma unit chief John Knottenbelt in the trauma unit constantly disrupted by gangsters.

Picture: HANNES THIART, Weekend Argus.

Mandela to attend Shaka Day

Weekend Argus Reporters

PRESIDENT Nelson Mandela has left no doubt that he will attend the controversy-riddled Shaka Day celebrations, in spite of warnings that his life might be at risk.

Yesterday, a spokesman for Mr Mandela said: "There is no question of him not going," in spite of Home Affairs Minister and IFP President Mangosuthu Buthelezi's protestations this week that it would be "below his dignity" to attend.

As the disclosure that Mr Mandela would attend Shaka Day celebrations was made, the VIP National Protection Unit prepared to receive a request for security from the President's office.

The unit's commanding officer, Peter Payne, said an advance unit would work with local police

in Stanger to assess the security threat and decide on how tight security needed to be.

"The venue, the President's car and any overnight stop will be checked beforehand and sharpshooters will be on rooftops along the route," said Brigadier Payne.

Meanwhile, confusion reigns about a threatened IFP victory rally in Nongoma today, with rumours that armed impls will march on the king's residence in the Zululand town to protest against Mr Mandela's invitation to Shaka Day celebrations.

Should the march go ahead — and pamphlets being circulated around Nongoma indicate that it will — tensions already surrounding the September 24 celebrations will be heightened.

■ In a wide-ranging attack on the government's policies and style yesterday, economist Eu-

gene Nyati called for the immediate declaration of an "economic state of emergency".

Dr Nyati, director of the Centre for African Studies at the University of the Witwatersrand and a prominent political analyst, was addressing a conference on small business at the University of the Western Cape.

Dr Nyati said many government officials "have no integrity" and "their loyalty can be bought".

He added: "There's nothing I've seen from the government that demonstrates a will to cut the gravy train.

"If South Africa mismanages its economy now, we will end up like the rest of Africa and will be forced to go to the International Monetary Fund in three or four years' time, begging bowl in hand," he said.

'Lesotho: No invasion'

PRETORIA. — The South African military is upgrading "contingency plans" on the Lesotho border, but was not preparing for an invasion of the kingdom, Bloemfontein's Orange Free State Command said in a statement.

"As a result of the unstable situation in Lesotho, the Orange Free State Command has found it necessary to stabilise certain aspects of its contingency planning in the eastern Orange Free State-Lesotho area," said Brigade André Bestbier, office in charge of the arm group involved.

The border area would be kept stable.

ARG 10/9/94

Strikers return to hospital jobs

^{CT13/9/94}
DURBAN. — Thousands of strikers returned to work at King Edward VIII Hospital yesterday after an appeal by kwa-Zulu/Natal Premier Dr Frank Mdlalose to attend to the sick. (98)

Dr Mdlalose said a judicial commission would be appointed to probe complaints of low pay and alleged management corruption.

● De Beers Consolidated Mines and the National Union of Mineworkers yesterday agreed to an 8,5% salary increase. — Sapa

Hospital *B. Dew* strike ends

KATHRYN STRACHAN

STRIKING staff resumed work at Durban's King Edward VIII Hospital yesterday after an appeal by KwaZulu/Natal premier Frank Mdlalose.

At the weekend he said: "Strikers, you have made your point. 13/9/94

"Let us now get back to work and save our nation from avoidable suffering, death and sorrow."

He urged the strikers to go back to work "in the knowledge that no stone will be left unturned in pursuance of truth".

Provincial health spokesman Narina Riskowitz said the situation at the hospital yesterday was erratic.

Staff returned to work in the morning, then left to hold a meeting.

However, they returned later to attend to patients.

Provincial health authorities were still deciding what disciplinary action would be taken against the strikers, who had ignored an August 30 deadline to return to work. (98)

Mdlalose called for patience, saying a judicial commission was being appointed to investigate complaints about pay and allegations of corruption.

Hospital authorities said a doctor had been suspended pending an investigation of allegations about sexual harassment.

Nurses in Venda strike

By Mathatha Tsedu
Political Editor

THE financial crisis in the former Venda administration is threatening health services in the area, with several groups of health workers on strike over salaries and promotions. *Sowetan*

A strike by senior nurses has affected all three hospitals in the area, as well as more than 50 clinics servicing about one million people. *14/9/94*

The more than 300 nurses want a pay structure that will take into account courses they have done to upgraded their qualifications.

The department of health has agreed, but there are no funds in the government coffers to implement the agreement.

The strike means that clinics, an important component of primary health care, are being staffed by junior nurses.

Another strike is by controllers of medical records at the hospitals. About 60 clerks have crippled administration at all hospitals as there is no payment for services. Patients are being treated for free. *(98)*

The director-general for health, Dr J P McCutcheon, said he had ordered that patients be treated without payment.

Strike at hospital

Health Reporter

98

122

ABOUT 60 Groote Schuur Hospital drivers are striking over service conditions and salaries.

A hospital spokesman said that although the strike had caused some disruption, alternative transport measures had been taken.

Local Health Minister Ebrahim Rasool has been engaged in talks with the drivers.

ART 15/9/94

**Dispute over
staff transfer**

27/5/94
THE Public Service League (PSL) has declared a dispute with the Western Cape provincial administration over the transfer of personnel as a result of the closure of Volks Hospital in Gardens. (98)

The PSL said the administration had undertaken not to retrench or transfer staff against their will. — Sapa

Natal hospital strikers dismissed

98 ~~15/9/94~~ CT 15/9/94

Own Correspondent

DURBAN. — The kwaZulu/Natal cabinet has decided to dismiss all workers striking illegally at King Edward VIII Hospital here — with effect from today.

“The cabinet is satisfied every possible step was taken to resolve the strike and that decisive action is now needed

to return to normality,” Premier Dr Frank Mdlalose said.

He said the cabinet could not stand idly by while health services were compromised and the lives of patients were sacrificed.

The hospital's superintendent, Dr A Badat, said yesterday all nurses were in their wards and working, but

general assistants seemed to be continuing their go-slow.

Some assistants did not report for work.

Strikes continued at Madadeni Hospital in Newcastle. The Black Allied Workers' Union said regional Health Minister Mr Zweli Mkhize would address the striking workers today.

Ngwelezane Hospital superintendent Dr Stefan Morell said workers at his hospital had also threatened to resume their strike.

The National Education, Health and Allied Workers' Union held a meeting with workers at the hospital yesterday, explaining their action would be illegal.

2 000 at hospital facing dismissal

Sowetan 16/9/94

STEPS were being taken yesterday to dismiss more than 2 000 nurses and general staff at Durban's King Edward VIII Hospital after they had ignored an ultimatum by administrators to render services effectively.

The staff returned to work on Monday after a three-week strike for more pay, but administrators said they had not applied themselves properly to their work and the hospital was not functioning normally. Patients have been transferred to other hospitals.

KwaZulu-Natal health spokesman Ms Narina Riskowitz said yesterday staff were on a go-slow and more than 2 000 nurses and general assistants stood to lose their jobs and benefits.

She said the huge administrative task of dismissing the workers had begun. Some staff who had made rep-

resentations to the administrators after an initial ultimatum about two weeks ago might not lose their jobs, but these were few. (98)

The KwaZulu-Natal executive council on Wednesday said it supported the latest ultimatum to staff because it could not stand by while patients' lives were sacrificed.

Anarchy and discipline

It said in a statement: "A state of anarchy and indiscipline which is opposed even by organised labour cannot be permitted to rule supreme."

The National Education, Health and Allied Workers Union was at one stage accused of siding with administrators. The executive council said staff re-employment would be considered on merit. — Sapa

Hospital fires half workforce

CT 16/9/94

98

Own Correspondent

DURBAN. — More than 2 000 nurses and other workers at King Edward VIII hospital — about half the workforce — were fired last night after ignoring an ultimatum to end their strike, which had crippled health services.

“I am deeply saddened to have to take this step,” director-general and provincial health department head Dr Neville Howes said, “but in the circumstances, I have been left with no option.”

He admitted the mass firing would have a heavy impact on the provision of health services in the Durban region, but said the effect would be less severe than that of the recurrent strike action.

Contingency plans would en-

Strikers ignored ultimatum

sure that services would be maintained.

All representations submitted by hospital employees as to why they failed to comply with the order to return to work would be considered and ruled on individually to determine if their services would be retained or terminated.

Dr Howes said the provincial administration had recommended that he terminate the services of striking staff after all administrative, political and

union attempts at ending the crisis had failed.

The firings will be effective from the end of workers' shifts today.

Staff returned to work on Monday after an assurance by kwaZulu/Natal Premier Dr Frank Mdlalose that their complaints of poor pay and alleged corruption among administrators would be investigated.

However, disruptions continued after their return and resulted in patients having to be transferred to other hospitals.

Earlier yesterday, protesting staff left their posts to hold a meeting on the premises to discuss the threat of dismissal.

Provincial Health Minister Dr Zweli Mkhize addressed protesting staff at Madadeni hospital near Newcastle late yesterday, but the outcome of the talks was not known last night.

Tygerbergs in crisis — medicines

(98) NR 17/9/94

LIBBY PEACOCK

Weekend Argus Reporter

IN a second major setback for health services in the Western Cape, doctors claim Tygerberg Hospital is on the verge of disaster with seriously-ill patients having to be turned away and scheduled operations cancelled.

Last week, Weekend Argus reported that gangsterism at Groote Schuur Hospital forced authorities to respond with a police hotline and other measures.

This week, distressed doctors at Tygerberg Hospital said the situation there was critical, partly due to industrial action, but also as a result of rationisation.

Several operations scheduled for Monday in the ear, nose and throat department have been cancelled, due to a shortage of clean linen as a result of this week's strike by cleaners and drivers.

One doctor in the department said: "We have many problems, but now it has been brought to a head."

One patient, scheduled to have an operation for cancer of the larynx on Monday, heard yesterday that his operation

■ Barely a week after a shock report about gangsterism at Groote Schuur

Hospital, another crisis in the province's health services has been revealed.

had been cancelled, with no new date set. "Cancer waits for nothing. The man's life is definitely being compromised."

Another seriously-ill man, scheduled for a prostate operation on Monday, might have to wait months. His doctor said: "Chances are that he'll have to wait three months. He's only one of my eight patients cancelled for Monday."

Theatres were fully booked for the next three months and the outpatients' section was fully booked until the end of the year.

The ear, nose and throat doctor said: "We have to send people with cholesteatoma, a potentially deadly illness of the ear, home with the comforting words that we don't have time to operate, but we'll do so when we have the time."

He said if such patients were not operated on, they could develop a brain abscess and die.

On average, doctors worked about 80 hours a week, but still could not keep up.

One doctor said: "Equipment is either broken or so old that we cannot do optimal operations anymore, with the result that doctors in training and specialists no longer have access to first-world equipment. The general condition of the hospital is pathetic."

In the ear, nose and throat department, many senior people were leaving and, because of the bad conditions, they were not easily replaced.

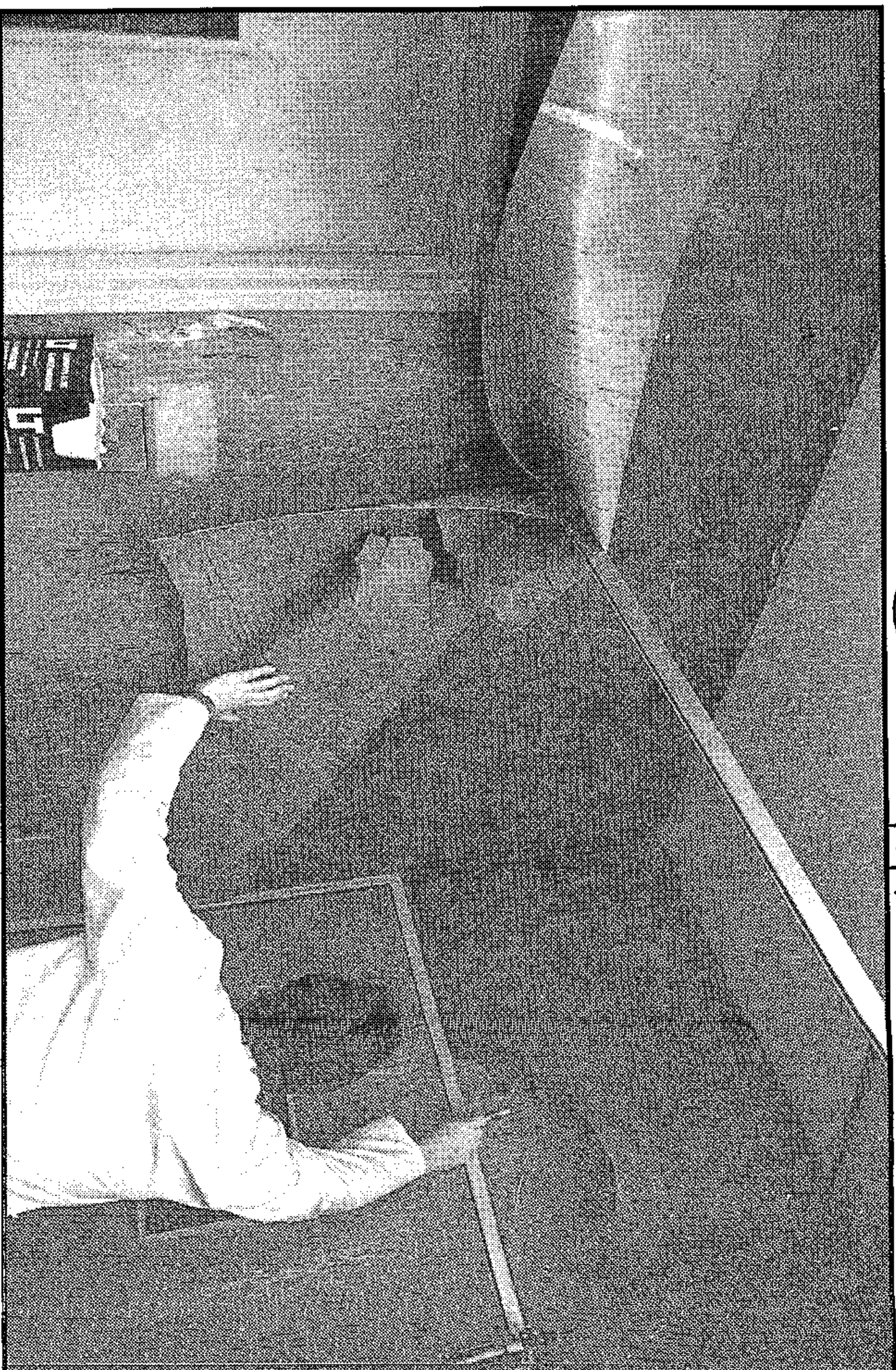
But Rick Simpson, Tygerberg Hospital chief medical superintendent, denied the situation was critical. "We are going through a difficult time. Transition is difficult."

"We don't know what the future holds for us and we can expect things to be unsettled for a while. We will just have to live with it."

Dr Simpson said primary health-care facilities had to be bolstered and teaching hospitals would have to rationalise.

He conceded waiting lists were long, but "fairly fair" compared to countries like Britain.

He said there had been an increase of up to 50 percent in patients under six, due to the new policy of free health care for these children.



Picture: HANNES THIAAT, Weekend Argus.

□ **FALLING APART?** A doctor points out the condition of a wall in a treatment room in the ear, nose and throat department.

2 000 fired at hospital may get second chance

The Argus Correspondent

DURBAN. — The 2 000 workers dismissed at King Edward VIII Hospital may get their jobs back if an offer to be made to unions and hospital employee associations today is accepted.

A meeting between the NPA's departmental bargaining chamber and employee associations has been called at Addington Hospital to discuss details of the offer.

KwaZulu-Natal Health Minister Zweli Mkhize said the "chances are good" that those fired would be reinstated.

"Our priority is to get the hospital running again. I am

(98) (92) ARG 19/9/94
confident that this can be done," said Dr Mkhize.

Many of the dismissed nurses and general assistants congregated outside the locked hospital grounds this morning.

The out-patients' clinic is closed and most of the in-patients have been transferred.

● Friday's decision to fire almost half the staff angered The Public Sector Workers' Union and the National Health and Allied Workers' Union, who both said they would challenge the decision.

Meanwhile a judicial commission of enquiry is being set up to address workers' grievances.

Strike: 2 000 jobs to be filled

Own Correspondent

MARITZBURG. — The Natal Provincial Administration will probably begin today the task of re-employing and filling the more than 2 000 vacant posts at Durban's King Edward VIII Hospital caused by the dismissal of striking workers. *ET 19/9/94*

Announcing the NPA decision to go ahead with their dismissal on Friday, NPA director-general Dr Neville Howes said: "It was taken with the greatest of regret" despite attempts by workers not to accept the letters of dismissal.

Dr Howes said all those who were dismissed under the term "misconduct" would be free to re-apply and would be judged on their qualifications.

Dr Howes said at the moment the hospital was running at 41% capacity.

● kwaZulu/Natal Minister of Health Dr Zweli Mkhize announced that the appointment of a judicial commission of inquiry into worker allegations of corruption in hospitals would be made soon.

Dr Mkhize also said at the weekend the dismissals were "a step towards normalisation" to create a safe environment for the delivery of health care services at King Edward VIII hospital.

Operations cancelled at Tygerberg Hospital

LIBBY PEACOCK
Health Reporter

OPERATIONS scheduled for today at Tygerberg Hospital have been cancelled because of a lack of linen — including theatre gowns — as a result of industrial action by cleaners.

Several operations scheduled for yesterday were also cancelled.

One of the patients who

heard on Friday that his scheduled operation for cancer had been cancelled was Paul Brits, 61, of George.

But he was in fact operated on yesterday as an "emergency procedure".

A surgeon said he was "doing well".

A hospital spokeswoman confirmed that all scheduled operations — "cold surgery" — for today had been cancelled,

because of a lack of clean linen. (98) ARG 20/9/94
Emergency procedures would go ahead.

She said expectations were that everything would be "back to normal" tomorrow.

Attempts to contact a spokesman for the National Education, Health and Allied Workers' Union (Nehawu) at the hospital were unsuccessful.

Patients turn weeds into veggies

AN ALLOTMENT system at Kensington day hospital is giving unemployed patients the opportunity to grow their own vegetables and make money.

The programme has been running for three months and already the veggies are looking good. The land around the hospital used by the patients is usually covered in weeds and generally neglected.

"The scheme has many benefits, among which are monetary savings for those growing their own vegetables, providing a source of income for the unemployed, improved physical and mental health as a result of exercise and socialising, as well as providing an opportunity for the family to get involved," said Dr Arthur Parsons adding that finding a job was not easy, especially for epileptics.

Urban areas

Dr Parsons has taken his project one step further and approached Cape Town City Council in connection with making land available in built-up areas, a common practice overseas.

"There are many people who do not have access to a garden. Pensioners would benefit from such a scheme as many live in flats. The advantage of fresh vegetables is that they offer maximum nutritional value," he said.

Anthony Noble, a regular patient at the hospital, only has a small front garden. "I have a few flowers, but no space for vegetables," he said.

Noble has recently taken over an additional plot in the allotment and is busy with cabbages and carrots.

Hospital employee James Joseph runs the allotment and recently started newcomer Edefraan Kamaldien on new land. Kamaldien, an epileptic, said he was looking forward to planting his plot.

Community

LT 20/9/94

Dr Parsons has provided seeds, but hopes that as the project establishes itself "plot owners" will generate their own funds or seeds.

David Daitz, director of Parks and Forests, said he had seen the allotment system working successfully in the greater Durban urban area, and that while his department could not actively promote the idea, should people come forward with a proposition he would look at it favourably.

"Should it prove feasible, Parks and Forests would be prepared to take the role of facilitator in a partnership with the community."



OLD HANDS. James Joseph (left) the allotment supervisor and Anthony Noble who was one of the first patients to plant vegetables at the Kensington day hospital.

Fired strikers reinstated

KATHRYN STRACHAN

ALL staff dismissed for participating in the strike at King Edward VIII Hospital in Durban would be reinstated, the KwaZulu/Natal administration and employee organisations said yesterday. *Biday*

All staff would resume their normal duties with effect from today.

The agreement came after a month-long strike which forced the hospital to close its out-patients section and to transfer critical patients to other hospitals in the area.

The agreement was subject to the conditions that the employee organisations would commit their members to labour peace and disassociate themselves from any form of illegal labour action. *21/9/94*

The administration, in turn, also undertook to ensure labour peace and not to involve itself in illegal labour action.

However, returning to duty did not exonerate members from illegal acts they may have committed during the strike, and the administration reserved the right to take the necessary disciplinary action. *(98)*

Tygerberg Hospital normal again today

TYGERBERG HOSPITAL, which has had to cancel all but emergency operations in the past two days because of a strike by staff supplying theatre linen, will be back to normal today. (98) (98)

A hospital spokesman said they had received supplies of clean linen late yesterday.

For the past two days all scheduled operations, or "cold surgery", were cancelled because of linen shortages.

But 30 emergency operations were performed on Monday. Figures for the number of emergency operations yesterday were not known at the time of going to press.

The spokesman said the staff who supplied the linen were

from Western Cape Hospital Services, not Tygerberg Hospital staffers.

In Durban the 2 000 workers dismissed from King Edward VIII Hospital were given the go-ahead yesterday to return to work, after the Natal Provincial Administration and six employee organisations signed an agreement. CT 21/9/94

kwaZulu/Natal Health and Welfare Minister Dr Zweli Mkhize made the announcement and also named the members of a judicial commission of inquiry into the reasons for the prolonged strike, including alleged management corruption. — Staff Reporter, Own Correspondent

Teaching hospitals not about to be closed — Zuma

MARTIN CHALLENGOR
Political Staff

98

AKU 22/9/97

HEALTH Minister Nkosazana Zuma has given the assurance that none of the country's eight medical schools is about to be closed.

After Dr Zuma's briefing of the national assembly's portfolio committee on health yesterday it was reported that at least two academic teaching hospitals might be closed.

Dr Zuma met principals and deans of the medical schools on Tuesday.

Dr Zuma said today: "I did not say I am going to close any medical schools. I did discuss King Edward VIII Hospital and H F Verwoerd Hospital as the two places that need rebuilding because of their bad conditions.

"At present no funds are available for upgrading H F Verwoerd or for the building of

a new academic hospital in Cato Manor, Durban.

"Training will proceed within the present facilities. If the funding position within the health care sector does not improve in the long term, rationalisation of the present medical schools will be one of the options to be considered," Dr Zuma said.

"This will only be done after all efforts to secure additional

funding have been unsuccessful.

"I did not say I would close King Edward, but I said I need funds to build a new hospital at King Edward because the facilities are in a very bad state.

To add to the problems of academic hospitals, their budget had to be cut by five per cent next year to help finance infrastructure for primary health care facilities.

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Govt may axe Cape medical school

By BARRY STREEK
Political Staff

ONE of the two local teaching hospitals — either the medical school at Grootte Schuur or Tygerberg — might be closed down to save money, Minister of Health Dr Nkomo said yesterday.

But the possible closing of either school was rejected yesterday by representatives of both institutions.

Dr Zuma said the government intended slashing funding for teaching hospitals next year.

It would also consider closing two or three of the country's medical

schools — and said a departmental committee was already examining the matter.

At present, 30% of the national health budget is spent on academic hospitals but the government wants to reduce this substantially.

Dr Zuma met university vice-chancellors and deans of medical schools on Tuesday and asked them to divert five percent of their budgets to primary health care.

Acting Principal of UCT Professor David Woods and a spokesman for Stellenbosch yesterday said the possible closure of academic hospi-

tals was not even discussed at Tuesday's meeting.

However, Dr Zuma said she informed the deans of the eight medical schools and the six dental schools on Tuesday that the cuts would be implemented in the 1995/6 financial year.

Prof Woods warned: "It takes many years to develop a medical school — and it is very easy to destroy it overnight."

Rector of Stellenbosch University Prof Andreas van Wyk said it would be a pity if Dr Zuma's statements were to create the impression that a

decision on the closure of two or three academic hospitals was a foregone conclusion.

"The health needs of the country are such that more medically trained personnel are urgently needed, not less."

The university recognised the need for a shift in emphasis in the training and services provided by medical and dental faculties to a greater emphasis on primary health care, he added.

The Democratic Party's health spokesman, Mr Mike Ellis, said any cut in the budget of academic hospi-

tals would be regrettable.

"It is essential this decision is changed and the government actively seeks overseas funding for the implementation of primary healthcare programmes."

The director-general of health, Dr Coen Slabber, said five percent would probably be cut from the 1994/5 budget.

Dr Zuma said the withdrawal of the five percent of funding on an indefinite basis would mean that standards in academic hospitals would fall.

"If we rather reduce the number

to five or six institutions, these could continue to be schools of academic excellence."

Dr Zuma said the savings would be directed towards the restructuring of the health service around a network of clinics.

The aim was to build a primary care service based on a network of clinics ensuring that no one was more than 10km from a healthcare facility.

Some people lived more than 80km from a clinic and the government would have to build about 1 200 new clinics to meet her goal.

98

CT 22/9/94

FM 23/9/94

Activities: Makes and distributes surgical and medical products.

Control: Medi-Clinic Corp 34%; G L Ashmead and D I McArthur 31%.

Chairman: W J Visser; MD: D I McArthur.

Capital structure: 75,7m ords. Market capitalisation: R53m.

Share market: Price: 70c. Yields: 8,6% on earnings; p/e ratio, 11,7; cover, 2,7. 12-month high, 98c; low, 53c. Trading volume last quarter, 555 000 shares.

Year to December 31	'91	'92	†'94
ST debt (Rm)	0,16	0,14	1,13
LT debt (Rm)	0,27	0,22	0,47
Debt:equity ratio	n/a	0,07	0,1
Shareholders' interest	0,19	0,35	0,52
Int & leasing cover	10,3	31,0	4,1
Return on cap (%)	31,2	19,4	14,4
Turnover (Rm)	22,1	22,3	49,9
Pre-int profit (Rm)	2,9	2,9	4,4
Pre-int margin (%)	13,3	13,0	8,9
Earnings (c)	4,8	5,5	‡6,0
Dividends (c)	2,0	1,75	*2,25
Tangible NAV (c)	6,3	15,4	31,8

† 15 months to March 31. ‡ Annualised. * Capitalisation issue.

98
sulted in Rembrandt's Medi-Clinic Corp becoming the major shareholder and hence the change of year-end to fit in with Rembrandt Group. That's cost Macmed its independence, but CE Don McArthur says the relationship will be valuable.

Company secretary Alan Hiscock says Macmed's traditional problem was that it was undercapitalised. Rembrandt will provide the equity backing needed for growth. An announcement on the acquisition of a Zimbabwe company will be made shortly, as soon as the deal is cleared with exchange control authorities, he says.

Ratios show financial 1994 was not plain sailing for Macmed. The pre-interest margin crumbled to 8,9%, reducing the wallowing 124% increase in turnover to a more modest 54% increase in operating profit. It was the use of assessed tax losses and a tax credit of R165 000 from a prior year overprovision, after a charge of R1m in the previous period, which fuelled the near doubling of attributable profit. This though was diluted to negligible growth in EPS by the vast increase in issued shares (for the 15-month period EPS was 7,5c).

Macmed is upbeat on prospects, believing it is well positioned to face the changing health-care market. The directors could well be right — Macmed makes many of those little items, from swabs to syringes to sutures, essential in any hospital

MACMED
FM 23/9/94
Upbeat on prospects

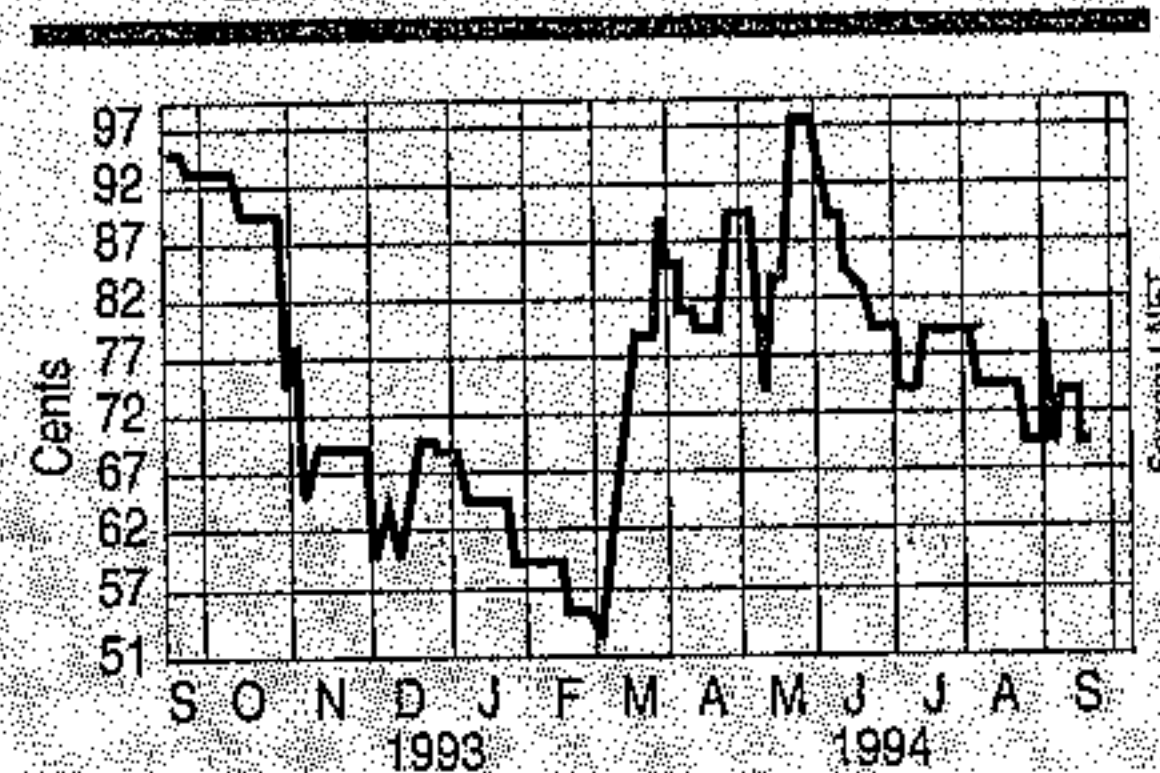
Once again Macmed has confounded attempts to analyse consistent trends in results, this time by extending its financial year by an additional three months to March.

In April it took the unusual measure of publishing a second set of interim results to end-December, its former year-end, after the JSE threatened to suspend the share for late submission of provisional results. In financial 1991, when it was transferred from the DCM board to the Pharmaceutical & Medical sector, Macmed reported results covering a 17-month period. 98

On the face of it, growth has been impressive (see table). But it was driven largely by acquisitions. In February 1993, it bought Procure for R180 000 cash; in September, it acquired Hospital Products from Medi-Clinic Corp for R10,8m, settled by issue of 18m shares; in February this year it paid R232 100 cash for Ross Import Export Company.

The Hospital Products acquisition re-

Macmed Health Care



COMPANIES

FM 23/9/94
or clinic. And it concentrates on cost-effective products. 98

But the performance of the share price shows the market is not impressed. Since the FM reviewed the last annual report, the share has lost 10c, even though there has been, at least superficially, much better growth.

Macmed needs to take a scalpel to its accounts to show a clearer view of operations (apart from turnover, no further breakdown of its six divisions is provided). And, please, don't change the year-end again.

Shaun Harris

ST. MONICA'S HOME



MILLION RAND UPGRADE: St Monica's hospital is preparing for an intensive modernisation project.

'Baby friendly' and set to do even more

(98) AUG 23/1994

LIBBY PEACOCK
Health Reporter

SOUTH AFRICA'S first "baby friendly" hospital — St Monica's Maternity Hospital in the Bo-Kaap — is preparing for an extensive modernisation project.

Speaking at the institution's annual meeting, development committee chairman John Oliver said the first phase would be the development of 30 new parking bays with easy access to the hospital.

This would be followed by the alteration of the ground floor facilities to incorporate a new lobby and reception area, two waiting rooms and a slightly adapted out-patients' department.

Ultimately the present labour ward will be upgraded into a modern birthing unit with a central nursing area and four birthing rooms.

Funding proposals for the R1 million required to complete the project have been mailed to a number of prospective donors worldwide.

Earlier this year St Monica's was declared the country's first "baby friendly" hospital by Unicef, the United Nations Children's Fund.

The hospital was founded by the Anglican Church in 1914 and is now

administered by the church and the Cape Provincial Administration.

It has an active programme updating all nurses in Cape Town municipal clinics on the 10 initiatives of "baby friendliness".

Acting-mayor Llewellyn van Wyk, guest speaker at the annual meeting, said the hospital had last year become the fifth organisation to receive the City Council's Certificate of Preparedness, after taking part in the Council's "emergency procedures training programme".

Children were very important, as they were "our most significant resource and treasure".

He said council health care services were available to all the people of the city at almost 50 clinics and satellite clinics throughout the municipality.

The clinics collectively saw more than a million people annually in connection with child welfare, family planning, sexually-transmitted diseases, tuberculosis and other ailments and needs.

The clinics met all the standards set by Unicef for immunisation; and statistics showed that infant mortality was decreasing because of child-care services rendered at the clinics.

Plea for teaching hospitals

Staff Reporter

THE diversion of funds from teaching hospitals could have dire consequences for health care, the Medical Association of SA said yesterday.

Reacting to reports that the government may axe some teaching hospitals, Masa said rationalisation of facilities was a step which could be taken only after careful study and negotiation.

CT 23/9/94

"The economic recession and poor planning, which has resulted in inadequate primary and secondary care, has increased the demand for care at teaching hospitals. 98

"Highly skilled health care workers are working long hours simply to cope with immediate patient demands and then have to find time to do research — which is vital if medical care is to be improved."

Hospital budget cut 'will' hit poor,

ARC 24/9/94

Major academic hospitals could face budget cuts next year — and, any slashing of funds is likely to hurt the poor most.

LIBBY PEACOCK

Weekend Argus Health Reporter

HEALTH care for impoverished people constitutes about 99 per cent of the workload of a number of state hospitals and clinics — including Grootte Schuur and Red Cross Children's Hospital — in the Peninsula.

And, tampering with these institutions would result in the loss of quality health care to indigent people without creating a viable alternative, says University of Cape Town vice-chancellor David Woods.

Reacting to possible rationalisation in the tertiary hospital sector, Professor Woods said there was "confusion" regarding the future of medical schools in South Africa, but at present there was no indication that any medical school would be closed.

A spokesman for Minister of Health Nkosazana Zuma said this week there was a "misconception going around" that certain institutions would be closed.

But, Dr Zuma did fear that if there were no funds available to upgrade certain hospitals, such as King Edward VIII in Durban and the HF Verwoerd in Pretoria, it "might result in the lowering of standards".

The spokesman confirmed that five percent probably would be cut from the 1994/95 budget for academic hospitals and said one option "may be rationalisation ... after all avenues have been exhausted".

About 30 percent of the health budget was being spent on academic hospitals. The Ministry of Health, in consultation with medical school deans, might have to "brainstorm" how to save money without sacrificing quality.

Dr Woods said: "The University of Cape Town's medical school, in collaboration with Grootte Schuur Hospi-

tal, the Red Cross Children's Hospital and at least 15 other hospitals, clinics and obstetrics units in the Grootte Schuur region, has a fine record of serving the disadvantaged of the Cape Flats and far beyond.

"One has only to visit the out-patients departments of Grootte Schuur Hospital or the Red Cross Children's Hospital to see primary health care in action.

"We invite the minister and her officials to visit our facilities to see primary health care in action."

Jocelyn Kane-Berman, chief director of the Grootte Schuur hospital region, said she was "deeply concerned" at the need to reduce funding for teaching hospitals.

Academic health complexes, in affiliation with medical schools, were "the engines that drive health care services in this country".

Many were national resources and responsible for the teaching of a large component of the health-care force.

Her greatest concern was the effect of further cuts to the budget on patients and the community.

She said hospital administrators were looking at possible mergers and alliances.

It was "absolutely essential" that managers of academic health complexes were represented on Dr Zuma's academic centres advisory committee. At the moment, there was no such representation and managers could make a "very valuable contribution".

Andreas van Wyk, vice-chancellor of the University of Stellenbosch, said the university's medical faculty was engaged in "intensive discussions on closer co-operation and rationalisation" with the medical faculty of the University of Cape Town.

The health needs of the country were such that more medically trained personnel were urgently needed, not less, he said.

This could be attained best by optimal use and management of the existing medical and dental schools within a framework of "close regional co-operation" — and not by reducing the number of training institutions.

Bara chief hits at hospital cutbacks

3 Day 4/10/94

KATHRYN STRACHAN

HOSPITALS in SA would find it hard to maintain standards as their budgets were slashed and they were left with few avenues to improve effectiveness, Baragwanath Hospital superintendent Grant Rex said yesterday.

He said hospitals needed sophisticated managerial intervention to improve their effectiveness, rather than budgetary cuts.

Current budgetary cuts were completely unrealistic and as hospital management found it impossible to work within their constraints, the move served only to decrease budgetary discipline.

As there was no overspending at Baragwanath, this "pseudo budgetary exercise" meant the budget lost all meaning and budgetary discipline fell. (98)

The imbalances between the various hospitals had also been ignored in the imposition of a blanket 13% budget cut at academic hospitals. The cost per patient per day of running Baragwanath was a third of that of running the Johannesburg Hospital, yet both faced the same cut.

Despite this, there was a real possibility of making significant savings based on sound business principles. However, any attempt at rationalisation of hospitals was faced with a range of formidable obstacles.

For instance, it took hospital managements between six and 18 months to em-

ploy a single extra cleaner after it had gone through all the bureaucratic channels.

Essential drugs and even toilet paper had to be ordered through the central TPA store, which was more expensive than other outlets, with a two-week wait on all orders before they were processed.

Such practices prevented efficient management and had to be overcome if savings were to be generated, Rex said.

He said hospital spending had remained the same over the past two decades, but utilisation had increased significantly and, along with greater pressure, hospitals had increased their effectiveness.

Rex said that instead of responding to the need to improve primary health services by simply cutting hospital budgets, government should focus on improving the highly inefficient management in primary health centres. Most of these centres were run by local authorities and functioned far below their capacity.

He said the load on tertiary academic hospitals increased as services in peripheral hospitals deteriorated. Hospitals were displaying ominous signs, including flight of skilled staff, wildcat strikes, intimidation and threats, low staff moral, lack of work discipline and low productivity.

Red Cross reaches out to sick children

YOU can waste time worrying about the crisis in health services throughout the country — or you can spend time working on plans to ease that crisis. That's what concerned people are doing in a quiet way at Red Cross Children's Hospital in Rondebosch. And all South Africans are invited to help the hospital continue its excellent work.

GILLE WEINTROUB reports.

RED Cross Hospital is a household name to South Africans — particularly when something dramatic happens — as with little Jessica Lennon's second liver transplant.

It is also the only hospital dedicated exclusively to children in Southern Africa.

Small patients from as far away as Mauritius and the Seychelles come here for treatment, as well as from the rest of the country.

A fund-raising initiative has been launched — involving the private sector, medical academics and the public — to

ensure that the hospital continues its pioneering work well into the next century.

"Everyone is talking about reconstruction and development.

"At Red Cross Hospital you can see a model of reconstruction and development in ac-

tion."

That's the opinion of Professor David Beatty when he refers to the hospital's ambitious plan to involve the entire community in raising R25m required for a facelift which will allow it to remain a beacon of hope for sick children.

Dispelling rumours of closure as "urban myths", Professor Beatty said there had been a 60 percent increase in the number of children using the hospital in the three months since State President Nelson Mandela granted free health care to children under six.

"What's happening here is a model of reconstruction and development in that a number of far-sighted people have undertaken to finance a government institution," said Professor Beatty.

The Children's Hospital Trust directed by Dr Bob Biston was formed to co-ordinate fund-raising and assist in development planning.

"We see ourselves as a national resource and the hospital is regarded with goodwill both internally by its staff and externally by patients and their families," said Professor Beatty.

"World authorities in several areas are located here." He said a special spirit of team work, integration and friendliness existed among staff at all levels.

"It's a spin-off from the children — the staff know that children are not just little adults."



Picture: LEON MÜLLER, The Argus.
 "The hospital needs people's understanding of where it fits in the health system of the country." — Dr Catriona Morrison, paediatrician in charge of intensive care wards at Red Cross Hospital.

Doctor provides intensive care for small patients behind the scenes

DR Catrinona Morrison is playing as crucial a role in the survival of liver transplant baby Jessica Lennon as the surgeons who performed the pioneering transplant.

She's not usually the one you'll see on television, but as the paediatrician in charge of the intensive care wards at Red Cross Children's Hospital, she is an important part of the team responsible for successfully managing their small patient.

Born in Edinburgh, Dr Morrison trained in Dundee and has worked in children's hospitals in Auckland, New Zealand, at the Hospital for Sick Children in Toronto, and at the British Columbia Children's Hospital in Vancouver.

She came to Red Cross on a six-month contract — having heard about the job through a South African doctor she met in Canada.

That was just over a year ago — and so far, she has no intention of leaving.

The reason she's staying has to do with more than the fact that she's the only intensive care specialist at Red Cross (the position she now holds was vacant for a year and a half before she arrived).

Although the fact of being

The hospital provides training at all levels, from primary health care upwards, and treats everything from the simplest medical problem to those requiring sophisticated surgery.

It also provides extension services to the wider community.

A structural revamp is essential so that the hospital can continue to provide these services. It's physical structure hasn't changed since it was built in 1956.

Top of the list of priorities is the outpatients section, which has been operating in pre-fab buildings since 1956.

About 1 000 patients pass through outpatients every day at the moment, and this number is expected to increase in the future.

The second priority is to provide accommodation for the mothers of young patients, which is the system at many children's hospitals abroad.

the only intensive care specialist at the hospital means much more responsibility, Dr Morrison is clearly rewarded by the stimulation of being so close to breakthrough medicine.

She is impressed with the standards at Red Cross, which she maintains are world class in spite of years of isolation during the bad old days.

"The standard of care here compares with the rest of the world," she comments.

For someone who initially planned to specialise in primary health care, she has over the years come to realise the importance of tertiary medicine where pioneering research enhances standards throughout the system.

Along with her colleagues, she is concerned about political emphasis being on primary health care.

"A sound health system needs a tiered structure," she says. "Clinics out there ultimately rely on institutions like this.

"Ethically, hospitals like this are more than justifiable.

"You need active academic research pushing barriers in line with the best in the world, as much as you need accessible health care at the primary level."

She feels excellence at one level spills over into excellence at the other.

Now that she plans to stay at Red Cross for the foreseeable future, Dr Morrison says she would like to become more involved in community health — perhaps working together with her role at the hospital.

Although an outsider might be depressed at the idea of being surrounded by sick children, Dr Morrison speaks of the rewards of seeing very sick children "bouncing home" after months of care.

"The incentive of people working here is job satisfac-

tion, not money," she says.

For many of the staff at Red Cross, the rewards are in seeing most of their small patients, innocent and at the beginning of their lives, being given an opportunity to fulfill their potential.

But times are tough and, warns Dr Morrison, dedicated as they are, staff at Red Cross are coming under increasing pressure as posts are frozen and the patient load is on the increase.

"This hospital needs lots of things — but most of all it needs people's understanding of where it fits in the health system of the country."

Hospital under pressure

excellent diagnostic and surgical services for deaf children, their efforts to rehabilitate these patients can be frustrated by a shortage of hearing aids — each costing R600 and a R100-a-year maintenance.

In June the hospital's cancer ward was extended, which should pay dividends, as 60 to 70 percent of children with cancer can be cured.

The Red Cross Hospital is also involved with world-wide research into kwashiorkor.

PRESS reports this year have indicated some of the pressures faced by the Red Cross Hospital.

In January, 90 Aids babies were being treated at the hospital, most of whom were expected to die within three years.

The hospital treats more than 1 000 cases of poisoning a year, about a third involving children who swallowed drugs and a third who drank paraffin.

Although the Red Cross has

What you can do to help . . .

● If you would like to see the hospital at work, an Open Day is being held at Red Cross on November 5.

● The members of the Executive Women's Club aim to raise R1 million for the Children's Hospital Trust which is administering the hospital's R25 million fund-raising programme. They are calling — particularly on the women of Cape Town — for support for their fund-raising campaign.

From Saturday, October 15, they will be selling badges and T-shirts in-

scribed with the slogan "I love children" in aid of hospital funds. Badges costing R5 each and T-shirts at R12 for children and R15 for adults will be on sale at shopping malls, schools and other venues for at least eight weeks.

● The club has also organised a marathon phone-in to be held at Tyger Valley Centre with Radio Good Hope from October 13 to 16. The public will be able to make their pledges to hospital funds.

Hospital to ⁽⁹⁸⁾ be upgraded

GEORGE. — Western Cape Health and Social Services Minister Mr Ebrahim Rasool announced yesterday that "several million rand" had been made available to upgrade the provincial hospital here.

It will become a secondary hospital providing full emergency services to the whole area.

Mr Rasool also announced that the Office of the President had allocated R2,5 million for a multi-purpose community centre at Thembaletu outside the town. *CT 7/10/94*

The centre will be built and administered by the community. — Sapa

'No hospital bed' so mom forced to crawl

By NOMVULA KHALO

SUSAN Thenga's right leg is bent and twisted with a raw, exposed wound on her shin.

She is crawling on all fours in a bedsit in Hill-brow.

Thenga (39), is in desperate need of surgery to both legs - yet the authorities won't help her. They say there is "no bed available".

Thenga broke both legs in a car smash six months ago, on March 4.

City Press has pictures of how her horrific injuries have "healed".

Thenga told City Press: "I am so desperate I do not know what to do because they refuse to operate on me. At the same time they said to me I must never use my legs,

but must crawl until they operate on me."

"How long must I stay in this state?" she said and wept.

She said whenever she was taken to the hospital for a check-up she got the same story.

Thenga was involved in a car accident on March 4 this year while traveling to Venda. She was admitted at the Pietersburg Hospital.

After a month she asked for a transfer as it was too far for her husband Thomas and her 17-year-old son Stanley to visit.

"I was given a transfer and I went to the Johannesburg Hospital where I was admitted for a week," she said.

She said she was told to report for a check-up every week so that the

doctors could check on the wound in the left leg. They wanted it to "heal" before they operated to set the broken bones.

"Now the wound has healed, but they have come up with the excuse that there is no bed."

Husband Thomas is furious. He said he was struggling to cope.

Thenga, who is a dress-maker, said she had lost her customers.

Johannesburg Hospital superintendent Dr Trevor Frankish said a check on the computer records failed to find any reference to Thenga.

This was after City Press battled to get hold of him.

His staff told us to fax questions to him. Then they said his fax was "broken".



BROKEN LEGS . . . Susan Thenga has waited six months for a basic operation.
■ PICT THULANI SITHOLE

Tygerberg emergency ops only

Staff Reporter

ONLY emergency operations will be performed at Tygerberg Hospital today and tomorrow because of continuing labour unrest and stoppages by kitchen staff, porters and cleaners, the hospital management said yesterday.

Other operations scheduled for this period will be cancelled.

It said services at the 1 800-bed hospital have been disrupted since last Tuesday when mem-

bers of the National Education, Health and Allied Workers' Union (Nehawu) started protests.

Under the circumstances, only about 60% of beds can be used and out-patient transport from rural areas had to be suspended, the hospital said.

Dr Pietie Loubser, chairman of the Registrars' Association of Medical Faculties of SA, said the situation was "totally unacceptable and should not be tolerated

(by hospital management) any longer". (98) CT 13/10/94

He said the actions of the protesting workers were "compromising patient care" and suggested an ultimatum be put to workers by the hospital management.

He said in future employment contracts for health workers should disallow any form of strike action and contain set guidelines for dispute resolution.

More doctors at Red Cross after strike

CT13/10/94
98

Staff Reporter

RED CROSS Children's Hospital is to receive more doctors from Grootte Schuur Hospital to relieve some of the pressure there which led to an almost three-hour wild-cat strike yesterday.

In what is believed to be the first strike in the country sparked off by changes brought about by the RDP, about 175 "overworked and underpaid" Red Cross employees marched yesterday to voice their grievances.

Strikers said the number of patients seen at Red Cross had risen by 60% since May, when free child care for those under six was introduced.

Up to 1 000 children per shift are now treated at out-patients. An auxiliary nurse said she and another nurse had to weigh about 700 of them.

A doctor at out-patients, Dr D Floweday, collapsed at work on Tuesday evening, with a suspected stroke. Dr Floweday, who is in his 40s, declined to speak to the press yesterday from City Park Hospital.

Spokesmen for the employees and the National Health and Allied Workers' Union (Nehawu), stressed the protest, led by an interim crisis committee, was not Nehawu-led, though the union supported it.

A shop steward said the union sup-

ports the RDP and is sensitive about actions that may be viewed as undermining it.

Matron Mrs Daphné Hoogenhout confirmed yesterday that six doctors had been seconded to Red Cross from Grootte Schuur. Not all of them had arrived yet.

Unfortunately, no extra posts had been created at Red Cross.

Asked whether the strikers were correct about patients waiting for up to seven hours before being seen, she said this was "quite possible".

Staff complained they were often sworn at, threatened and even assaulted by parents who became impatient in the queues.

She said Red Cross did not turn patients away without seeing them. It tried to divert some patients to other facilities after an examination.

The CPA said the crisis was "clearly of mutual concern".

In a compromise with the staff, the hospital management and the CPA agreed to grant interim committee members three days off over the next two weeks to assess requirements, which the staff hope will lead to a restructuring of out-patients.

Another demand by the workers was that counselling services be made available to all staff affected by work-related stress.



SORTING IT OUT ... Matron Daphné Hoogenhout (left) addresses the crowd of Red Cross Children's Hospital employees yesterday who complained about working conditions. Several of the interim crisis committee members are in the foreground.

Picture: ANNE LAING

Top three hospitals in crisis over cash, staff and too many patients

(98) ARG 14/10/94

ROGER FRIEDMAN
Labour Reporter

HOSPITALS are in crisis with insufficient staff, inadequate funding and equipment — and too many patients.

The Department of Health has urged patients to attend clinics or visit general practitioners for treatment of minor ailments.

The crisis was aggravated by violence, alcohol and drug abuse which spilled over into provincial hospitals, department of health director-general Coen Slabber said today.

The big three Peninsula hospitals — Red Cross Children's, Grootes Schuur and Tygerberg — have all had problems over the past few weeks.

And, according to Dr Slabber, the only short-term solution would be the allocation of

extra funds "which are at present not available".

Although Dr Slabber did not say it, the present crisis is widely attributed to the introduction of free health care to children under six in terms of the new constitution.

The free service was introduced without the allocation of extra staff or equipment. Red Cross Children's Hospital said this week it was treating about 70 percent more patients on a skeleton staff.

Meanwhile, the National Education Health and Allied Workers Union has released its recommendations to address overcrowding.

Nehawu has called for outpatients' departments to stay open until at least 10pm each day, for the establishment of primary health care clinics and

for the provision of extra mobile clinics.

"Free health care is meaningless if patients must still travel long distances for health care and spend large sums of money on transport," said regional chairman of Nehawu Wilfred Alcock.

Dr Slabber announced several medium-term measures in the absence of short-term funding, including:

- Allocation of R155 million over three years out of RDP funds for a national clinic building programme.

- Restructuring national and provincial health departments, eliminating fragmentation and duplication.

- A reduction in head-office staff to free extra health personnel for patient care.

'New hospital system needed'

(98) ARG 17/10/94
ADELE BALETA
Staff Reporter

IT would take more than a major injection of capital to solve the hospital crisis in the Western Cape, regional Health Minister Ebrahim Rasool has said.

Addressing an international conference of hospital engineers in the city today, he said South Africa needed a fundamental shift in health policy to provide a system which was accessible to all.

He hoped to enlist the help of the 260 delegates, from 20 countries worldwide, attending the 13th congress of the International Federation of Hospital Engineering, to devise a cheaper and more cost-effective hospital system for South Africa.

Mr Rasool said the theme of the conference, Hospital Design and Engineering in a First and Third World Context, fitted in perfectly with the South African dilemma.

"We have some of the most advanced facilities, excellently trained personnel and technology on the one hand. But on the other hand we have the terrible neglect of the squatter communities, informal settlements and rural communities where health care is inaccessible, diseases such as TB are rife and the mortality and morbidity rates are high."

The challenge facing South Africa was to redesign the health-care system.

"The question is how to maintain that which is excellent and make it available as a national resource. At the same time health care needs to become accessible to all, cheaper, more cost-effective, and based on primary health care."

Hospital engineers needed to rise to the challenge within the context of the trend of shifting medical care from the metropolises to the peripheries.

Red Cross staff demands backed

CT 17/10/94

THE National Education, Health and Allied Workers' Union (Nehawu) said at the weekend it supported the demands of staff at Red Cross Childrens' Hospital, who protested this week against their increased workload since the introduction of free medical care for children under six.

They refused to return to work until hospital administrators allowed a crisis committee to prepare a detailed proposal on the restructuring of the crowded out-patients department.

Administrators agreed to their demand, but insisted on being represented on the committee.

Nehawu regional chairman Mr Wilfred Alcock said the out-patients department should be restructured immediately to cater for the increased patient load and staff should be compensated accordingly.

"This crisis is caused by the lack of adequate health care in our country, which is the result of years of racist health practices," he said.

The committee would compile an audit on the needs of each department and make suggestions on personnel development, affirmative action and restructuring the out-patient department. — Sapa

Rasool (98) slates (192) CT 20/10/94 hospital strikes

Staff Reporter

REGIONAL Health Minister Mr Ebrahim Rasool lashed out yesterday at the recent spate of industrial action at Tygerberg Hospital and warned legal action would be taken if the situation was not normalised.

Mr Rasool said it was "intolerable and the cause of great concern that a small group of workers have been able to disrupt activities to the extreme that bed occupancy has been reduced to 57%".

He said the situation was having a grave effect on the health of the community which Tygerberg Hospital serves, not only in the city, but also in large sections of the rural areas.

It was regrettable productivity had been affected over the last ten days, especially when the three major hospitals in the Western Cape face a financial crisis.

"The health system will not be held to ransom by those who, as a first recourse, embark upon strikes and other disruptions, whereas mechanisms have been put in place for resolving legitimate grievances," he said.

QUESTIONS

Indicates translated version.

For written reply:

Trafficking in banned drugs: mandatory life sentence

167. Mr M F CASSIM asked the Minister of Justice:

Whether, in respect of offences relating to the (a) use of, (b) abuse of or (c) trafficking in banned drugs and narcotics, the Government intends taking any steps towards implementing a system of so-called "third time out", in terms of which any offender receives a mandatory life sentence upon his or her third conviction; if not, why not; if so, (i) what steps and (ii) when? N398E

The MINISTER OF JUSTICE:

(a), (b) and (c) Whilst the "third time out" formula has not been considered, it is unnecessary, in view of the serious problem, for the whole question of sentences to be reviewed.

The commission of inquiry into the Penal System of the Republic of South Africa (the Viljoen Commission), which published its report in 1976, investigated the principle of mandatory sentences and recommended that a general policy be adopted by the Legislature to avoid creating sanctions which provide for mandatory and minimum sentences. The main arguments raised in this regard were, firstly that it precludes the sentencing officer from individualizing in the sense of having regard to the criminal and, secondly, that it precludes the sentencing officer from applying, as a stabilizing factor, a retributively just penalty.

As a result, the Department of Justice adopted a policy in recent years of avoiding all forms of mandatory sentences and, as far as it is possible, to remove existing mandatory sentences from our statutes and to give Magistrates and Judges a wide discretion to impose appropriate sentences. The Government will do everything in its power to curb the increasing incidence of drug-related offences. The policy on sentences are also being reviewed to facilitate drastic action

against dealers in particular. In such a context the Law Commission will be asked to consider the question of the 'third time out' approach.

Civil summonses for debts

169. Mr R H GRUENEWALD asked the Minister of Justice:

In respect of 1993, (a) how many civil summonses for debts were issued in magistrates' courts, (b) how many judgment debtors were admitted to prisons, (c) what percentage of these amounts owing amounted to (i) less than R100, (ii) between R100 and R500, (iii) between R500 and R1 000 and (iv) more than R1 000, (d) what was the total number of days' imprisonment imposed in this regard and (e) how many days' prison sentence were served in this respect? N429E

The MINISTER OF JUSTICE:

The information required is not kept by the Department of Justice. However, in an attempt to be of assistance to the hon member the following information was obtained from other sources:

- (a) 1 118 733 (according to the Central Statistical Services)
- (b) 18 801 (according to the Department of Correctional Services)
- (c) The required information is not kept. To obtain the information all court records pertaining to the cases concerned will *inter alia* have to be scrutinized which is not economically feasible.
- (d) and (e) The required information is not kept by the Department of Correctional Services. To obtain the information all the warrants for the committal as well as for the release of the judgment debtors will *inter alia* have to be scrutinized which is not economically feasible.

Budget for academic hospitals

183. Mr M J ... asked the Minister for Health:

- (a) What total amount was budgeted for academic hospitals in the Republic in respect of the current financial year, (b) what was the

amount allocated to each such hospital, (c) what criteria were used to determine the amount to be so allocated in each case and (d) what is the (i) number of beds available, (ii) bed occupancy rate and (iii) (aa) patient/nurse and (bb) patient/doctor ratio, in respect of each such hospital? N440E

The MINISTER FOR HEALTH:

(a) R3 104 343 959,

PWV PROVINCIAL GOVERNMENT

(b) Baragwanath R321 217 000
 Coronation R 57 837 000
 Ga-Rankuwa R229 880 000
 HF Verwoerd R258 065 000
 Hillbrow R123 798 000
 JG Strydom R 74 664 000
 Johannesburg R367 928 000
 Kalafong R130 313 000,

(c) the allocation of funds is based on estimates submitted by each hospital, the expenditure of previous years and the budget allocated by the Department of State Expenditure for the academic hospitals.

(d) (i) Baragwanath 3 205
 Coronation 364
 Ga-Rankuwa 1 896
 HF Verwoerd 1 044
 Hillbrow 744
 JG Strydom 834
 Johannesburg 897
 Kalafong 1 113,

(ii) Baragwanath 53,4%
 Coronation 62,8%
 Ga-Rankuwa 82,7%
 HF Verwoerd 83,7%
 Hillbrow 69,5%
 JG Strydom 54,0%
 Johannesburg 97,6%
 Kalafong 81,9% and

(iii) (aa) Baragwanath 0,77:1
 Coronation 0,32:1
 Ga-Rankuwa 0,83:1
 HF Verwoerd 0,50:1
 Hillbrow 0,63:1
 JG Strydom 0,83:1
 Johannesburg 0,67:1
 Kalafong 0,91:1 and
 (bb) The patient/doctor ratio is not available.

KWAZULU/NATAL PROVINCIAL GOVERNMENT

(b) King Edward VIII R267 579 000
 Wentworth R 65 572 000,

(c) based on expenditure trends over previous 3 years as well as the availability of funds and

(d) (i) *King Edward VIII 1 913
 Wentworth 336,

(ii) *King Edward VIII 70,13%
 Wentworth 60,11% and

(iii) (aa) *King Edward VIII 0,91:1
 Wentworth 0,49:1 and

(bb) *King Edward VIII 7,14:1
 Wentworth 6,57:1

*Calculated average daily patients divided by the number of nursing and medical posts for the year 1993/94.

WESTERN CAPE PROVINCIAL GOVERNMENT

(b) Groote Schuur R369 620 000
 Red Cross R 82 401 000
 Tygerberg R353 578 000,

(c) the criteria used to allocate are PERSAL Manpower estimates in respect of staff expenditure and the expenditure tendencies for the 1993/94 financial year in respect of the standard items Administration, Stores and Livestock and Professional and Special Services.

(d) (i) Groote Schuur 1 421
 Red Cross 353
 Tygerberg 1 815,

(ii) Groote Schuur 91,34%
 Red Cross 84,35%
 Tygerberg 75,75% and

(iii) (aa) Groote Schuur 0,50:1
 Red Cross 0,42:1
 Tygerberg 0,42:1 and

(bb) Groote Schuur 2,05:1
 Red Cross 3,07:1
 Tygerberg 2,60:1

ORANGE FREE STATE PROVINCIAL GOVERNMENT

(b) Universitas/National R185 211 000
 Pelonomi R133 974 000,

(c) the hospitals/institutions submitted individual estimates following which guideline amounts were determined. These estimates were discussed and amended according to decisions taken during a "budget meeting" with Management and Programme Managers. After receipt of the guideline budget for the 1994/95 financial year the estimated figures were proportionately altered to arrive at the actual allocation. The figures were also compared with previous financial years to conform more or less with the "historical" position. Hospital management were constantly reminded that estimates must not only be need directed but must also be realistic in terms of the availability of funds and

(d) (i) Universitas 498
 National 246
 Pelonomi 1 384,

(ii) Universitas 67,25%
 National 63,0%
 Pelonomi 83,0% and

(iii) (aa) Universitas/National 0,53:1
 Pelonomi 0,59:1 and

(bb) Universitas/National/
 Pelonomi 4,80:1

EASTERN CAPE PROVINCIAL GOVERNMENT

(b) Umtata R81 793 959,

(c) allocated on the basis of personnel, total admissions and in-patient days and

(d) (i) Umtata 1 036,

(ii) Umtata 91,0% and

(iii) (aa) Umtata 0,83:1 and

(bb) Umtata 8,60:1

Hospitals in city to get R805m

By BARRY STREEK
Political Staff

CT25/10/94

THE city's academic hospitals will receive R805,6 million from the government in this financial year, Health Minister Dr Nkosazana Zuma said yesterday.

Academic hospitals nationwide would receive R3,104 billion, she said in reply to a question tabled in Parliament by Mr Mike Ellis (DP).

Last month, Dr Zuma said the government aimed to slash funding for teaching hospitals next year and she warned one of the city's teaching hospitals could be closed.

She has suggested major academic hospitals be reduced from eight to five or six.

Altogether 30% of the national health budget is spent on academic hospitals, but the government wants to reduce this.

Dr Zuma said yesterday Groote Schuur Hospital would receive R369,6m, Red Cross Hospital R82,4m and Tygerberg R353,6m.

She said 91,34% of the 1 421 beds at Groote Schuur Hospital were occupied, 84,35% of the 353 beds at Red Cross and 75,75% of the 1 815 beds at Tygerberg.

The patient/doctor ratio was 2,05:1 at Groote Schuur Hospital, 3,07:1 at Red Cross and 2,6:1 at Tygerberg.

QUESTIONS

Indicates translated version.

For written reply:

Members of National Assembly/Senate/provincial parliaments joining SANDF

162. Mr K M ANDREW asked the Minister of Defence:

- (1) Whether any members of the National Assembly, Senate or any provincial parliament whose names appear on the Certified Personnel Register have signed up to join the South African National Defence Force (SANDF); if not, what is the position in this regard; if so, what are their names;

- (2) whether any of these persons have attested in the SANDF; if so, (a) who, (b) when and (c) why were they accepted;

- (3) whether any of these persons qualifies for any salaries, pensions or allowances; if not, what is the position in this regard; if so, (a) who, (b) what salaries, pensions or allowances and (c) why, in each case? N382E

The MINISTER OF DEFENCE:

- (1) The CPR submitted by MK contains the names of MK members from its inception on 16 December 1961. It therefore contains names of members who today are members of the National Assembly, Senate and Provincial Parliaments.

To date only two of these persons, Mr Tony Yengeni of the National Assembly and Mr Oupa Monareng of the PWV Legislator registered at Wallmannstal.

- (2) No. Neither of the two attested in the National Defence Force.

- (3) In terms of Section 189 of the Constitution, Act No 200 of 1993, provision is made for certain categories of persons to be granted special pensions by the National Government. Whether any of the persons referred to in (1) above will eventually qualify is impossible to determine before the law for which Section 189 makes provision is passed.

Budget for military hospitals

184. Mr M J ELLIS asked the Minister of Defence: (98)

- (a) What total amount was budgeted for military hospitals in the Republic in respect of the current financial year, (b) what was the amount allocated to each such hospital and (c) what is the (i) number of beds available, (ii) bed occupancy rate and (iii) (aa) patient/nurse and (bb) patient/doctor ratio, in respect of each such hospital? N441E

The MINISTER OF DEFENCE:

- (a) R181 068 573,00.

- (b) 1 Military Hospital R108 294 201,00.
2 Military Hospital R 50 091 422,00.
3 Military Hospital R 22 682 950,00.
Total R181 068 573,00.

- (c) 1 Military Hospital

- (i) Functional beds 485. (In an emergency 631.)
Recovery Wing beds 103.
(ii) Bed occupancy rate (functional) 50,8%.

- (iii) (aa) Patient/nurse ratio
3:1 (day shift).
6:1 (night shift).
21:1 (outpatients).
17:1 (casualty work).

(bb) Patient/doctor ratio (1993/94).
1 Military Hospital has 163 full-time specialists and general practitioners. They treated 16 898 inpatients — ratio 104:1. They also treated 310 210 outpatients and casualties — ratio 1903:1. They also operated on 8 894 patients.

2 Military Hospital

- (i) Functional beds 268. (In an emergency 360.)

- (ii) Bed occupancy rate (functional) 44%.

- (iii) (aa) Patient/nurse ratio
2,5:1 (day shift).
5:1 (night shift).

23:1 (outpatient and casualty work).

(bb) Patient/doctor ratio (1993/94). 2 Military Hospital has 88 full-time specialists and general practitioners. They treated 7 223 inpatients — ratio 82:1. They also treated 91 439 outpatients and casualties — ratio 1 039:1. They also operated on 3 116 patients.

1 113:1. They also operated on 2 008 patients.

I would like to add that the present potential patients in the NDF is ± 184 000 men, women and children. The expected potential patients after the integration of the MK, TBVC Defence Forces and APPLA according to present CPR lists will be ± 320 000. The expected bed occupancy rate is expected to rise by ± 40% to 80-90%.

Even after rationalization members will still be the responsibility of the SA Medical Service up to the age of 60 (sixty) years. After 60 (sixty) years of age the pensioned members still stay the responsibility of the Surgeon General via the Continuation Fund.

Furthermore, the doctor in the military service has a wider range of responsibilities that cannot be evaluated by ratio alone. Some examples are:

- (a) The doctor in the Defence Force must also be deployed in operational situations eg Delmas and Oceans.

- (b) The doctor must do military courses and render service during military exercises.

- (c) The primary doctor must also rotate out of the hospital to the peripheral bases where an acute shortage exists.

3 Military Hospital

- (i) Functional beds 181.

- (ii) Bed occupancy rate 52,8%.

- (iii) (aa) Patient/nurse ratio
4:1 (day shift).
8:1 (night shift).
13:1 (outpatient and casualty work).

(bb) Patient/doctor ratio (1993/94).
3 Military Hospital has 32 full-time specialists and general practitioners. They treated 4 435 inpatients — ratio 170:1. They also treated 35 628 outpatients and casualties — ratio

Jo'burg Hospital gets most

Star 25/10/94

Cape Town — Johannesburg Hospital received the largest amount of money — R367 million — of the eight academic hospitals in the PWV.

"About R3,1 billion was budgeted for academic hospitals in the country for 1994/95, Health Minister Nkosazana Zuma said in Parliament yesterday.

Baragwanath Hospital received the second most money — R321 million.

The largest number of beds available was at Baragwanath with 3 205 beds, she said in reply to a question by Democratic



Nkosazana Zuma

Party MP Mike Ellis.

The highest bed occupancy rate was 97,6 percent, at Johannesburg Hospital. — Political Correspondent.

54 340 048 5
40 180
- interim
- final

2,75 3,20 4,00

Doctors urged to learn from traditional healers

Biday 25/10/96

THE medical profession could learn a lot from African traditional healers who treated the patient rather than the disease, says Pretoria University medicine faculty dean Jan van der Merwe.

The role of the traditional healer — very much part of the everyday experience of the African patient — must never be underestimated, Van der Merwe told the American Gynaecology and Obstetrics Society congress in Virginia recently.

In a well-received address, Van der Merwe said 80% of SA patients still consulted traditional healers as the first step in healing, while 60% of all births were handled by traditional birth attendants. SA had 100 000 practising traditional healers.

Based on the belief that the study of health went beyond the concept of illness, that it incorporated the social effects of biological processes, the environment and lifestyle, Pretoria University's medical school would implement a new curriculum from next year, Van der Merwe said. "I do not propose to suggest that our new curriculum is the alpha and omega of medical training, but it certainly is an improvement over the curriculum which had become institutionalised over the past 50 years or so."

He said "traditional healers are known to treat the whole person. This includes paying attention to family

STEPHANE BOTHMA

and social relationships as these may influence or be influenced by the patient's malady."

The appeal of traditional healing was partly ascribed to the approach that the patient was more than simply "a sum of organ systems and neurophysiological hydraulics".

Van der Merwe said his interest was centred on the holistic dimension of traditional African healing and how certain aspects could be incorporated into the biomedical context. "Furthermore, we have to take cognisance of the prevailing practice and the expectation of the majority of patients on our continent."

He said the lack of effective communication between doctor and patient was the biggest complaint from the public and that the majority of malpractice allegations arose from communication errors. "For example, 54% of patient complaints and 45% of patients' concerns are not elicited by physicians. Psychosocial and psychiatric problems are common in general medical practice, but these diagnoses are missed in up to 50% of cases."

Van der Merwe said a recent study had shown patients were interrupted by physicians so soon after they began describing their problems, on average within 18 seconds. Subse-

quently, patients failed to disclose their significant concerns. In addition the language used by doctors was often unclear.

In sub-Saharan Africa, it was believed that there were a million traditional healers, which made the healer to population ratio 1:500. The physician to population ratio in Africa was only 1:40 000.

He said during medical education, students were first taught science and then detachment. Medical students learnt to mask their feelings "or worse, to deny them".

"Whatever we may think of traditional healing, the healers deal with the complete person as an entity. They provide treatment for physical, psychological and social symptoms. While we in biomedicine are often viewed as treating the disease, the traditional healer treats the person who happens to be ill." Van der Merwe said. (98)

Such a holistic approach would be more in keeping with the World Health Organisation's definition of health which stated that "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

The medical school had decided to implement the new curriculum after much deliberation and extensive networking with other medical schools the world over.

'Military hospitals will cost R181,1m'

By BARRY STREEK
Political Staff

~~98~~ ~~98~~ SOUTH AFRICA'S three military hospitals, which had occupancy rates of between 44 and 53%, would cost R181,1 million during the current financial year, the Minister of Defence Mr Joe Modise said yesterday. *CT 26/10/94*

But he added that the number of potential patients presently in the defence force was about 184 000 men, women and children.

"The expected potential patients after the integration of MK, the TBVC Defence Forces and Apla will be about 320 000. The bed-occupancy rate is expected to rise to 90%."

Mr Modise said the costs of 1, 2 and 3 Military Hospitals were expected to be R108,3m, R50,1m and R22,7m respectively.

The miracle workhorses

(98) A429/10/94

A MONTH-OLD baby dies on one side of the cardiac unit at Red Cross Children's Hospital but aside from shielding the other small patients, the staff just keep on smiling, celebrating instead the lives they do save.

It's a typical day in the cardiac unit's intensive care unit, a place where doctors and nurses perform "ordinary work that's extremely special".

It's the unit where operations per child cost as much as it would to set up an entire clinic, but are vital considering the statistics that show that eight of every 1 000 babies born have a significant heart defect.

The unit is headed by two chiefs, both of whom do the work of at least two people due to staff cuts; paediatric cardiologist John Lawrenson takes care of diagnosis and assessments before handing over the patients to heart surgeon John Hewitson.

Describing the work they do, Dr Lawrenson told Weekend Argus: "The liver transplants and the Siamese twin separations for which Red Cross is best known are remarkable achievements indeed. But our day to day work is also ex-

Small and very special wonders are performed daily in the cardiac unit of the Red Cross Children's Hospital, where surgeons give new leases on life to babies less than a month old.

tremely special in many ways: there are minor miracles being achieved here every day."

Cape Town is South Africa's only heart transplant centre and it's to Red Cross that young heart patients come from as far afield as Kenya and Mauritius. They perform heart surgery on an average five to six children each week, one third of them aged younger than one month.

Cardiac surgery has been performed since the mid to late 1960s but lately many African countries have given it up because of the high costs involved.

"When you look at the numbers done and the costs, operations are expensive. It costs about R20 000 per child but the fact is that you're looking at a very good outcome and good survival rate.

"More importantly, the children would die if they weren't operated on," Dr Lawrenson said.

Report: **DI CAELERS**
Pictures: **BRENTON GEACH**

But cardiology and cardiac surgery are both suffering because of the freezing of posts, and the doctors are keen to establish a formal heart transplant programme there.

Dr Hewitson said their youngest transplant patient was four years old but the rest were all older than 10 so that they could be trained to look after themselves.

"We'd like to come down to five or six in the future because there are a lot of kids who could benefit from it."

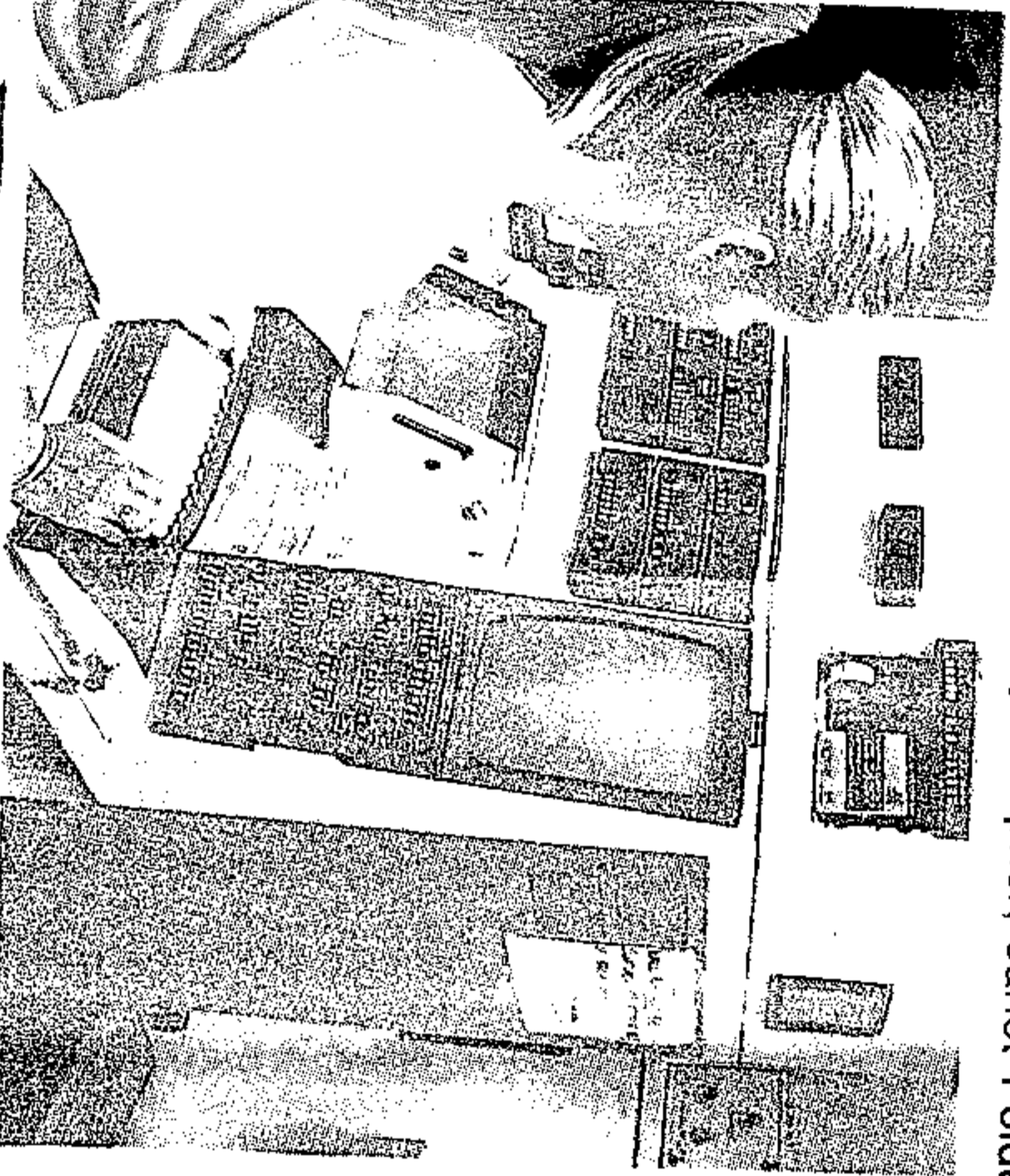
The cardiac unit, with the burns unit and theatres, will be open to the public next Saturday, November 5, at the hospital's Open Day, organised to coincide with International Children's Day.

The open day is also set to raise awareness around Red Cross's bid to raise R25 million to redevelop its specialist outpatient facility.

The fun starts at 9.30am, entry is free and the entertainment will include jugglers, a jumping castle, magicians and clowns.



TEAM PLAYERS: The cardiac team with a patient. Back, from left, May Hannah, Shirley September, Louise Titus, heart surgeon John Hewitson, Daphne Marco, Paul Skoll, Tracey Sculpher, Janet Polden and Kym Mefan. In front are Gladys Williams, Helen Rens and Julie Croxford.



PASSAGE

Cricket & Wives

to players' wives

ALAN SIMMONDS

A HIGHLY successful Impala Open was held at the luxurious, well-equipped and well-run venue, Western Province Cricket Club's Newlands HQ.

During Saturday's finals it was fun sitting in the Long Room watching a cricket club match in which WPCC thrashed Green Point... I re-voled only twice!

Thanks to Anne and Theo du Plessis for running the event smoothly. Duplication of boards for Friday's qualifying round — a Herculean task — plus flawless tournament directing came from tireless SA international Tim Cope.

Forty teams entered and first prize went to Jill and Les Lazard/Faye and Dave Salamon who just held off a galloping Ian Glen and Grant Norton/Neil Hayward and John Bowen.

Great interest is being shown in Dick Jacka's new book — the first bridge book by a South African in two decades.

Published in America by Vantage Press, *Social Contract Bridge Made Easy* will be on sale soon. Wholesalers are gearing up after inquiries nationwide for the Constantia writer's work.

Grosvenor Bridge Club will run its second annual Skins at Marist Hall on Tuesday, November 8.

Format is team-of-four. Each skin is a four-board match and previous matches have no bearing on the skin in progress. Everyone has a

REGIONAL FORECAST

Western Cape: Partly cloudy and warm but cool on the coast. It will be cloudy at times along the west coast. The coastal wind will be moderate SW.

Cape Town area: Partly cloudy, no rain. Cloudy at times on the western seaboard. Wind W 5-15 knots.

Paarl area: Partly cloudy, no rain. Wind W 10 knots.

Langebaan area: Partly cloudy, no rain. Wind W to SW 10 knots.

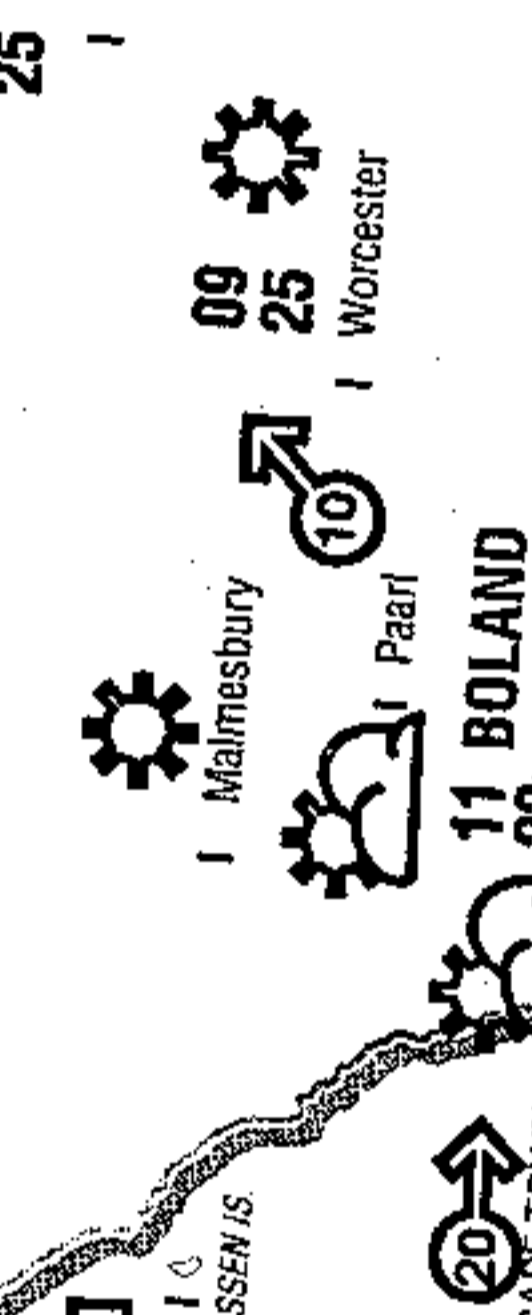
Hermanus area: Partly cloudy, no rain, becoming cloudy. Wind NW to W 5-15 knots.

WEEKEND WEATHER

Peninsula
MIN 11°C MAX 22°C

Partly Cloudy

Weather data
Sunshine yesterday 11 hours
Wind 8pm yesterday: S 14 knots
Rain
Cloud yesterday 8am: two-eighths
2pm: one-eighths
8pm: nil
Barometer 8pm: 1018,2 mb
Air temperature Yesterday 11,5deg C
Humidity Yesterday 79 percent
Yesterdays max 22,7deg C



KEY
Clear skies
Partly cloudy
Rain
Change
Thunder storm
Fog
Snow
Wind direction, speed

WEST COAST
Lambert's Bay
Porterville
Malmesbury
Paarl
Worcester
Touwsriver
Riversdale
Shibabai

OVERBERG
Hermanus
Struisbaai

BOLAND
Melliss
Paarl

PENINSULA
Cape Town
Cape Point

NAMAQUALAND & SW CAPE INTERIOR
Cedarberg
Sutherland

BUSHMANLAND & KAROO
Sutherland

ROAD REPORT

N1 Dutoitskrook Pass: Blasting in progress noon-2pm Monday to Thursday until June 1995. Options: Reschedule journey, wait in kloof or use the N1 alternative route (65km longer).
Alternative route is via Wellington and Woiseley. Signs on freeway at Klipmuts and Woiseley indicate if road is open or closed as well as N1 alternative route. New dual road being built between Hugenot Tunnel and Molenaars River. Section on Worcester side badly potholed.

N2 Borchards Quarry Rd: Construction has begun on the on/off ramps.
N2 from Pinelands off ramp to Vanguard Drive: Work in progress on third lane for next two years. Median wall also being built.

MAJOR PROVINCIAL ROUTES
R302 Malmesbury/Klipheuwel/Durbanville: Work in progress between Durbanville and Malmesbury for 11km. Speed limits in force on Klipheuwel road and between Durbanville and N1. Three by-passes with 40km/h restrictions. By-pass at railway crossing on the R302.
R341 De Rust — Barandas: Road being rebuilt but open to traffic.
R29 Outeniqua Pass: Major roadworks activity begins at Blanco intersection. Construction through entire pass, ends in the Waboomkraal Valley. Pass closed weekdays 10am-2pm.
Options: reschedule your trip, wait at closure

Surfing
WITH the wind blowing from the south-west, Long Beach would seem to be your best bet in the Kommetjie region with a four-foot offshore swell anticipated.

Angling
On the other side, Melkbos should also have a four-foot swell. False Bay has got swell but it is choppy and on-shore.

It all depends on the weather this weekend. If

Land temperature
Cape Town 11/22
Bloemfontein 15/26
Bethlehem 12/22
Johannesburg 14/22
Pretoria 17/26
George 10/21
Kimberley 14/29
Upington 13/29
Durban 17/23

The Moon
New moon Nov 3
First quarter Nov 10
Full moon Nov 18
Last quarter Nov 26

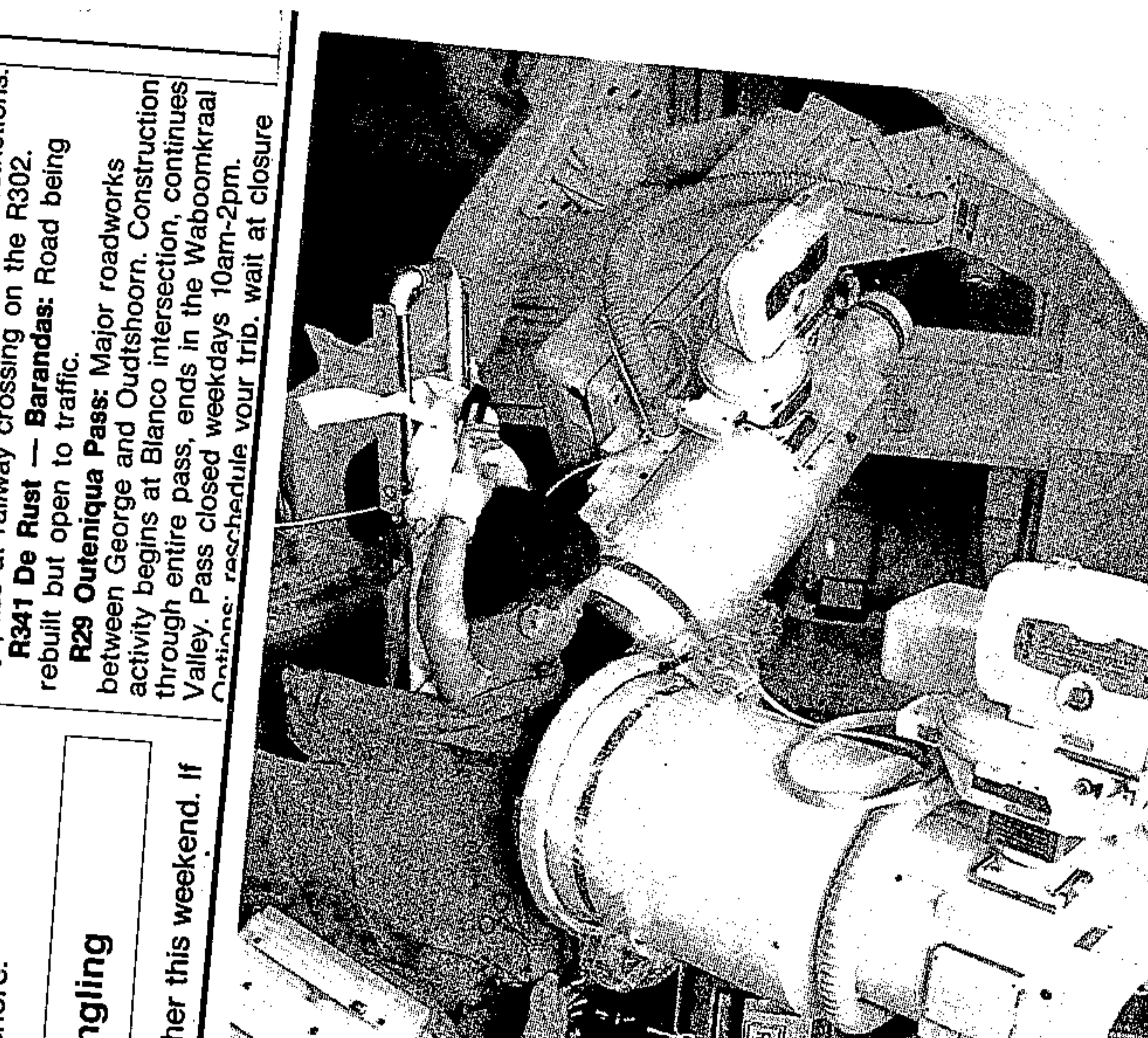
The Sun

OTHER AREAS
Eastern Cape: It will be fine and somewhat warmer. Coastal wind: Moderate E

RIGHT: The personal touch for heart patients from paediatric cardiologist John Lawrenson. The Andrew Keil of Durban, who has been given a new heart, and Lena Hendricks, 9, of Rosberg, who has had curative surgery.

LEFT: A Johannesburg child is assessed as a potential heart-transplant recipient by paediatrician and trainee cardiologist John Stirling in the cardiac catheterisation lab.

room alongside. The patient was being assessed for the possibility of a heart transplant after being in hospital twice in the last month.



Govt lifts ban on new staff at hospitals, clinics

By CHRIS BATEMAN

THE moratorium on the appointment of new staff at hospitals, clinics and day care centres was lifted yesterday after heavy workloads forced a re-think by central government.

The ban had to be lifted after the government announced free medical care from June this year for children under six, those in foster homes and pregnant women.

A spokeswoman for the Western Cape's health department, Mrs Ruth Lewin, said the moratorium on posts in the Western Cape was lifted two weeks ago.

"We have been approving appointments since then."

ET 1/11/94 (98)
Yesterday, the Public Service League of South Africa (PSL) said Health Minister Dr Nkosazana Zuma and Public Service and Administration Minister Dr Zola Skweyiya had agreed to lift the freeze at health care facilities which render direct care to patients.

The PSL said priority would be given to the Red Cross Children's Hospital where shop stewards had reported overcrowding because of staff shortages.

A meeting was planned with the hospital management this morning over a "plan of action" to fill vacant posts.

It was reported last month

health services in the Western Cape were crumbling with patient numbers rocketing due to the new policy on free health care, stringent budget cuts and untenable staff problems.

Many skilled people were leaving the country and staff morale in clinics and hospitals was at an all-time low.

It was also reported last month that 26 medical officers' posts at day hospitals in city townships were vacant due to lack of applicants.

Last month Western Cape Health Minister Mr Ebrahim Rasool said the problem was exacerbated by bureaucratic procedures.

Marchers demand pay rise

102

98

ARG 2/11/94

□ 'I can't survive on R700'

LIBBY PEACOCK
Health Reporter

HOSPITAL workers who claim their wages are "below the poverty line" took to the city's streets to reiterate salary demands, as government and public service unions started talks to end the deadlock on wage demands.

About 200 Health Workers' Union members — including general assistants, nurses and clerks — from hospitals in the Groote Schuur region marched from the top of Darling Street to Parliament yesterday.

They demanded a R1 500 minimum wage and 15 percent across the board increase.

Among the group was a young mother of two, who works at Princess Alice Hospital as a general assistant.

She complained she could not survive on R700 a month salary and was forced to do extra work at weekends to make ends meet.

"I have to do the work of four people; sometimes I have to do the nurse's job, like making beds. I also have to do the housekeeper's job.

"I want to give my children the best, but I cannot spend any time with them."

Another woman said: "I have

been working for 35 years, but when I retire I will get the same pension that my granny is getting."

Health Workers' Union branch executive committee member Archie Mndzalo said the public sector was disappointed because the government could not deliver on pre-election promises "because of the gravy train".

He said public sector salaries were "below the poverty line".

The marchers demanded to see Public Service and Administration Minister Zola Skweyiya to hand him a memorandum spelling out their demands.

After at first refusing to hand the memorandum to Mr Skweyiya's private secretary, Pieter van Heerden, the hot midday sun and long wait got the better of them and the document was handed over reluctantly.

The workers then marched to the Monte Carlo Conference Centre on the Foreshore where wage negotiations were taking place and handed a copy of the memorandum to Fanie Visser, deputy director general of the office of the Public Service Commission and Paseka Ncholo, special adviser to Mr Skweyiya.

Workers' blockade closes hospital theatres (98)

LIBBY PEACOCK, Health Reporter

ALL operating theatres at Grooté Schuur Hospital are closed today after striking workers prevented doctors, nurses and other staff from entering the building.

A hospital worker, who managed to get inside, said the few doctors who were in the hospital had to be pooled to assist in the trauma unit.

The workers, all members of the Health Workers' Union, are demanding a 15 per-

cent increase across the board and a R1 500 minimum wage.

Today's action follows a protest march on Tuesday when union members handed a memorandum to the private secretary of Public Service Minister Zola Skweyiya, spelling out their demands.

Union spokesman Fahiem Isaacs said today: "We are applying pressure. They haven't responded to our memorandum."

He said there was "adequate staff" in-

side the hospital and night shift doctors were also inside. *ARG 3/11/94*

Police arrived soon after 9am. Some marched right through the crowd blocking the doors to the trauma unit, and a scuffle broke out.

Some of the nursing staff and doctors tried to get into the hospital by climbing through windows, but union members blocked them.

● Picture, page 15

Strike blocks Groote Schuur

By PETER DENNEHY

ANGRY Groote Schuur doctors told yesterday how they had to fight their way into the hospital to reach their patients as striking workers blocked entrances.

As patients and medicine were turned away, one doctor accused the hospital administration of being "ily-livered."

She said security staff had stood by and watched the hours-long confrontation.

About 700 members of the Health Workers' Union staged a blockade of all the entrances early yesterday, only lifting the blockade just after noon.

Workers allowed only those they believed to be genuine patients through.

Hundreds of doctors and other staff were kept out, while others coming off shift were kept in.

One doctor said she and her colleagues "were very angry". Workers and other hospital staff had exchanged blows in

Doctors

fight way

to patients

their attempt to get in, she said.

A friend of hers, also a doctor, had been wrestled to the ground as he tried to force his way in.

Another doctor had been hurt as the unionists caught her trying to climb through a window, and tried to pull her out.

"It's our right to go to work," she said, "just as it is their right to picket outside."

Asked if the strikers were not concerned about patients, HWU branch executive member Mr Archie Mndzalo said patients were

often "used as a smokescreen" by management.

Workers were demanding a 15% increase across the board and a minimum wage of R1 500.

Mr Arthur Farred, chief negotiator of the Public Servants' League, which is negotiating with the HWU and 16 other organisations against the government yesterday distanced his league from the blockade.

At about noon, HWU leader Dr Norman Maharaj held a report-back meeting at which the crowd agreed the union should drop its demand to R1 250 a month minimum. Workers returned to work. Chief Medical Superintendent of Groote Schuur Dr P Mitchell said management had been negotiating the admission of "certain critical staff" into the building when the blockade ended.

The hospital was unaware of any patients being harmed.

A spokesman from Health Minister Dr Nkosazana Zuma's office said she was "out of the country," but her view was that strikes could take place at hospitals, but only judiciously.



ALLOWED THROUGH . . . A woman with a baby on a drip is allowed through the Health Workers' Union "picket line" which was used to blockade Groote Schuur Hospital yesterday morning. Some patients were allowed through but others who could not show proof that they had appointments were stopped from entering.

Picture: CLIVE SMITH

Demand for inquiry into psychiatric hospitals

(98) ARG 5/11/94
IAIN MACDONALD
Weekend Argus Reporter

DEMANDS are mounting for a commission of inquiry into patient care and alleged abuses at psychiatric hospitals.

Cape medical authorities said they would be willing to co-operate but warned that such an inquiry would stretch already thin resources.

There have been recent meetings on the issue between Health Minister Nkosazana Zuma and the Minister of Arts and Culture, Ben Ngubane, and the SA Federation for Mental Health has said an inquiry is "long overdue".

The demands follow allegations by psychiatric nurses about the Millsite Psychiatric Hospital near Randburg in the PWV, in which they claim there were sex romps with child patients, rampant misdiagnoses, a high patient death rate, gross institutionalisation of patients, drug trafficking and TB and Aids sufferers mixing freely with other patients.

However, the medical superintendent of Cape Town's Valkenberg Hospital, Ethel Hacking, said this week she believed many of the allegations did not apply to similar institutions in Cape Town.

"I'm not up on the situation in Natal, nor at Millsite, but I'm satisfied the psychiatric environment here is favourable," she said.

"If the public feels it wants a commission of inquiry, however, it's welcome to go ahead and we would willingly co-operate. But resources are thin and this would be an extra expense.

"A commission of inquiry would be superfluous. I know a number of people are looking at the entire mental health scene at the moment, and we have a magnificent service compared to the rest of Africa."

There has been discussion about closing psychiatric hospitals and attaching psychiatric units to general hospitals, but Dr Hacking said she felt this was part of "a first world hospital trend".

"It has worked overseas but is more expensive. Personally, I would go with that approach.

"But I feel, overall, we shouldn't hurry such decisions, but rather watch and see what happens in the overseas scenarios. In five years we'll have a better idea of the efficacy of such moves."

She added that South African psychiatric services "should be culturally safe".

"For instance, if a person wanted to see a traditional healer, he or she can go for a few days to consult and come back. We must be sensitive to that kind of thing.

"If we have cultural units, however, we may be perceived as a form of 'new apartheid'. We need to be in the new South Africa for a few years for people to be easy with concepts of, for instance, a Zulu or a Xhosa unit."

In terms of the allegations of the Millsite Hospital, she denied that there were any similarities to treatment at Valkenberg.

"We have no child patients, no high patient death rate, and the charges of institutionalisation are an inheritance from the past.

"We have strict controls on drugs and it is policy in every country, including South Africa, to have TB and Aids patients mixing normally with others for the sake of those sufferers' own mental health," Dr Hacking said.

The SA Federation for Mental Health is calling for the scrapping of the Mental Health Amendment Act of 1976 so that there can be greater transparency in mental institutions.

No festive fun for hospitals

South 11111 - 15111194

By Edwina Booysen

OVERCROWDING and long delays at local hospitals could get worse over the festive season because of severe staff shortages.

The heavy workload of hospital staff has become more severe following government decrees of free health services to children and pregnant women.

According to the Public Service League of South Africa (PSL), the staff shortages are a direct result of a freeze in vacant posts by the former cabinet before the April elections.

"Should the situation not improve in the next month, it will seriously affect the health services over the festive season as industrial action is being considered by personnel at these institutions," said PSL general manager Mr Bernard Wentzel.

"On June 1 free medical services were given to children under six, children in foster homes and pregnant women. This resulted in more people being referred to hospi-

tals, clinics and day hospitals.

"It is placing an increased workload on the existing health workers at the institutions which are already short staffed."

The moratorium caused vacancies of up to 50 percent at many hospitals, he said.

"The PSL held an urgent meeting with the director general of health, Dr Coen Slabber, to discuss the crisis," Wentzel said.

"Slabber told us that the minister of health, Dr Nkomozana Zuma, and public service and administration minister, Dr Zola Skweyiya, had agreed to lift the moratorium at all health care facilities rendering a direct service to patients."

Wentzel said the PSL submitted several proposals to Slabber, which he "accepted in principle" and will forward to the health ministry. The proposals suggested that:

- Certain academic hospitals deal with specialised operations only, for example, cardiac operations at Groote Schuur Hospital, paraplegic and orthopaedic operations at

Conradie Hospital and kidney transplants at Tygerberg Hospital.

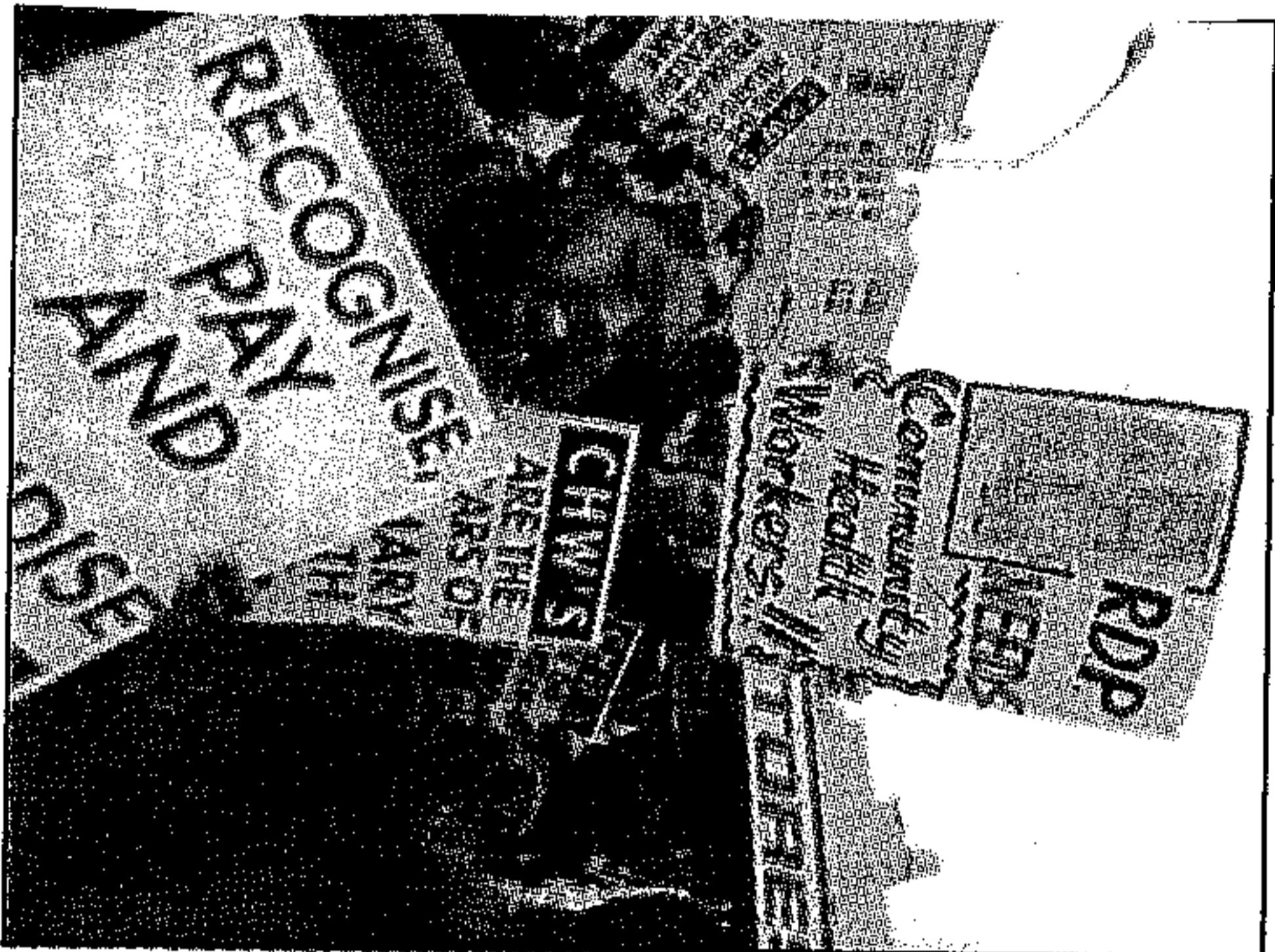
- Personnel at the head offices of the provincial administrations be transferred to health care facilities to alleviate the shortage of administrative staff.

- Medical doctors burdened with administrative duties be made available to serve in their capacity as medical doctors which will alleviate the shortage of doctors at hospitals.

Wentzel said the PSL will hold urgent meetings with the health strategic management teams to speed up the process of filling the vacant posts.

Red Cross Children's Hospital's senior medical superintendent, Dr Rod Marshall, said that since the introduction of free medical care the moratorium has proved a problem.

"Every time someone leaves the hospital has to fully motivate why the post has to be filled," Marshall said. "It causes long delays and a hospital cannot operate this way."



SEEKING HEALTHIER CONDITIONS: Hospital workers make their case known

Staff boost delights hospital

(98)

CT 7/11/94

Staff Reporter

THE mobilisation of volunteers and new medical staff has been welcomed by the embattled Red Cross Children's Hospital, which is experiencing a severe staff crisis.

The measures were announced at the weekend by Western Cape Health Minister Mr Ebrahim Rasool.

At the hospital's open day on Saturday Mr Rasool announced the creation of new posts, the unfreezing of old ones and assistance from private doctors and volunteers.

The only children's hospital in Africa, it has seen a 60% increase in patients as a result of the new government's policy of free health care for children under six.

Dr Rod Marshall, senior medical superintendent, said it had been an "uphill battle with staff under immense pressure" and they were "delighted" with the new measures.

This would allow them six new medical officer posts and the unfreezing of 12 nursing posts, he said.

Mr Rasool said Cape Town's private doctors had indicated they were willing to provide voluntary services at the hospital and the SA Red Cross Society had come up with 600 volunteers to help with the excess of patients.

Dr Marshall said they were "very grateful for the offers from private doctors and volunteers".

Y NOVEMBER 16 1994



Held ... a demonstrator is removed by police at the Morningside Clinic in Sandton yesterday after workers went on the rampage.

PICTURE: ANTON HAMMERL

Clinic workers go on rampage

■ BY JOVIAL RANTAO
LABOUR CORRESPONDENT

About 60 general workers at the Morningside Clinic in Sandton went on the rampage yesterday, breaking windows and turning plants upside down, in protest against a disciplinary hearing's decision to dismiss 19 workers.

Police, summoned by clinic management, arrested 30 workers and were in the process of charging the 19 dismissed workers with trespassing.

Clinic superintendent Johan van Reenen said yesterday's events were a direct result of an incident on October 24 when a management negotiating team, involved in wage talks with the National Education Health and Allied Workers Union (Nehawu), was held hostage by workers.

Van Reenen said the workers were unhappy about the pace of wage negotiations and, to expedite the process, held management negotiators hostage.

"The disciplinary committee

took a decision to dismiss the workers. The workers went on the rampage despite having a right to appeal against the hearing's findings," he said.

Nehawu branch union official Andy Kolanisi said his union would convene an urgent meeting to address the conduct of workers and procedures to appeal against the dismissals.

He said the disciplinary hearing took place amid protests by workers that the management team was not held hostage.

98

'Satisfactory' occupancies give Medi-Clinic a boost

SATISFACTORY occupancies at most of Medi-Clinic's hospitals helped the group report a 10,6% increase in earnings to R16,1m in the six months to September.

Earnings a permanent unit of capital increased to 8,6c (7,6c) while earnings a share increased to 12,3c (10,8c). An interim dividend of 2,5c (2,2c) was declared.

The Medi-Clinic board said the steady turnover growth of 14,5% to R138,3m indicated satisfactory occupancies at the group's hospitals.

"Constantiaberg Medi-Clinic recovered particularly well after the decline in occupancies in the previous financial year."

A further improvement in margins contributed to a 15,9% increase in operating income to R23,8m.

Financing of the group's expansion plans resulted in a decline in net interest received to R515 000 (R1,4m).

Capital commitments at the end of the period amounted to R23,1m against R60,7m for the comparable period last year.

Earnings available for distribution increased 27,5% to R16m, while distribution on permanent capital increased to R6,4m (R6,1m).

Increases in occupancies at most of the hospitals were expected to continue, which would have a positive influence on the group's results.

AMANDA VERMEULEN

The two large capital projects commissioned at the end of the period — the cardiac unit at Panorama Medi-Clinic and the Hoogland Medi-Clinic — had performed well to date. *BIDAY*

Negotiations with the medical scheme industry regarding tariff increases for 1995 were in progress. *17/11/94*

"Both the structure by which medical schemes remunerate hospitals and the annual percentage increase are of the utmost importance in making meaningful forecasts," the board said.

The board said the tariff committee of the private hospital industry had this year proposed amendments to the structure so that certain historical anomalies could be rectified in the interests of the future development of the industry. *(98)*

These anomalies centred on the excessive profitability of day surgery in comparison with other services, as well as the dependence of all private hospitals on their pharmacy income.

The board said it had been instrumental in investigating these amendments, and therefore supported their implementation.

Negotiations to acquire the Medicor group of hospitals were still in progress. Medicor owns 11 hospitals, representing 60% of the existing bed capacity of the Medi-Clinic group.

Star 17/11/94

Medi-Clinic improves

Medi-Clinic yesterday reported a 14,5 percent turnover increase in the six months to September to R138,3 million (R120,7 million previously).

Operating income rose 15,9 percent to R23,8 million (R20,5 million). Financing the expansion programme cut interest received to R515 000 (R1,4 million).

Attributable earnings rose to R16,1 million (R14,6million).

Earnings per share rose 13,9 percent to 12,4c

(10,8c). An interim of 2,5c is being paid (2,2c).

The report said it was expected the increase in occupancy at most of the hospitals would continue, producing a positive influence on results.

The two capital projects, commissioned at the end of the period under review — the cardiac unit at Panorama Medi-Clinic and the Hoogland Medi-Clinic in Bethlehem — had performed particularly well to date. — Sapa

Acquisitions boost Presmed

BEATRIX PAYNE

ACQUISITIONS and an increase in patient numbers proved good treatment for President Medical Investments (Presmed) which reported a 26% rise in earnings a share to 17,6c for the six months to August.

"I feel chuffed with the results as they reflect consistent growth by the group," joint chairman Carl Grillenberger said at the weekend.

He said pressure at state hospitals during the second quarter had triggered an increase in black patients using private health facilities.

Turnover jumped 42% to R83,5m and operating income increased to R13m from R9,2m during the corresponding period.

This reflected last year's acquisition of Carstenhof clinic, Pretoria's Faerie Glen hospital and a 25% stake in Pretoria's Wilgers hospital.

Interest paid edged up to R1,8m (R1,7m) and outside partners' interest rose to R3,3m (R723 000). Pretax profit was 17% higher at R7,9m.

The tax bill more than halved to R1,2m as the group reaped the benefits of its more tax efficient structure. The group decided last year to separate the operations of its day clinics and hospitals into two business units.

Net income after tax rose 78% to R6,7m (R3,7m).

Shares in issue rose to 38-million (20,3-million) after 12,5% debentures were converted into ordinary shares and new shares were issued to finance the acquisition of the stake in Wilgers hospital. 7 111 94

No dividend was declared as policy was to declare a single dividend at the end of each financial year.

Grillenberger said the group was now "exceptionally well placed" to meet the challenges of the private health care industry. (98)

The introduction of a global fee system at its day clinics would result in cost savings for patients, and by providing incentives to doctors would encourage them to use the group's facilities. Rates for certain procedures would be the same at all group clinics but would be below the Representative Association of Medical Schemes tariffs. Built into the rates would be a doctor's fee about 15% higher than the medical aid tariff.

The group would focus on consolidating its position during the current financial year and streamlining its operations after the strong expansion. He said the group was in line to post earnings growth of 20%-25% at the year-end in February.

November 18 to November 22

Taxi violence drives doctors out

South easter (suppl. to South)

BY SABATA NGCAI

NYANGA Day Hospital was left with only one doctor after two doctors resigned last week because of the taxi violence.

This was confirmed by the head of day hospitals, Dr Theo Dahms.

A doctor has been hastily transferred from the Khayelitsha Day Hospital to help the remaining doctor in Nyanga.

The two doctors have to serve a rapidly growing population of more than 100 000 in the area.

The sister in charge at the hospital said each doctor sees about 90 patients a day.

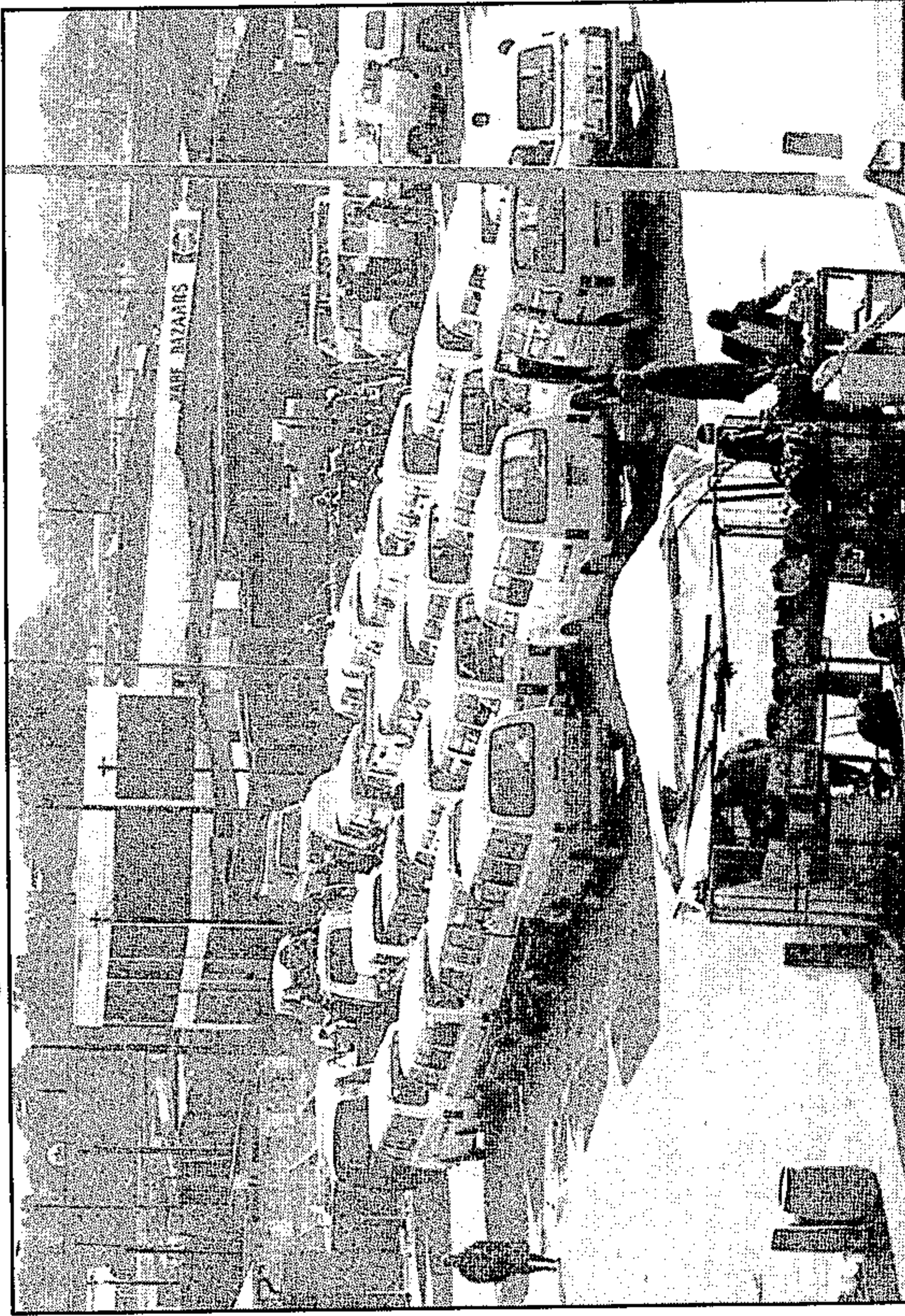
She said the doctors work long hours and sacrifice their lunch break in order to assist patients.

The sister said the doctors managed to give individual attention to the patients, but she did not believe they had enough time with each one.

Dr Dahms acknowledged that two doctors were not enough for the hospital.

Although he said they would manage, he admitted that their situation "will be a little worse off".

Staff at the Nyanga Day Hospital



TROUBLEMAKERS: Taxi violence drove two doctors away from the Nyanga Day Hospital, leaving one doctor to cope with a population of 100 000 people

have been complaining for a while that they need more doctors. They say their workload was heavy and they aren't coping too well.

The doctor who remained after the two resigned said the situation was extremely difficult for her

when she was left alone.

"I was dead by the time I arrived home," she said.

But she was there to help people. "Death is everywhere," she said, and leaving the hospital was never an option.

"If I have to die, death will come even if I run away," she said.

Dr Dahms said the hospital was trying all it could to get more doctors to the hospital. One doctor was expected this month and two more in December and January.

98

Hospitals set for big change

CT 19/11/94 (98)

By CHRIS BATEMAN

A RADICAL redistribution of equipment and staff from the Peninsula's top two academic hospitals, Groote Schuur and Tygerberg, to George, Worcester and Paarl is to begin within months to create "people-friendly" health care.

This was revealed yesterday by Dr Tom Sutcliffe, director-general of Hospital and Health Services in the Western Cape who said the restructuring would save 12,5% on the budget of a five-year RDP restructuring plan.

He said "in theory" this could mean the closure of secondary hospitals like Victoria and Somerset, with them moving equipment and staff into the newly vacated space in the two major academic hospitals.

"There has to be some innovative, logical and refreshing think-

Plan to shift staff, equipment

ing on the whole issue," he said.

However bridging finance to meet the existing R246m budget deficit for 1994/95 was crucial to ensure present services did not collapse and to put the health service on a sound RDP footing.

Dr Sutcliffe said patient loads had increased by 20% since June when the government announced free medical care for pregnant women and children under six.

Emergency cases alone in the province had boomed by 13% in two years while hospital staff vacancies were being held at 12,3% to try to keep within budget.

He said it was necessary to redistribute resources more equally through the province so that patients could enter the system at an appropriate level.

Dr Sutcliffe said it cost R250 more per day to care for a patient admitted to a tertiary hospital than it did in a primary hospital.

If health services were managed in a purely business manner, clearing the R246m deficit would mean closing 1 791 beds and retrenching 4 063 staff (including 378 doctors, 1 205 nurses and 727 non-professional staff).

"Obviously this would be the death knell of our services... We simply cannot entertain it."

Dr Sutcliffe said academic heads of Tygerberg and Groote Schuur were due to report to him on restructuring in nine days.

The cabinet is expected to decide on provincial health funding within weeks.

● W Cape Aids research unit to close — Page 4

Baragwanath ⁽⁹⁸⁾ ^{CT 21/11/94} 'shocking' — DP

JOHANNESBURG. — Shocking conditions exist at Baragwanath Hospital's out-patient department which treats 2 005 patients daily, the Democratic Party said yesterday.

In a statement, DP PWV health spokesman Mr Jack Bloom said the prefabricated building was in poor condition, difficult to clean, affected badly by weather conditions and often plagued by blocked sewers.

Information on the building was obtained in reply to written questions to the MEC for Health, Mr Amos Masondo.

Mr Masondo blamed conditions at Baragwanath on the National Party government.

Mr Bloom said while re-allocation of resources to primary health care was a medium- to long-term solution, hospital management was frustrated daily by centralised controls.

Much could be done by increased autonomy to cut down on the waste and inefficiency. — Sapa

Cracked floors, blocked sewers

Bara outpatients building decrepit

Star 21/11/94

■ STAFF REPORTERS

About 2 005 patients were treated daily in a dilapidated, 50-year-old prefabricated building with sewerage problems at Baragwanath Hospital's outpatients department, says PWV MEC for Health Amos Masondo.

Masondo was responding to questions tabled by DP health spokesman Jack Bloom on conditions experienced by patients at the hospital's outpatients department.

Masondo said the department was part of a prefabricated building complex built in 1941 and 1958. Extensions to accommodate specialist and gynaecology outpatients were done in 1972.

He said the prefabricated buildings were in poor condition with malfunctioning infrastructure and cracked concrete floors.

It was difficult to maintain them properly and they were often plagued by blocked sewers.

He said there was not enough privacy for patients in the section. "However, in general the rest of the hospital provides sufficient privacy."

HOSPITAL'S budget too small to fix prefabs and staff morale is low, says superintendent

The work load at Baragwanath Hospital would be eased as soon as an integrated and comprehensive primary health care network for Soweto was developed.

In the meantime, maintenance of hospital buildings should be carried out regularly, he said.

He blamed apartheid and 40 years of NP "dehumanising" and "racially based" health policy for poor conditions in black hospitals.

Hospital superintendent Dr Grant Rex said Baragwanath could not solve serious problems like the theft of essential items because it did not have funds for an adequate security system.

Rex said the theft of items like drugs and linen was commonplace, and overflowing drains and blocked toilets caused a stench through-

out the hospital.

He said there was also a shortage of funds to fix the decrepit buildings.

Last year the hospital spent R350 million and this year it was allocated a budget of R314 million, yet it was still handling the same number of patients.

Rex said: "It would have been different if the hospital was told to cut back on staff, close a few wards or shut down certain services. Then you could operate on a smaller budget."

"We have apparently already overspent by 20 percent this year. The problem lies with the Health and Finance ministries, or both. It's an Alice in Wonderland budget." (98)

He said another problem was low staff morale, which was linked to the money shortage.

A pharmacist said: "This place should be condemned. We are understaffed; medicines are getting stolen; people are standing in long queues, sometimes in the rain. The poor are suffering, but we are doing our best under very difficult circumstances."

Funds earmarked for clinics project

Star 23 May

◀ From Page 1

commodation for medical staff where necessary.

"All we are waiting for now is to hear from the various provinces what their priorities are," Slabber explained.

"Budgetary allocations are due to go out early next month, but we can't really make accurate allocations until we hear from the provinces."

He declined to comment on why there had been such long delays in receiving this information.

It is understood, however, that the complexities involved in merging the old provincial and homeland health bureaucracies are creating in-

formation bottlenecks which the various provincial health MECs and their strategic management committees are ill-equipped to clear. (18)

"What is urgently needed," said a source, "is the appointment of health directors-general as the accountable officers in each province. So far, not a single province has made such an appointment, and only the North West has got as far as advertising for the post of provincial director-general."

"We have everything prepared," Slabber said. "All our designs are such that the buildings can be used as community centres after hours."

**TARGET of 780
clinics in next year
would relieve
pressure
on hospitals**

■ **BY DAVID ROBBINS**
HEALTH WRITER

Funds have been earmarked for a desperately needed R100 million clinic-building project — but delays at provincial level could hold up the initiative.

The Star has learnt that funds are available to begin the programme next year. The health clinics — it is estimated that South Africa needs a further 1 400 of them — would relieve the intolerable pressure on major hospitals.

However, provincial authorities have not yet got around to saying where the proposed clinics should be situated.

It is feared this will lead to building delays, or to clinics being erected in the wrong places.

After approaches by Health Minister Dr Nkosazana Zuma, the Government's Reconstruction and Development Programme office agreed to provide a further R65 million for the clinic programme in 1995/6.

Yardstick

Director-General of the Department of National Health Dr Coen Slabber explained that by using one clinic per 10 000 population as a yardstick, South Africa needed an extra 1 400 clinics.

He said that in addition to easing strains on hospitals at the centre of the health care system, clinics at the peripheries would ultimately cut the costs of those hospitals, which currently consumed 75 percent of the annual health budget.

"The aim is to build 780 of the required clinics by the end of the 1996/7 financial year," Slabber said.

Funds have also been found to cover the recurring costs — staff salaries, pharmaceuticals and other medical consumables — of running the hundreds of new clinics.

Zuma has already persuaded the country's eight tertiary institutions to accept a 5 percent cut in next year's budget.

Sufficient trained nurses are available to staff the new clinics, and donor funding will be used to establish suitable ac-

R100-m clinics project

Funds earmarked, but provincial delays threaten vital scheme

Star

23/11/94

(98)

Strike closes

Lesedi

City Press 27/11/94
■ From Page 1

from November to March the next year in 1992 when the clinic "was undergoing financial strains and it was difficult for them to give us the increase".

Later the workers and management had agreed to move the annual increases to July, Sithebe said. (98)

But this year the workers learnt that only management would receive their increases in July - while the workers would have to wait for theirs until November.

Sithebe claimed management was giving itself increments of 12 to 20 percent, while refusing the workers' demand for a 25 percent increase.

"We even went down to 18 percent including a transport allowance - or 15 percent and a 50 percent transport allowance increase - but they flatly refused and terminated the talks," she said.

Sithebe said workers this week again tried to meet with the management and had gone to see one member of the board of directors as their last hope, but to no avail.



CURE OUR PAY! ... Striking workers toyi-toyi at Soweto's Lesedi Clinic.

■ Pic: MIKE MZILENI

Strike stops Lesedi Clinic

By PEARL RANTSEKENG

THE 10-year-old Lesedi Clinic in Soweto - hailed as an icon for black economic empowerment - is facing possible closure after a crippling month-long strike by its 160 workers.

When City Press visited the clinic on Friday the hospital was deserted. No doctors or patients were in sight - only striking workers.

The first black-owned

clinic in the country, under the directorship of popular medico and businessman Dr Nthato Motlana, has not been operating for the past 10 days. Patients have been transferred to other hospitals.

Among the striking workers are nurses, cleaners and the maintenance staff - demanding a 25 percent pay hike. But management would not budge on its 9,5 percent increase offer.

Repeated attempts this

week to obtain comment from Motlana drew a blank.

The situation at the clinic soured about a month ago when the workers started a go-slow, picketing outside the clinic during their lunch breaks. On November 17 they downed tools completely. (98)

Deadlock

According to Jabu Sithebe, Nehawu's shop steward at the clinic, the

picketing was aimed at drawing management to the negotiating table. But a meeting between management and workers deadlocked.

Sithebe said they then resorted to a strike ballot, and 95 percent of the workers decided that they should go on strike.

"We informed the management of our decision before the strike, but they still did not respond. Instead one member of management gave us the

go-ahead," said Sithebe.

She said they had tried all possible means to negotiate with the management.

One of the workers' grievances is that management members are to receive their annual increase in July - instead of in November, with the workers, as had been agreed two years ago.

Sithebe said the annual increases had been moved

■ To Page 2

Clinics plan poised to help millions

Star 30/11/94

■ BY DAVID ROBBINS
HEALTH WRITER

South Africa's clinic-building and upgrading programme is on track and could soon help millions of people in previously underserved areas of the country.

Basic information regarding regional requirements has already been submitted by the provincial authorities over the past several months.

Now more detailed information on the siting, building and equipping of clinics is being received by the Department of Health, according to Dr Tim Wilson, a special adviser to the Health Minister with responsibility to co-ordinate the national clinic programme.

Based on the information provided by the provinces, R155 million has already been promised from the Reconstruction and Development Programme over the next two years.

The Health Ministry has also persuaded tertiary hospitals to cut their collective budget by

5 percent, thus releasing R166 million for new clinic-operating costs in 1995/6.

Wilson said negotiations were currently under way with the Independent Development Trust to ensure that the trust's clinic-building initiative became part of a single national effort.

Negotiations are also being held with the Japanese government to obtain funds from its promised aid package.

Wilson stressed that the programme would upgrade and equip existing clinics as well as build new ones.

The first R25 million of the R155 million from the RDP had already been approved and would be spent before the end of the current financial year.

Wilson said contributions by the private sector would also be welcomed. (98)

"Indications of possible support should be faxed to me at the Department of National Health on (012) 323-0093."

EVERY day thousands of people make up in Transkei's 30 hospitals in wards so crowded that cross-infections are common and Caesareans are performed without the benefit of a basic operating theatre.

The former homeland's health system is on the verge of collapse, admits the Transkei Department of Health director-general, Velile Mjamba, who says that some hospitals are so old they need to be demolished and rebuilt.

Mr Mjamba and Transkei's chief medical officer, Dr Mbuyise Madiha, both describe the health care in Transkei as "terrible", and both agree the desperate conditions are costing lives.

Dr Madiha insists, however, that the 137 doctors and few thousand nurses serving more than five million people will carry on with what they have.

He says there is only one government doctor for every 30 000 patients in the Transkei, compared with one doctor for 10 000 people in the rest of the country.

Mr Mjamba said he would need a budget of about R200-million to provide basic medical care, yet his department received only R1,7-million this year.

He blames successive central governments who, he says, never gave the Transkei health system its fair share. However, one doctor blamed previous homeland regimes that had allowed health funds to be "looted".

"To get things the way we would like them is just a dream. We haven't even got a computer in our health system to monitor drugs," Mr Mjamba said. "This meant drugs were missing from already depleted stocks.

In some cases, many large stashes of drugs have reached their expiry date.

In addition, there is a critical shortage of fresh drugs because many suppliers will not deliver to the former homeland until

Tragedy of Transkei's crumbling hospitals of despair

By RYAN CRESSWELL

its health department settles its huge outstanding bills.

Communications and transport also present major difficulties.

Even the main Umtata hospital has no computer or fax machine, and relies on an old five-line switchboard to handle calls for 1 300 patients.

Radio communications between hospitals and many clinics have broken down and makeshift ambulances are often used to carry messages and supplies rather than patients. Dr Madiha said Umtata Hospital had one partially equipped ambulance and

five minibuses for transporting patients, while each smaller hospital had one minibus.

At Butterworth, the community has clubbed together and pays a monthly fee for the use of a private taxi equipped as an ambulance.

"The roads to some of the smaller hospitals and many of the clinics are now impassable.

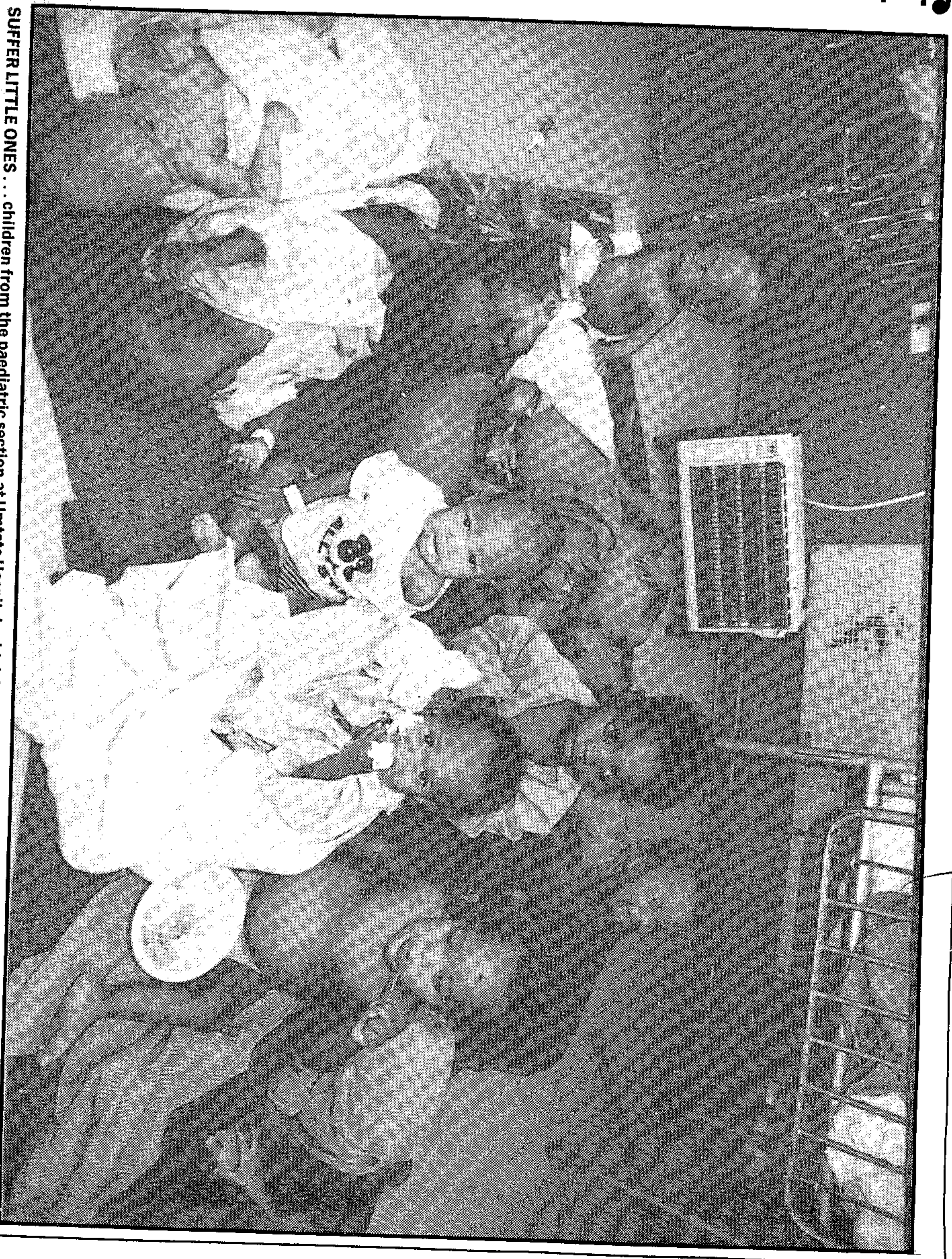
"This means that many sick patients are dragged to clinics or hospitals on horse-drawn sledges for long distances over rough terrain," said Dr Madiha. "People in the rural areas are dying for sure,

because of bad communications, poor transport and bad roads."

Dr Madiha said the infant mortality rate in the rural parts of the Transkei was one in about 72, 20 times higher than the Eastern Cape average.

He said many babies were dying of measles, but inadequate transport and a shortage of personnel prevented the department from mounting a proper immunisation programme.

But perhaps the most immediate problem is the lack of water at many hospitals. Trucks have to bring in water to Tafatolefe, St Patrick's, Madwaleni, Bambsana, Zintdele, Tan-
Tear Bequest and Mt Ayihif hospitals.



SUFFER LITTLE ONES... children from the paediatric section at Umtata Hospital, which has only one ambulance

Pictures: SALVELIO MEYER

19 PATIENTS SUFFER IN A ROOM BUILT FOR 3

MOTHER-TO-BE Busiswe Dlamini has a look of hopelessness on her face as she and another pregnant woman shift restlessly to get comfortable on their shared single bed.

The two are crammed with 19 other maternity patients in a small room that would house only three in a normal hospital.

When Miss Dlamini, 18, travelled 38km to the Mt Ayihif Hospital near Kokstad she thought she was going to a haven where she could have her baby in healthy and comfortable conditions.

What she found was a few decaying buildings crammed with patients and staffed by only a few dozen nurses and three harassed doctors.

The former mission centre for tuberculosis rehabilitation now serves as a general hospital for a large area and is an example of medical care at its most desperate.

There is no running water and only a single stinking toilet. There are piles of soiled linen and naked malnourished babies sleep three to a cot. Decent medical equipment is

almost non-existent. Miss Dlamini said: "We have no privacy. We sometimes sleep three to a bed."

But it is the lack of water that upsets superintendent Dr John Premphah the most.

His cramped, unhealthy hospital serves about 150 000 people. "The water has stopped because of the drought," he said, and the hospital has been without running water for two weeks.

Dr Premphah said that earlier in the week the fridge failed and all the vaccines were ruined.

"On Monday we launched a local child's health day and then found we had no vaccines.

"This is a terrible situation. These premises are just not suitable for a hospital," he said.

He added that doctors did not have the equipment for proper consultations and had to rely on their clinical judgment.

Matron Frances Gixane hables with anger as she talks about conditions in her wards. "Doctors have to do Caesareans without even a basic theatre. Sometimes we have

about 45 pregnant women crammed into two tiny rooms with a total of 16 beds.

"They share the single toilet with the infected patients and there is a lot of cross-infection."

"I am sure if they were more legally minded they would sue the government," she said.

Meanwhile, the situation at Umtata Hospital, a registered academic hospital, is not much better.

Paediatrician Dr Gideon Tindiwaba said that during one bad period babies were kept five to a cot in the children's ward. He said his ward was always full of severely malnourished children with weakened immunisation.

"It is so demoralising to work under these bad conditions," he said. In the last couple of years, about 2 000 nurses have left the department and 18 doctors have walked out since January. None have been replaced.

Staff shortages hamper hospital

3/Day
5 11 2 1974
STEPHANE BOTHMA

PRETORIA — A critical shortage of nursing staff had forced HF Verwoerd Hospital to close wards over the holiday period, acting superintendent MJ Smal said on Friday.

Although the emergency ward — hardest hit by a recent spate of resignations — would be fully operational, Smal urged emergency patients who were members of medical aid funds to use private hospitals.

Wards would be closed until January 8, Smal said. (98)

Patients in overcrowded wards would be transferred to Kalafong and Garankuwa hospitals or accommodated in other wards at the hospital.

Smal said although nursing staff at the hospital had been used in the best possible manner, specialist staff such as theatre sisters had resigned in large numbers over the past year.

Increased occupancies help Clinic Holdings

BIDay 7/12/94

BEATRIX PAYNE

INCREASED hospital occupancies helped private hospital group Clinic Holdings increase attributable income 17% to R46,4m for the year to end-September, the group said yesterday.

Turnover from operations — including at the Park Lane Clinic, the Rosebank Clinic and Milpark Hospital — rose 29,7% to R731,3m.

The directors attributed the rise to increased occupancies and tariff rates and the inclusion of results from the three hospitals acquired over the period. (98)

During the year, the group expanded its operating infrastructure by more than 25% of bed capacity through acquiring a 100% stake in the Krugersdorp Hospital, an 89,2% interest in Port Elizabeth's Greenacres Hospital and a 45% stake in the Linksfield Park Clinic.

Operating profit rose 28,7% to R143,7m and finance charges increased to R77,5m from R60,4m the previous year.

Because of the acquisitions, no rent was

paid this year after the group paid R6,3m last year. Interest payable on convertible debentures shot up to R44,3m (R9,8m) as the group paid interest on them for the whole year and interest rates increased. Net interest paid fell to R33,1m (R44,1m).

This left pre-tax profit 29% higher at R66,2m. The tax bill rose to R17,2m (R11,6m) as the group accounted for secondary tax on companies and the transition levy. Profit after tax rose 23,3% to R48,9m and retained profit for the year rose to R30,6m (R26,6m).

Undiluted earnings a share rose to 46,9c and total dividends of 16c were declared. Fully diluted earnings a share — including interest payable on convertible debentures and deducting notional tax of 35% — grew 12,3% to 43,7c.

The directors said: "The 1995 financial year will be difficult . . . but it is anticipated earnings will at least be maintained."

CT 7/12/94 (152)
Hospitals hit by strikes (98)

JOHANNESBURG. — Members of the National Education, Health and Allied Workers Union went on strike at several Lifecare Group hospitals around the country yesterday, Lifecare said.

Reports by Staff Reporter, Own Correspondent, Sapa-Reuter-AP and UPI

POLITICS Ex-soldier tells

Hospitals are hit by strikes

Sowabun
MEMBERS of the National Education, Health and Allied Workers Union yesterday went on strike at several Lifecare Group hospitals around the country, Lifecare said in a statement. *7/12/94*

It said the group and Nehawu had in October signed an agreement on substantive conditions of service, but union members were dissatisfied with the terms of long service awards negotiated by their representatives.

Lifecare said Nehawu was also demanding that senior nursing sisters and supervisors be included in the bargaining unit, although at the start of the talks both parties had agreed they would not be. *(98)*

Lifecare maintains these staff are part of management and should therefore not be included in the unit. Nehawu was not immediately available for comment. — *Sapa.*

Clinic Holdings ups income 17%

Own Correspondent

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(98) CT 7/12/94
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Keep teaching hospitals plea

^{CT 7/12/94}
RADICAL budget cuts will inevitably have a detrimental effect on medical faculties and teaching hospitals.

These institutions must be preserved and protected to meet future as well as current needs, Groote Schuur Hospital's chief director Dr Jocelyne Kane-Berman said at a UCT graduation ceremony last night.

Well-resourced academic hospitals needed to be recognised as an "essential component" of the health delivery system and of the primary health care approach.

Private hospitals to raise tariffs 5%

KATHRYN STRACHAN

PRIVATE hospital tariffs would increase 5% next year, it was announced yesterday after nearly four months of negotiations between the private hospital industry and the Representative Association of Medical Schemes (Rams) (98)

National Association of Private Hospitals executive director Annette van der Merwe said next year would be difficult for the industry as the tariff increases were below the expected inflation rate. The industry had sought an 8.5% increase.

Rams executive director Reg Magennis said there had been a "bitter struggle" between the two parties over the figure. "It hasn't gone down easily, but we felt ... we could not go further than that."

Van der Merwe said the hospitals had responded to a request to tighten their belts to ensure the industry's long-term survival. The 5% increase was the lowest granted in more than three years. In 1994 tariffs increased 10% and in 1993 there was a 15% increase. Negotiations were usually completed in half the time.

The parties agreed last week to change the basis on which hospital accounts were charged. The profit on medicines would be cut from 35% to 10% and cross-subsidisation between major and minor procedures would be limited. BD 8/12/94

This alone would not result in cost containment and it was agreed that the effects of the new structure would be monitored jointly, he said. Co-operation from doctors and patients was also required.

Magennis said the hospitals had agreed to co-operate with medical aid schemes to develop a data base which would enable them to identify areas where costs had gone out of control.

Just what the doctor didn't order — a 5% hospital hike

Health Reporter

98
ARL 8/12/94

PRIVATE hospital tariffs will increase by five percent next year.

Agreement on basic tariffs was reached after two months of negotiations between private hospital administrators and the Representative Association of Medical Schemes (Rams).

The Private Hospitals Joint Tariff Committee had motivated an 8.5 percent increase for ward and theatre fees, but was granted only five.

The increase for this year had been 10 percent, while it had been 15 percent in 1993.

The executive director of Clinic Holdings, Graham Anderson, said: "Major procedures will become more expensive, but the cost of short procedures will be considerably less. We have made every endeavour to ensure that the quantum payment made annually by the medical aid industry was not increased."

Alan Rothberg of Rams said: "The hospitals entered the debate amidst estimates of double digit inflation for 1995 and rumblings of labour disputes directed towards salary increases.

"The medical schemes, on the other hand, represent employers and employees, both of which have ... stated that medical aid contributions could not continue to rise at the same rate as in the past few years.

"Furthermore, medical aids have insisted that steps should be taken to contain the cost of medicines."

At the end of last month the parties reached an agreement aiming to change the basis on which hospital accounts are charged. The profit on medicines is to be cut from 35 percent to ten percent.

Professor Rothberg said: "This alone will not result in cost containment and agreement has been reached that the effects of the structure will be monitored jointly. Where necessary, independent auditors will be approached to assess the situation.

"The parties will re-enter negotiations during 1995 in the event that the revised structure and monitoring exercises are failing to contain costs."

A method of joint monitoring of drug inflation is still to be agreed upon.

Professor Rothberg said Rams and the hospitals industry believed that the funding formula for next year represented a base from which all parties benefited, "provided we are working with and not against each other".

Union promises to probe strike

CT 8/12/94 Staff Reporter ~~(S)~~ (98)

A UNION representing hospital workers says it will act against any of its members if they withheld emergency or essential services during an illegal strike which led to operations being cancelled at Tygerberg Hospital yesterday.

But National Education Health and Allied Workers' Union Western Cape chairman Mr Wilfred Alcock denied a doctor's reported claims that two cancer patients were starving because of the strike.

About 80 workers at the hospital laundry ended a two-day illegal strike yesterday morning after meeting Western Cape Hospital and Health Services representatives. Clean linen deliveries then resumed, but the 100 daily scheduled operations postponed because of the strike would only begin once full linen requirements were received, a hospital official said.

Mr Alcock said it was Nehawu policy to maintain emergency and essential services during industrial action and the union would discipline any members found to have contravened union policy.



'Lowest rise in three years'

Hospital fees to increase

Star 8/12/94

Private hospital tariffs will go up by 5 percent in January, the smallest rise in more than three years, the National Association of Private Hospitals (NAPH) said in a statement yesterday.

Agreement on the rise was reached after two months of talks between hospital administrators and the Representative Association of Medical Schemes (RAMS).

NAPH executive director Dr Anette van der Merwe said private hospitals faced a difficult year as the rise was below the expected rate of inflation.

"The hospitals have responded to a general request to tighten their belts in order to ensure the long-term sur-

vival of the industry," she said. (98)

In terms of the agreement tariffs for high-tech medical procedures are to go up and those for simple procedures down.

Ward and theatre fees are to increase by the average 5 percent.

Parties to the agreement noted its success would depend on the co-operation of all parties, specifically doctors and patients.

Professor Alan Rothberg of RAMS said: "RAMS and the hospitals industry believe that the funding formula for 1995 represents a base from which all parties benefit, provided we are working with and not against each other." — Sapa.

Japanese aid to build clinics

ABOUT R13m in Japanese aid would be passed on to the Eastern Transvaal provincial government for the construction of seven clinics, provincial Health Minister Kwati Mashego said yesterday.

Mashego said building of the clinics in the province would begin immediately. Central government, which was holding the funds donated by the Japanese government, had already been approached to arrange transfer of the R13m.

A task team to oversee construction and consult with relevant stakeholders had been established. **BD 8/12/94**

Mashego said the main aim of the clinics project was to promote the health and welfare of all people in the province by developing and supporting a caring, efficient, and accountable district health service through a primary care approach.

"Primary health care has many interpretations. Many people understand it as first-contact care with a general practitioner, a nursing sister or a traditional

JOHANNES NGCOBO

healer," Mashego said. **29/98**

He said the Eastern Transvaal had 179 clinics and 27 hospitals. **(S)**

Meanwhile, the province's education minister, David Mabuza, said yesterday his ministry would request business, community, church organisations and parents to make a donation for pupils who could not afford to pay school fees.

Mabuza said his office could only provide free education to grade one students.

"Contributions by parents, the community and business will be made to a school development fund to ensure that all schools are provided with the basic infrastructure and facilities," said Mabuza.

He said his ministry would recommend that empty buildings be utilised as schools.

"In addition, we will begin a classroom-building programme as we have a shortage of at least 5 391 classrooms," he said.

Hospital faces brain drain

By PETER DENNEHY
and RONALD MORRIS

THE resignation of Grootes Schuur trauma head Professor John Knottenbelt has highlighted the growing disenchantment of several senior medical and administration staff at the hospital.

Sources told the Cape Times last night that there was a "long list" of people who had resigned or who intended resigning in the near future.

Former senior medical superintendent at the hospital, Dr Robin Pelteret, who took up a post outside the hospital this month, said he had left Grootes

Schuur because of "intolerable working conditions".

He said many senior people were also unhappy at not being sufficiently rewarded for work done and there was no job satisfaction.

Prof Knottenbelt has left to emigrate to the United Kingdom. He said at the weekend that part of his reason for leaving was his concern about the ongoing violence, the insults that doctors had to endure from patients in the trauma unit and the uncertain future of academic hospitals, which face budget cuts as more resources are devoted to primary health

in terms of new government policy.

Last night Dr Pelteret said the "health environment" at the hospital was "confused".

He said senior personnel were not being adequately rewarded for the "intolerable" workloads they carried or for the levels of responsibility which were demanded of them.

The director-general of provincial hospital services, Dr Tom Sutcliffe, said while he shared the "budget-cut" concerns of senior staff he did not share their pessimism.

A health plan being formulated would, he hoped, restore confidence and morale among

top-level doctors under huge stress during the transition.

He would not give details of this plan.

"Each province may also have to look at developing its own sources of income," Dr Sutcliffe said.

Dr Sutcliffe said he fully shared the professor's concern about academic hospitals, which could not be run down. Yet he did not share his pessimism.

"We are trying to reshape academic hospitals so that their integrity is maintained, but also to release enough funds to level the playing fields between provinces."

98 CT12/12/94

Cancer patients starving as strike hits Tygerberg

ROGER FRIEDMAN
Labour Reporter

TWO cancer patients who need urgent surgery are slowly starving to death because crippling industrial action at Tygerberg Hospital has caused the cancellation of all scheduled operations.

Patients are lying on dirty sheets or bare plastic mattresses after an illegal strike at the central laundry since Monday plunged the hospital into crisis.

Indications are that the workers are returning to work today and scheduled operations will resume on Friday.

The strike by members of the National Education Health and Allied Workers Union and Public Service League took union leadership by surprise.

Nehawu spokesman Wilfred Alcock condemned the hospital management for not liaising with the union to effect speedy resolution to the problem.

"I can only imagine they waited until there was a crisis and then ran to the Press in order to discredit us," Mr Alcock said.

"We are disturbed to hear operations cannot take place due to industrial action as this is totally against our policy. We are committed to the effective, efficient and professional delivery of patient care.

"We will be conducting our own investigation," he promised.

Emergency operations are still being performed but the scheduled theatre lists for today and tomorrow have already been called off. Scheduled operations yesterday were also cancelled.

Patients who are fit enough have been sent home. A hospital source said some patients' operations had been cancelled five times because of industrial action.

A doctor said two patients in his ward were "slowly dying of hunger" because of advanced throat cancer. The cancellation of their operations could lead to their deaths.

"They have already been waiting for their operations for several weeks. We have got patients lying on plastic mattresses, dirty sheets or just under a blanket.

"People have a right to strike but we cannot afford to jeopardise patient care."

The central laundry serves about 30 hospitals in the northern areas and country districts, with Tygerberg its major client.

A spokesman for the provincial health department said it was feared the strike could spread to the Pinelands central laundry, which serves a further 30 hospitals, including the Red Cross Children's Hospital and Groote Schuur.

AR6. 14/12/1974

98

Concern over crisis in Transkei health service

The Argus Correspondent

DURBAN. — South African National Defence Force soldiers have been called in to help prop up the virtually bankrupt former Transkei's crumbling health services, plagued by shortages of vital drugs, supplies and not enough trained medical staff.

This precedes the expected influx of festive season motorists from KwaZulu-Natal travelling through the area who may have to rely on Transkei

hospitals if they are involved in accidents.

The soldiers joined an emergency task team set up by the Eastern Cape health department to ferry vital medicines and supplies through a region where services are "verging on collapse and costing lives", Health Minister Dr Trudie Thomas said yesterday.

And in adjoining southern KwaZulu-Natal Democratic Party MP Wessel Nel said yes-

terday that the inability of the KwaZulu-Natal health services and ministry of health to take action over Kokstad Hospital was forcing it to its knees.

"The response of the provincial government to industrial action which has continued this whole year has been totally inadequate. In spite of numerous complaints by hospital authorities against some members of staff for all kinds of misdemeanours, no effective inquiries have been held, let alone action taken," said Mr Nel.

In the Transkei during the festive season, when hospitals were poised for a flood of patients, only emergency cases would be referred to the main hospital in Umtata.

The 1 000-bed hospital is engulfed in problems, including overcrowding, a shortage of 500 nurses and constantly running out of supplies.

Transkei will fall under a single health budget for Eastern Cape of R1,8 billion from

April next year "but to start putting things back on track we need another R1 billion," said Dr Thomas.

She said the emergency plan has made little more than a small dent in a region crippled by poor roads, bad communication, rough rural terrain and no money for improvements.

"We are faced with huge problems. Transkei is in a very serious deficit — there is just no more money in the bank — the task team and the army

have helped reduce the problem, but it is huge — 40 per cent of the people can't even get to clinics," she said.

She said a further 200 primary health care clinics were needed.

There are now 30 poorly equipped hospitals in Transkei serving a population of five million and, according to Dr Mbuyise Madiba, Transkei Department of Health director general, only one government doctor for every 30 000 patients.

Transkei teetering

Former homeland on the point of collapse

PAT CANDIDO
The Argus Bureau
in Port Elizabeth

THE tremendous task of trying to incorporate three bloated civil services into one and three police forces into one has led to immense law and order problems in the Eastern Cape.

The former independent homeland of Transkei is teetering on the edge of collapse and the situation in Ciskei only slightly better.

Policing and essential services came under bitter discussion at the last meeting of the provincial legislature in Bisho last week.

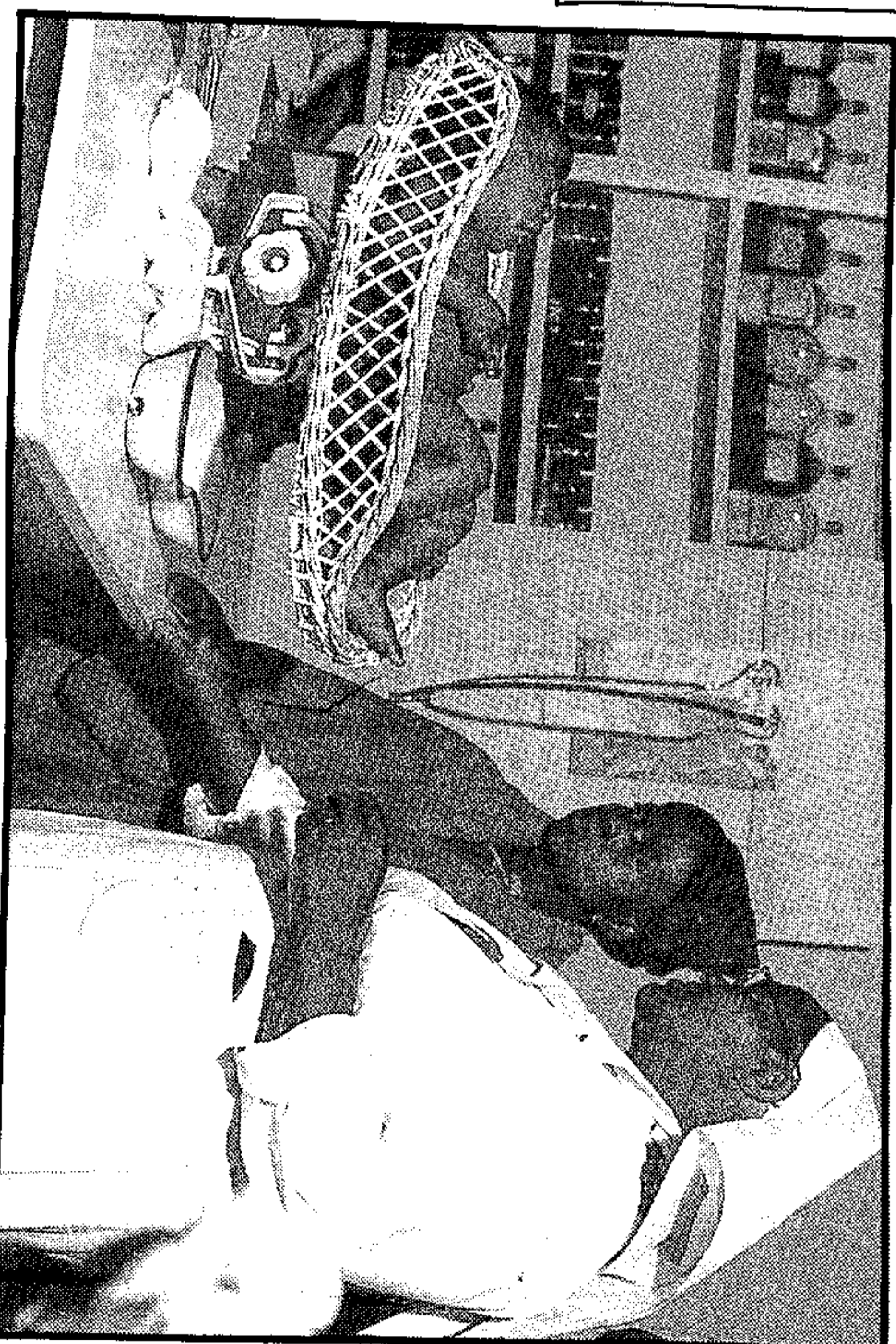
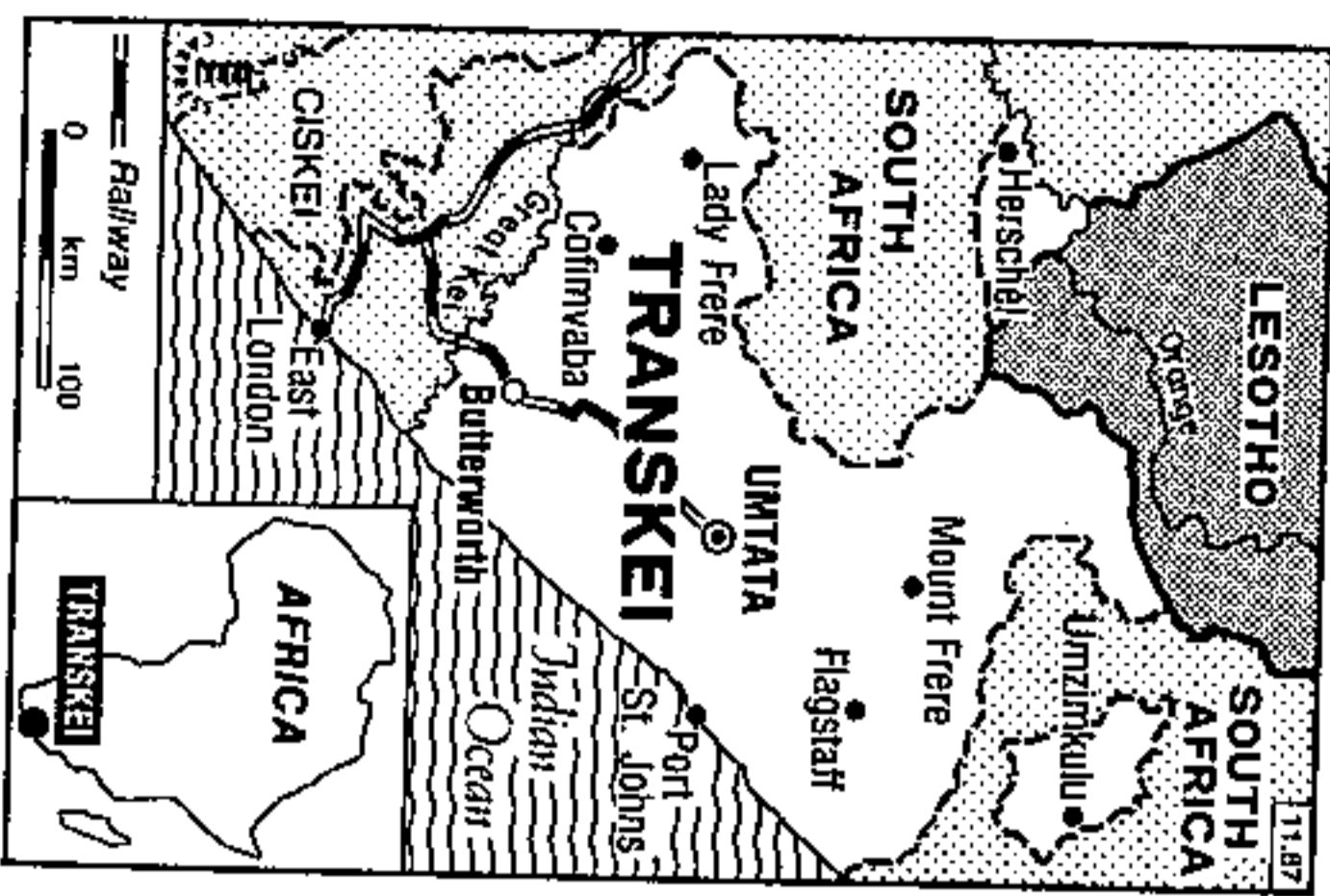
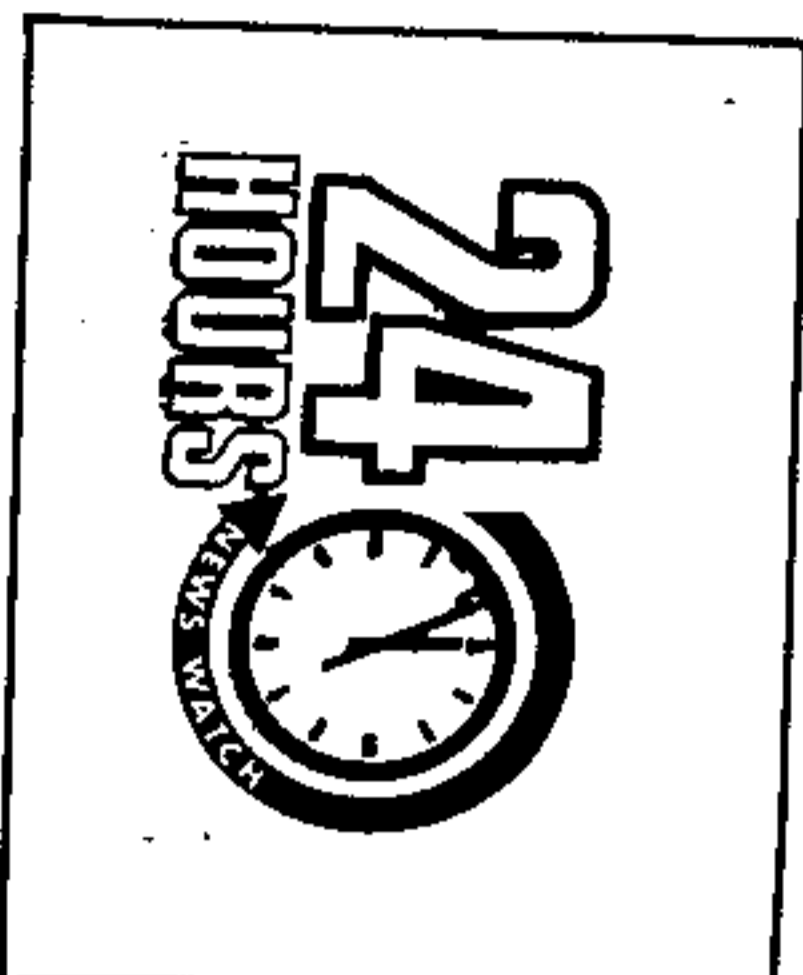
Safety and security select committee chairman Mzimasi Mangcootywa, in a stinging attack, said policing in former Transkei had virtually collapsed.

He accused police of running amok, torturing innocent people, arming criminals and cashing in on crime.

He said the Transkei crisis was affecting policing throughout the province and that the safety and security of people could not be guaranteed.

This week Transkei's chief deputy commissioner of police, Major-General Melusi Wheedon Mbulawa, was gunned down by a group of armed men as he and his wife were about to enter the driveway of their Fort Gale home in Umtata.

He died on the way to hos-



HEALTH CHAOS: Hospital services in Transkei are described as "shocking" with some hospital patients sleeping three to a bed, and doctors and nurses working amid the stench of sewage.

pital and his wife was admitted in a serious condition.

Amid an outcry police experts from Pretoria were sent to Umtata to assist in the investigation into the attack.

In the provincial legislative assembly NP member Billy Nel said there had been reports of undisciplined police action, including roadblocks and the distribution of weap-

ons to civil servants.

ANC member Themba Manyosi said Transkei communities had accused the police of siding against them rather than protecting them. Allegations were also made that police were arming communities to steal stock and were sharing the proceeds.

DP member Eddie Trent said that with the lack of policing the chances of a criminal being caught were re-

duced. More than 6 000 suspects released on bail for serious offences had skipped bail since the beginning of the year.

Mr Trent attributed the problems to an underpaid, overstretched and demotivated police force, over-lenient sentences and early release of jailed criminals.

Mr Mangcootywa said part of the breakdown was caused by conflict between junior

and senior staff because of differences about salaries and promotions.

Allegations were discussed at a meeting of senior officers, including Transkei police commissioner Major General T N Lwana, Ciskei police commissioner Major General H M Hlela and Eastern Cape regional commissioner Major General Chris Smith.

After the meeting it was pointed out that many police-

men were working 16-hour shifts and called on people to direct complaints to senior officers.

A police statement said: "The police want to assure all people living in and visiting this region - Transkei, Ciskei, Eastern Cape - that the police will do everything possible to protect life, limb and property during the coming festive season."

Policemen who did not want to be named said it would take a long time for the force "to be truly integrated".

"The effort of uniting three different forces into one is slow and extremely difficult with many deep-seated resentments. Things have to change and the legislature should listen to what policemen are saying," said one.

A senior police official said there were police officers who were hurt and frustrated, who were giving up on principles and making money with the aid of criminals while the opportunity was there.

But it is not only the police force which is causing major headaches. Eastern Cape health minister Trudi Thomas has warned that tuberculosis and measles are rife in Transkei.

She said though there were adequate supplies of drugs being stored in Umtata, poor roads made it impossible to distribute them. There were hospitals where patients were sleeping three to a bed and

where doctors and nurses worked amid the stench of sewage.

The provincial government would have to get a great deal of assistance from the national government if the problems were to be resolved, she said.

Other Transkei inhabitants complained of a bloated, inefficient civil service, blockades and health hazards and a breakdown in communications.

In some small towns civil servants claimed they had not been paid for months and essential services were virtually non-existent.

Yet hotels and resorts report "good" bookings for the festive season.

They said special police units had been established to protect tourists and there did not appear to be any deep concern from visitors coming to the area. "As far as tourists are concerned, things seem pretty safe," said the owner of a resort.

"And we are taking our precautions as well." She refused to elaborate.

Consensus of opinion was that problems would continue until a proclamation from the national government for one police force with a single commissioner.

Meanwhile a provincial inspectorate has been established to ensure that all the values and standards as envisaged in the interim constitution are maintained.

AR6-15112194 Cape health

services face cash crisis 98

Staff Reporters

AS Western Province premier Hermus Kriel warned that a funding crisis in health services could lead to hospital closures and staff retrenchment, the City Council vowed to fight plans to put its health department under provincial control.

Mr Kriel said the outcome of the provincial health services' funding crisis would depend on whether additional funds were provided by the central government.

His warning coincided with a sharp attack in the City Council today on a proposal by Health Minister Nkosazana Zuma that primary health care should be turned over to the province during the transitional period.

City Medical Officer of Health Michael Popkiss stated the suggestion as "an arrogant, centrist, non-consultative, wasteful, inefficient and traumatic course of action which has to be exposed for its ingenuousness and lack of insight".

During a debate on the issue today councillor Frank van der Velde said he wondered whether the people of Cape Town knew what this would mean.

The Provincial Administration was hardly able to handle its present obligations in the hospital and ambulance services, and now wished "to put its inefficiency to the running of primary care".

Mr Van der Velde said Cape Town had a very successful primary health care service, reflected in its low infant mortality rate of 16,57 for every thousand births compared to South Africa's overall rate of 49 a thousand.

(Turn to page 6)

AR6-15112194 Hospitals cash crisis 98

(Continued from page 1)

He emphasised that primary health was closely linked to municipal services such as water provision, refuse removal and food controls.

Ruth Ortlepp said the city of Cape Town ran 25 major clinics and 25 satellite clinics which provided an "efficient and effective service to all the people".

John Sonnenberg said the proposal filled him with dismay. He likened it to the centralised approach of the apartheid era and said a "medical commissar" in Pretoria was making "mad and irresponsible suggestions".

However, he conceded there were areas where this approach might be appropriate, though this did not apply to Cape Town.

Meanwhile, in an interview in RSA Review, the journal of the South African Communications Service, Mr Kriel said that under

the old system, the Cape spent more on health than each of the other three provinces. As a result, its health facilities today were better than those in the other eight provinces.

This had led to the Western Cape getting less money for health services this year than the other provinces, but it meant there would probably be a short-fall of about R400 million.

But this did not include the extra cost of providing free medical care for pregnant women and for children under six, in terms of the special initiative announced by President Mandela earlier.

Mr Kriel said there was no clarity yet on whether any additional money would be provided by the central government to cover this extra spending.

Negotiations were under way with the central government on the problems associated with health funding.

Mothers forced to queue for 6 hours for medicines

(98) ARG 19/12/94

ADELE BALETA
Staff Reporter

HUNDREDS of exhausted and frustrated mothers with sick children are forced to queue for medicines for up to six hours at a stretch at Red Cross Children's Hospital's overloaded dispensary.

Women have fainted in the crush and hospital authorities fear cross-infection as sick children and adults cram into a narrow passageway waiting for the beleaguered dispensing hatches to open and give them "just a little bottle of medicine".

With hundreds of people squashed into the bottleneck, staff including doctors with patients on stretches — some emergency cases — add to the chaos as they fight their way to and from Out-patients.

"The passage is the only route linking the main hospital to Out-patients and the specialist clinics," says acting chief matron Daphne Hoogenhout.

There are few benches for people to sit on and most stand and wait, sometimes they give up, leave empty handed and have to return the next day.

There is little ventilation.

Ms Hoogenhout confirmed a mother had fainted in the fray a week ago.

The seven permanent pharmacists, and two interns, are under enormous pressure as they have to cater for in-patients, out-patients and up-country patients as well, says principal pharmacist Trevor Dawes.

Mothers interviewed in the crowd this week had children with a range of disorders including ringworm, asthma, vomiting and diarrhoea and measles.

They come from Langa, Guguletu, Khayelitsha, Bonteheuwel and even from as far afield as Stellenbosch.

Many had chosen to travel all the way to Red Cross because the day hospitals were "just as bad, we have to wait just as long and then they send people away at 5pm".

Working mother Primrose Mabuto's son has asthma: "It



JAMMED ALLEY: Parents of sick children wait patiently for up to six hours for their names to be called from the dispensing hatches marked "1" and "2" at Red Cross Children's Hospital.

Picture: ROY WIGLEY, The Argus.

would suit me better to go to a day hospital but I have to wait until next year for a referral letter from the paediatrician.

"I'd rather wait here for just a little bottle of medicine for my child all night if I have to. At least I won't be turned away."

Mr Dawes said relief was on the way with the filling of two vacant pharmacy posts — one senior and one pharmacist — at the end of January and February next year.

"Extra pharmacists would fulfil the needs of the main dispensary which before the announcement of free health care, dispensed medicines to out patients with chronic illnesses only."

Ms Hoogenhout said: "The only way we can clear the passages and get people served is to get the speedy dispensary up and running again."

The speedy dispensary was started a few months ago to service out-patients with minor ailments such as colds, flu, mild asthma, minor ear, eye

and skin complaints.

The idea is to divert minor cases away from the main dispensary. But Mr Dawes had to batten down its hatches because there was no staff to run it.

In a two-day survey conducted by the UCT Department of Community Health it was found that the speedy dispensary had a marked impact on patient welfare.

On September 20 and 24 days, 94 percent of out-patients were diverted from the main dispensary, leaving it to concentrate on in-patients and out-patients that need medication for chronic illnesses

What about doctors taking over some of the dispensing functions of simple medicines?

Mr Dawes and Ms Hoogenhout agreed this would be problematic as it would "increase the workload of doctors who were already very busy".

Mr Dawes said pharmacists also needed to cross-check doses which in paediatrics

meant the slightest error could make a difference between life and death.

Ms Hoogenhout said if staff earmarked for positions in Primary Health Care centres were seconded to help with Red Cross's dispensing functions temporarily until the PHC were operating, the situation could be alleviated.

But concerned doctors at the hospital believe the "intolerable conditions" under which mothers have to wait need to be addressed immediately and cannot wait for the new appointment next year, especially because of the hot weather conditions.

A suggestion was that doctors be seconded to staff the speedy dispensary or that doctors help count out tablets.

A major concern expressed by doctors was that the hospital make an attempt to become more patient-friendly by providing more seating for people, and that something be done to adequately ventilate the area.

'Rationalise'

Groote Schuur

(98)
RATIONALISATION of academic hospitals in the Western Cape would save more than R50 million a year, regional Health and Welfare Minister Mr Ebrahim Rasool said yesterday.

Groote Schuur and Tygerberg hospitals would be more cost effective if they concentrated on primary health care.

CT 22/12/94
Mr Rasool said several day hospitals and clinics would be upgraded to primary health care institutions, allowing hospitals such as G F Jooste in Manenberg to treat and keep patients at the hospital for longer periods. — Sapa

'Poor conditions' drive hospital professor overseas

98

ARG 23/12/94

□ Groote Schuur nurses face abusive patients

LIBBY PEACOCK
Health Reporter

UNSOCIABLE hours and "terrible pay and conditions" are among the reasons for the resignation and emigration of Groote Schuur Hospital head of trauma John Knottenbelt.

Professor Knottenbelt has been appointed head of casualty at Northwick Park Hospital in London and will leave for Britain early next year.

It is still not known who will replace him.

With mounting concern over pressure on hospital trauma staff, one hospital source said: "Frankly, I can't think of anyone who would want that job."

Trauma unit staff face continuous verbal abuse from drunken patients, and are often at risk from gangsters accompanying seriously-injured gang members.

Double doors and a safe for guns are being installed at the entrance to the trauma unit to restrict escorts of patients to the waiting areas.

Head nurse Hawa Abbass, who has spent the past 11 years working in trauma, said nurses lived in fear.

"Due to alcohol abuse we are

getting more verbal abuse. Respect for nurses has gone.

"These people warn you: 'Nurse, your photo has been taken', meaning 'you have been marked'."

Recently a patient had threatened to stab a sister on night duty who was stitching his wounds, she said.

A colleague, Maureen Qaqoba, said staff often received telephone calls from relatives of gangsters who were patients, saying they had received threats that the patients would be killed in hospital.

On previous occasions male patients had to be "hidden away" in the women's gynaecological ward.

Professor Knottenbelt said in an interview that violence was "out of hand" and that society was "going third world".

People had to realise that having rights needed to be balanced with productivity.

"You can't get something out of nothing and you don't gain by taking away from other people," he said.

Referring to a doctor who had recently been bitten by a patient, and to the abuse of nursing staff, he said: "I've done 14 years here and I've got 15 years of working life left.

"I don't feel I can spend another 15 years working under these conditions, and it's not fair on my family either.

"People are worried about the brain drain. What they don't realise is that people with marketable skills are going to take them where they are appreciated.

"Here they are not appreciated. The pay is terrible, the conditions are terrible."

Another personal reason for emigrating was that he had family in Britain.

As to his replacement at Groote Schuur, Professor Knottenbelt said: "As far as I know the post hasn't been advertised.

"I gather people here have been approached, but not many of them are interested."

The unit's nursing services manager, Willemien Nieuwoudt, said it could take between three and nine hours to resuscitate seriously injured patients.

When there were too many patients for the available facilities, it became "a bit like musical chairs", getting drips fixed and moving the patients around so that the most urgent cases were treated first.

She said it was like this all year, and not only during the festive season.

Nurses were constantly doing the jobs of general assistants, as there were often not enough of them on duty.

Also, it was not uncommon for people who wanted to be "free" of their sick and elderly relations to dump them at the emergency ward during the festive season, Ms Nieuwoudt said.

There was a shortage of security personnel and vacant posts were immediately frozen.

"We don't cope with the demand. If you have seven or nine or 12 resuscitations a night, you have to ask the ambulances to re-route major cases to other hospitals," said Ms Nieuwoudt.

A person with "a few fractures" who had been in a car accident could wait for six to eight hours before being dealt with, but a gangster stabbed in the heart would be given immediate treatment as serious injuries always had priority.

Gangsters often ended up back in hospital with the stitches from a previous occasion still in place.

What keeps the staff going under such difficult circumstances?

Says Ms Qaqoba: "The love for our work and support from our managers keeps us going. We work as a team."

Staff gearing up for heavy workload

Health Reporter

STAFF at Groote Schuur Hospital's trauma and emergency unit are gearing up for an even greater workload over Christmas and New Year than in previous years.

Statistics compiled over the December 16 long weekend showed a marked increase in assault patients, compared to figures from the same period last year.

Last year, 248 victims of assaults were treated at the unit during the weekend, compared to 420 this year.

Trauma and emergency unit nursing services manager Willemien Nieuwoudt said last year assaults had made up 52,7 percent of their cases over that particular weekend.

This year 76,9 percent of the patients seen over the weekend had been assault victims.

The number of car accident victims had decreased — from 12,2 percent of patients admitted over the long weekend last year to 9,5 percent this year.

Ms Nieuwoudt said three

quarters of the assault victims were drunk when they arrived and were often accompanied by drunken escorts.

Although total patient figures appeared to be decreasing slightly because more day hospitals were open on a 24-hour basis, there was an increase in severe cases.

Figures for this year, calculated up to December 19, revealed that 1 120 people had been treated for gunshot wounds, compared to just over 1 000 during the whole of last year.

This year, the unit had already treated 1 249 seriously injured resuscitation patients, compared to 1 091 during the whole of last year.

Ms Nieuwoudt said working in the trauma unit was "highly stressful" for staff, and nurses often worked 12 hours non-stop.

By far the biggest non-medical problem they had to contend with continuously was the extreme drunkenness of many patients, who were often highly abusive.

W/E Argus 24/12/94

Home-care for 'trachi kids'

DI CAELERS
Weekend Argus Reporter

ONE person can indeed make a difference, and there's no better proof of that than Red Cross Children's Hospital's tracheotomy home-care programme that's both reuniting families and offering "trachi kids" a life in the real world.

It's thanks to the initiative of advanced paediatric clinical nurse Jane Booth that tracheotomy children — known fondly as the hospital's "trachi kids" — are making history, being sent home to Third World conditions instead of spending years confined to hospital.

Sister Booth is quick to share the success of the project with those who encouraged her — especially her two "right hands", social worker Sandra Adley and Dorothy Shulman, the sister who runs the tracheotomy ward — but the reality is that it was she who decided five years ago to take a chance.

Now, five years after she took that chance and established the home-care programme, no child on the programme has died nor suffered a near-lethal tracheotomy complication at home — and the children appear to have fewer respiratory infections than in hospital.

Tracheotomised children are those who have undergone a surgical procedure to have a tube inserted into their windpipe to allow them to breathe. Traditionally, they spent years and years in hospital due to the seriousness of this life-threatening condition.

The home-care programme has changed all that, empowering parents to care for their "trachi kids" at home, changing the tubes and suctioning their children every hour to remove secretions.

And it's saving hundreds of thousands of rands, considering it costs the hospital R150 000 per child to keep them in hospital for a year.

Sister Booth told Weekend Argus tracheotomy children worldwide were only ever sent

■ Tracheotomy children at Red Cross Children's Hospital, previously sentenced to spending their young years in hospital, are being sent home via a unique home-care programme that's setting new world standards for Third World conditions.

home to first world conditions where parents could easily get help if they needed it. But Red Cross Children's Hospital has sent home 55 children since 1989, most of them to shacks without any facilities.

"I trained my first mother in 1989 and she took her child home to Mitchell's Plain. The second went home shortly afterwards to a shack with no basic facilities.

"But I discovered the mothers could, in fact, cope. I realised that one-on-one nursing of a mother to her child is better than any care a nurse can give."

Before they take their children home, the families, particularly the mothers, are taught everything from basic resuscitation to hygiene and feeding. They replace their child's tracheotomy tube daily to avoid the chance of blocking, and never travel without a spare.

Sister Booth is always on call for problems and she also instructs any caregivers, including teachers at schools and creches, who might care for the children if their mother must return to work.

"The programme is a multi-disciplinary team effort that ensures all caregivers have the necessary knowledge, skills, resources and essential equipment — which is on free loan from the hospital, as well as continuing support and supervision after discharge from hospital.

"But the most unique thing about it is that most of the children involved are from disadvantaged families and that such home-care is possible in the presence of poverty and illiteracy. In shack dwellings without electricity, running water and telephones," Sister Booth said.

For the children and their families, however, the savings can prove to be more than



□ **HANDS-ON TRAINING:** Maecassar mother Esther Temela suction her year-old child Thanduxolo's tracheotomy tube under the watchful eye of home-care programme co-ordinator, Jane Booth. Thanduxolo lives at home from where his mother runs a home industry, but was back in hospital because of an infection. The 'trachi kids' have to be suctioned every hour.

Pictures: ANDREW INGRAM, Weekend Argus.

and cents. For them it means life outside a hospital ward, maintenance of their position within the family and the opportunity to go to a normal school.

Ms Adley said: "Parents used to give up hope, with their children living here at Red Cross often for up to 10 years. They tended to get on with their lives and slowly forget about the child in hospital.

"For the child we're preventing social and developmental delays — problems associated with long-term hospitalisation, preventing breakdowns in development relationships, and ensuring



□ **TALK TIME:** The hospital social worker is talking to a group of people in a community setting.

HEALTH & DISEASE-

HOSPITALS & CLINICS

1995

JANUARY —

MAY

Strikers block off hospital

98 *155*
Sowetan 5/1/95

By McKeed Kotlolo

STRIKING PUBLIC SERVANTS chased away management and turned away ambulances carrying patients at Garankuwa Hospital in the North-West yesterday morning.

They also blockaded all entrances to the institution.

General secretary of the South African Health and Public Service Workers Union Mr Silas Baloyi said about 800 striking workers at Garankuwa Hospital ordered management staff out of the hospital and blockaded all entrances.

He said management was told not to return to the hospital. "They can only return to the institution when they have positive answers to all the workers' demands."

Baloyi also said ambulances from outside hospitals, such as Venda and Lebowa, were turned away with patients inside. Local ambulances were ordered out of the hospital premises. Management could not be reached for comment.

He added that management at the Jabulani Welfare Centre near Soshanguve, where about 300 workers are on strike, was ordered to stop transferring children to a home in Rustenburg. They were threatened with being given their marching orders if they continued with the transfers, Baloyi said.

He added that more than 40 000 of their members from all over the Transvaal were expected to take part in a march tomorrow at 10am from Brown Street in Pretoria to the Union Buildings, where a memorandum would be submitted.

Baloyi said the union had received permission to stage the march. Meanwhile, hundreds of strikers gathered on Church Square in Pretoria yesterday, waiting for permission to march to the Department of Finance, the Department of Home Affairs and the Commission for Administration offices at Transvaal House in Van der Walt Street. Permission was not granted and the local magistrate's court advised the union to seek approval from the Pretoria City Council.

● **Se Page 6**

Row as clinic refuses to treat injured child

STAY 5/1/95 (98)

■ BY ADAM COOKE

The Kensington Clinic yesterday refused to admit an injured five-year-old girl who was bleeding from the mouth.

The child's mother said it was because she could not immediately pay R300 for treatment, but the hospital said it was not an emergency case.

Martie Reynecke of Kensington rushed her daughter Bianca to the Kensington Clinic after she split her lip and palate in a fall yesterday morning.

Reynecke said the clinic refused to treat her daughter because she was not covered by medical aid and did not have R300 in cash.

Dr Jack Wieland, the doctor on duty at the time, said the child was not treated because it was not an emergency.

"If it had been a real emergency I would have treated her immediately," he said.

"In a case like this we suggest alternative hospitalisation because these bills can financially cripple a family," said Wieland.

He said the unit was forced to turn away patients who could not guarantee payment.

"Forty percent of the people we treat do not pay their bills, and as a result we are paying from our own pockets.

"That mother (Reynecke) was making out as if I was inconveniencing her by referring her to a cheaper hospital. She didn't re-



Stitches . . . five-year-old Bianca Reynecke split her lip and palate in a fall yesterday.

alise how much she was inconveniencing us."

After examining the child, Wieland recommended she have stitches in both the split lip and the palate.

"She was bleeding everywhere and we had to use a towel to stop it," said Reynecke.

Reynecke said she had driven her daughter to the closest hospital because "Bianca was beside herself with the pain . . . I was willing to pay any price to have my daughter treated."

Bianca received stitches to her lip and palate at the Johannesburg Hospital 1½ hours after the accident.

Hospitals

without ⁽⁹⁸⁾

water

Wm 6-6/1/95
Wm 6-12/1/95
Shadley Nash

HEALTH services in the Eastern Cape are on the brink of collapse with reports of corpses rotting in mortuaries, hospitals operating without water and medicine shortages.

Water shortages in rural Transkei will compound the region's health crisis with the regional government appealing to the Department of Water Affairs to intervene.

CPA's regional health director, Dr Pat Naidoo, has confirmed that hospitals, particularly in rural Transkei and Ciskei, are functioning with erratic or no water supplies.

"You cannot talk about primary health care unless people have access to clean drinking water," said Dr Siphiso Stamer of the Eastern Cape health department.

Some villagers at Kanra Poort have died of diarrhoea after drinking impure water.

Naidoo said the medicine shortage is a result of a battle between the CPA's Western and Eastern Cape regional offices over the control of medicine stores in Port Elizabeth. He said the region's medicine supply was being run from Cape Town and added that theft of medicines, particularly from health centres in rural Transkei and Ciskei, was adding to the problem.

Most shocking, though, are reports of corpses decaying at the Elliotdale Hospital morgue. The situation has been blamed on the failure of the Eastern Cape government to upgrade the hospital and to pay a local funeral director.

Eastern Cape Attorney General Les Roberts has reportedly said that a number of district surgeons are being investigated for allegedly submitting inflated claims.

Strike hits East Cape hospital

UMTATA. — Services at Holy Cross Hospital near Flagstaff in the Eastern Cape came to a virtual standstill when medical staff and workers went on strike over a critical lack of medicines and doctors.

Patients had to prepare their own food and make their own beds. ARG 13/1/95

Among those striking were the two doctors manning the 500-bed hospital, nursing and clerical staff as well as general labourers.

Their grievances were brought to the attention of the province's health department last year, but no response was received, said a spokesman for the strikers.

A health department spokesman in Bisho confirmed that officials would visit the hospital today to assess the situation. — Sapa.

it

Health crisis

98
SOWETAN
13/1/95

By Glenn McKenzie

HEALTH services in Gauteng could be faced with a shortfall of almost R500 million in the current year and 1995-96, a senior provincial official said yesterday.

Serious budget cuts have forced the country's most populous province to "urgently look at ways of cutting costs", according to Dr Ralph Mgiijima, chairman of Gauteng's strategic management team for health.

Mgiijima said the province's 1995/96 health budget may be slashed by R200 million to provide funds for more "needy" provinces. And a further R300 million is expected to be cut to pay for debts accumulated by health institutions in 1994.

Mgiijima said they hoped to save money by diverting hospital resources towards primary health care projects such as the promotion of disease prevention and rehabilitation and by making the move towards clinics.

To make up for the possible shortfall, Gauteng health officials have applied to the Reconstruction and Development Programme for more than R135 million for the following projects:

- Shifting some health facilities and personnel to clinics;
- Installing computer systems in hospitals.
- Upgrading security systems; and
- Buying devices for physically handicapped people.

In order to cut costs hospitals that are not cost-effective, such as some formerly all-white community hospitals, may be sold or converted to serve the majority.

"We either close these hospitals and take personnel to other areas, or see if we can use them for the larger community."

Health staff protest

By Charity Bhengu

98

HEALTH workers of the Witwatersrand Old Age Home in Parktown yesterday marched on the offices of the Minister of Health and Social Welfare after being locked out by their employers. *Southern*

Sixty-eight workers said they had been locked out since December 12 after demanding a 20 percent annual wage increase.

Home spokeswoman Matron AS Burger said the demands were "unrealistic".

She added: "The Department of Health

and Social Welfare have cut the Government subsidy to the home."

The Federation of Municipal Health and Allied Workers Union, which represents the employees, said they had inquired with the Department of Health and Social Welfare about the subsidy cut to the home. *13/1/95*

Their legal adviser, Miss Prudence Maripane, said: "Gauteng minister of health and welfare Mr Amos Masondo said the idea was proposed but never implemented."

Doctors' appeal to save hospitals

(98) ST(CM 15/1/95

AN URGENT effort to staunch the haemorrhaging at teaching hospitals must be made before it is too late, according to a desperate group of specialist doctors at Tygerberg Hospital who have spoken out for the first time.

"Already suffering severe financial deprivation, they face threats of further cuts which will probably cause the collapse of the services they deliver," the Specialist Association of the Tygerberg Hospital Academic Complex (Sathac) said this week.

The teaching hospitals were vital for providing services to the underprivileged who would not otherwise have access to specialist treatment.

"The hospital staff are concerned with both the health care of the less privileged and academic medicine," said Sathac co-chairperson Dr James Loock.

"We stand to lose facilities which can

By DIANA STREAK

never be replaced.

"The poor conditions in these academic hospitals have already resulted in the loss of a large proportion of some of our best doctors, nurses and health workers to other countries and the private sector," said Dr Loock.

"If this continues, they will lose the rest and become mediocre secondary hospitals.

"All emphasis has been put on primary health care, but we believe that under all circumstances these hospitals should be kept open and vibrant."

Dr Loock stressed the importance of academic institutions which provided "excellent, up-to-date medicine" which filtered out to all levels of health care.

He said although the hospitals had deteriorated tremendously over the past eight years the situation could still be salvaged.

Although the problem was a national one there was a special threat in the Western Cape because there were two teaching hospitals, Tygerberg and Groote Schuur, but neither should be closed.

"We need both because they serve very different sectors of the population."

Sathac had sent a comprehensive letter to various authorities, including regional and national health ministers, but had so far received no response.

Sathac has called for a review of the "inefficient and wasteful" financial administration of the hospitals.

"It is imperative that the management of the teaching hospitals be put on a sound financial footing.

"A start should be made with an investigation of the administration of these health ser-

vices through an independent business analyst."

He said money earned by the hospitals "disappeared unnoticed into state coffers" and the only records kept were of the cost of the hospitals.

"There is no recognition of the funds generated by hospitals," he said. "This is unacceptable and discourages productivity."

Dr Loock said the unilateral decree to "freeze" posts which had been vacated was putting added stress on already overworked staff.

A 1992 report by the Western Cape Regional Development Advisory Committee showed staff increases at Tygerberg Hospital to be: medical four percent, nursing 20 percent and administrative 388 percent.

"The indiscriminate and unilateral freezing of posts of health professionals has to stop," Dr Loock said.

Waterless hospitals face crisis

By KHANGALE MAKHADO

THE JANE Furse hospital southeast of Pietersburg has been without water for seven days following an electrical failure at the main supply pump last weekend.

An official at the hospital told City Press yesterday that the situation was so grave that it could now only treat emergency cases.

He said the health of both staff and patients was being threatened.

"The spare reservoir we've been using over the past few days cannot

cope and should the situation not improve we will have to transfer patients to other hospitals," said the official.

Spokesman for the Health and Welfare MEC in the Northern Transvaal Province, Antipas Matjekane, said he was aware of the problem.

"Electricians have been sent to the plant to repair the fault and we are hopeful that the water supply will be restored by the weekend," said Matjekane.

Taps at neighbouring St Ritas

(98) CP 15/11/95
Hospital which was supplying Jane Furse staff with water, dried up yesterday.

Hospital superintendent Dr Odimboleko Ntjeka said the situation was critical as the two hospitals were interdependent.

"For the past week we have had several staffers from Jane Furse coming to fetch water in big containers

"All that is left is for us to send out a truck to neighbouring villages for water to be used for essential services," said Ntjeka.

NEWS FEATURE

Small-time health clinic shows the way to better living

Munsievville's project shines

98 SOWETAN 16/1/95

By Glenn McKenzie

IN MUNSEVILLE on the West Rand, a unique health project is showing how a nurse, a small budget, and lot of community involvement can change people's lives.

With one nurse and six *nomptlos*, the Munsievville Adcock Ingram Health Project serves 3 000 families, teaching disease prevention, and offering home visits for local patients.

Nurse Norah Makgisa, who has worked with the project since its inception in 1993, enjoys making weekly visits to people in her community.

Makgisa and her assistants have done everything from giving first aid and referring TB patients to providing counselling to victims of abuse.

"We are part of this community so people come to us with their problems," said Makgisa.

Converted containers

The project, which is housed in a small clinic and in two converted railway containers in separate areas of the township, is sponsored by pharmaceutical manufacturer Adcock Ingram.

Adcock Ingram invested R130 000 a year to operate the clinics in addition to R20 000 to kick-start the project. The company also provides facilities and management time to ensure the clinics operate smoothly.

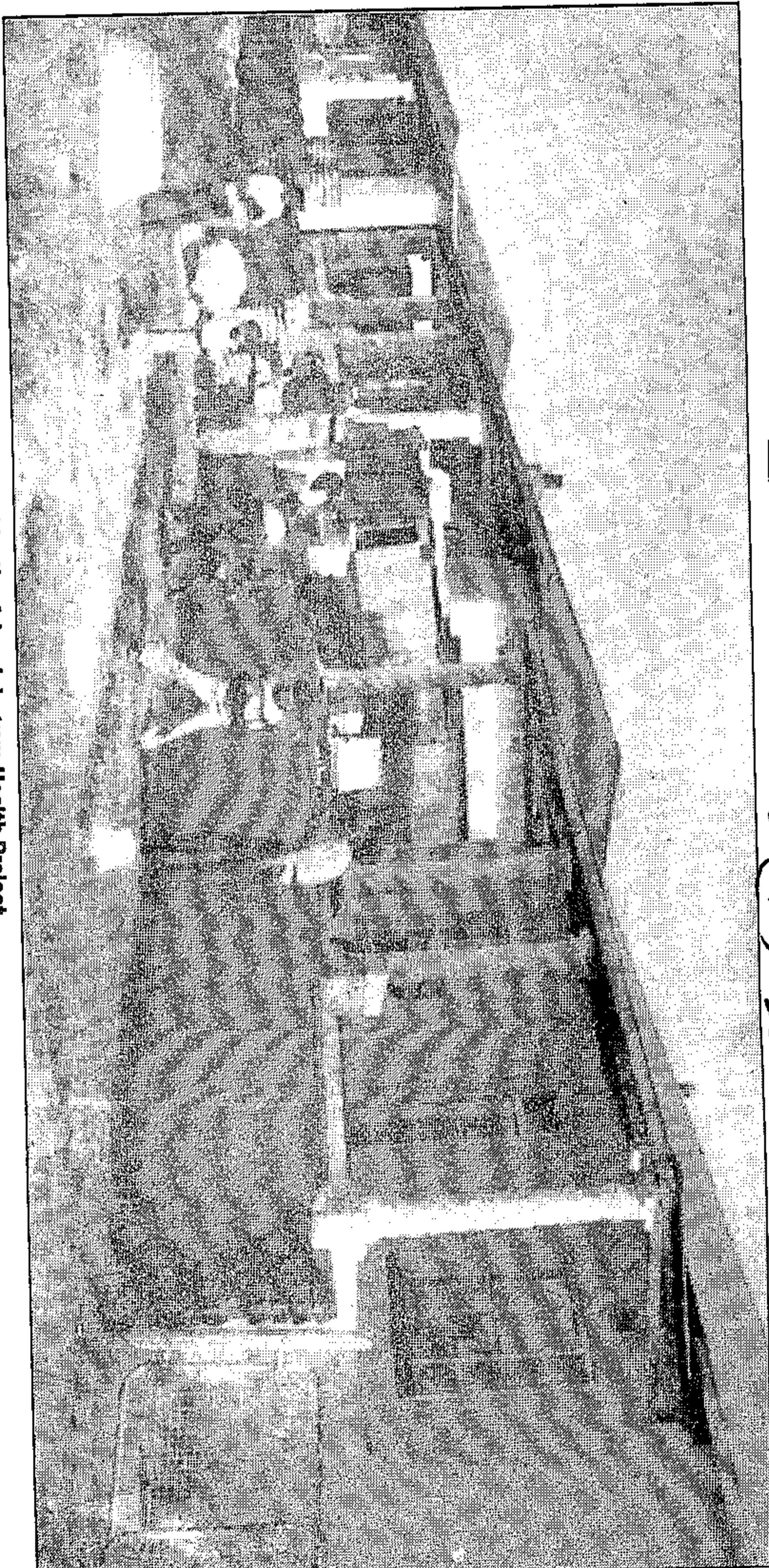
Organisers hope the Munsievville project will soon be self-sufficient. Families who can afford it are encouraged to pay R5 every month for services.

While visitors to the project see bare-bones facilities with only rudimentary medicines, members of the community say the project has become an essential part of Munsievville.

Involve the people

"The important point to remember is that we can only succeed if we involve people and take responsibility for the project ourselves," said Ronny Moloi, a local civic leader.

Moloi said the project had been most helpful to displaced and disadvantaged people who could not afford the trip to



Up to 3 000 families in Munsievville are assisted by the Adcock Ingram Health Project.

ADCOCK INGRAM Workers

and management fully behind the community scheme in township:

Paardekraal or Kagiso hospitals.

"Our people cannot afford private clinics. Some people are also afraid of white doctors. That is why they need their own clinic," said Enoch Mpe, a shop steward with Adcock Ingram.

Makgisa says she and the *nomptlos* have become much more than just health providers. In addition to educating people about Aids and breastfeeding, they also involve themselves in other aspects of community life.

"We also teach gardening, hygiene, and other things that people want to know about," said Makgisa.

A surprising twist is that during labour talks and the occasional dispute at Adcock Ingram, management

and labour leaders agree on issues relating to the Munsievville projects.

"We all have an ongoing commitment to Munsievville. There is no disputing that," said Adcock Ingram spokeswoman Stacey Kowalsky.

The initiative was originally created by Marina Clark of the Rural Foundation. So far only one other "similar project" exists — in Soshanguve.

But organisers think the Munsievville project could be a success elsewhere in the country.

"This project doesn't do everything. It will inevitably fail if the government does not provide proper housing," said Moloi. "But we are seeing a change in people's lives."



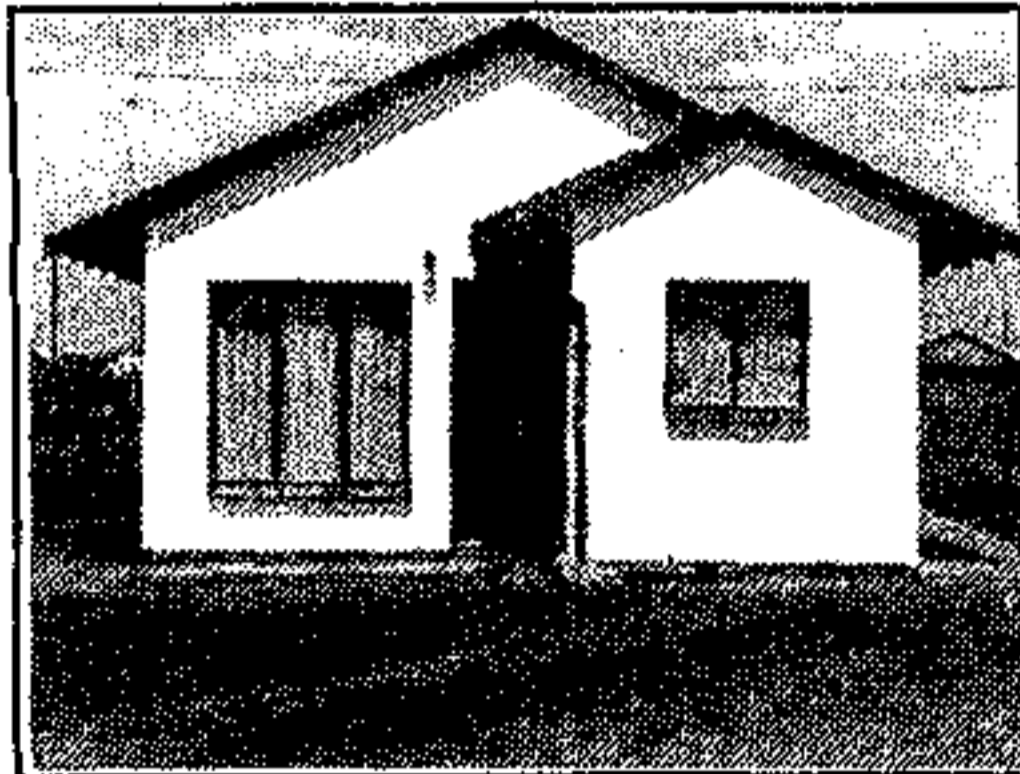
Chairs apart

Mr Harry Thatedi forced his way into the "waiting room for whites" at the Kempton Park Day Clinic this week after he had waited for more than an hour in a small room reserved for blacks. *Sowetan* staffer Thatedi posed as a patient following complaints that the clinic discriminated against blacks.

PIC: LEN KUMALO

Apartheid alive at clinic

(98)
Sowetan
19/1/95



If you earn
R1 700 p.m.
combined
income
or more

Housing packages available in:

- VOSLOORUS ● SPRUITVIEW ●
- DAWN PARK ● PROTEA
- GLEN ● DOORKOP EXT 1 ●
- LAWLEY EXT 1 ●

By Glenn McKenzie

Black visitors to a top Kempton Park clinic on the East Rand are furious over its apartheid-style policies. *Sowetan* has investigated several complaints of racial discrimination and unfair treatment at Kempton Park Day Clinic, a private facility owned by the Medicross Healthcare Group.

The investigation resulted from complaints by Mr Johnny Mogaedi, a marketing representative of Kwikspace Holdings in Alberton, who claimed that his family was forced to sit in a small waiting room reserved for blacks for more than two hours.

'Purely and simply racist'

"I told them I was not going to sit in that room while my little boy was dying," said Mogaedi.

Mogaedi said a doctor at the clinic, whose name is known to *Sowetan*, did not want to give his son a blood test despite the fact the boy had not eaten for more than a day.

"This is purely and simply racist. I cannot allow this to continue," said Mogaedi.

When *Sowetan* visited the clinic, a dozen white

patients sat comfortably in a plush waiting room that contained a television set and magazine racks. Black patients, including *Sowetan* staffer Harry Thatedi, were told to sit in a small room behind the clinic. The room's only furniture was a cluster of old chairs and a small table.

Thatedi who, unlike white patients, was not asked to fill out any medical forms, waited in the room for more than an hour before walking to the "waiting room for whites" and asking to see a doctor. Clinic nurses ignored his request.

Apologised for the incident

Dr Piet Strydom, a senior doctor at the clinic, apologised for the incident, blaming it on policies implemented by the doctors who formerly managed the clinic.

"I believe a terrible misunderstanding has occurred. We have staff — temporary staff — who may think things are still like the old days.

He claimed black patients were not "forced" to sit in the back but that many preferred to be there.

Medicross chief executive Dr Walter Ward said racist treatment would not be allowed by the company.

"I assure you that there will be action taken to fix the problem," said Ward.

Bop broadcasting head sought

'Bara doctors have no need to worry'

98

Sowetan 20/1/95

By Glenn McKenzie

■ WITS MEMORANDUM

Doctors concerned about budget:

DOCTORS AT BARAGWANATH Hospital are "Baranoid" (paranoid) that academic experts are behind a government plan to cripple services at the hospital, Bara administrator Dr Grant Rex said yesterday.

Rex said that doctors were needlessly worrying that a memorandum sent to hospital department heads by the Wits Medical School was a sign that Baragwanath's budget was destined for the chopping block.

The memorandum in question, sent by Wits dean Dr G Hart, suggests hospitals in Gauteng should make plans to "save costs" before "less informed measures were implemented from outside on the hospitals."

Rex said Baragwanath departments

and staff would not be affected by the provincial budget cuts. "People are worrying because this hospital has been victimised by the system for more than forty years. Doctors and staff here tend to feel disempowered," said Rex.

Baragwanath is likely to benefit from rationalisation, Rex added. Johannesburg Hospital could be hit hardest by the cuts. "I would be far more worried if I was in management at Jo'burg Gen," said Rex. Meanwhile, Dr Pinky Sanele, professor of cardiology at Baragwanath, was not convinced.

"This (Wits) memorandum makes

us very worried that there are plans which would see our specialist services disappear," said Sanele. "This would mean a drop in medical standards for the 3 million people who depend on us," he added. Meanwhile, Dr Ralph Mgijima said Baragwanath Hospital would only be expected to cut costs where there was the most waste. "I seriously doubt that personnel cuts would affect staff at Bara.

If anything, you might find us cutting costs at Johannesburg Hospital," said Mgijima.

Spokesmen for Wits Medical School and Johannesburg Hospital could not be reached for comment yesterday.

Rush to the rescue

ARG 21/22/95 (98) ARG 21/1/95

An enormous workload and dangerous conditions mean provincial services are stretched to the limit.

ANNIS UNDERHILL
Weekend Argus Reporter

PRIVATE commercial ambulance teams are leaping to fill the gap left by the cash-strapped provincial service in the Peninsula.

The provincial Cape Ambulance Rescue Services, under criticism for response times of up to two hours, has welcomed the move by the Private Ambulance Association to set up a joint control room to handle emergency

calls. The provincial service had a "major problem" with the mushrooming private ambulance services in the Peninsula, said Douglas, chief of the Ambulance Rescue Ser-

vice. "Having private ambulances takes a little bit of the pressure off us. But they don't handle the volume that we would like them to. Some have two to three ambulances and a preference for working certain areas," he said.

The Western Cape branch of the Private Ambulance Association has companies in southern suburbs, the northern areas and the city

of Stellenbosch. "Not only will patients get to the hospital in the shortest possible time but they will also reduce the load on the provincial service who have to cover a wider area with insufficient resources," said Lind Hendry, secretary of the association.

Mr Roy, regional representative for the association, said members had no fixed

charges according to the level of service provided, which can range from R285 to R1099," he said.

Running a private ambulance costs a lot more than the provincial service, with a charge under R1099 a

month. Mr Roy claimed that the major medical aids contracted into the private ambulance services and had increased substantially.

The number of private ambulance companies in Cape Town has increased from one in 10 years," he said.

The private ambulances carried with 10 percent of the load in the Peninsula, said Mr Roy.

He also noted that attempts have been made to convince the provincial service to di-



TAKING THE GAP: Private ambulance companies are taking pressure off the cash-strapped provincial ambulance service. Graham Marshall takes medical equipment to driver Marc Gilson and Hoosain Rowoot.

Pictures: ANDREW INGRAM, Weekend Argus.



SURVEYING FIELD: Graham Marshall of the new central control room set up by members of the Private Ambulance Association investigates the location of a caller.



NEW CONTROL ROOM: Members of the Private Ambulance Association have set up a joint control room to field calls. From left are Hendrik le Roux, Darren Winter and Pat O'Connor.

vert work to the private companies when it had calls it could not cope with.

When this had not worked, the private ambulance companies had set up their control room, he claimed.

When contacted, however, Mr Douglas said the provincial ambulance service did in fact divert work to the private ambulances.

The provincial service had only 24 ambulances to cover

the whole of the Western Cape, he added, pointing out that 300 to 500 patients are handled a day.

"We manage as best we can with as much as we are given.

It is hard when there is criticism of the work we are doing," he said.

The choice of which ambulance service to call — private or provincial — had to

be a personal one, he said.

"We are obviously stretched to the limit and it is common knowledge that we do not have the resources that we would like."

New ambulance service for Cape

By YVETTE VAN BREDA

A NEW private ambulance service has been introduced for Cape patients — but the cost of being transported by the service could run into thousands of rands.

While a spokeswoman for the new private service, Ms Rosalind Hendry, claimed the Private Ambulance Association's ambulances were faster and better equipped, it emerged that instead of paying the maximum of R102 per 50km for a provincial ambulance, the new service would transport one to hospital at a starting rate of R285.

Ms Hendry said the minimum rate for basic support was R285 for 45 minutes which increased by R95 for every 15 minutes thereafter.

For an intensive care transfer — the most expensive category — patients would be billed R540 for the first 45 minutes and R180 for every 15 minutes thereafter.

If patients were transported for a long distance and had to have complicated or intensive care support, (for example a patient suffering a heart attack) they could face bills amounting to at least R2 000, Ms Hendry said.

The majority of calls received

CT 23/1/95 (98)
But costs

could

run into

thousands

by the service took between 45 and 90 minutes from "pick-up to drop-off points", meaning bills ranging from R285 to R1 080.

The provincial ambulance service rates vary from between R13 and R102 per 50km distance and increases for every additional 50km, depending on the income and marital status of the patient.

"The main difference is not the cost, but how quickly we can get there and how well our vehicles are equipped," Ms Hendry said.

"We need the public to know

that there is an alternative to the provincial service."

The Private Ambulance Association consists of three companies: Pri-Med, Swiftcare and Ambustat. The three took a decision to operate from a joint control room to assist the public with a quicker service.

Apart from the rates for medical aid patients, the companies also offer lower rates for private patients starting at R160 for a straightforward transfer with no specialised staff, Ms Hendry said.

The association also makes concessions for pensioners or patients who cannot afford the costs.

There were normally 24 ambulances on duty until 7pm when they were reduced to 18. At the weekend they were increased to 28 ambulances.

Ms Hendry said the service received about 50 calls a day and had 13 ambulances on duty 24 hours a day.

Mr Rod Douglas, chief officer of the Cape Ambulance Services, said the Private Ambulance Association was welcomed by his service which was "traditionally short on resources".

The Private Ambulance Association control room can be reached on 22-2999.

6% fee rise for private hospitals (98)

Staff Reporter

PRIVATE hospital fees will go up by an estimated average of 6% from February 1 — but the cost of drugs and less serious operations such as having tonsils removed will cost less to make them more competitive with day clinics.

Mr Dick Williamson, director of the National Association of Private Hospitals, said mark-ups for medicines would drop from 35% to 10%, but the cost of treatment in private hospitals for serious procedures such as heart by-pass and hysterectomy operations would increase by around 6%. CT 25/11/95

The higher cost of minor procedures and profits made on medicines had been reduced to make private hospitals more competitive with day clinics in less serious operations.

New tariff for ⁽⁹⁸⁾ private hospitals

Health Reporter

ARG 25/1/98

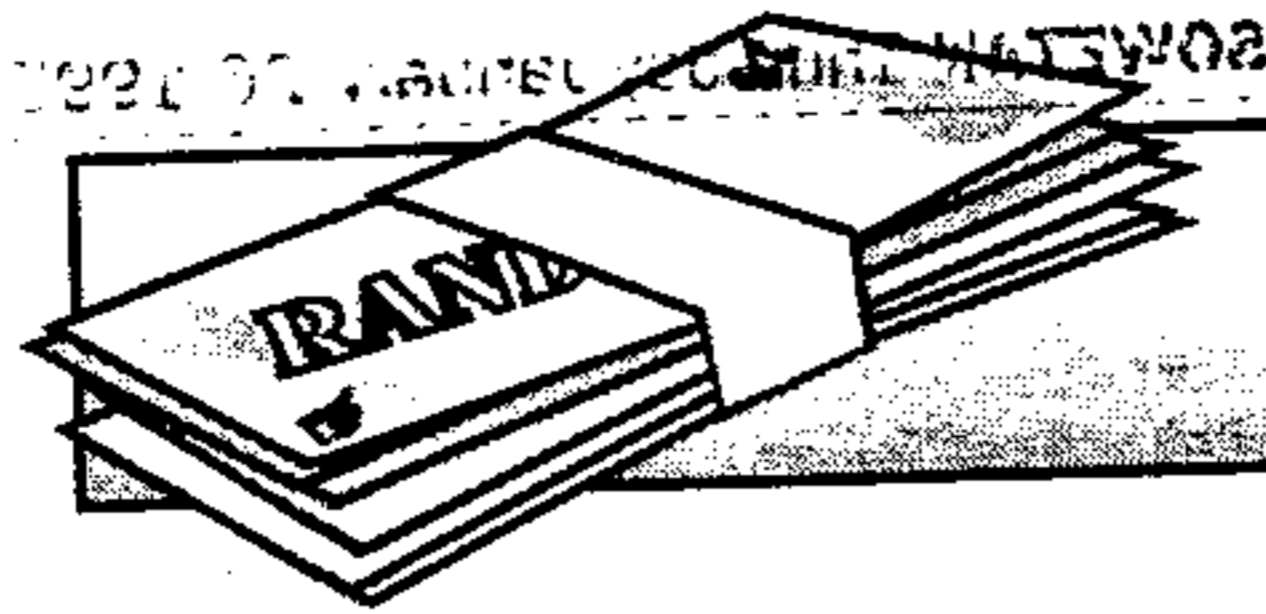
PRIVATE hospitals have adopted a new tariff structure in terms of which fees for serious surgical procedures such as heart by-pass operations and hysterectomies will rise by about six percent from next month.

But a reduction in the mark-up on medicines will result in savings of about 18,5 percent.

The revised structure follows months of negotiations between the Private Hospitals Joint Tariff Committee and the Representative Association of Medical Schemes.

In terms of the new tariff, profit on medicines will be curtailed, while major procedures and higher levels of ward care will no longer be cross-subsidised by lesser procedures and standard ward fees.

A costing exercise found over-compensation for drugs and under-compensation for ward and theatre services.



Focus on Bu

Bid to buy out Lesedi Clinic

98 Sowetan 26/1/95

By Mzimkulu Malunga

INVESTORS' WRANGLE

'Ulterior motives behind proposal':

A CLASH COULD BE LOOMING among Lesedi Clinic's shareholders. This follows a proposal by a group of shareholders who want to buy out the other shareholders.

The buying group is led by the general manager of Kwacha — Lesedi's mother company — Fred Ndlovu, and includes Lesedi chairman Jackie Mphafudi.

Mphafudi says the motive for wanting to buy out the other owners is to tighten the shareholding and bring other people, who are currently managing the clinic, on board so that business can be expanded.

However, an influential shareholder, who does not want to be named, told the *Sowetan* that there is a feeling among some shareholders that Mphafudi and company want to buy the clinic for a song and sell it later at a profit.

Mphafudi vehemently denies that their decision to acquire majority control in the company has ulterior motives. He calls the allegations "malicious".



Dr Nthato Motlana was central to Lesedi's birth.

Currently, says Mphafudi, the 38 shareholders of the clinic are doctors who have their own private practices and the group proposing the buy-out feels that some people from management should be offered shares so that the company can be advanced.

All the 38 shareholders have equal shareholding in the company.

Lesedi's other shareholders include Nail chairman Dr Nthato Motlana, who was the driving force in the establishment of the clinic. At this stage, says Mphafudi, it is not clear whether Motlana is prepared to sell his shares.

During the shareholders meeting last month, it was agreed that auditors Coopers and Lybrand evaluate the company before any transactions are entered into. The auditors are expected to complete the process in the next few months.

If the price of the shares is found to be good, says one shareholder, they might consider selling their shares to the buying group, but if not, they will not sell.

Mphafudi says nobody will be forced to sell his shares if he does not want to.

The clinic was established in 1986 and ran into financial problems in 1991. It was saved from collapse by a R13 million loan from the Industrial Development Corporation.

End to war ... a priority

By Isaac Moledi

THE Foundation of African Business and Consumer Services has announced a programme of action for 1995.

Tourism, an end to taxi wars and the need to ensure thorough participation of members in the projects of the RDP are among top priorities for Fabcos.

Secretary general, Mr David Moshapalo, says the organisation sees 1995 as a busy year for its affiliates.

"We must ensure that we carve a big niche for ourselves within the RDP by getting involved in the building of houses and infrastructural development through our builder association," says Mashapalo. "Violence within the

industry with whatever means at disposal. Our communities should also be urged to act too," adds Moshapalo.

"The organisation will intervene through its affiliate, the South African Black Taxi Association. Sabta is involved in discussions with the ministry of transport, commuters and other stakeholders to resolve the problem. We are encouraged that concrete solutions can be reached," hints Moshapalo. He says Fabcos will ensure that township tourism becomes an integral part of the booming SA tourism.

"Although we are still developing this concept to be understood, our people should see themselves as an integral part of the tourism industry.

he says. Moshapalo says Fabcos will exert pressure on its members to participate in the mainstream of the economy on and JCI is one of the routes to follow".

"There are discussions for a stake in the JCI. We are bidding for a piece like anybody else. Our participation will address our long cherished desire to go into manufacturing and mining," he says. Moshapalo says financing the participation in the JCI will only be determined by what Fabcos buys.

"We can only mobilise funds if we know what we want to buy in JCI. JCI is still seeking people who will be best suited as partners and as soon they get them, they will tell us," says

Private hospitals to cut costs of minor surgery

BY SHIRLEY WOODGATE

Private hospital tariffs will be restructured next month, cutting the cost of minor surgery while increasing the price of major operations.

The change, which will make private hospitals more competitive, was announced yesterday following months of negotiations between the Private Hospitals Joint Tariff Committee and the Representative Association of Medical Schemes.

A statement by the Private Hospitals Industry (PHI) said: "In terms of the revised structure, the profit on medicines will be drastically curtailed, while major procedures and higher levels of ward care will no longer be cross-subsidised by lesser procedures and standard ward fees."

Clinic Holdings executive director Graham Anderson said this meant the patient would pay for what he received.

The overall result would be

to cut the cost of shorter cases by 18.5 percent while increasing the cost of major procedures. (98)

"It costs a private hospital more to sell a bed on a daily basis than we receive in the form of revenue from that bed.

"Day cases, for example tonsillectomies, have been subsidising major cases: operations requiring long-term hospitalisation, including intensive care.

"In the past, the profit from drugs was being used to subsidise this shortfall on the bed, and the changes will address this problem," Anderson said.

The revised scheme would make private hospitals more competitive with day clinics, he added. Star 26/1/95

The PHI statement said the Day Clinic Association had accepted the new tariff structure after initial objections.

Reduction in the mark-up on pharmaceuticals would result in a 18.5 percent saving on the medicine portion of accounts.

Hospital strike attacks slated

Staff Reporter (98)

DOCTORS have hit out at the physical abuse medical staff had to endure during the strike at Groote Schuur Hospital last November.

31/1/75
In a letter published in the latest SA Medical Journal, the Executive Committee of the Registrars Association of Cape Town (React) said: "While React strongly supports the right to strike, it deplores the physical attacks that took place on its members and other doctors."

"All workers are struggling for a better deal, but we should not lose respect for each other's rights in the process."

Red ⁹⁸ CT2195 tape halts ops

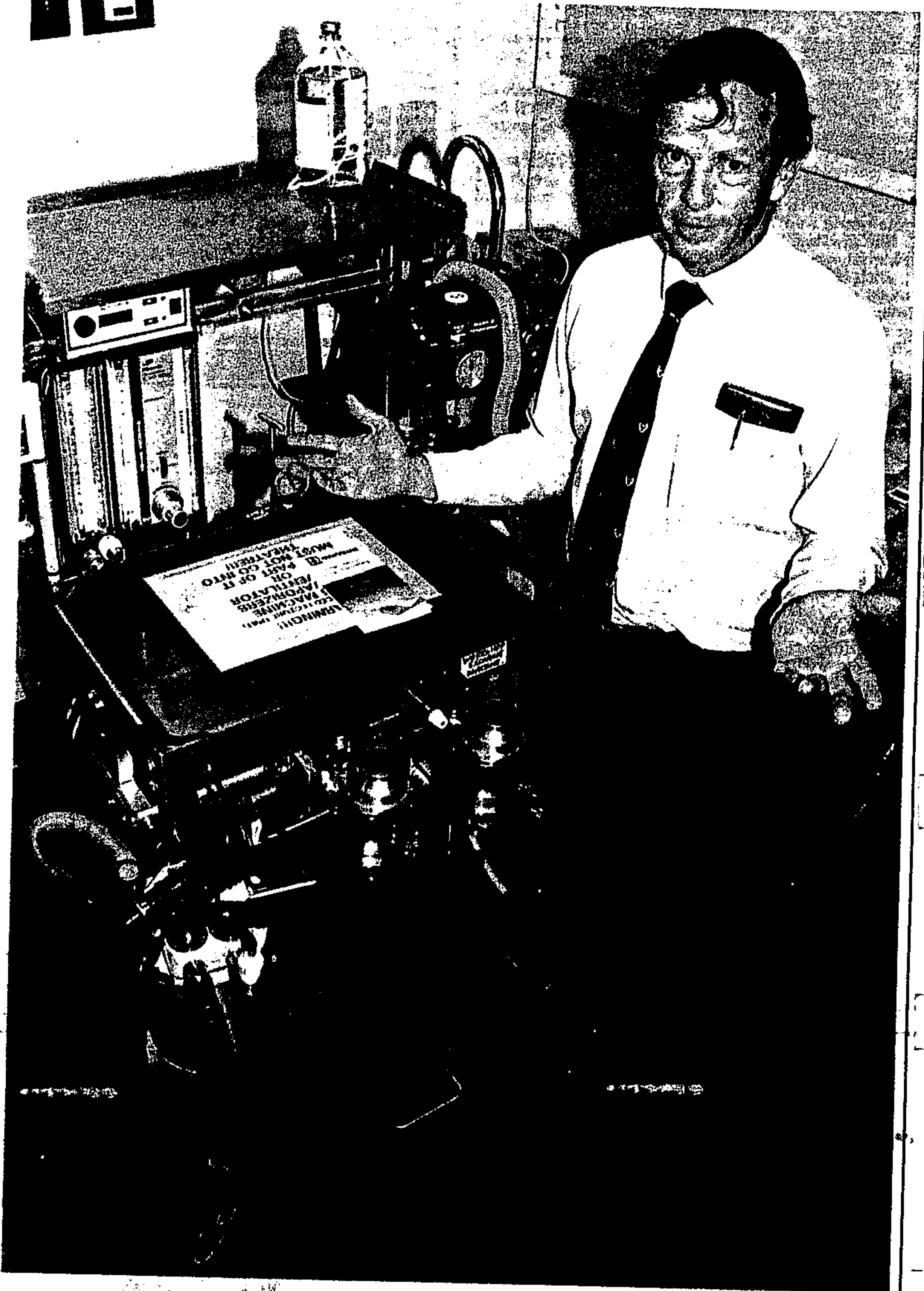
By CLAIRE BISSEKER
BUREAUCRATIC delays in filling vacant hospital posts have resulted in a shortage of 100 nurses at Tygerberg Hospital - and the cancellation of five operations at Groote Schuur Hospital yesterday.

Groote Schuur head anaesthetist Professor Mike James approached the Cape Times in desperation yesterday, as two anaesthetists from London and Port Elizabeth had arrived for work but could not start without the written approval of Western Cape Premier Mr Herens Kriel.

After five operations were cancelled and the Cape Times had intervened, the deputy director general of provincial health and hospital services, Dr Tom Sutcliffe, found their applications, which were submitted on December 12, 1994, gathering dust on the desk of an employee who was attending a course in Pretoria.

Since May 1994, when the Public Service Commission announced a nationwide moratorium on civil service posts, all provincial job applications have had to be individually motivated and authorised by the relevant director general, provincial minister or premier.

Groote Schuur Hospital chief medical superintendent Dr Peter Mitchell said: "Ultimately patient care is affected because vital posts are waiting to be filled".



OPERATIONS CANCELLED: Professor Mike James, head of Groote Schuur Hospital's department of anaesthetics, was forced to cancel six operations yesterday due to staff shortages.

Picture: ANNE LAING

Operation Cutback

Cape hospitals attempt to reduce costs

■ The world's first heart transplant was performed at Groote Schuur Hospital by a team led by Chris Barnard 25 years ago. But the face of hi-tech medicine is now set to change with the introduction of a plan to downgrade hundreds of beds to secondary care at the three academic hospitals in the Western Cape.

GLYNNIS UNDERHILL
Weekend Argus Reporter

THE glory days of Western Cape academic hospitals are numbered. Hundreds of beds at the three world-famous tertiary academic hospitals are being earmarked for downgrading to secondary healthcare.

The move to downgrade selected beds at Groote Schuur, Tygerberg and the Red Cross Children's Hospitals is a last-ditch bid to prevent the closure of one of the teaching hospitals in the Western Cape.

The drastic step is being taken after a threat by Minister of Health Nkosazana Zuma to close down one of the two local teaching hospitals, either Groote Schuur or Tygerberg, to save money.

The provisional plan has been accepted by provincial Health Minister Ebrahim Rasool and drawn up by university representatives from the Academics Priority Group and hospital management.

Clinical heads are now working with hospital management on identifying the wards which will switch to secondary healthcare status.

Patients being treated in wards under secondary health status will be treated by fewer medical staff and given a "lower level of care." The doctor-patient ratio will be lower in these secondary healthcare wards.

"Super-specialist" medical skills like those available throughout the hospitals will be made available only to patients occupying tertiary beds in the hospital.

The plan has been implemented to save money by cutting back on staff, who take up 70 percent of the Western Cape health services budget.

Japie du Toit, senior medical superintendent at Tygerberg, said that 400 beds at his institution would be downgraded to secondary healthcare. Groote Schuur would have to do "exactly the same," he said.

There was no way of saving money without cutting back on staff at the hospitals.

"We have cut down on food, equipment, running costs and provide only a limited number of expensive drugs. On top of this we strictly control all our laboratory tests. There is just no way of saving money without cutting back on staff," he said.

Staff had been offered early retirement and posts had been frozen without laying off people, he



□ **NEW ERA:** The downgrading of hundreds of beds to secondary healthcare at the three tertiary Cape is a move borne out of predicament, according to the senior medical superintendent at Tygerberg.

said.

Ten percent of the posts at Tygerberg Hospital have been frozen, he said.

Dr Du Toit said the move would "change the face of academic tertiary hospitals as we know them now".

"But if managed properly we don't need to witness a dramatic fall in academic medicine in the region," he said.

Dr Du Toit said that there was a danger that doctors would continue to leave the country as a result of the changing face of academic medicine. "I am not concerned about losing doctors to the private sector as I am to losing them to foreign countries," he said.

Patients requiring tertiary treatment at one of the hospitals could be referred by the secondary wards, he said.

"Hopefully there will be a bed available when required," said Dr Du Toit.

Fewer researchers will be required at the hospitals and there will be a reduction of scientific positions. Fewer post-graduate medical students will be trained in the Western Cape, he said.

"Each province will train more or less the same number of students for their own province," he said.

A concerned doctor at Groote Schuur Hospital said that it was feared in medical circles that there might not even be "super-specialists" doctors available in the tertiary sections of the hospital with the limited training available in future.

"Patients might not be guaranteed a bed — or a doctor specialised in an area of medicine," he said.

Dr Du Toit said these fears by doctors were not based on reality and resulted from a "lot of anxiety" in medical circles. There was no order to stop any form of treatment at the hospitals. However, duplication of some areas at the academic hospitals, possibly heart surgery and cancer treatment, could be scaled down, he said.

It was "absolute nonsense" that there was an increase in administrative postings at the hospital, he said. Since 1993, 1 500 posts had been scrapped at Tygerberg, including 49 administrative posts, 53 specialist posts and 1 000 nursing posts, he said.

The plan to implement secondary care at the hospitals is not expected to be introduced before

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(98) ARG 4/2/95



Picture: ANDREW INGRAM, Weekend Argus.

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The plan to implement secondary care at the hospitals is not expected to be introduced before

April 1 — especially if the government provides the requested additional R201 million to prevent a breakdown of health services in the Western Cape.

There are 1 800 beds at Tygerberg of which 400 are being downgraded to secondary health care after it was found that up to 30 percent of the in-patients at the hospital did not require tertiary care, said Dr Du Toit.

Problems might arise if there were no beds for patients requiring secondary care at those wards and the tertiary care wards turned them down, he said. The number of secondary care beds could be increased depending on the requirements.

Tygerberg will achieve a R20 million annual saving on staff with the downgrading of the beds at the hospital, he said.

"We are R90 million short for next year on our current year's expenses. To downgrade the beds is not what we want, it is borne out of a predicament," said Dr Du Toit.

In the past, central government had always helped out where there was a budgetary shortfall at the tertiary hospitals — but no more funds were available, he said.

Major cuts plan to save hospital

GLYNNIS UNDERHILL

Weekend Argus Reporter

98

ARG 4/2/95

HUNDREDS of beds at Cape Town's three world-famous tertiary academic hospitals are earmarked for downgrading to secondary health care.

The move to downgrade selected beds at Tygerberg, Groote Schuur and the Red Cross Children's Hospitals is a bid to prevent the closure of one of the teaching hospitals in the Western Cape.

The drastic step is being taken after the threat by Minister of Health Nkosazana Zuma to close down either Groote Schuur or Tygerberg to save money.

The provisional plan has been accepted by provincial Health Minister Ebrahim Rasool and drawn up by university representatives from the Academics Priority Group and hospital management.

■ Full story and picture on page 5.

Plea for hospitals

98



DRAMATIC PLEA...
Regional Health Minister Mr Ebrahim Rasool

By CHRIS BATEMAN

IN A dramatic plea to prevent the central government from slashing the Western Cape health budget, Health Minister Mr Ebrahim Rasool said last night his hospitals trained the country's doctors and treated a human tide from other provinces.

In an appeal to national Health Minister Dr Nkosazana Zuma, Mr Rasool conceded the Western Cape had the highest health spending but said it treated an ever-growing influx of people from the Eastern and Northern Cape.

He cited the spinal unit at Comradie Hospital, where more than half of new admissions came from these two neighbouring provinces.

"We're dealing with a system that trains personnel and produces human resources for the whole country," he said.

Mr Rasool elaborated on his plea to the minister on an SATV Agenda programme last night. It emerged yesterday that 700 specialised beds

Rasool in last minute funds call

are to be "converted" to cater for more cost-effective lower care health needs at Grootte Schuur and Tygerberg Hospital as the region braces itself for massive cuts.

In a worst-case scenario either Red Cross Hospital or one of these two hospitals, considered among the world's top academic institutions, could be scrapped to enable greater national parity in health budget allocation.

The Western Cape has enjoyed top funding priority for decades and Dr Zuma warned that this

would no longer be the case as she tried to correct huge health needs in poorer provinces.

She also warned: "We can't maintain a system where you have the best trained people in Grootte Schuur and Tygerberg and nothing in Khayelitsha."

Her R14-billion health budget has to be trimmed by R1 000 million. The national cabinet is expected to announce provincial health allocations on Wednesday.

Last night Western Cape spokesman for the Medical Association of South Africa (Masa) Dr Ivan McKusken said, also on Agenda, that it was important for the government to find a policy that enticed medical staff from Cape Town to Khayelitsha and "not from Cape Town to Canada."

Mr Rasool made his final official plea for R201 million in bridging finance services - without which the provinces health services would suffer a "death knell" - to Dr Zuma on Friday. His deputy director-general for Health Services, Dr Tom Sutcliffe, said last night: "We are on the eve of monumental decisions."

He is due to meet Mr Rasool early today to discuss the results of the weekend plea, to enable them to prepare one of several contingency plans.

Grootte Schuur was reported to be running 12.5% over budget at present.

CT & b/a/s

Ambulance workers ⁽⁹⁸⁾ say bosses are 'racist'

APUG 7/2/95

HENRIËTTE GELDENHUYS
Staff Reporter

ABOUT 50 frustrated Western Cape ambulancemen marched on Parliament to demand the suspension of their "undemocratic" management, claiming ambulances were slow to respond to accidents and victims of violence, particularly in black areas.

The placard-bearing members of the Concerned Ambulance Workers of the Western Cape, many from Boland towns and Cape Town townships, marched from the Grand Parade to Parliament yesterday to deliver a memorandum to the regional and national ministers of health.

Other demands included the immediate implementation of affirmative action; the removal of the constitutional clause guaranteeing white civil servants their jobs; and an end to victimisation and harassment of ambulance workers.

Worker Owen Sibeko of Khayelitsha said: "White management are racist and they are abusing us and our families. The blood of our people is all over the streets of Cape Town. In places like Langa, Guguletu, Khayelitsha, Nyanga and Mitchell's Plain, people wait eight to 10 hours for ambulances and sometimes they don't turn up at all.

"They'll come to pick up dead bodies, but they won't pick up our mothers if they are going into labour," he said.

In response Cape Ambulance Rescue Services chief Rod Douglas said the control room had 136 calls in three hours on Saturday night, while 42 other callers were also waiting.

"We serve the Cape Town metropolitan area. We have only 29 ambulances, so how do we handle a night like Saturday night? It is just impossible to help everyone, it's got nothing to do with being coloured, black or white."

Rasool scoops health budget breather

By CHRIS BATEMAN

THE Western Cape's top health officials breathed a collective sigh of relief yesterday as a R170 million budget allocation saved the region from radical staff and hospital cuts - even though it was R31m short of what they had requested.

Local health minister Mr Ebrahim Rasool said the bridging finance would enable "creativity rather than

panic" and bought his department time to convince senior hospital officials their contingency plans were workable.

He ruled out the closure of any of three academic hospitals and the laying off of health service workers. However drastic re-allocation of equipment and staff was on the cards as the province carried out the primary health care plan of "bringing health to the people".

Mr Rasool said this plan

had "sold" his budget plea to national health minister, Dr Nkosazana Zuma at the weekend because it showed her the Western Cape was serious about the RDP and transforming health services.

"We managed to break the national mindset that we want to build a super health system here with our three 'Rolls Royce' academic hospitals," he said.

"While she is in this mood I intend asking for another

R20m from her functions committee next week," Mr Rasool added.

His deputy chief director of health, Dr Tom Sutcliffe, said he was "considerably relieved" at the allocation.

Declining to reveal change plans for the academic hospitals until premier Hennis Kriel and his director-general had been briefed, Dr Sutcliffe said however that there would be a "major moving of equipment and resources".

Both men said the allocation did not "let us off the hook completely".

There was still a total projected deficit of R192m for the 1995/96 year to be managed. Expenditure on academic hospitals and some metropolitan secondary hospitals would have to be "downscaled".

A major emphasis would be on upgrading neglected rural health services, Mr Rasool said.



Unless Telkom does something about the shocking increases in phone bills, they'll find themselves calling for the demilitarisation of the telephone subscriber.

BUSINESS BRIEF
Call in Daily Mail

Fivaz orders probe into 'racist' tapes

CT7/2/95

PRETORIA. - Police Commissioner George Fivaz yesterday ordered a top-level investigation into the use of racist and abusive language on police radio communications after he listened to a tape recorded during recent disturbances at Orlando Police Station.

The recording of police radio calls was made during a clash late in January between Popcru members and the internal stability division.

Commissioner Fivaz confirmed the tapes would be made public after the investigation had been completed.

According to weekend reports, black and white policemen called each other "kaffirs" and "dogs" on radio.

Mr Fivaz said an extract to which he had listened contained repulsive language and a racist remark that he found unacceptable in the new police service.

Meanwhile, Western Cape Minister of Police Mr Patrick McKenzie has sent a memorandum to police warning them that they could face harsh departmental action or criminal charges for racist remarks. - Sapa, Staff Reporter

'Do or die' for DP in local poll

By BARRY STREEK
Political Staff

THE Democratic Party has effectively decided it could not continue if it does not significantly increase its support base in the October municipal elections.

Party leader Mr Tony Leon said in Johannesburg yesterday that the local government elections were "do or die for the DP".

"Politics is about having a base and a coherent constituency. I am determined to lead this party to renewed growth and revitalisation.

"But it will not happen unless each and every member and supporter and sympathiser of this party realises that in the municipal elections our future existence is on the line," Mr Leon said.



City ambulance

Protests at budget cuts, managers

By PETER DENNEHY

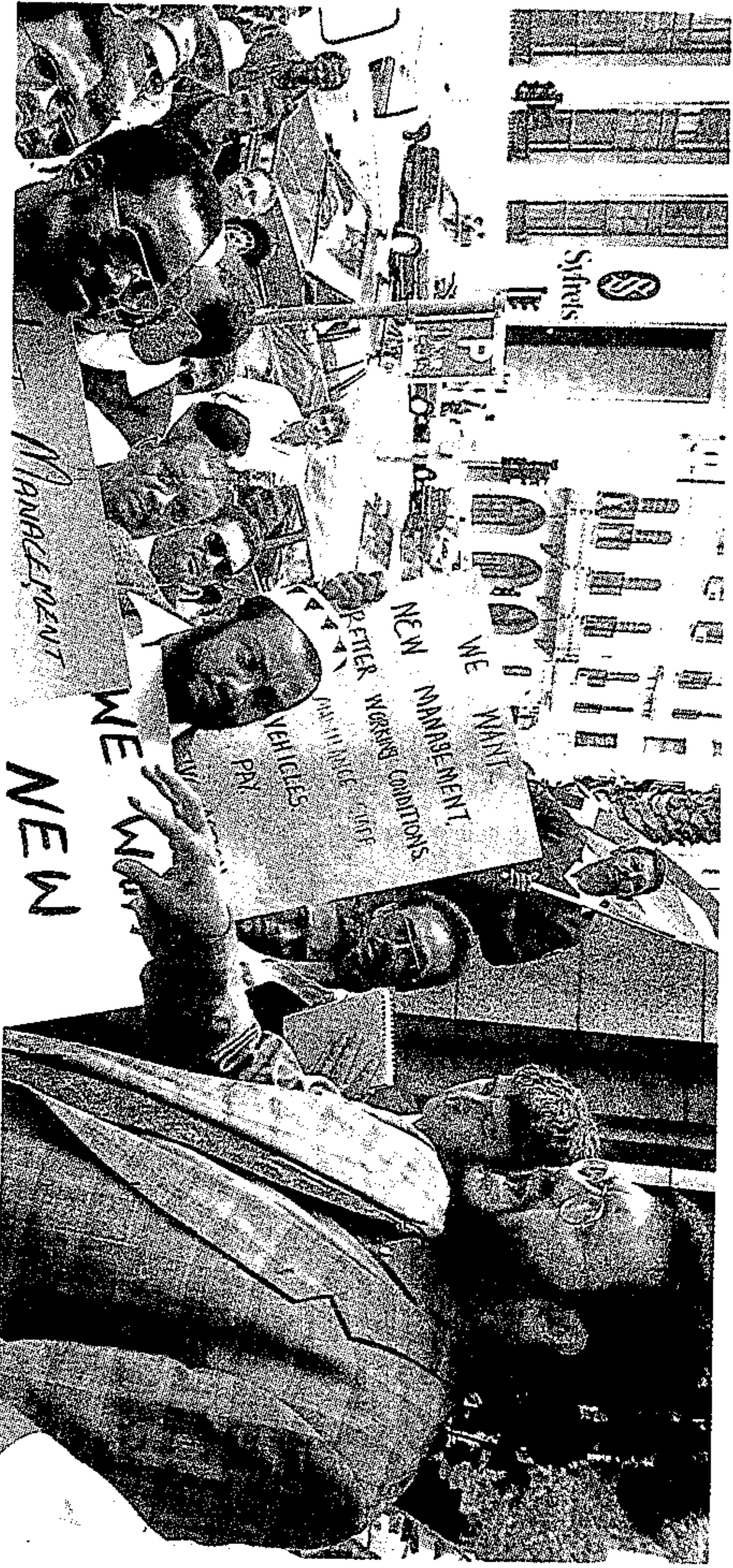
AMBULANCEMEN marched from the Parade to Province and Parliament yesterday, protesting about working conditions.

Many of their complaints were about budget constraints on the ambulance service, but they were also critical of their management.

They called for the suspension of the present management. Some posters called for the removal of "white management".

About 50 ambulance men took part in the protest, but they said they represented concerned ambulance workers from a variety of unions throughout the region. Some came from as far as Hermannus and Wellington. They said their numbers were so low because they did not want to disrupt the ambulance services. Those on the march were off-duty, and they came into the city in their own transport.

Some had horror stories about conditions at work. In rural areas, they said, one ambulance driver often having to



ADDRESSING GRIEVANCES . . . Local health minister Mr Ebrahim Rasool urges ambulance men not to reject a recent task group report on the service in the Western Cape, but instead to respond to it in detail.

cope with a vehicle and a patient by himself - stopping driving every now and then to check on the patient's condition. It was claimed that management did not want the public to know about inci-

dents like one in Kalksteentfontein late last month, where gangsters who had killed a man laid a trap for the expected ambulance. One lay in the road so that the ambulance would stop, then got up, pointed his fire arm at the head of an ambulance man and ordered him out of the area "because that man is white bones already". The ambulance had to leave.

Picture: BENNY GOOL

The next evening, in Clarke's Estate, all the windows of an ambulance were broken while the ambulance men were still inside. They had responded to a call about one of the leaders of the Americans gang being shot dead.

The ambulance men called for help over their radio but nobody came to their assistance. Ambulance men now want danger pay.

They said some life-threatening situations were not even reported for fear those concerned would be moved to another department, to relieve their stress.

Mr Rod Douglas, chief officer of the city's ambulance service, based in Pinelands, said he was deeply concerned about the safety and welfare of the staff. "I identify with their concerns."

He said their not being allowed to talk to the press was a condition of council service. He was not at liberty to change it. "Most of their complaints are based on tremendous pressure on the service. Their criticism of management

is often unfair. Most of what they are asking for requires decisions beyond my control. They often don't see further than their chief officer."

He said that on Saturday night 136 calls for ambulances had come in over a three-hour period. There had been 29 vehicles on that shift. "How do you handle that? It has become almost unbearable for many, not just those on the road."

march



Picture: LEON MÜLLER, The Argus.

WELL DONE: West Coast Ambulance Service head Jan Visser, middle, shows the floating trophy awarded to the service by the Automobile Association. With him are, left, Piketberg ambulance chief Dennis Afrika and Neville van Rensburg, deputy head of the service. In the ambulance is Vredenburg ambulance chief Arnold Vraagom.

W Coast ambulancemen 'professional, friendly'⁽⁹⁸⁾

Health Reporter

THE Western Cape's ambulance service will have to be rationalised, but this does not necessarily mean any services being cut, says local director of emergency medical services J M Kotzé.

At an Automobile Association award ceremony for "the most improved ambulance service in the Western Cape" yesterday, Dr Kotzé said equity had to be achieved in the Western Cape with regional services — instead of small, individual services — providing professional care throughout the area.

The AA's floating trophy and a R1 000 cash award were presented to the West Coast Ambulance Service, which, according to Dr Kotzé, earned the prize through "professional, effective, friendly and consistent service".

The service, which covers a large area, had also established an ambulance co-ordination project which had resulted in "marked financial savings and a more efficient service".

Also, it had designed and implemented an in-service training programme which led to a considerable improvement in the level of service.

Dr Kotzé said the West Coast service was "a good example" of what was envisaged for ambulance services throughout the Western Cape.

Rationalisation and equity would have to be achieved, as the Cape Town area was much better served than many rural areas.

Commenting on this week's protests by Western Cape ambulance workers, he said: "We are aware that there are problems — the minister's investigation showed that clearly."

But the shortages of ambulances and staff were mostly in rural areas.

"What will have to be looked at are things like productivity," Dr Kotzé said.

Provincial Health Minister Ebrahim Rasool had asked role players to respond to the recent report on the service by his task group, and he would probably comment on these responses in March.

ARG 8/2/95

Hospital battles to cope

(98) CT 9/2/95

Staff Reporters

THE Mitchells Plain Day Hospital is struggling to cope with its exhausting daily patient load.

When the Cape Times visited the hospital yesterday, two doctors were absent and some patients with appointments had been waiting more than three hours. The queue at the dispensary was also about three hours long.

Dr Kenneth Landers, medical co-ordinator, said Mitchells Plain needed its own general hospital to serve the massive metropolitan

communities of Mitchells Plain and Khayelitsha.

"This is the busiest day hospital of its kind and is hopelessly too small for the local population of — who knows? — between 260 000 and 450 000, depending on who you talk to", he said.

Chief hospital doctor Dr Rob Mantell said the centre had only 10 doctors who had to see 60 patients each day.

Appointments were booked to allow each patient six minutes with a doctor. He said appointment times were usually adhered

to but things reached breaking point when doctors were seconded to help at other short-staffed day hospitals as happened yesterday.

"The highest burn-out rate in the medical profession is among day hospital doctors. We have a high staff turnover and it's difficult to get a dedicated team."

Mitchells Plain also suffered more than other areas as there was only one day clinic for every 40 000 people in the area compared to one in 10 000 for the rest of the Cape and one in 16 000 nationally, he said.

Chaos strikes Bara

98
Sowetan
10/2/95

By Glenn McKenzie

LARGE-SCALE THEFT of medicines, food, laundry and equipment has plunged Soweto's famous Baragwanath Hospital into chaos.

A senior administrator at the hospital said patients had become the victims of organised crime and "bureaucratic strangulation".

When *Sowetan* visited the hospital yesterday, many patients complained they had not received evening meals at least twice during the past week.

Hospital dietitian Mr Alpha Rasekhala said the problem stemmed from a lack of attendants to serve supper. Nursing sisters, who had been delivering the food for several months, suddenly refused to continue the task last week.

"We were forced to throw out thousands of rands of food," said Rasekele.

In the maternity section, *Sowetan* discovered several expectant mothers had been provided only with sheets as clothing.

A matron in the ward said "tsotsis" had stolen the blankets. "I have seen our towels being used by taxi drivers. I have seen our pyjamas in squatter camps," she said.

Rex estimated that Baragwanath lost R1,1 million worth of laundry during a 15-month period last year. An additional loss of up to R4 million could "easily have been incurred" from thefts of medicines, according to Rex.

Linen worth R272 000 had been on order since June last year, Rex said.

● See picture page 2

Red tape blamed for Bara's mess

Sowetan 13/2/95 (98)

By Glenn McKenzie

A "bureaucratic stranglehold" on hospitals was responsible for linen, medicine and labour shortages at Baragwanath, a senior administrator said over the weekend.

Baragwanath superintendent Dr Grant Rex accused the former Transvaal Provincial Administration of preventing the hospital from acquiring more staff and badly needed supplies.

"We have inherited problems as a

result of the previous government," said Rex. "That should be obvious."

The superintendent hotly denied that Baragwanath Hospital was in a state of "chaos" as reported by *Sowetan* last week.

Higher standard

"In comparison with traditionally white hospitals, miracles are being performed at Bara. Despite the problems medical care provided is of high standard which people of Soweto can be proud of."

According to Rex, Baragwanath has

3 200 beds, yet received only R314 million from the Government last year.

This compared with Johannesburg Hospital which has only 900 beds and received R360 million from the government.

Rex said Baragwanath had been given the "go ahead" to build a perimeter fence to help stem massive thefts at the hospital.

In addition, a security video system and upgraded police station have also been provided to combat the problem, Rex said.

State hospital doctors get 'inadequate' pay

98
BD 14/2/95

DOCTORS working in state hospitals were demoralised, in severe financial difficulty, and working with equipment that was unmaintained and in some cases dangerously neglected, a conference heard last week.

Hospital Doctors Practitioners Association spokesman Ronnie Kemper described the harsh working conditions and warned that they were destined to become far worse in the short term.

This would come as a result of the Gauteng health budget being cut by R880m — a move which had already been translated into staff cuts. Hospital doctors had been informed that no salary increases would be considered for the next few years, he said.

Their remuneration was hopelessly inadequate. During the past six years the take-home salary of the average state doctor had increased by only R600. While they were paid for only 40 hours a week, they were often obliged to work upwards of 72 hours a week.

KATHRYN STRACHAN

A major shift of finance, staff and resources towards government's primary health care initiative would further reduce funding available to hospitals.

Other factors placing a strain on hospital doctors were:

- A move to redistribute medical resources within each province towards peripheral and rural areas.
- A move to outlaw the external private practices which had been keeping doctors' heads above water. This could lead to a dramatic exodus of doctors from state hospitals to the private sector.
- A deteriorating specialist referral structure as academic and tertiary centres abandon higher functions to try to cope with the crush of straightforward work.
- The collapse of the academic centres, and with it, medical training and much of the remaining motivation for doctors to work in state hospitals.

Strikers target military hospital

Staff Reporter

CT 14/2195

STRIKING public servants who threatened to take hostages to draw attention to their dispute chose the wrong target yesterday when they gathered outside One Military Hospital in Voortrekkerhoogte near Pretoria, where the army was on standby.

The action was planned by about 180 members of the South African Health and Public Service Workers Union (Sahpswu) at the hospital.

This was the first step in the union's Operation Moonlight, which includes the formation of a military wing and marches on governmental institutions. Sahpswu publicity secretary Mr Themba Ncalo said yesterday the union's members at the military hospital were on a go-slow because of what he termed "heavy police presence" there.

He said hostages would be taken "when and where the opportunity arose" across the country. He said the union would not stop its campaign until the government reviewed its position on salary and wage increases.

SA National Defence Force spokeswoman Major Erica Brid said yesterday there had been no disturbances at the military hospital, but the army was aware that there had been threats of violence. She said the army was prepared.

Sahpswu, together with several other unions representing civil servants, is demanding a R1 500 minimum salary and a 15% increase for employees across the board.

(20) (S) (98) (150)

Health shake-up

By CHRIS BATEMAN

A PLAN to reshape the Western Cape's health services, severing traditional university-hospital ties, creating a single teaching platform and transforming Tygerberg into a grand metropolitan hospital, was unveiled yesterday.

Groote Schuur and the Red Cross Children's hospitals will become specialist "referral only" centres for post-graduate training as some 700 costly "academic" beds are converted to secondary health care teaching beds.

Up-graded

Some 48 top specialists at the three academic hospitals and their support teams will be transferred to strengthen and support up-graded of hospitals in George, Worcester and Paarl.

G F Jooste Hospital in Manenberg is being upgraded to a fully equipped emergency hospital.

Plan will cut costs, maintain standards

These were the main tenets of a radical "new vision" outlined by Health and Social Services Minister Mr Ebrahim Rasool and his top medical advisory team yesterday after eight months of planning to cater for severe budget cuts.

Last minute bridging finance of R170 million saved the region from "diabolical" adjustments which would have meant the loss of one of the academic hospitals, deputy health services director Dr Tom Suteliffe said.

The five-10 year plan is meant to create a cost-effective, more equitable and sustainable health service in a province recognised internationally for the excellence of its clinicians.

The proposals rely on voluntary resignations and retirements and will only turn to staff retrench-

ments to meet budgetary constraints as a last resort.

Dr Suteliffe said medical facilities at Stellenbosch University (traditionally coupled to Tygerberg), UCT (linked to Groote Schuur) and UWC would in future fall under a single co-ordinated teaching platform — with equal access to all facilities. Whether this would involve a single new central campus was for the universities to decide, he added.

Tygerberg would remain a base for training medical undergraduates while Groote Schuur and Red Cross would handle all post-graduate training with certain crossover functions.

Professor "Kay" de Villiers, chairman of the Academic Priority Group, said that with each university campus having a distinct cul-

ture, philosophy, tradition and pride it would "not be easy".

"It's a shift away from (a dispensation) that people believed was forever — this is a way out and the only way for survival," he said.

Mr Rasool said consultations to determine bed numbers at each of the three academic hospitals would take place within two months. Criteria such as affordability, provincial and metropolitan needs, teaching needs and "super specialist tertiary care" requirements would be considered.

The Western Cape needed to shed R162 million on its academic hospital expenditure. The universities of Stellenbosch and Cape Town and the Medical Research Council welcomed the re-organisation yesterday. Stellenbosch University rector

CT 16/2/95



and vice-chancellor Professor Andreas van Wyk said the university "welcomes the fact that Mr Rasool's statement makes it clear the two faculties of medicine in the Western Cape will continue to exist independently".

The university said it agreed that maintaining and improving the quality of medical services, training and research would be the deciding factors in any re-organisation attempt.

In its response UCT also welcomed the Province's commitment to develop a plan intended to preserve and enhance the excellence of service, teaching and research in its academic hospitals.

Professor Wieland Gevers, deputy vice-chancellor, said: "The proposed rationalisation of access to training facilities makes sense."

Commitment

"We agree that this will require close consultation and co-ordination between the partners and we are committed to this."

The MRC said the restructuring of Tygerberg to a general specialist hospital would not mean the end of MRC-supported research at the institution since its research portfolio embraced all levels of health.

Hospital staff in crisis — survey

LIBBY PEACOCK
Health Reporter

ALMOST all of Red Cross Children's Hospital's 543 employees who took part in a recent survey said there was a "crisis" at the hospital.

And 84 percent of the respondents (84 of whom preferred to remain anonymous) said the crisis was affecting their workload.

The survey — done with the approval of the hospital administration — was carried out by a Hospital Crisis Committee, elected after a meeting in October to discuss problems in the out-patient department.

A wide range of staff mem-

bers, including nurses, medical technologists, social workers, doctors, porters and housekeepers, took part in the survey.

Of the 543 respondents, 98 percent (531 staff members) said there was a crisis at the hospital. Only 12 people disagreed.

Just under 95 percent of staff working in theatres and 83,3 percent of staff working in wards said the crisis was affecting their workload.

The majority of the respondents, 74 percent, felt their departments — mainly the clinics, theatres and wards — were understaffed.

Most of the employees,

ARG 23/2/95 (98)
93 percent, were dissatisfied with their salaries. Of the 40 respondents who were satisfied, 17 were nurses, four medical technologists, two porters and two supervisors.

And 85 percent said they were not satisfied with hospital security arrangements at night, while 73 percent were not satisfied with the arrangements during the day.

Only 10 percent of the respondents knew the composition of the hospital board, but more than 60 percent felt there was trust between them and their immediate supervisors or managers — although just more than half believed there

was a need for improved communication between them and their supervisors.

Exactly three-quarters said they supported a policy of affirmative action.

The survey showed that nurses, who made up the majority of the respondents, experienced low morale, and felt "burnt out" and apathetic.

They felt grossly abused by the public, felt a great need for improvement of security and said their wages were extremely poor.

The survey showed that the trauma unit was "the only area where there does not seem to be a problem".

Hospital or hellhole?

By DAN DHLAMINI

RACISM, bad treatment of patients and appalling conditions are some of the allegations levelled against the Potchefstroom Hospital and staff.

An angry Charles Nikane this week told City Press that he had lodged a formal complaint with the hospital authorities and the North West MEC for Health and Social Welfare, Dr Paul Sefularo.

Nikane said his wife, the mother of a two-week-old baby, was admitted to the hospital on February 6, following a painful swelling in her leg.

Appalled

He said he was appalled by the conditions of hospital ward 10 when he visited her and the baby.

"The ward was dirty, stuffy and smelled very bad. I feared the effects of such conditions could be detrimental to the child's health. As a mem-

CP 26/2/95 (98)

Complaints of dirty wards and racist nurses

ber of a medical scheme, I demanded that my wife be transferred to a decent ward and this was done," said Nikane.

He said this demand did not go down well with one nursing sister, who made racist remarks to his wife.

According to Nikane the nurse told his wife that she thought she was "white" and therefore better than other black patients in the hospital.

He said his wife was on a drip and could as a result not bathe the baby and the arrogant nurse refused help her.

In another development, Willem van der Merwe, who had to wait for five hours in the hospital's reception before he could be attended to, died in his car, allegedly after he was given medicine and told to go home.

According to Daan van Niekerk, he took his colleague Van der Merwe to Potchefstroom hospital

one morning last month and told the nurses that he suspected that he had suffered a mild cardiac arrest.

He said when he phoned the hospital about six hours later to check what Van der Merwe's condition was, he was told the patient had not yet been attended to.

He said after demanding that Van der Merwe be treated, a doctor eventually saw him, told him to get his medication from the chemist and told him to go home. He died

in his car while driving home.

Potchefstroom hospital acting superintendent Dr Smith Etsebeth confirmed that he had received complaints about the alleged gross inefficiency on the part of his staff at the hospital.

Rejected

Dr Etsebeth, who said his hospital was short-staffed, rejected allegations that the wards were dirty and that conditions were appalling.

He however said the other allegations would be investigated.

Baby boom causes crisis at hospital

(98) Star 27/2/95

■ CITY REPORTER

Johannesburg Hospital — the only State hospital providing maternity services to people in Hillbrow, the CBD and the northern suburbs — is in a crisis because of an increase in deliveries.

Chief superintendent Dr Trevor Frankish said the number of deliveries had soared over the past two years. On average there were now 60 post-natal patients a day.

His comments follow reports that pregnant women queued through the night waiting for the reception desk to open to book beds.

He confirmed that about 100 patients arrived each day trying to get a booking, but only the first 30 were taken.

On the general state of services at the hospital, Frankish said: "It is quite correct that patients are waiting up to five hours or longer at casualty. In August 1994 about 3 500 patients were seen at casualty. Now there are over 5 000 a month."



Picture: Peter Stanford.

EMERGENCY MEASURES: Hospital administrator Alan Barnard and Parke Davis marketing director Ian Robertson joined matron Una Hartley at the bedside of a Victoria Hospital casualty patient, Grassy Park's Mervyn Ricardo Blaauw, at the opening of the hospital's revamped facilities.

■ WYNBERG

Facelift brings new life to the casualty unit at Victoria

GILL TURNBULL
Staff Reporter

VICTORIA Hospital's casualty unit has undergone a facelift, thanks to public and corporate donations during the past four years.

This week, South Peninsula hospitals administrative director Alan Barnard opened the re-designed and re-equipped entrance to the emergency unit.

He said the hospital board had decided to use about R40 000 of the public-funded casualty budget to buy new

equipment to bring it in line with modern medical needs.

This was in spite of the uncertainty as to whether Victoria Hospital would be re-located from Wynberg Hill to the Princess Alice site in Diep River, where it would be more accessible to patients and staff.

Structural work to the building, costing about R70 000, had been met by the state health budget.

Victoria Hospital treated about 3 000 emergency patients every month and conditions had become "chaotic".

The "upgrading", although not ideal, was a vast improvement and hopefully would serve the unit for the next five years while the health department solved its problems.

The original target was R1,3-million. This had been extremely difficult to meet and the fund now stood at R200 000.

The R10 000 included R4 500 from a recent medical road race together with other Wynberg Rotary fund-raising events.

Anyone interested in helping with fundraising can contact 685 7862.

(98)

ARG 3/3/95

TB patients sent home in strike

(98) (152)
MATATIELE: Tuberculosis sufferers are being sent home from the Santa Hospital here because of an illegal strike which has left the hospital with 10 medical staff to cope with more than 100 patients.

CT-7/3/95
About 90 of the staff, most from the National Education, Health and Allied Worker's Union, started striking on Friday, leaving patients unfed and bringing laundry and kitchen facilities to a halt.

A hospital spokesman said the strikers want a particular matron to resign. — Special Correspondent

NEWS FEATURE SA's biggest hospital crippled by shortages, disputes and meagre budget

Care at Bara in the doldrums

By Glenn McKenzie

DRUGS STOLEN 'Organised crime is killing us'.

DESPITE BEING NINE months pregnant, cold and dressed in a bedsheet and surgical pants, Lucia Munokha is philosophical about the conditions she endures at South Africa's most famous hospital. "I have to suffer. This is Baragwanath," she says.

Nine months after the country's first democratic elections, Baragwanath Hospital is a vivid example of the health problems faced by the Government.

While hospitals in former "whites-only" communities offer First World-standard care, Baragwanath still struggles on effectively one-third of the budget of its counterpart, Johannesburg Hospital.

From its humble beginnings, Baragwanath has always had its share of attention. Mrs Winnie Mandela, estranged wife of President Nelson Mandela, worked as the hospital's first black social worker. In 1988, South Africa's famous surgical separation of Siamese twins Mpho and Mphonyana Mathibela was performed at the institution.

After decades of treating victims of violence and political struggle, doctors in the Baragwanath's casualty ward have become world famous for their casualty and trauma services. But these days, some Soweto citizens see the place as a reminder of the country's apartheid past.

While long queues and slow service have been the norm for years, in the past few months labour disputes and supply shortages have occasionally forced some patients to go without meals and some have had to wear sheets in lieu of clothing.

Organised crime, labour unrest and a slow bureaucratic system have also affected the provision of services, according to superintendent Dr Grant Rex. Patients have recently complained that a nurses' labour dispute resulted in many patients missing several evening meals. Warned hospital dietitian Alpha Rasekhala: "There is a

severe risk that diabetic patients could become hypoglycemic or even die if we can't deliver our regular meals." Recently, overburdened Baragwanath staff say they have become victims of a public backlash that sometimes turns violent. Bara administrators say Soweto's community clinics, which are under the auspices of the hospital, have also experienced a series of violent incidents, which have "caused considerable panic and unease to the entire staff working there".

On February 27, a medical officer on duty at Koos Bekes clinic was threatened with a gun. "Apparently the gun wielder thought the doctor was too slow in seeing the patients," said administrators in a news release.

Another problem is the Soweto mafia. In an 11-month period last year, the hospital lost R6 million worth of medicines, equipment and even laundry.

In one case last November, a hospital employee was caught smuggling out drugs worth R100 000 in an empty shoebox. Said hospital pharmacist Dr Jan Gous in an interview last year: "It is impossible to measure this problem accurately. But we are seeing organised crime now, and it is killing us." Staff at Baragwanath say repeated appeals for better security and replacement supplies fall on deaf ears: "Our hospital is still being strangled by the old bureaucracy. It has rendered us helpless," says Rex.

Health Minister Dr Nkosazana Zuma says the hospital's problems have not been created by the present Government. A major contributor is that hospital administrators don't know how to be managers, she has said.

A Democratic Party spokesman blames the Government of failing to react to an impending health crisis.



Dr Nkosazana Zuma

Ambulance staff back document

ARG 13/3/95 (98)

□ *Minister's initiative gets support*

ANDREA WEISS
Municipal Reporter

AMBULANCE staff have backed a report by a ministerial task team recommending that they be brought under one authority in a restructuring process.

A workshop attended by 21 senior ambulancemen, held at Hillstar in Wynberg in February, indicated solid support for the document, which was produced at the behest of regional Health Minister Ebrahim Rasool.

The meeting fully supported the idea that the provincial administration should be responsible for ambulance services, but that the operational and managerial functions be delegated to local authorities.

In the Cape metropolitan area this was likely to be the new Cape Metropolitan Council.

The plan involved the standar-

disation of minimum norms and standards in the region along with an appropriate personnel structure and a minimum wage.

Another proposal was for "intermediate and advanced life-support students" to be contractually bound to work for a specific period for the ambulance service to prevent poaching by private services.

The staff agreed on the need for the urgent replacement of basic life-saving equipment and vehicles.

A forum at which hospital and ambulance staff, along with the community and other role-players such as the WP Blood Transfusion Service, could meet should be set up, they proposed.

Other proposals put forward by the staff at the workshop was for a Western Cape "911-type" number to rationalise an overloaded control room.

Porters stop work over ⁹⁸ hospital pay

LIBBY PEACOCK
Health Reporter

PORTERS at Groote Schuur Hospital today downed tools to protest against disparities in salaries and lack of night-shift allowance and danger pay.

They have threatened to occupy the office of senior medical superintendent Anne Brand.

One porter said his net salary was R241 a month (excluding a housing subsidy). It was impossible to support his wife and two children. *ARG 13/3/95*

Most porters said they could not afford their train fares to work, and some were forced to "steal" rides on third class.

There were disparities between the salaries of porters: those with 22 years' service were paid R14 000 a year, while those with 12 years' service were paid R16 000 a year.

The porters do not belong to a union.

A hospital spokeswoman said the administration was "busy addressing the problems". She would not elaborate.

Private hospitals seen as lively JSE performers

BEATRIX PAYNE

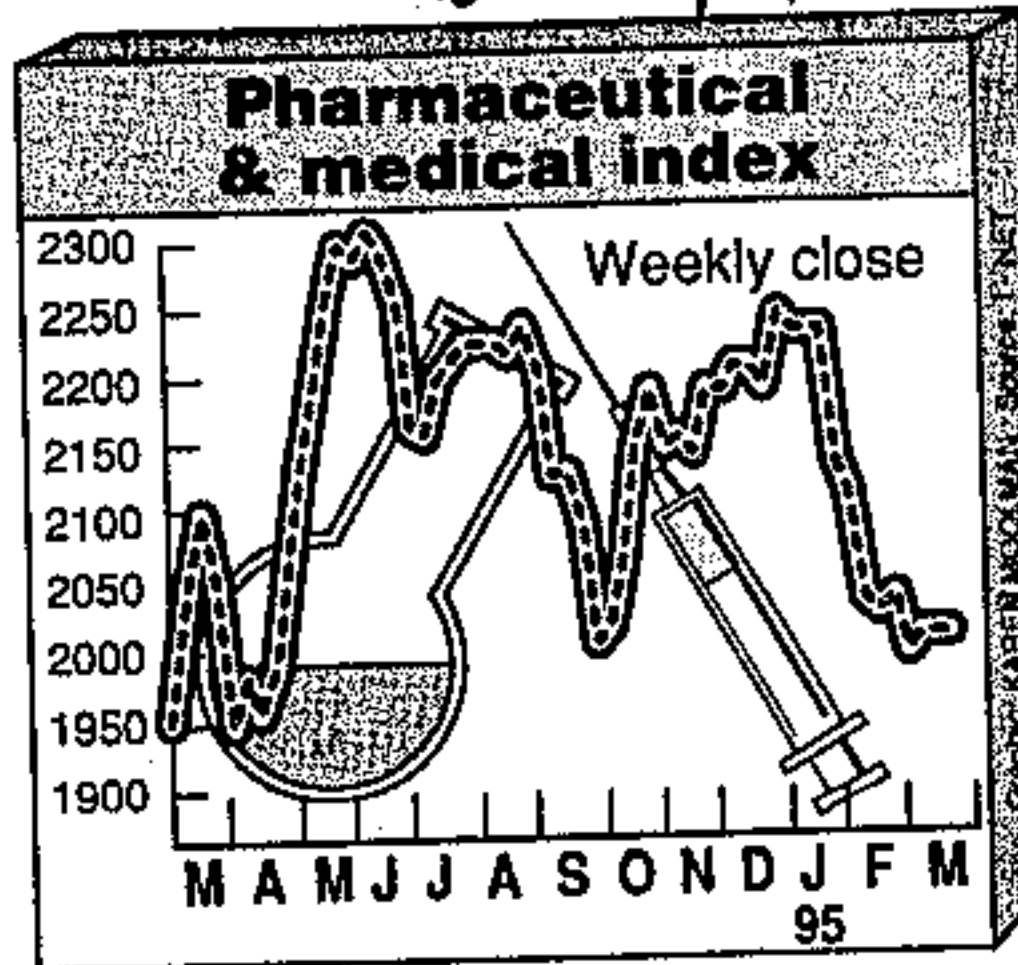
MANUFACTURERS could continue to be poor performers on the JSE's pharmaceutical board this year but private hospital stocks may inject some life into the sector, say analysts.

Ed Hern Rudolph analyst Syd Vianello said growth in the sector had been affected by caution regarding government plans for health care.

Uncertainty about medicine pricing systems for prescription medicines had affected the performance of most of the major manufacturers. Their involvement in generic medicines was unlikely to offset these losses as margins on generic products were limited.

One analyst said the sector was likely to underperform the JSE in the face of improved performance by certain industrial stocks.

But another analyst said prospects of a stronger rand could see a turnaround for pharmaceutical manufacturers as earnings by non-cyclical



and non-export oriented counters improved on the stronger currency.

Of the three index stocks, SA Drug-gists was likely to prove most robust as earnings were off a low base and the group had the ability to absorb declining margins. The group's share price ticked up marginally this month ahead of the release of interim results after sliding since January.

Premier Pharmaceuticals was unlikely to post earnings growth for the year to end-April, one analyst said.

98

Adcock Ingram had been the lag-gard of the three groups but its share price was "as low as it can go". It needed to increase its exposure to generic products.

Private hospitals were set to benefit from government's emphasis on the provision of primary health care as medical aid members were increasingly likely to shy away from state hospital care.

Vianello said recent moves by Clinic Holdings to provide day clinic facilities at its full service hospitals might undermine competitor Presmed's day clinic operations.

The location of Clinic Holdings hospitals would probably give it a competitive advantage over Presmed, he said. Full service hospitals were perceived to offer better facilities at the same price as day clinics.

An analyst said Clinic Holdings could grow earnings by 8%-10% when it reported its interim results to end-March and Mediclinic was set to post earnings growth of 12% for year to end-March.

(98) (8) (18)
Union 'war' brews

ET 17/3/95

PRETORIA: A "bloody war" could erupt today between members of the South African Health and Public Service Workers' Union and those of the rival National Education, Health and Allied Workers' Union, Sahpswu said last night.

General secretary Mr Silas Baloyi said Nehawu members had earlier "physically removed" three white and three black Sahpswu members from Garankuwa Hospital near Pretoria. - Sapa

Clinic's drugs go missing

“These people can be cured but instead they will spread their diseases because we don't have drugs.”

Sowetan
20/3/95

(98)

By Glenn McKenzie

HUNDREDS OF SOWETO patients at Chiawelo Clinic went without treatment during a mysterious “medicine shortage” last week.

On Wednesday up to 700 patients were told they could not be treated because there was no medicine at the clinic.

Angry nurses told *Sowetan* that children with strep throat were in danger of contracting more serious ailments because there were no drugs at the clinic. People with sexually transmitted diseases could not be treated either.

“These people can be cured but instead they will spread their diseases because we don't have drugs,” a nurse told *Sowetan*.

Many patients with heart problems and arthritis were offered only a few tablets of the painkiller Paracetamol.

At issue is a mysterious drug shortage at the clinic.

Nurses say they have been forced to ration drugs since November 1994. The situation climaxed on Wednesday when the clinic ran out of drugs almost completely.

Pharmacists at Baragwanath Hospital and Koos Beukes Clinic tell a different story. They insist that Chiawelo has consistently received large orders of medicine. On Wednesday, two orders totalling 106 boxes and 28 large bags of drugs were sent to the clinic, they said.

“There is something very funny going on here.

Chiawelo receives more drugs than any of the other clinics,” said one pharmacist.

But in an interview on Thursday, Chiawelo pharmacist Mr Siphoh Mahonga and chief medical officer Dr Sayed Mia said the clinic had not received “any drugs so far this week”.

A few hours later Mia changed his story, saying drugs had arrived late on Wednesday but there were not enough staff to unpack and dispense them.

In a separate interview, Chiawelo pharmacist Mr Siphoh Mahonga also denied receiving any shipments of drugs on Wednesday. But after he was pressed, Mahonga admitted receiving one order of 78 boxes and 28 bags from Bara.

Later he admitted receiving yet another shipment of 42 boxes from Koos Beukes Clinic.

“Yes, I did. I'm sorry I was confused,” he said.

When *Sowetan* visited Chiawelo's pharmacy on Thursday approximately 42 boxes of drugs lay on the floor. Mahonga could not explain where the other boxes were.

Patients were still being turned away without medicine on Thursday.

Pharmacists at Baragwanath Hospital said that while there was a “worldwide shortage” of some antibiotics like penicillin, Chiawelo Clinic should have enough substitute drugs to serve their patients.

Soweto Community Clinics assistant superintendent Dr Mohamed Dawood said last week's incident warranted “an immediate inquiry” into the acquisition and dispensing of drugs at clinics.

Stolen drugs seized in Zondi

Hansen of the SA Police Services Narcotics Bureau police found in a house in Zondi, Soweto, early on apparently intended for use at clinics in Soweto, where away last week because of a shortage of medicines.

PIC: PAT SEBOKO

By Glenn McKenzie

THE THEFT OF MEDICINE intended for patients at Soweto clinics took a new turn earlier this week when police raided a house in Zondi and seized large quantities of drugs.

On Monday *Sowetan* reported that hundreds of patients had to be sent home without being given treatment because of the shortage of drugs at Tshiawelo Clinic. Nurses at the clinic had expressed fears that children with streptococcal infected throats were in danger of contracting more serious diseases.

Monday morning's raid, which followed a tip-off from *Sowetan*, netted 17 boxes of medicine, syringes and other medical supplies.

No one has been arrested and police expect to make early arrests as investigations are continuing.

Sowetan received a tip-off from Baragwanath Hospital on Sunday from a man who said stolen drugs were being smuggled to the Zondi house. The newspaper immediately referred the tip-off to the police, who carried out the raid at 5.30am the following morning.

Medicine seized included boxes of needles marked for the Zola and Tshiawelo clinics and antibiotic tablets that had been pre-packed at Baragwanath Hospital.

Nurses at Tshiawelo Clinic said the clinic had been faced with a "severe medicine shortage" since last November. Last Wednesday the clinic allegedly almost completely ran out of drugs.

In separate interviews with *Sowetan* last Thursday, Tshiawelo Clinic pharmacist Mr Siph Mahonga and chief medical officer Dr Siad Mia

said the clinic had not received any shipments of drugs from Baragwanath Hospital or Koos Beukes Clinic the day before.

Later, both Mahonga and Mia changed their statements, saying the clinic had received two shipments. Mahonga confirmed that a combined total of 106 boxes and 28 bags of drugs had arrived.

On Monday Soweto Community Clinics superintendent Dr Soomagi Natha said last week's medicine shipments had arrived at Tshiawelo. He said it was not known if anything had disappeared after that.

"I'm not yet satisfied that everything is accounted for and I'm looking into it," said Natha.

Baragwanath Hospital principal pharmacist Ms Zuleika Khemtula said her department had experienced "problems in the past" relating to shipments to Tshiawelo Clinic. She would not elaborate.

Khemtula said computers and better storage space were desperately needed at Baragwanath Hospital to bring the pharmacy into "the modern age". In addition, pharmacists and other staff were overworked and needed assistance to handle large medicine orders to Baragwanath and Soweto's clinics.

"Each of our pharmacists are doing the work of two to three pharmacists. Mistakes are possible, we are only human," said Khemtula.

Gauteng health officials have said they intend spending R60 million in upgrading security and computer systems at hospitals in the province.

The chairman of Gauteng's strategic management team for health, Dr Ralph Mgijima, said last week he did not know how soon the new measures would be introduced. "It is definitely one of our priorities," he said.

(98) (23) (100) Sowetan 22/3/95

NEWS Strict control measures are needed to stop clinics staff from stealing

Crime mars health services

Sowetan 23/3/95 (98)

By Glenn McKenzie

■ PANIC STRICKEN Doctors and nurses fear for their lives at work:

HEALTH clinics in Soweto were struggling to provide services amid a "disturbing wave of crime", a spokesman for the clinics said yesterday.

Reacting to reports of missing and stolen medicine at the township's clinics, Soweto clinics superintendent Dr Samojee Natha said theft and violent crime threatened services at Soweto's 13 community clinics.

Natha called on health workers and members of the community to "report criminals who are disrupting our services".

On Monday police seized 17 boxes of medicine, syringes and other medical supplies from a house in Zondi, Soweto. The medicine seized included boxes of needles marked for Zola and

Tshawelo clinics and antibiotic tablets that had been pre-packed at Baragwanath Hospital.

Last week hundreds of patients were turned away from Tshawelo Clinic amid a mystery medicine shortage. Nurses at the clinic expressed fears that children with streptococcal throat infections were in danger of contracting more serious diseases.

Natha said she was investigating the possibility that drugs were disappearing from Soweto's clinics on a large scale.

"We know we have a problem with drugs. And we are doing something about it. But in the end we need more

staff," said Natha.

Better control measures were required to eliminate temptation among staff to steal medicine.

Yesterday, Gauteng MEC for health Mr Amos Masondo told *Sapa* that his department would spend R60 million to educate health workers and increase security measures in the province's health institutions.

Masondo also called on all health workers and community members to report thieves.

"We are working on educating staff and members of the community to report culprits. We are looking for a general commitment from staff so they feel

the institutions belong to them and they have the responsibility of looking after the facilities," Masondo said.

Meanwhile, clinics superintendent Natha said violent crime had compounded the stolen drugs problem in recent months.

Doctors and nurses worked in an atmosphere of "panic and uneasiness" after experiencing a series of violent episodes since January.

In the latest incident, construction workers were robbed and a bakkie was stolen at gunpoint at Soweto's Phomolong Clinic.

In another case in February, a thug allegedly tried to shoot a doctor at Koos Beukes Clinic.

Natha appealed to members of the community to help apprehend criminals who threatened Soweto's health services. Said Natha: "Staff are frightened to death. If you can't be safe at your workplace, where can you be safe?"

Bara hit by ⁹⁸ @

lack of funds

Sowetan 23/3/95

■ PART THREE This is the third in a

series of articles about overwhelming

problem faced by Baragwanath Hospital,

the largest medical institution in Africa:



Children who get into Baragwanath are lucky ... but Baragwanath doesn't have the resources to treat them all. PIC: GLENN MCKENZIE

By Glenn McKenzie

“ONCE UPON A time, a doctor and two nurses were faced with a terrible choice. “While driving to a remote area where they hoped to vaccinate several hundred children for measles and other diseases, they came upon a gruesome car accident.

“A car lay beside the road, severely smashed. Inside, two passengers were seriously injured and there was no one to help.

“The health workers knew that they could save the lives of these two people. But they also knew that this particular day was the only day when they could reach the village children — they only gathered together once a year.

“If they stayed with the two accident victims, they would save two lives. But they would miss vaccinating the children.

“If they kept going, they would save at least one hundred lives in the long term (the remote area was rife with disease and many children would surely die if they were not vaccinated.)

“At the same time, if the health workers left the accident victims to die, it would be unethical. They didn't know what to do ...”

The above story has made the rounds among some South African health experts. It illustrates the kind of dilemmas facing politicians and health planners, as they redesign South Africa's health system.

On another level — at Baragwanath Hospital — doctors face life and death choices every day ...

With between 24 and 27 beds, Baragwanath Hospital's intensive care unit treats 1 000 very sick patients a year.

These are people with pneumonia, tetanus, kidney failure, and other serious ailments. Many of them are so sick, they cannot open their eyes or talk.

The unit is recognised worldwide for its efficiency and level of care. But despite working up to 100 hours a week, staff at the intensive care unit cannot treat all of the patients who need intensive care services.

Professor Jeffrey Lipman, head of the intensive care unit, Lipman estimates that every day, between two and three patients are turned away. On occasion, doctors are faced with four candidates for a single bed.

“We have a moral and practical dilemma here. We try to save as many patients as we can — the patients who have the best chances of survival,” says Lipman.

The process through which doctors play the odds and treat patients who will benefit the most is called “triage”. Lipman fears the “triage” process will become even more difficult if the ward is forced to cut its number of beds because of a lack of funds.

“We are already being forced to make decisions that would not be made in a hospital in a first world country. We have a commitment to our patients that we want to uphold,” says Lipman.

Two problems faced by Lipman and his staff are: bureaucracy and a lack of funding.

“Everybody's under pressure. There are not enough ward clerks and typists, and we are losing good nurses all the time,” says Lipman.

Despite these problems, Lipman is proud of the intensive care unit. Doctors here are constantly developing new and improved treatments. And staff who have been trained here are among the best clinical experts in the world.

“Everywhere we go, we are very highly respected. A big reason is because there is an unbelievable commitment on the part of staff here,” he says.

In the children's section of the intensive care unit, Dr Rudo Mathivha is also proud. Mathivha, a Soweto resident for many years, took her own mother to Bara several years ago when the older woman experienced heart problems.

“I wanted my mother to have the best possible care,” said Mathivha. Still, she understands why some people are frustrated by the services they receive (or do not receive) at Baragwanath. (Anyone who has questions about Baragwanath's services, please phone: 933-8000.)

Rasool opens clinic in Uitsig

(98) CT 24/3/95
STAFF REPORTER

UITSIG clinic, one of the first examples of recently-announced plans to change regional health services into a district-based system, was opened by local Health and Social Services Minister Mr Ebrahim Rasool yesterday.

Clinics such as that in Uitsig — the first in the 23-year-old township — will be satellites of larger community health centres to which patients will be referred by clinic staff.

Mr Rasool said to promote the involvement of the community in health provision, it had been proposed that each clinic has a health committee representing the community.

Each clinic committee would be represented on the health committee of community health centres, which in turn would be represented on district health committees.

Community representatives would also be responsible for health promotion in their areas.

● The ANC's health plan last year was either silent or confused about public health functions and dispersed functions to various, often inappropriate, structural locations at different levels, Professor J Myers, of UCT's Department of Community Health, said last night.

Speaking at his inaugural lecture at the university, Prof Myers said public health was subsumed, particularly at provincial and district levels under health care or management in the planning and human resources department.

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NEWS FEATURE *Hospital battles with more than 20-year-old X-ray machine*

X-rays: Bara's other problem ⁽⁹⁸⁾

Sowetan 24/3/95

By Glenn McKenzie

X-RAYS ARE the ears and eyes of our doctors," says Matron Anne Molise. "If they fail, we go back to the days of archaic medical practices."

It's Monday morning in the Baragwanath radiology department. The matron-in-charge, Molise, is in agony over her last visit to Johannesburg Hospital.

While there she saw an X-ray machine for babies sitting idle. Baragwanath's X-ray machine has a constant waiting list, and the exposures from it are sometimes inaccurate.

"I was so depressed. I burst into tears. That machine at Johannesburg Hospital is ideal for Bara," says Molise.

But what is ideal for the hospital has never been what it received. Bara, which at any given time has more than 2 000 patients has struggled with a low budget and inadequate resources.

Molise's department is no exception. Some of the machines used by the radiologists there are more than 20 years old. The accepted standard is to buy new machines every five years. She says, bureaucracy is another problem.

"It costs more money to fix these machines than it does to buy new ones," says Molise.

"But for some reason, we keep fixing, instead of replacing."

Despite purchases and donations in the last year, the radiology department's wish list of badly needed X-ray machines is extensive. The tab would run into millions of rands, say both Molise and radiology head Dr Jack Merwis. The list includes:

- Three general X-ray rooms;
- One scanner;
- One mobile ultrasound unit; and
- One mammogram (the one they have is 25 years old and "completely undependable").

Merwis, who has worked at Bara for 45 years, wonders whether his department's needs will ever be fulfilled.

■ OUTDATED *This is the fourth in a series about Baragwanath Hospital, the largest medical institution in Africa:*

They won't if some of the latest "rumours" become reality.

According to the rumours, plans are in the pipeline to turn Bara into a trauma hospital. Specialised services would be obtained only in places like Johannesburg Hospital, a place Merwis calls "Taj Mahal on the hill".

Merwis worries that if the "rumours" become reality, that would put many Soweto lives at risk.

It would mean one-hour trips for Soweto patients who need X-rays or deaths in ambulances.

"If Baragwanath becomes a trauma hospital or a glorified clinic, the community of Soweto, will suffer," says Merwis.

He believes Bara should remain an academic hospital. Services depend on the help of registrars who are employed and trained by the hospital.

And patients' lives often depend on being able to receive a number of different services in one hospital.

"There are so many people who come in here with multiple injuries and complications," says Merwis. "How would a trauma hospital help them? It wouldn't."

So far, he says, Bara's radiology services have survived only because the staff are either all "certifiably mad or they're saints". "I'm one of the certifiable ones," he jokes.

Matron Molise adds her praise to the 26-odd staff members who work in the radiology department on a daily basis. "Sometimes they make me angry. But when I sit alone and think about them, I realise they are doing more than is expected of them. I am extremely happy about that."

Another bonus is support received from overseas, says Merwis. Radiologists from all over the world have come to see some of the problems that Bara's staff have to contend with.

German doctors have used some of Merwis's X-rays in a text book given to

students in that country. Merwis says praise from abroad encourages him.

"Bara is not like any other hospital on earth. I hope people realise that. They cannot do without it," he says.

“If it becomes a trauma hospital or a glorified clinic, the community of Soweto will suffer”

“I was so depressed. I burst into tears. That machine is ideal for Baragwanath”



Some staff at Bara worry that long queues like this will be common if the hospital is turned into a "glorified clinic".

Registrars slam plans to cut back

(98) ARG 25/3/95
'It's short-sighted political expediency'

ADELE BALETA

Weekend Argus Reporter

TRAINEE specialists in Western Cape hospitals have slated the government's plans to rationalise medical schools, saying the changes would cost the province R1 million in transport alone.

The registrars have also come up with an alternate health plan which they believe will be more efficient and cost effective.

Their plan will be submitted to the Western Cape health minister's strategic management team before April 23, the cut-off date for comments on the proposals.

While the Registrars Association of the Medical Faculties of SA accepted the division of the Western Cape into health districts with primary and second level structures, it rejected proposed plans which affected tertiary and academic medicine.

The registrars believe the government's plan indicates "short-sighted political expediency with no financial feasibility".

They contended that the population estimates for the Western Cape, on which the health funding was based was "totally inaccurate".

Registrar Association secre-

■ Changes in the management of the Western Cape's training hospitals and medical schools promise to be expensive for the province and traumatic for patients and doctors.

tary Tom Ruttman said: "While a figure of 3,62 million people was used in the health budget estimates, conservative surveys peg that number at about 4,2 million.

"A health allocation based on the latter figure would increase the budget for the Western Cape by about R200 million".

Dr Ruttman said this did not take into account cross-border services rendered by the super-specialist centres to people from the Northern and Eastern Cape which were being paid for out of the Western Cape budget.

He questioned the logic of cutting tertiary institutions to the bone, which although needing fiscal management, offered good value for money.

University of Cape Town Registrar's Committee chairman Allan Puterman said while it was true that the tertiary hospitals — Tygerberg, Groote Schuur and Red Cross — consumed 60 percent of the budget, these institutions carried 55 percent of the service load of the Western Cape.

This meant that the regional and district services which were allocated 40 percent of

the budget were carrying the other 45 percent of the service load.

"The regional services work out to be more expensive given the fact that primary health care currently delivered by tertiary institutions costs double the amount it would cost at a community hospital."

Dr Puterman said that the merging of the UCT and Stellenbosch medical faculties, whereby undergraduates would be taught at Tygerberg while postgraduate training would be handled by Red Cross and Groote Schuur, was costly and traumatic.

"We have estimated it would cost R1 million a year just to bus doctors to and from the hospitals. This is beside the cost involved in setting up new training facilities.

"Transforming Tygerberg into a secondary hospital would mean that undergraduates would have to trek to Tygerberg to see patients with pneumonia while those who needed to see heart patients would have to travel to Groote Schuur.

"This also affects patients, many of whom will have long distances to travel either way."

W Cape academic hospitals losing to other provinces (98)

CT 27/3/95

BARRY STREEK
POLITICAL STAFF

WESTERN CAPE academic hospitals are losing out to those in Gauteng and kwaZulu/Natal.

This has been revealed by the Minister of Health, Dr Nkosazana Zuma, in reply to a question tabled in Parliament by Ms Phumzile Mlambo-Ngcuka (ANC).

Although the budgets for academic hospitals in Gauteng rocketed by 49,6% in three years and those in kwaZulu/Natal by 42,8% in four years, those in the Western Cape only rose by 6,8% — less than the rate of inflation.

This trend has affected the number of registrars — qualified doctors training to be specialists — in the three provinces.

The number of registrars doubled in four years in Gauteng and rose by 14,8% in kwaZulu/Natal over the same period, but dropped by 29,8% in the Western Cape.

Bed occupancy rates had declined at most of the hospitals, but at Johannesburg Hospital occupancy increased to 97,6%, at GaRankua to 82,7% and at Groote Schuur to 91,34%. But occupancy had declined at Red Cross to 84,35% and at Tygerberg to 75,7%, Dr Zuma said.

NEWS FEATURE *Baragwanath Hospital operates under most abnormal circumstances*

Baragwanath holds its ground

■ **GOOD SERVICE** *Despite setbacks*

Bara staff are devoted to saving lives:

This is the last of a five part series written by Glenn McKenzie

A low building that once housed Allied soldiers during World War 2 is still Baragwanath Hospital's first line of defence. This is the casualty ward and in case you weren't sure a sign reads: **ONLY URGENT PATIENTS.**

Many people don't realise that they shouldn't go to the casualty ward unless they are very seriously hurt, according to doctors here. "People with minor injuries or illnesses that can be treated at a later point will often wait here for hours," says a casualty doctor who has asked not to be named.

People who feel sick but are not in serious trouble should always go to their local clinics during daylight hours, says the doctor. If they go to Baragwanath, they will be competing with patients who have been stabbed, shot, or who are victims of motor vehicle accidents.

Low levels of staff

Despite underfunding and low levels of staff, Baragwanath's casualty ward and other trauma services here are recognised as among the best in the world. But patients often feel they are not receiving top notch services.

"Our job is to save lives. We don't have time to be nice to patients. We are overworked and sometimes we get angry. But we are doing the absolute best job that we can," says the unnamed doctor. Ray Valentin, head of trauma services at Baragwanath, agrees.

Our job is to save lives. We don't have time to be nice to patients. We are overworked and sometimes we get angry. But we are doing the absolute best job that we can

"Patients often find reasons to be unhappy. They don't appreciate what it takes to patch up someone who has been stabbed or shot," he says. Valentin tells a story of how he once performed surgery on a man in Romania who had been shot in the back. After the man had healed, he came back to Valentin and said: "Only an idiot doctor could make a big scar in my back just to take out a small bullet. I've been scarred for life."

According to Valentin, Baragwanath's trauma section deals with the same number of patients as the internationally famous Mayo Clinic in the United States.

The only difference is that Baragwanath does so with only 10 percent of the number of doctors as the American hospital.

"I've had doctors from these very respected places ask me 'how do you do it?' The answer is, I don't know. We just do," says Valentin. He has learned to accept that patients will be angry because of long queues and slow service. He has learned to have his own feelings of professional accomplishment. He no longer expects patients to be happy or grateful. "How do you explain to a patient that



(98) *Source: Ray 27/3/95*

Paramedics attend to a patient at Baragwanath Hospital.

even if you have available doctors, you have to wait for the (operating) theatre to be available? It is *Sowetan's* job to communicate what we are doing here," he says.

"Like every other doctor who spoke to me during the past month, Valentin believes Baragwanath is a special place, despite the understandable anger and frustration expressed by many patients. "Maybe one day, people will realise that we are trying very hard and we are working under abnormal circumstances," he says.

Miracles on hand at Bara

Not everyone is unhappy about the treatment they have received at Baragwanath Hospital. Patrick Mkhaliplhi believes Dr Ray Valentin performed a miracle by restoring his hand after it was crushed in an industrial accident late last year. Mkhaliplhi still does not have full use of the hand, but feels improvements every day.

He is also grateful Baragwanath hospital for putting pin in his hand worth R8 000. (A doctor in another hospital had tried to buy the pin for him even before he had healed, he added.) "I would never go any other place than Baragwanath," says Mkhaliplhi. (If you need to contact Baragwanath Hospital, please phone 933-8000.)

The MINISTER FOR HEALTH:

(a) Budget:

(i) Gauteng

ACADEMIC HOSPITALS	1991 R'000	1992 R'000	1993 R'000	1994 R'000
Baragwanath	—	228 031	293 327	333 469
Coronation	—	54 917	64 224	69 589
GaRankuwa	—	143 000	189 485	230 756
HF Verwoerd	—	189 062	242 098	274 293
Hillbrow	—	105 735	132 620	146 552
J G Strijdom	—	52 635	57 284	70 656
Johannesburg	—	215 184	294 598	353 630
Kalafong	—	89 344	118 993	133 008

(ii) KwaZulu-Natal

ACADEMIC HOSPITALS	1991 R'000	1992 R'000	1993 R'000	1994 R'000
King Edward VIII	191 998	208 293	260 907	282 826
Wentworth	54 779	58 924	70 477	69 651

(iii) Western Cape

ACADEMIC HOSPITALS	1991 R'000	1992 R'000	1993 R'000	1994 R'000
Groote Schuur	365 049	359 008	390 914	369 620
Mowbray Mater-nity	15 831	18 172	15 490	15 118
Avalon Treatment Centre	1 030	1 113	720	681
William Slater	358	869	932	1 133
M.O.U.'s	744	613	5 232	6 777
Princess Alice	—	—	9 053	7 272
Tygerberg	325 998	342 524	349 980	353 578
M.O.U.'s	2 413	2 240	3 012	3 056
Red Cross Hospital	75 236	80 190	80 282	82 401

QUESTIONS

†Indicates translated version.

For written reply:

Hansard 24/3/95

Retrenchment of persons from Public Service

2. Mr L T LANDERS asked the Minister for the Public Service and Administration:

- Whether three persons, whose names and particulars have been furnished to his Department for the purpose of his reply, have been retrenched from the Public Service; if so, in each case, (a) on what date, (b) for what reasons, (c) from which Department or administration, (d) what is this person's name and (e) what position did such person occupy at the time of retrenchment;

(2) whether as at the latest specified date for which information is available, all their financial benefits had been paid out; if not, why not; if so,

(3) whether any delay was experienced in respect of the payment of such benefits; if so, what were the reasons for such delay;

(4) whether it is the intention to investigate the reasons for such delay; if not, why not; if so, why;

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

N3E

The MINISTER FOR PUBLIC SERVICE AND ADMINISTRATION:

- Yes.
 - Mr G G Lawrence: 31 October 1993
Mr S Potgieter: 31 October 1993
Mr M C Hughes: 7 November 1993;
 - all the above officials' posts at the Mariannidge Rent Office were abolished in 1993, the reason being that that office was taken over by the Pinetown Municipality. The officials

were given the option of a severance package or being transferred to schools in the area. All three officials opted for a severance package, due to the fact that they were offered posts at the Pinetown Municipality, where they are at present still employed;

(c) Department of Local Government and Housing of the Ex Administration: House of Representatives;

(d) Mr G G Lawrence
Mr S Potgieter
Mr M C Hughes, and

(e) Mr G G Lawrence: General Assistant II
Mr S Potgieter: General Assistant II
Mr M C Hughes: Driver;

(2) yes;

(3) yes, the persons financial benefits were paid out on the following dates:

Mr G G Lawrence: 20 October 1994
Mr S Potgieter: 20 October 1994
Mr M C Hughes: 19 September 1994.

The reason for the delay cannot be ascertained, as the files cannot be traced in spite of concerned efforts to do so;

(4) no, because the matter can be regarded as having been finalised; and

(5) no.

Information on academic hospitals: Gauteng/ KwaZulu-Natal/Western Cape
(98) Hansard 24/3/95
25. Ms P G MLAMBO-NGCUKA asked the Minister for Health:

What was the (a) budget of, (b) number of (i) registers, (ii) hours worked on average per week by each registrar and (iii) outpatients at, and (c) bed occupancy rate at, each academic hospital in (i) Gauteng, (ii) KwaZulu-Natal and (iii) the Western Cape in respect of (aa) 1991, (bb) 1992, (cc) 1993 and (dd) 1994?

N4E

7

(b) Number of:
(i) Registrars (Reg) and
(ii) Hours worked on average per week (hrs)

(i) Gauteng

ACADEMIC HOSPITALS	1991		1992		1993		1994	
	REG	HRS	REG	HRS	REG	HRS	REG	HRS
Johannesburg	—	—	—	—	—	—	180	76
Hillbrow	3	68	62	68	62	68	61	68
Sterkfontein	12	72	12	72	11	73	10	72
JG Strijdom	11	70	19	70	22	70	48	70
Tara	—	—	—	—	—	—	10	70
GaRankuwa	141	56	152	56	162	56	171	68
Coronation	40	—	40	—	40	—	17	70
Baragwanath	—	—	—	—	—	—	144	70
HF Verwoerd	136	56	136	56	146	56	138	74
Medunsa	7	56	7	56	7	56	8	56
Weskoppies	14	76	14	75	14	76	14	77
Kalafong	73	66	76	66	76	66	72	72

(ii) KwaZulu-Natal

King Edward VIII is the only academic hospital in KwaZulu-Natal. In addition some hospitals provide specialist services

and have registers on their staff establishment although they are not classified as academic hospitals.

ACADEMIC HOSPITALS	1991		1992		1993		1994	
	REG	HRS	REG	HRS	REG	HRS	REG	HRS
King Edward VIII	240	80	256	80	239	80	250	80
King George V	13	56	13	56	13	56	13	56
Regional Laboratory	20	56	24	56	25	56	23	56
Wentworth	—	—	—	—	—	—	13	82
Fort Napier	8	56	6	56	6	56	6	56
Addington	—	—	—	—	—	—	29	90

Statistics are not kept for this type of query and consequently some information in respect of some institutions are not available.

(iii) Western Cape

ACADEMIC HOSPITALS	1991		1992		1993		1994	
	REG	HRS	REG	HRS	REG	HRS	REG	HRS
Tygerberg	228	56	213	56	211	56	210	56
Groote Schuur	362	60	334	64	320	66	302	76
Red Cross	12	75	12	75	12	75	12	75

(b) (iii) Outpatients

(i) Gauteng

ACADEMIC HOSPITALS	1991/91		1991/92		1992/93		1993/94	
	REG	HRS	REG	HRS	REG	HRS	REG	HRS
Baragwanath	—	—	295	879	301	554	350	392
Coronation	—	—	114	178	71	347	66	835
GaRankuwa	—	—	162	892	161	924	199	911
HF Verwoerd	—	—	612	157	665	904	738	473
Hillbrow	—	—	197	442	148	884	178	193
JG Strijdom	—	—	111	666	141	368	152	192
Johannesburg	—	—	407	584	492	082	522	106
Kalafong	—	—	244	836	251	002	246	771

(ii) KwaZulu-Natal

ACADEMIC HOSPITALS	1991		1992		1993		1994	
	REG	HRS	REG	HRS	REG	HRS	REG	HRS
King Edward VIII	584	292	548	825	471	260	414	084
Wentworth	31	706	29	486	32	122	32	293

(iii) Western Cape

ACADEMIC HOSPITALS	1990/91		1991/92		1992/93		1993/94	
	REG	HRS	REG	HRS	REG	HRS	REG	HRS
Groote Schuur	945	472	908	681	885	384	852	633
Red Cross	254	287	228	988	221	079	220	471
Tygerberg	831	831	779	522	667	649	681	436

(c) Bed Occupancy

(i) Gauteng

ACADEMIC HOSPITALS	1990/91	1991/92	1992/93	1993/94
Baragwanath	—	81,2%	93,9%	53,4%
Coronation	—	75,8%	57,7%	62,8%
GaRankuwa	—	77,7%	75,8%	82,7%
HF Verwoerd	—	64,3%	63,8%	63,7%
Hillbrow	—	75,6%	32,1%	69,5%
JG Strijdom	—	95,4%	71,5%	54,0%
Johannesburg	—	88,4%	94,4%	97,6%
Kalafong	—	78,2%	81,2%	81,8%

(ii) KwaZulu-Natal

ACADEMIC HOSPITALS	1990/91	1991/92	1992/93	1993/94
King Edward VIII	85,22%	80,53%	79,16%	66,12%
Wentworth	63,51%	64,28%	64,22%	59,38%

(iii) Western Cape

ACADEMIC HOSPITALS	1990/91	1991/92	1992/93	1993/94
Groote Schuur	83,72%	87,93%	91,26%	91,34%
Redcross	96,75%	92,15	88,32%	84,35%
Tygerberg	89,84%	90,36%	79,27%	75,70%

Note: The information was furnished to the Department of Health by the respective provincial legislators.

INTERPELLATIONS UNDER NAME OF MEMBER

Breytenbach, Mr W N—
Defence, 58

Geldenhuys, Dr B L—
Foreign Affairs, 2

Cassim, Mr M F—
Water Affairs and Forestry, 205

Gibson, Mr D H M—
Transport, 63

Chlolé, Mr J—
Housing, 8

Groenewald, Mr P J—
Safety and Security, 210

De Lille, Mrs P—
Land Affairs, 69

Niehaus, Mr C G—
Correctional Services, 1, 53

Closure of Conradie, Karl Bremer mooted

CT 29/3/95

(98)

A PROVINCIAL health plan proposes the closure of some hospitals and moving some services to others. **PETER DENNEHY** reports.

A RECENTLY drawn-up draft provincial health plan proposes that serious consideration be given to closing down two prominent hospitals in the Metro area, selling off one of the blocks of a third, and moving another.

The hospitals that could face closure are Conradie in Pinelands and Karl Bremer in Bellville.

Conradie's spinal unit would be moved to Groote Schuur, and the existing premises in Pinelands would be closed and sold.

Karl Bremer has been upgraded recently, but "serious consideration must be given to not re-open-

ing it, and to accommodating its work within the converted Tygerberg Hospital", says the report drawn up by the Strategic Management Team of the Western Cape Province's Ministry of Health and Social Services.

Somerset Hospital's North Block should be sold, and Victoria Hospital should be moved to Princess Alice so that the existing Victoria site can be sold, the report continues.

The orthopaedic work done at Princess Alice can be accommodated at Groote Schuur.

Dr Buzz de Kock, chairman of Somerset Hospital's board, said the report was "merely a proposal".

The report itself, which will be placed before the Metropolitan Council today, says that it is a draft for public comment.

"This plan needs to be widely discussed, modified and finally

agreed upon by as many interest groups as possible," it says.

It suggests that funds raised by the sale of the Somerset north block, which borders on the Waterfront, could be used to contribute to the building and staffing of a regional specialist hospital in the Khayelitsha/Delft area.

The plan also recommends that Tygerberg Hospital be converted to a regional specialist hospital over the next five to 10 years, with services there up to and including specialist services, while Groote Schuur and Red Cross would run as sub-specialist institutions, whose community health and specialist health sections should be phased out.

Within a decade, patients will only be seen at Groote Schuur if they have been referred there by a regional specialist hospital such as Tygerberg, the plan recommends.

Outsiders a big drain on health budget

■ BY JO-ANNE COLLINGE

Gauteng spends an estimated R900-million a year on health care for people who live outside the province but seek treatment within its borders, says Gauteng's chief director for health administration Jan Nagtegaal.

This accounts for 29% of the Gauteng health budget but the province receives no reimbursement from the central Gov-

ernment for the services it offers non-residents.

The amount spent on non-residents far exceeds the potential shortfall between the amount budgeted for health in 1995/6 and the amount required to maintain services.

Nagtegaal put this latter amount at R536-million as he presented details to the Gauteng legislature's standing committee on finance yesterday.

Dr Ralph Mgiijima, head of the strategic management team for health, argued that Gauteng's problem lay not in the actual volume of outsiders treated but in the fact that the central Government took no account of the "outsider factor."

Gauteng's health allocation was directly in proportion to its permanent population and there was no increase to accommodate non-resident patient load.

(98) (98) / 29/3/95

Cash-strapped Gauteng in corner over health and education funding

5 hospitals face closure

ATED BODIES: T
prisoner charged

BY JO-ANNE COLLINGE

The closure of five hospitals and downgrading of 10 others to community health centres are options which the Gauteng government might have to consider if it cannot find less drastic ways to bridge the health department's potential shortfall of R536-million. These last-resort measures

were listed to the legislature's finance standing committee yesterday by Dr Jan Nagtegaal, Gauteng's chief director for health administration. And there are other drastic implications from Gauteng's lean budget — 92% of which will come from the central Government. Gauteng's acting head of education, Peter Buckland,

told the same committee that with an education budget cut to the bone, savings can only be made by, among other drastic measures:
■ Not creating new teaching posts for new schools;
■ All new but big projects to be scrapped;
■ All minor repairs to be shelved.
Buckland told the committee

these savings were painful concessions due to a shortage of more than 1 300 classrooms and with many other facilities in a dilapidated state. Although education accounts for R4,45-billion or 42% percent of Gauteng's 1995/6 budget, this amount still falls R384-million short of officials' most stringent quantification of needs.

Buckland argued that, when inflation and the increase in pupils were taken into account, the 1995/6 budget represented a cutback of 15% on last year. During the finance standing committee's discussion of the health budget, health MEC Amos Masondo declined, when pressed by committee member Ian Davidson, to indicate which

hospitals were on the line. He said it was "not opportune" to disclose such information — especially with the media present. Nagtegaal and Dr Ralph Mgijima, who heads Masondo's strategic management team, indicated that they were virtually assured of R300-million from the RDP Fund. This

THREAT: They have to allocate more money later this year. Sequences of services curtailed when funding to Parliament's committee on finance. The committee expressed its concern over the Government's budget. R5 is used for this purpose.

Threat to hospitals

(98) SPAN 29/3/95
From Page 1

primary health care. Nagtegaal pointed out that regional and community hospitals had borne the brunt of cuts in hospital spending. The academic hospitals had experienced minimum cuts because the national Government fixed the scales for academic hospitals. Officials said they were attempting to spread the expertise available in academic hospitals by having specialists do sessions at the regional hospitals.

During his address to the committee, Buckland said about 2 000 new teachers were needed to staff 22 new schools opened by the Department of Education and Training (DET) in Gauteng.

"This gap has been filled largely by temporary transfers from neighbouring schools, but at least half of the posts will have to be filled substantively if ratios in neighbouring schools are to be maintained."

While an attempt would be made to re-deploy teachers from areas of oversupply — essentially the suburbs — there were constraints on this mechanism.

In the Vaal, where the shortage of classrooms ran to 820, and the East Rand, huge numbers of pupils and teachers were

forced into the "platoon school" system.

"It's a tough budget and it's a sad story, but we are determined to make the best of it," Buckland said, pointing out that the more efficient and more equitable use of resources was absolutely vital.

To prove his point, he provided statistics showing that a measurable — if small — redistribution of resources had begun to take place between the segregated education departments, under the 1994/5 budget.

By supporting the enrolment of new pupils at former Transvaal Education Department schools and restricting the hiring of teachers in these schools, the ratio of pupils to each teacher had risen from 21,6 in 1994 to 24,4 early this year.

A similar increase had occurred in schools under the House of Delegates (20,6 to 26,1) and the House of Representatives (25,9 to 27,2). And the most under-resourced schools, the black schools, had at last seen a drop in teacher/pupils ratios — from 29,4 to 29,1.

The central government, Buckland concluded, had certainly not heard the last plea this year from Gauteng.

Govt told to give more funds — Page 6

amount would significantly reduce the possible shortfall. They pointed out that Gauteng had inherited a disproportionate number of sophisticated teaching hospitals. The national health plan required that Gauteng adjust the focus of services from this sophisticated mode of provision to pri-

To Page 3

Measures to curb theft at Baragwanath

(98) Sowetan 30/3/95

GOODS and equipment valued at about R1,5 million have been stolen from Baragwanath Hospital in Soweto over the past three years, Gauteng MEC for health Mr Amos Masondo said yesterday.

Sapa reports that Masondo said, in reply to written questions by Democratic Party MPL and health spokesman Mr Jack Bloom, that new security measures, including closed-circuit television, were being introduced to curb theft from the hospital.

Up to 12 000 employees and visitors are in the hospital at any given time.

Blankets and sheets valued at R770 000 were stolen and gowns and towels worth R310 000 had also disappeared.

Losses from 161 reported theft cases totalled R1,394 million, a figure which excluded consumable items on which no proper inventory was kept. Success in apprehending culprits had been limited for a variety of reasons.

A boundary wall is to be built and a satellite police station installed and tighter control over linen stocks will be introduced.

Bloom said the theft problem was related to low staff morale and community pride. Additional security was vital to combat what appeared to be practically a "free-for-all" theft situation, he said.

Police recovered millions of rands worth of drugs stolen from the hospital a week ago in a house in Zondi, Soweto, after a tip-off by *Sowetan*.

Red Cross Hospital staff threaten protest

Labour Reporter

RED Cross Children's Hospital staff have threatened protest action if the government does not respond to their demand to be paid before the Easter weekend.

A spokeswoman for the Red Cross workers, Brenda Smith, said the action, if taken, would spread to other hospitals.

Civil servants are usually paid on the 15th of the month, but because the 15th falls on Easter Saturday the government has decided to pay

wages on Tuesday April 18.

The workers want to be paid on the 13th.

Ms Smith said a meeting cutting across union ranks was held yesterday, and the workers had decided to give government until today to respond to their demand.

If the government did not respond, they would hold another meeting to decide on appropriate industrial action.

"Action is being planned at all hos-

pitals," Ms Smith said.

The workers were disappointed that several approaches to Public Service and Administration Minister Zola Skweyiya to rectify the situation had met with no response.

The unions who took part in yesterday's meeting were the Hospital Personnel Staff Association, the National Education Health and Allied Workers' Union, the Public Service League, the Public Servants' Association and the South African Nursing Association.

(98) ARG 31/3/95

Hospital airs troubles to DP

JOHANNESBURG Hospital's biggest problems were a shortage of staff and having to treat patients who could be treated more cost-effectively elsewhere, hospital administrators told a visiting DP delegation yesterday.

(98) BD 7/4/95
Gauteng DP health spokesman Jack Bloom said in a statement hospital superintendent Trevor Frankish felt only patients needing specialised high-technology care should be referred to academic (teaching) hospitals.

Hospital administrators believed the media should inform patients which health institution to attend for specific illnesses.

After touring the hospital Bloom said: "My overall impression is that there is a delicate interdependence in the health system as a whole; that it is not a matter of either/or between high standards of academic medicine and a shift to primary health care, but that they must work co-operatively together." — Sapa.

When the going gets tough . . .

BY JANINE SIMON

Johannesburg Hospital was praised for its efforts to maintain services in the face of severe bed and staff shortages by Gauteng's Health Department head Dr Ralph Mgi-jima yesterday.

He was taken on a fact-finding tour of the 900-bed institution, organised by the DP's provincial health spokesman Jack Bloom in response to continued reports of poor service at the hospital.

Chief superintendent Trevor Frankish and

(98) Star 7/4/93
deputy superintendent Dr Warrick Sive said the hospital's patient load had almost doubled in the last few years, while the staff complement remained at 1983 levels.

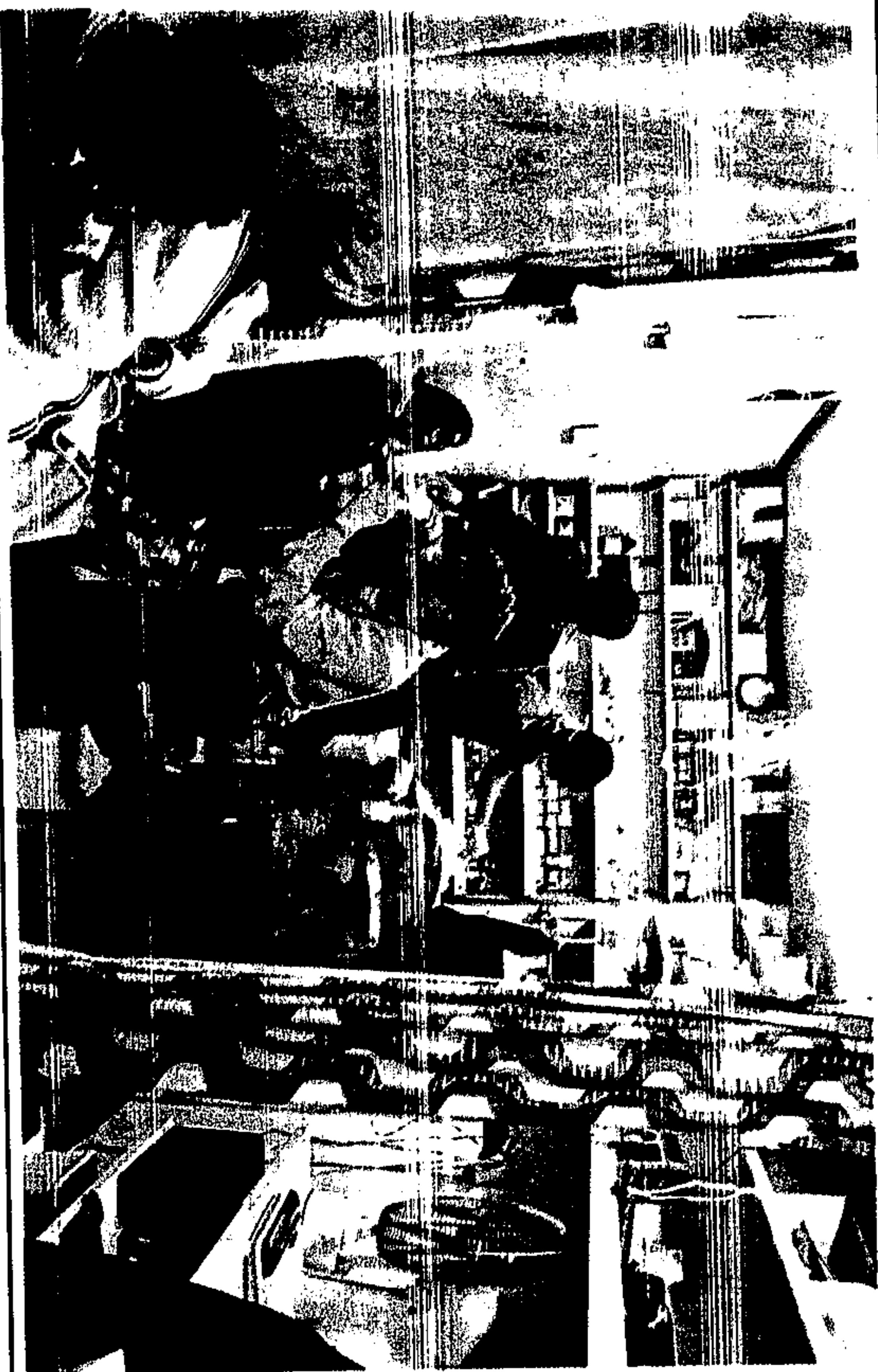
This had forced administrators to innovate to maintain medical services, Frankish said.

As a result, communication with provincial authorities and between Gauteng hospitals had improved significantly. There had also been important moves made to reorganise services at Johannesburg Hospital and improve those at periph-

eral hospitals.

For example, a permanent medical registrar had been placed at peripheral hospitals like Boksburg Benoni and a short-stay GP-run family ward set up in Johannesburg Hospital.

Sheer pressure of patient numbers, however, had forced staff to make decisions which led to inadequate care for patients: the shortage of beds, for example, meant as many as 30 patients a month being turned away from the paediatric intensive care unit, he said.



Soldierings on in the healing hut

GLYNNIS UNDERHILL
Weekend Argus Reporter

SOLDIERS are not always welcome in the townships — but there is an exception to the rule in Guguletu.

Many lives have been saved by the Defence Force SA Medical Services working in collaboration with residents in a container less than one metre wide alongside the police station.

Stab and gunshot victims are a common sight at the 24-hour satellite clinic at weekends. With major hospitals miles away, patients used to wait for ambulances to take them for medical care before the clinic was opened in last December.

Mountain Qumbela of the Community Policing Forum was working a gruelling shift at the clinic when he spoke to Weekend Argus. His work is voluntary and unpaid, he said.

"Everything is going smoothly. We get most of our patients coming in on Friday, Saturday or Sunday," he said. On a busy night the clinic can expect

to treat up to 20 patients.

"Our aim is to train the community itself to treat patients," said Mr Qumbela.

Most of the seriously injured patients are stabilised and sent to Groote Schuur and Conradie Hospitals.

The problem facing the clinic was not the welcome presence of the Defence Force medics — but a "financial one," said Mr Qumbela.

Many of the fulltime helpers, like Mr Qumbela, have to eke out a living selling fruit and other wares.

Medic Corporal Conrad Cloete said the clinic had been the joint project of the Defence Force, police and the community.

"It is working well. People have welcomed us here because they need the clinic."

The clinic might be small but it was functional and everybody was "always busy," said Corporal Cloete. A second container and a telephone would improve conditions, he added.

□ MEDICS ON CALL: The container might be narrow — but it has been equipped with lifesaving equipment and Defence Force medics.
Picture: FANIE JASON
Weekend Argus

IT'S A NEW LOOK!

Protesting hospital workers ignore union

DURBAN — Workers at several KwaZulu/Natal hospitals have embarked on disruptive protest action despite appeals from the National Education, Health and Allied Workers' Union (Nehawu) not to do so, says Nehawu spokesman Obed Zuma.

The protests were carried out under the umbrella of worker committees at the hospitals.

A spokesman for the Charles Johnson Hospital committee said it appealed to members of different political parties, unions and non-unionised workers, because it was non-aligned.

FAROUK CHOTHIA

This created unity and the interests of all workers were catered for in joint action.

Zuma said Nehawu did not believe such reasoning was "valid" as any intervention by the union was aimed at benefiting all workers.

Nevertheless, Nehawu worked with the committees, on which the union was represented.

Zuma said workers from several hospitals met recently and decided to embark on protest action. Nehawu

failed to dissuade them.

Workers at Charles Johnson blockaded the administration building last week, trashed the place and tampered with the power supply.

Workers were protesting against deductions from their salaries. The provincial department of finance overpaid them in October, and had started recovering the money by deductions from salaries.

Nehawu had requested a meeting with KwaZulu/Natal director-general Otty Nxumalo to seek a solution to the crisis.

(98) (12)

Hospital labour protest continues

MEMBERS of the Forum for the Unemployed (FOFOTU) continued their occupation of administrative offices at Madadeni Hospital near Newcastle in KwaZulu/Natal on Friday, accusing management of unfair labour practices.

MEC for health Dr Zweli Mkhize said the wards were being sterilised after protesters broke into a laboratory during a strike and stole infectious material and live cultures which they spread through the wards. CP 9/4/95

Medicines kept in a cupboard give way to professional care

Squatters' clinic their very own

(98) Star 10/4/98

BY WINNIE GRAHAM

**SQUATTERS
with their own
medical services,
including a
doctor**

The people of Weilers Farm, the giant "squatter" settlement 40 km south-west of Johannesburg, have finally got their own clinic — a facility costing about R120 000 which offers both preventive and curative services.

Six community health workers, three AIDS educators, two nurses and a doctor are now available to help about 500 people a week in need of attention. In addition, the staff offers family planning services, ante-natal care and immunisation.

The clinic also looks after chronically ill patients, people with hypertension and patients with sexually transmitted diseases (about a quarter of all cases seen).

Limited

Weilers Farm has a population of about 15 000 and despite being in existence for nine years, still falls under the Illegal Squatters Act.

Because of this, the community has had only limited health care facilities, provided by a non-government organisation, the Grasmere Community Development Trust.

Initially, medicines, stored in a farmhouse pantry, were dispensed to the sick by a volunteer. About 50 patients a week were helped.

A small prefab-hut clinic, erected in the late 1980s, provided only basic health care. The facility was shared by farm workers and people from

the neighbouring Sweetwaters settlement. For six years, twice a week, medical professionals volunteered their services to the community.

The situation, however, was far from ideal. When the clinic was closed, the sick in the area could not afford the cost of going to hospital.

As the need for proper facilities became increasingly clear, the NGO staff and community leaders worked together to find the right site. Donors were sought.

Today, Weiler's Farm has a new clinic building handling up to 160 patients a day. It is staffed by six community health workers, three nurses and a doctor.

The Grasmere Trust serves communities in the area through an integrated programme of development in health care, small enterprise creation, legal advice, water and sanitation.

The donors who made the building of the clinic possible are the Kellogg Foundation, Janssens Pharmaceutica, Safmarine and Corporate Outreach Trust. The health services are being underwritten by Kagiso Trust, Kellogg Foundation, the IDT and the Nedcor Community Development Fund.

The clinic . . . a mother takes her baby to the simple structure which provides people in the area with immediate medical needs.



Ailing infant . . . a member of the medical staff at the Weiler's Farm clinic checks the ear of a tearful young patient.

PICTURES: JODI BIEBER



Help for the elderly . . . a patient has her eye examined by a doctor.



Staff stands accused of theft, fraud

Red tape nightmare

Hospital 98
SPAR 10/4/98
inefficiency

■ BY JANINE SIMON

An official report into allegations that Hillbrow Hospital staff siphoned hundreds of thousands of rands from state coffers by manipulating letters of appointment, merit awards and provisioning procedures is expected tomorrow.

Gauteng MEC for Health Amos Masondo, who was called into the investigation last week by officials of the National Health, Education and Allied Workers' Union (Nehawu), said the findings of the report would be forwarded to him as part of the province's drive to clean up health services administration.

Nehawu's allegations include:

- Nursing and clerical staff received letters of promotion and salary increases years after they were supposed to have taken effect, and then denied payment for those promotions.
- Senior staff purchased furniture worth more than R100 000 last month without adhering to formal provisioning procedures, such as technical reports, tenders and inventory records.

The union also plans to take up alleged theft and fraud claims.

■ BY JANINE SIMON

Johannesburg Hospital has to turn away 30 critically ill babies a month, but it loses or wastes hundreds of thousands of rands a year through inefficient, centralised management systems, according to a senior hospital official.

For example, the overburdened institution lost an estimated R300 000 through pilfering that could have been prevented had hospital administrators been able to order, erect and pay for a simple security gate, deputy superintendent Dr Warwick Sive said during a fact-finding tour of its wards last week.

Sive said he had applied for the gate after learning that theft had cost the hospital R150 000.

"That was more than a year ago. I still haven't been given the answer, and we've probably lost another R300 000 since," he said.

Although it is inundated with illiterate and non-South African

patients, the hospital cannot change signage in its maze of corridors without permission from provincial authorities. Instead, medical staff must ensure patients find their way.

Sive said it had taken him more than two years to get a personal computer on his desk. And the hospital's management information system was inefficient and being maintained at an exorbitant cost.

Managerial nightmares are undermining the hospital's efforts to cope with its ballooning patient base and its attempts to relieve pressure on its wards by building up services in peripheral hospitals.

"If we are to run this hospital efficiently, we have to have the authority to do so.

"Without autonomy, a management information system that works, and the right to treat and charge private patients — and retain income generated to fund other services — the transformation of the hospital won't succeed," Sive said.

Hospital's clean up drive starts

Sowetan
10/4/95

Sowetan Correspondent

AN official report into allegations that Hillbrow Hospital staff siphoned off hundreds of thousands of rands from State coffers by manipulating letters of appointment, merit awards and provisioning procedures is expected tomorrow (98)

Gauteng MEC for health Mr Amos Masondo, who was called into the investigation last week by officials of the National Health, Education and Allied Workers Union, said the findings would be forwarded to him as part of the province's drive to clean up administration of health services.

Tomorrow's report from a joint investigation committee of union, hospital and provincial officials will focus on letters of appointment and merit awards. The committee will then begin questioning provisioning procedures.

Allegations of corruption by key administrative and personnel staff at Hillbrow Hospital surfaced last month and Nehawu engaged in industrial action to expose it.

Gauteng assistant director of labour relations Mr Ben van Rooyen said the dispute was settled on March 24, with an agreement to set up a joint investigation committee into the allegations of corruption. This committee will be reporting on its findings this week.

Nehawu shop steward Siphwe Mazibuko said the union had taken its allegations to Masondo last week as it felt the committee had made little progress.

It also called for the immediate suspension of two senior hospital staff and a review of all hospital tenders.

Aids Virus attack sparks outrage

Sowetan Correspondent

POLITICIANS ARE HORRIED and outraged at the extreme measures adopted by striking hospital workers in Kwazulu-Natal who attempted to infect patients with deadly diseases, including Aids.

The mob, who sprayed women and children with the deadly HIV and hepatitis B viruses and tuberculosis bacteria, also face attempted murder charges, with arrests expected "anytime now", according to police.

About 60 women and 30 newborn babies at Madadeni Hospital in Newcastle had to be evacuated when workers stormed the wards carrying test tubes stolen from the laboratory and released the germs, said a senior hospital spokesman.

Dr Manto Tshabalala, chairman of the National Assembly standing committee on health, condemned the incident as "outrageous".

He said he intended to bring the matter up in Parliament when it reopened next week.

The superintendent of Madadeni Hospital, Dr Revi Nyombayire, said the patients were not in danger because the wards were evacuated as soon as they were contaminated.

"People should not be alarmed because we took all precautions to ensure the patients' safety. We had the wards decontaminated as soon as we could," he said.

"This is a horrifying form of intimidation and must be condemned at every level," said Democratic Party spokesman on health Mr Mike Ellis.

Kwazulu-Natal MEC for health Dr Zwelli Mkhizwe said: "Such action cannot be viewed as part of a normal labour dispute or protest action and such irresponsible behaviour will not be tolerated by my department."

Inkatha Freedom Party spokesman Mr Ed Tillet said the incident was "absolutely disgraceful" and everything should be done to bring the perpetrators to justice.

"The patients had nothing to do with any of the grievances the workers had with management. This behaviour is what one has come to expect in our country where there is a total absence of law enforcement."

Newcastle National Party MP Mr Adrian Blaas said to release dangerous Aids-infected and deadly viruses into wards was barbaric and bordered on the ultimate violation of human rights.

"These terrible actions of the protesters should be regarded as attempted culpable homicide and that they should be investigated in that light."

But a noted Johannesburg medical expert said yesterday it would be impossible to infect patients by throwing the germs on the floor.

Head of the National Reference for Sexually Transmitted Diseases at the Institute for Medical Research Professor Ron Ballard said he could not understand how anyone could spread the HIV and hepatitis B viruses unless they exchanged body fluids or were injected directly into the patients' bodies.

"The HIV and hepatitis B germs are not airborne, so that even if they were spread in the wards they would not constitute a health risk," Ballard said.



SEEKING OUT IN THE COLD

Nelson Msimanga (11) and his sister Sibongile (3) were among hundreds of squatters from Zevenfontein who slept in freezing conditions in the open field outside a site at Dlepsloot, north of Johannesburg, on Monday night. It was the fifth night in the open for the squatters.

PIC: VELL NHLAPO

Sowetan

(98)

Patients infected: nurses to be charged

■ OWN CORRESPONDENT

Durban — A group of nurses and other hospital workers who deliberately tried to infect mothers and babies with bacteria at Newcastle's Madadeni Hospital are to be charged with attempted murder.

The charges could be altered to murder counts if the victims die from diseases — including tuberculosis and hepatitis B — they might have been infected with because of the incident.

KwaZulu-Natal MEC for Health Dr Zweli Mkhize said workers at Madadeni had stolen contaminated material from the hospital laboratory and deliberately spread the infected specimens, which reportedly included the HIV virus, in the maternity ward.

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efar 11/4/95
The incident was sparked when hospital staff had money deducted from their salaries because of a slight overpayment.

According to Major Elliot Mthethwa of the KwaZulu police, attempted murder dockets had been opened. Arrests were expected shortly, he said.

Affected

Madadeni Hospital superintendent, Dr Revy Nyombayire said the affected areas in the hospital had been sealed off for decontamination purposes and the patients had been moved to Newcastle Provincial Hospital or to other wards.

Swift action was expected today when Mkhize returns from a meeting with Minister of Health Dr Nkosazana Zuma.

Strikers who 'spread' viruses may be charged

ARC 11/4/95

The Argus Correspondent

DURBAN. — Provincial Health Minister Zweli Mkhize has warned that criminal charges could be brought against those responsible for releasing the deadly Aids and hepatitis B viruses and bacteria into the maternity and nursery sections of a Kwa-Zulu-Natal hospital.

About 60 women and 30 newly born babies at Made-den Hospital in Newcastle had to be evacuated when striking workers stormed their wards and sprayed the floors and beds with the germs, a hospital spokesman said.

It was feared some of the patients might have been infected with the bacteria, which included tuberculosis,

and tests were being carried out.

The germ-filled test tubes were obtained when workers broke into the laboratory, said the spokesman.

Dr Mkhize's office confirmed that a full investigation was under way and charges would be laid if there was enough evidence.

"Such action cannot be viewed as part of normal labour dispute or protest action and such irresponsible behaviour will not be tolerated by my department," said Dr Mkhize.

A Durban cleaning firm has been hired to decontaminate the wards.

The hospital spokesman said staff had been striking after a wage dispute but they had now returned to work.

NEWS Situation calm after faction fight ● Storms devastate KwaZulu-Natal shacks

Theft probe for hospital staff

By Glenn McKenzie

SOME senior staff at Johannesburg's Hillbrow Hospital may have stolen thousands of rands of equipment, ranging from wheelchairs to stretchers, a union shop steward claimed yesterday.

The allegation follows news that Gauteng provincial health officials and police are investigating claims of large-scale corruption at the hospital.

National Health, Education and Allied Workers Union shop steward Mr Siphile Mazibuko claimed union members had found hospital equipment, including stretchers and wheelchairs, at a private residence in Brakpan.

Inadequate account

Mazibuko said the residence was owned by a "relative of a Hillbrow official", who could not adequately account for the equipment's presence.

Nehawu also alleges that certain senior hospital staff had:

- Purchased furniture worth more than R100 000 without following legal procedures; and
- Denied employees of promised payments and had broken rules in giving

promotions and merit awards.

Yesterday, Gauteng MEC for health Mr Amos Masondo said an internal investigation had been launched at the hospital and the results would be known "quite soon".

Other institutions

Allegations of theft and corruption would also be investigated at other health institutions in the province "as a matter of course", he added.

"We need to involve the police as well as our own disciplinary people. The police are very well trained to deal with the problem and we are obliged to discover where our problems lie," said Masondo.

Masondo said there had become a large problem in health institutions since the new government began its "transition phase".

Transition phase

He blamed the problem on "fragmented services" created by the former apartheid regime.

Currently, all health services are being brought under the control of Gauteng department of health head Dr Ralph Mqijima.

*98
Sowetan 11/4/95*

Sit-in at Groote Schuur

LIBBY PEACOCK
Health Reporter

~~98~~ 98
ARG 12/4/95

GROOTE Schuur Hospital workers have staged a sit-in to highlight their unhappiness at having their salaries paid only after the Easter weekend.

Similar protests were staged at Tygerberg Hospital and other health institutions yesterday.

Health Workers' Union spokesman Archie Mndzalo said the workers, who were usually paid on the 15th of the month, had been told they had to wait until after the Easter weekend for their money.

This was unacceptable and there were "no reasons" why they could not be paid.

The workers, mainly members of the Health Workers' Union and the National Education, Health and Allied Workers' Union (Nehawu), would make the sit-in "effective", forcing au-

thorities to release their wages, he said.

Pierre Oosthuizen, director of labour relations in the Western Cape administration, said the unions had approached his department in February, asking to be paid on the 13th of this month.

The department had sympathy with the workers' request, but had no control over the pay date as this had been fixed by the Department of State Expenditure in Pretoria.

He said his department had approached this department, but it had refused to budge.

The workers were in a "no-win situation", as it was no longer technically possible to move the pay date forward, he said.

A Groote Schuur Hospital spokesman said the issue was "not a hospital matter".

Spread bacteria

'not Aids'

OT/2/4/95

MARITZBURG: The highly infectious material spread in the maternity ward of Madadeni Hospital by striking workers last week did not include Hepatitis B and Aids viruses, kwáZulu/Natal Health Minister Dr Zweli Mkhize said.

They spread bacterial cultures, which could cause a variety of conditions such as diarrhoea, in the ward, he said.

Staff had broken into the laboratory and spread live cultures and infectious material through the maternity section and two wards.

Dr Mkhize called their behaviour criminal and said police were investigating the incident. — Own Correspondent (98)

Ambulance move wanted

PETER DENNEHY

(98)

STAFF REPORTER

CT 12/4/95

AMBULANCE services in the city should be run by the Cape Metropolitan Council (CMC) rather than by the City Council, the emergency services committee recommended yesterday.

The committee was considering an appraisal of ambulance services drawn up by a task team appointed by regional health minister Mr Ebrahim Rasool.

When the report came before the full council last month, it was referred back to the committee for further consideration because Mr Arthur Wienburg was concerned about the consequences of the proposed shift.

Mr Rasool's task group has proposed that the provincial authorities should be responsible for ambulance services throughout the province.

However, they should delegate the task of running them, on an agency basis, to the CMC and to five regional rural local authorities in the Western Cape which are expected to be established soon.

The Cape Town City Council wants the CMC to get more than just the task of running the service on an agency basis for the province. Instead, it wants the CMC to have proper legal authority to draw up the ambulance service budget.

Details of the shift could be negotiated with staff later.

said accommodation at the Wilderness National Park, the Addo Elephant Park, the Tsitsikamma National Park, and Langebaan Lodge in the West Coast national Park were fully booked.

However, Ms Van Rensburg said a number of camping and caravan sites were still available at the parks.

Spread bacteria

'not Aids'
DT/12/4/95

MARITZBURG: The highly infectious material spread in the maternity ward of Madadeni Hospital by striking workers last week did not include Hepatitis B and Aids viruses, kwaZulu/Natal Health Minister Dr Zwelli Mkhize said.

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Staff had broken into the laboratory and spread live cultures and infectious material through the maternity section and two wards.

Dr Mkhize called their behaviour criminal and said police were investigating the incident. — Own Correspondent

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tee said.

Sweaty briefs sexy 'turn-on'

TOKYO: For men who can't seem to attract women despite the right aftershave, flowers or cologne, Japanese scientists have developed a new weapon for the olfactory arsenal — underpants laced with sweat, synthesized sweat, anyway, and without that gauche locker room smell.

Millions of tiny capsules in the fabric contain a synthesized pheromone found in the sweat of a man's underarms. Friction causes the capsules to break, releasing the scent.

Apparel and cosmetics maker Kanebo says it has recreated the effect of the pheromone — a kind of natural attractant secreted by several kinds of animals — without any unpleasant odour.

An added musk scent doubles the effect, says spokesman Mr Kazuhiro Miyoshi.

However, the power of the pheromone fabric is fleeting. Kanebo estimates about 10 washings. — Sapa-Ap

Badong... Kashogony... sul

still occur."

Women earn about 40% less than men — report

CT/12/4/95

PARIS: Women earn on average 40% less than men of the same age and with the same education level, and with the same education level, a report by the Organisation of Economic Co-operation and Development (OECD) released yesterday showed.

Part of the reason for the disparity is women are more likely to work part-time, said the survey produced yearly by the 25-member nation think-tank.

The gap is biggest in Switzerland, the Netherlands and Britain, where on average women's pay is less than half that of men. In Italy and Finland, the gap is smallest, with women on average earning 76% of men's salaries. The gap is largest for least-educated women.

OECD countries spend on average 6,1% of their gross domestic product on education, with Finland and Canada leading the way. Germany, Japan and the Netherlands invest the least. Male university graduates in all

countries earn on average between 45 and 75% more than men with a senior school education. But in Italy, the Netherlands and New Zealand, the advantage of a university education is much less.

The overall pattern is much the same for women. However, they gain least financial advantage from a degree in Austria, Denmark and Italy and most in Portugal and Britain. In Britain, a female graduate earns twice as much as a woman with only a senior school education, the report said.

Most countries in the survey agreed mathematics and the native language should form the core of the school curriculum.

The report showed education "is the key but no longer a passport to a job", OECD education director Mr Thomas Alexander said.

The jobless rate is least among people with a university degree. It is 12% in France and eight percent in the US. — Reuter

Hospitals need urgent help

98 Sowetan 12/4/95

By Khathu Mamaila

SLEEPING on a cement floor is never pleasant — and when you are nine months pregnant it becomes a positive ordeal. This was the experience of Rendani Netshieneulu, who was waiting to give birth to her first child at Tshidimbini Clinic about 15 kilometres from Thohoyandou.

She was one of the 16 pregnant women who were sharing a 25 square metre room at the clinic, generally known as the Salvation Army.

The small room contained no furniture of any kind. The only thing separating the huge bellies from the cold cement was a thin blanket, commonly referred to as *tshibvula*.

Rendani, who lives in Hamukoma village in Tshikondeni, more than 70 kilometres from the clinic, had to make do with the cement bed because Tshidimbini was the only health centre close to the Donald Frazer Hospital, where she could be transferred to should her delivery be complicated.

While this scenario might strike many people in the urban areas as odd, it is so commonplace for rural women to receive this kind of treatment that most of them do not even complain.

"If at a big hospital like Donald Frazer mothers and their newborn babies sleep on the floor, under the beds of other patients, what can we expect from this place?" asked Rendani.

The shortage of beds is only one of the problems in Northern Transvaal hospitals. Medicine is the other.

A doctor at Elim Hospital told *Sowetan* there is a critical shortage of drugs.

She said the Government's announcement that pregnant women and children under the age of six would be given free medical care was not accompanied by a commensurate increase in the allocation of resources.

Penniless mothers

She said the hospital had been invaded by penniless mothers who brought their sick children for medical attention.

"I openly tell them that their children need Panado syrup and advise them that if they can afford it they should go and buy it from the chemists," said the doctor.

"In most cases they are confused as (President Nelson) Mandela had assured them of free medical treatment. Unfortunately most of them cannot distinguish between a political statement and the reality on the ground."

She said the doctors were overworked, adding that the number of doctors would have to be at least doubled to enable them to work normal shifts.

A shortage of ambulances is another problem. At Mapulaneng Hos-

pital in Bushbuckridge, for instance, there is no ambulance at all. Only last week Sunday an ambulance had to be called in from Maphutha Hospital, about 145 kilometres away, so that a critically ill patient could be transferred to Garankuwa Hospital in Pretoria.

The availability of an ambulance from Maphutha on this occasion is misleading as it would suggest that there are enough ambulances at the hospital to go around. In fact only two of the six ambulances at Maphutha are fully operational.

The staff at Maphutha have to travel about 90 kilometres to Sekororo Hospital to sterilise their equipment as their autoclave — an apparatus for sterilising objects — is out of order.

At Botlokwa Health Centre there is no sphygmomanometer (an instrument used to measure blood pressure). If it is required, the staff have to travel to Kgapanne Hospital, about 40 kilometres away. MEC for health and welfare Dr Joe Phaahla agrees that conditions in Northern Transvaal hospitals are appalling.

Effect of apartheid

"The province is an indication of the maximum effect of apartheid. The system was never meant to develop this place but to keep it as a reserve for the migratory labour system."

Phaahla added that millions of rands were spent in urban areas, primarily to attend to white people.

He said most hospitals in the province were built by missionaries. "You go to Elim Hospital, it is falling apart. Khensani, Groothoek, Jane Furse ... they are all falling apart. In fact it would cost the Government more money to renovate some of these hospitals than to build new ones."

Phaahla said most clinics were old and dilapidated. In many clinics people lived in horrible conditions, he added. The MEC and his colleagues have opted to deal with the situation head-on. "We are hoping to deal with the situation. It is not going to be an overnight reversal but we are committed to redress the situation."

Asked whether there were any measures to stop the exodus of doctors to other countries and into private practice, Phaahla said his department would introduce incentives in a bid to keep the doctors. The measures include a R15 000 a year bonus above the normal pay.

He said the province was largely rural and few doctors were prepared to stay in such areas.

Responding to reports that most of the doctors in rural areas were foreigners, some of whom did not even speak English, Phaahla said there were valid criticisms against foreign doctors but in the face of the critical shortages of doctors "we have to make do with them".

R32-m for hospital

(98) star 15/4/95
BUILDING is set to begin on Durban's much-vaunted and long-awaited academic hospital at Cato Manor, on the drawing boards for the past 12 years, with a R32-million budget allotment for the coming year. Its stop-start history now appears over.

Yesterday KwaZulu-Natal Health MEC Dr Zweli Mkhize announced that the R688-million teaching hospital would get R32-million for the 1995/96 financial year. Plagued by constant planning and financial delays, the original plan to produce a 1 025-bed hospital has been revised and reduced to 800 beds, cutting the cost -from R812-million to R688-million. King Edward VIII Hospital, currently used by the university's medical school and many overseas doctors as a training facility, would be downgraded to an 800-bed regional hospital. — Own Correspondent.

Accusations rage over East Rand ambulance service

BY BOBBY BROWN

Most government hospitals and emergency ambulance services on the East Rand are racist and refuse to enter townships and treat black patients, according to the managing director of Private Trauma Units, Dr Vivek Solanki.

Solanki, a trauma specialist regularly on duty at Hydromed Private Clinic in Kempton Park, charged that Kempton Park Hospital, a provincial hospital, came up with all sorts of excuses not to accept black patients.

A senior employee for the Emergency Medical Services of Gauteng, who did not want to be named, backed up Solanki's accusations.

Ambulance and emergency services were still refusing to enter townships to take patients to hos-

pitals on the East Rand, he said.

The official said that many ambulance services were still not racially integrated and often used language barriers and supposed threats to their lives as excuses not to transport black patients, often in critical condition.

Police spokesman, Warrant-Officer Azwimndini Nengovhela said he could not remember any attacks on ambulance personnel.

Refused

Solanki said emergency patients were brought to Hydromed and stabilised.

He said Kempton Park seldom accepted black patients and at night refused to transport them to the next closest provincial hospital, in Tembisa.

Gauteng Health MEC Amos Ma-

sondo told The Star it was not the first time such accusations had been raised with his department, but added that none had been followed up because "people were afraid to get involved."

"Any discrimination is now a punishable offence, but the remains of apartheid is still with us and must be eradicated," he said.

He said people with such problems should contact his department so that the accusations could be investigated and dealt with.

Kempton Park Hospital spokesman Dr M Botha said the hospital treated patients of all races and groups who presented themselves at the casualty or outpatients section.

Referring to Solanki's claims, she said: "The problem is caused by insufficient medical posts, espe-

cially specialist posts.

She added that there was no sense in transferring a patient to another hospital if he could not be treated there either.

One staff member, who did not want to be named, added that doctors at Hydromed were frustrated because of the lack of doctors at Kempton Park.

"It is understandable, since we work with people's lives," she said.

Meanwhile, Kempton Park ambulance personnel came out in protest recently and have in the interim signed a petition against underqualified colleagues.

The petition was signed by about 60% of the staff and attempted to nullify them from anything that may go wrong when patients are being treated by the underqualified.

According to the aggrieved workers, six ambulance drivers and assistants working at the fire station were employed by the old city council of Kempton Park.

Philip le Grange, acting head of the fire department, confirmed that the six had been employed with only a first aid certificate.

Le Grange said the men, who were appointed between five and 20 years ago, had apparently been sent to complete the Basic Ambulance Course (BAC), which they had failed at each attempt.

The manager of Support Services at the SAMDC, Anton Swane-poel, said they could only act against people registered with them, but added that the six persons could be arrested for practising in a medical field for which they are not qualified.

Star 17/4/95 (98)

Hospital workers live in fear after threat

By Ruth Bhengu.

HEALTH workers at Madadeni Hospital in Newcastle are living in fear following threats from the strikers who recently released dangerous germs in the hospital, endangering lives of patients and staff.

Nurses and cleaners in the maternity ward where toxic samples of urine, blood and stools were thrown on the floor have expressed fear after they were allegedly threatened by the strikers.

"The strikers say they will deal with us if we identify them," said a nursing sister, who did not want to be named for fear of reprisals.

"They are also angry with us because we did not go on strike. But they did not even tell us they were going on strike," she said.

Matron Virginia Nyandeni, who is in charge of the affected ward, said the staff was uneasy because they were expecting a repeat of the strikers' action.

"Some staff members were told their homes would be burned down because they did not join the

strike," said Nyandeni.

"But the reasons for striking were not very clear and people are tired of the endless strikes," she said.

The strikers are apparently unrepentant.

According to Nyandeni the hospital has a troubled history.

The latest controversial strike was sparked off by the adjustment of salaries to compensate for overpayment last year.

The strikers, who were slammed for their "barbaric" action by members of the KwaZulu-Natal government, are to face criminal charges.

But the police have not arrested anybody yet.

A Lieutenant Everson of the Newcastle police declined to comment and said Sergeant Paul Kobb would contact us. He had not done so at the time of going to press.

Senior medical superintendent Dr Revy Nyombayire said the strikers could lose their jobs, depending on the outcome of the court case.

Sowetan 18/4/95 (98)

Courts used to fend off retrenchments

98

ERICA JANKOWITZ

SENIOR hospital officials are using the courts to stave off retrenchments threatened by provincial governments seeking to rationalise the public service.

Chez Milani, legal adviser of the Hospital Personnel Trade Union of SA, said several officials had taken legal action after being told to reapply for their jobs or face redundancy. In one case in the Free State, four highly placed health service employees were told to reapply for their posts or step down. When threatened with court action, provincial authorities relented, allowing the incumbents to keep their posts. Other cases had been settled out of court with members accommodated in their old positions, Milani said. Other disputes remained on the Industrial Court's roll pending the formation of a special tribunal to hear cases pertaining to public sector restructuring.

Milani said central government appeared committed to allowing natural attrition to rid the public service of excess personnel, with workers in redundant positions being offered transfers to understaffed departments. However, provincial governments often failed to apply this rule.

Meanwhile, Cosatu has welcomed Public Service Minister Zola Skweyiya's insistence that public service jobs are not constitutionally guaranteed and that large-scale redundancies are planned.

□ To Page 2

Retrenchments

□ From Page 1

Cosatu spokesman Neil Coleman said a radical restructuring of the public service was required to move it "from bureaucracy to service delivery". The service should not be cut back according to a mathematical formula. A complete reorganisation was needed. This would include redressing staff imbalances.

There were acute staff shortages in some departments. Expansion of key service personnel was envisaged. This should be conducted in consultation with trade unions, Coleman said.

Milani said during last year's central chamber negotiations that unions were

"hoodwinked" into accepting a deal in which employees were defined as additional to establishment. This meant they would be added to the pool of job applicants. This had not been used by government in filling positions although it could be "open to abuse" in future, he warned.

Even if public servants had no job guarantees, government could not terminate employment contracts as all workers were protected by unfair labour practice legislation. In addition, government had advertised for an additional 11 000 employees, making a mockery of its claims that rationalisation was essential.

'Doctors are seriously unqualified' - claim (98) ~~98~~

Foreigners moving in

■ BY JO-ANNE COLLINGE

Gauteng state hospitals have hired about 500 foreign doctors in the past three years because locally trained doctors could not be attracted to fill vacant posts, MEC for Health Amos Masondo has disclosed.

He supplied the information this week in answer to a written question by MPL Jack Bloom of the Democratic Party.

Bloom demanded that this "wholesale employment" of foreign doctors "of uncertain expertise" be reassessed.

"I am aware of reports that while certain foreign doctors are competent and very necessary to make up for shortages, others

are seriously unqualified."

Referring to the continuing exodus of South African-trained doctors to greener pastures in Europe, North America and Australia, Bloom argued for greater incentives to retain locally trained doctors.

However, current policy debate points more to the possible introduction of a period of mandatory public service for new medical graduates as a partial repayment for the heavy state subsidisation of their training.

In Gauteng, in particular, academic hospitals devour a huge chunk of the budget. In 1995/6 it is estimated that R1,5-billion of the R3,1-billion health budget will be spent on these institu-

tion.
star 19/4/95

The largest group of foreign doctors working in Gauteng comes from the former Eastern bloc countries (156), followed by the rest of Africa (149) and Asia (111).

"Very few such doctors are from the highly sophisticated countries of Europe or the Americas, most coming from the underdeveloped world not renowned for high standards in medicine," Bloom said.

Masondo explained that doctors had to pass the South African Medical and Dental Council examination in order to practise in this country. They usually received a limited form of registration with the council.

Tygerberg Hospital blockaded by workers

**ROGER FRIEDMAN
and SHARKEY ISAACS
Staff Reporters**

A MAJOR public sector union has warned that a blockade by workers of all entrances to Tygerberg Hospital early today, when ambulances were turned away, could be a taste of things to come — unless management starts honouring agreements.

Ambulances were diverted for 90 minutes from the hospital during rush-hour today when disgruntled workers blockaded all entrances with hospital trucks and buses.

The blockade caused a major traffic snarl-up.

The workers are also staging a sit-in demonstration in the

administrative offices of the hospital.

Workers said they were members of the National Education Health and Allied Workers Union (Nehawu), the Public Service League (PSL) and the Public Servants Association of South Africa (PSA).

Cape Provincial Administration deputy director general of health, Tom Sutcliffe, said an urgent court interdict would be sought unless staff had immediate access to the hospital, specifically the administrative offices.

"We are happy to enter in negotiations with the union, but we cannot tolerate any disruption of services which endanger

the lives and well-being of staff and patients," said Dr Sutcliffe.

Cape Ambulance and Rescue Services chief Rod Douglas said all ambulances were turned away and patients were ferried to the Conradie and Groote Schuur hospitals and day hospitals.

He warned that such action put patients' lives at risk. Workers carried placards demanding affirmative action, salary parity, an end to "petty" disciplinary hearings, a living wage and that management honour agreements reached with labour since July 1993.

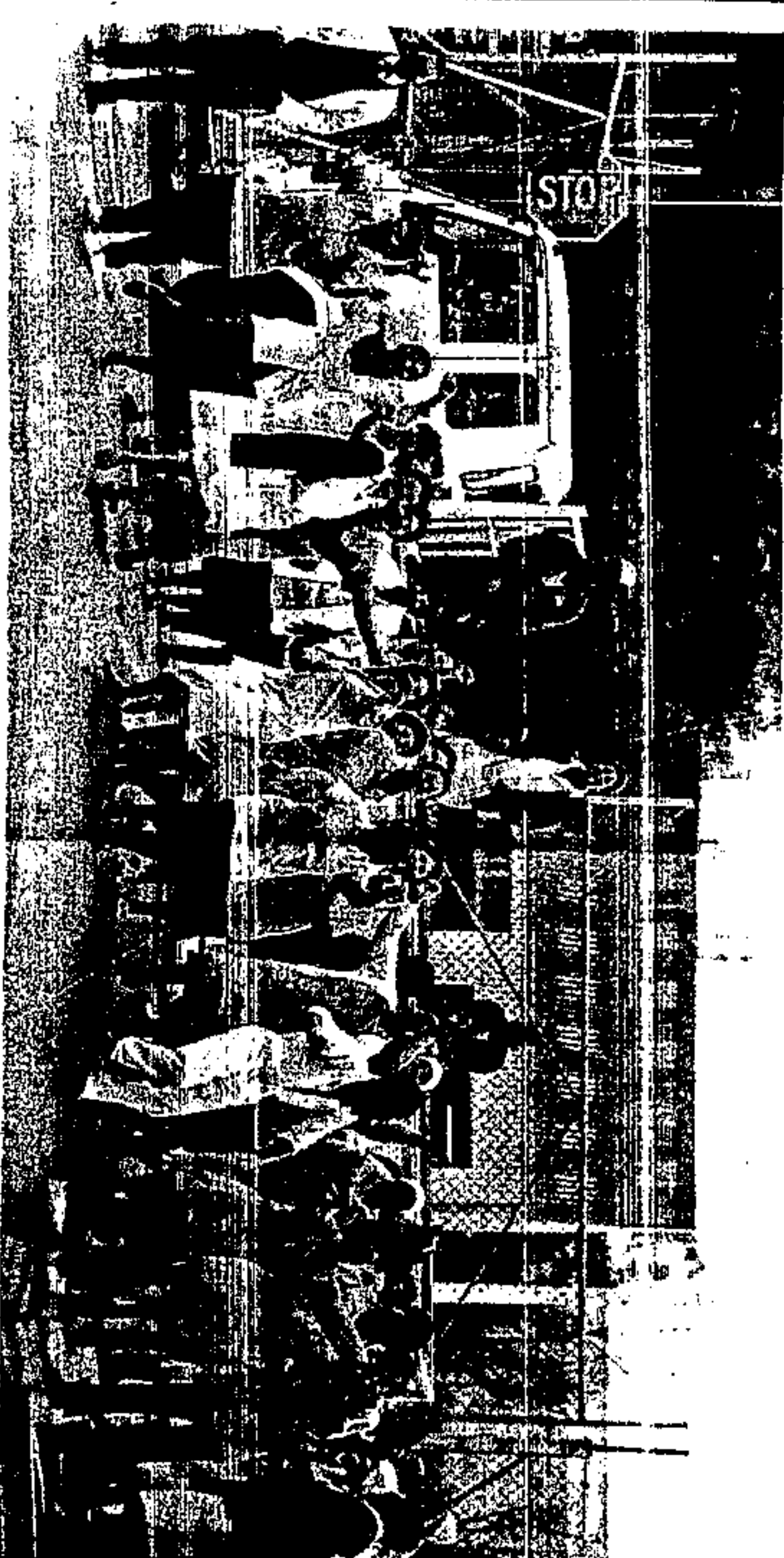
What has been billed as the final round of negotiations at central government level

around salaries for civil servants got under way in Pretoria yesterday.

Today's blockade started at 6.30am and resulted in a peak-hour traffic jam on all roads leading to the hospital. By 8am the blockade was over and vehicles blocking the entrances were moved.

Senior medical superintendent Japie du Toit said the industrial action had taken management by surprise and by 9.30am workers had still not supplied a list of demands.

But Nehawu regional secretary Shereen Samuel said it could not have taken the hospital by surprise as the union declared a dispute yesterday.



Picture: HANNES THART, The Argus
ON STRIKE: Tygerberg Hospital workers, all members of Nehawu, demonstrate in front of the hospital gate in support of their wage demand.

Tygerbergs Hospital blockaded by workers

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Picture: HANNES THART, The Argus

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Help needed — children's home in funds crisis

ARG 19/4/95
(98)

□ Sick, abandoned youngsters may be turned away

JILYAN PITMAN

SICK and abandoned children might have to be turned away from the Sarah Fox Home for Convalescent Children in Silvertown, Athlone, if extra money is not found to keep the doors open and the standard of care high.

Doctors and staff would like the community to help them keep the home open to continue treating malnourished and convalescing children who range in age from a few months to 12 years old.

The home is short of at least R150 000 a year if it is to keep operating at its present high standard. The number of sick children has been reduced from 68 to 60.

This home is now the only convalescent home for children open on the Peninsula since the Eaton Convalescent Home for Children in Retreat closed two years ago.

Paediatrician Dr Frank Friedlander, who is the medical superintendent at the home as well as chairman of the Board, said all the children in the home have already been treated for a variety of illnesses, including Kwashiorkor and TB, at the big hospitals.

The children who are referred by other hospitals and by social workers stay in the home for a minimum of several weeks but frequently for longer periods, particularly when the parents do not come to collect them.

This long period away from home is often traumatic for the child, Dr Friedlander said.

"The Sarah Fox Trust, first set up in 1948 with money from a wealthy but childless woman, still gives us some money which was adequate when we built our first home in Retreat many years ago treating only a few children.

"We also get funds from the Western Cape government but we are now always short of money. We manage somehow with what we get from all our sources and we budget for R80 a day for each child who also gets dedicated care from the staff. Emotional healing is also vital here.

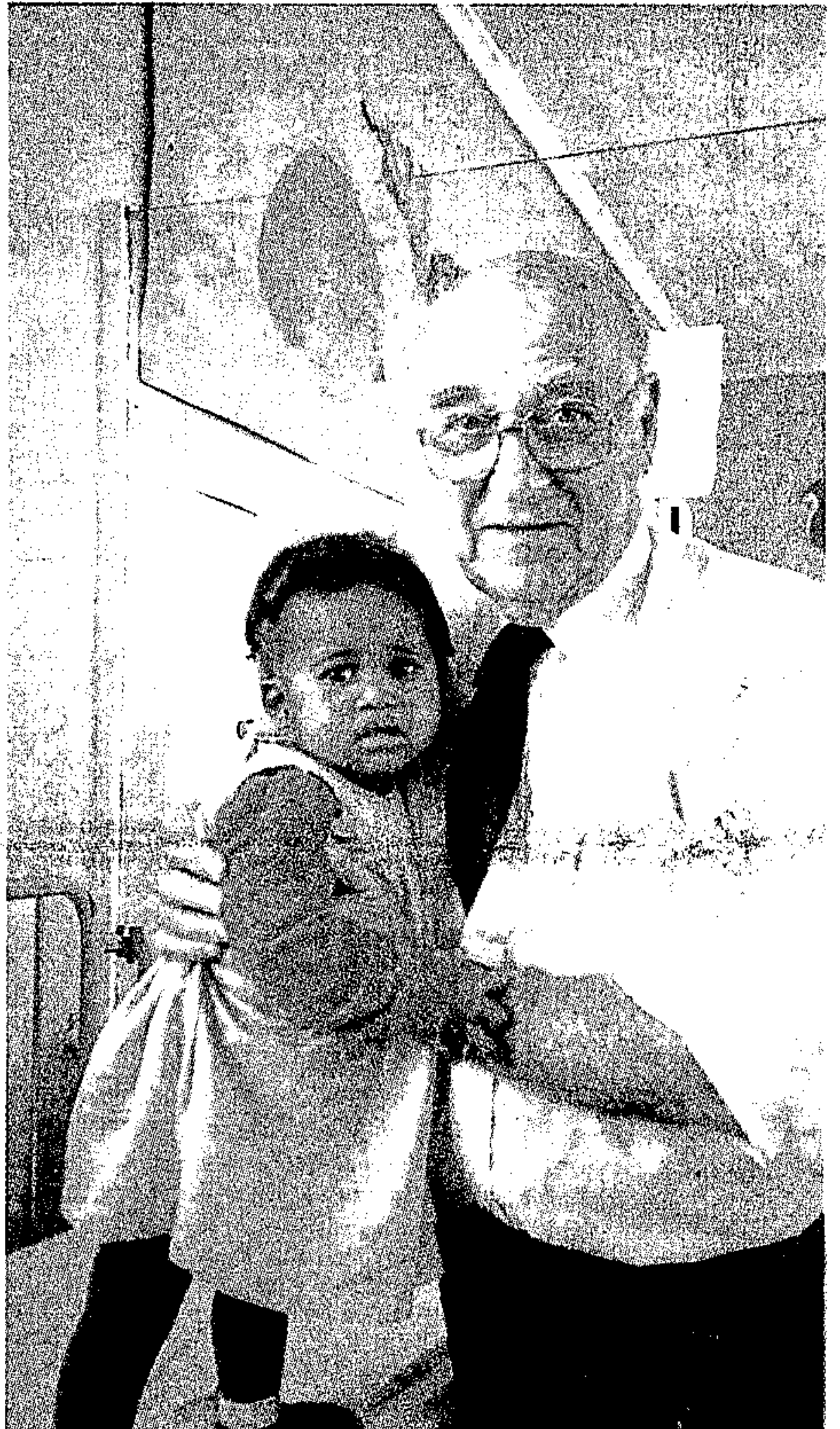
"This type of organisation is community based and therefore fits in with the RDP. We actually generate funds for replacement of equipment and maintenance without asking for extra from Province," said Dr Friedlander.

If the home had to cut down on staff it would have to cut down on patients and the children would then be the ones to suffer.

"We have wonderful, dedicated staff for whom the welfare of the children is the first priority."

A fundraiser for the home is needed as well as toys and volunteers to help with feeding and playing with the children over weekends and at other times.

If you can help call the home on ☎ 637 1302 or ☎ 637 7196.



Picture: JILYAN PITMAN

LOVING CARE: Dr Frank Friedlander at the Sarah Fox Home for Convalescent Children holds a patient, Yolanda, 16 months, who was admitted with malnutrition and kwashiorkor.

Strikers disrupt ~~98~~(98)
Barborton Hospital

CT 20/4/95

BARBERTON: Striking workers yesterday caused the partial closure of the Barborton Hospital, with only serious cases being admitted.

The workers, comprising cleaners, kitchen and laundry staff and a few nurses, started striking on Tuesday.

Rescue crews on illegal strike

ARG 21/4/95
Labour Reporter

SEVERAL Cape Metropolitan Ambulance Rescue Services crews have embarked on an illegal strike.

They are demanding that the militant South African Health and Public Service Workers' Union (SAHPSWU) be recognised by the Cape Town City Council.

Ambulance chief Rod Douglas said today that only three of the 28 ambulances meant to be on the road today were grounded by the strike.

But a spokesman for the union said the union enjoyed

the support of 50 workers.

He said workers affiliated to other unions were set to join the action.

The spokesman said the workers had been demanding recognition for the union since last year.

It is understood that the demand was rejected by the council at a meeting this week. The spokesman said the strike would continue until the union was recognised.

The independent union is stronger in the Gauteng region than in the Western Cape.

Mr Douglas said he was

"very concerned". Members of the recognised South African Municipal Workers Union (Samwu) were "milling about" and seemed undecided over whether to support the SAHPSWU.

The ambulance service did not sign recognition agreements independently.

Provincial hospitals set to get 'frills'

ARG 21/4/95

□ *Plan to attract fee-paying patients*

Political Correspondent

ADDING "frills" to provincial hospitals to attract fee-paying medical aid patients is to form part of an initiative to generate extra revenue for the Western Cape's cash-strapped health service.

This policy about-turn was announced by provincial Health Minister Ebrahim Rasool in the legislature yesterday.

Introducing debate on the health service budget, he said: "The Western Cape health service has the potential to increase revenue by attracting medical aid patients, particularly to our secondary and tertiary hospitals.

"In the past it has been the policy of this department to discourage members of medical aid schemes from using

public sector facilities.

"My department will be changing this policy to one which encourages this category of patient to our hospitals," he said.

"We believe that we are able to provide a higher quality service — especially if we add some frills — to medical aid patients at more competitive rates, given the uncontrolled spiral of health care costs in private hospitals.

"We think we may have the edge here."

This was part of the plan to revolutionise the Western Cape's health service to save it from financial and institutional collapse.

While elements of the plan earned sharp criticism, it has been mostly well received as a timely, innovative and solution-oriented proposal.

The plan comes as the health services prepares itself for a R400 million deficit this year.

● On the need to shift emphasis on to primary, curative and preventive health services, Mr Rasool warned: "Unless we start preventing diseases — such as Aids and TB — more effectively we will continue to have a large burden of ill-health in this province."

HIV and Aids was "still at a relatively low level of prevalence" in the province compared to other parts of the country, but "if we do not stem the tide of Aids, our health services will be overwhelmed in five to six years from now".

The emphasis on primary, preventive care should reduce costs incurred by tertiary hospitals, which were more expensive to run.

48
985
Militants

threaten W Cape government

ARL 26/4/95

Staff Reporters

THE militant South African Health and Public Service Union, which shut down Cape Town's ambulance service for eight hours, says it plans to bring the Western Cape government to its knees.

The union says it does not rule out the blockading of highways, the occupation of government buildings or the taking of cabinet ministers hostage to achieve its aims.

The announcement came shortly before police arrested 33 union members at the Pinelands ambulance station on charges of trespassing, after the workers occupied the control centre for more than eight hours yesterday, jamming all incoming calls and radio frequencies.

The union's national publicity secretary Themba Ncalo said the union demanded official recognition by the Cape Town City Council and the removal of the ambulance service's entire top structure, which it accused of being racist.

Last night's arrests followed a breakdown in talks between the union and the city council.

Alan Dolby, deputy city administrator, said talks broke down when the union refused to accept a council proposal.

"The agreement was that council would consider demands for provisional recognition and investigate full recognition.

"They wanted instant agreement, not for council just to consider it."

Mr Dolby said negotiations would continue, but that no more disruption of ambulance services would be tolerated.

Union members did not resist arrest last night and left the control room peacefully, singing and chanting. They were taken to Maitland police station.

Police also took possession of four firearms handed to them by the workers.

The chief officer of the Cape Metropolitan Ambulance Services in the Western Cape, Rod Douglas, said the service covered about four-million people in the Western Cape metropole.

"This is a labour dispute between them and the council. We are in the business of saving lives but cannot do our jobs while calls are blocked.

"This is one of the darkest days in the history of the ambulance services... The situation has been critical."

Other ambulance staff at the station said they were "sick and tired" of the disruptions caused by their fellow workers.

The South African Health and Public Service Union espouses a socialist line and is not affiliated to a trade union federation. It is strongest in the Gauteng and North-West provinces, and Bloemfontein, and is attempting to increase its membership in the Western Cape.



HANDS UP: One of the 33 South African Health and Public Service Workers Union members arrested for occupying the ambulance control room in Pinelands is searched before being taken to the Maitland police station.

Mr Ncalo returns to Pretoria today to face conspiracy charges after the occupation of a government building amid mass arrests about two months ago.

The union has been linked to the radical Muslim organisation Hamas.

The union claims to have a self-defence unit, trained inside the country, to protect its members from the police. Mr Ncalo said plans were already advanced to form a similar unit in the Western Cape.

Referring to the action by ambulance workers, he said the union did not care that it was disrupting essential services as it had briefed "numerous" community organisations and been given the go-ahead for its proposed action.

● Community leader Hennie van Wyk has hit out at the SA Municipal Workers' Union for failing to accommodate the interests of the demonstrating union.

He said the conflict between ambulance service workers and management had been lingering for at least two years.

EMERGENCY CALLS BLOCKED FOR OVER 8 HOURS

Ambulance workers held

CT 26/4/95

(98)

POLICE arrested 33 ambulance workers blocking emergency calls. **WILLEM STEENKAMP** reports.

THIRTY-THREE municipal ambulance workers were arrested for trespassing last night after they had occupied the emergency control room in Pinelands for about 8½ hours.

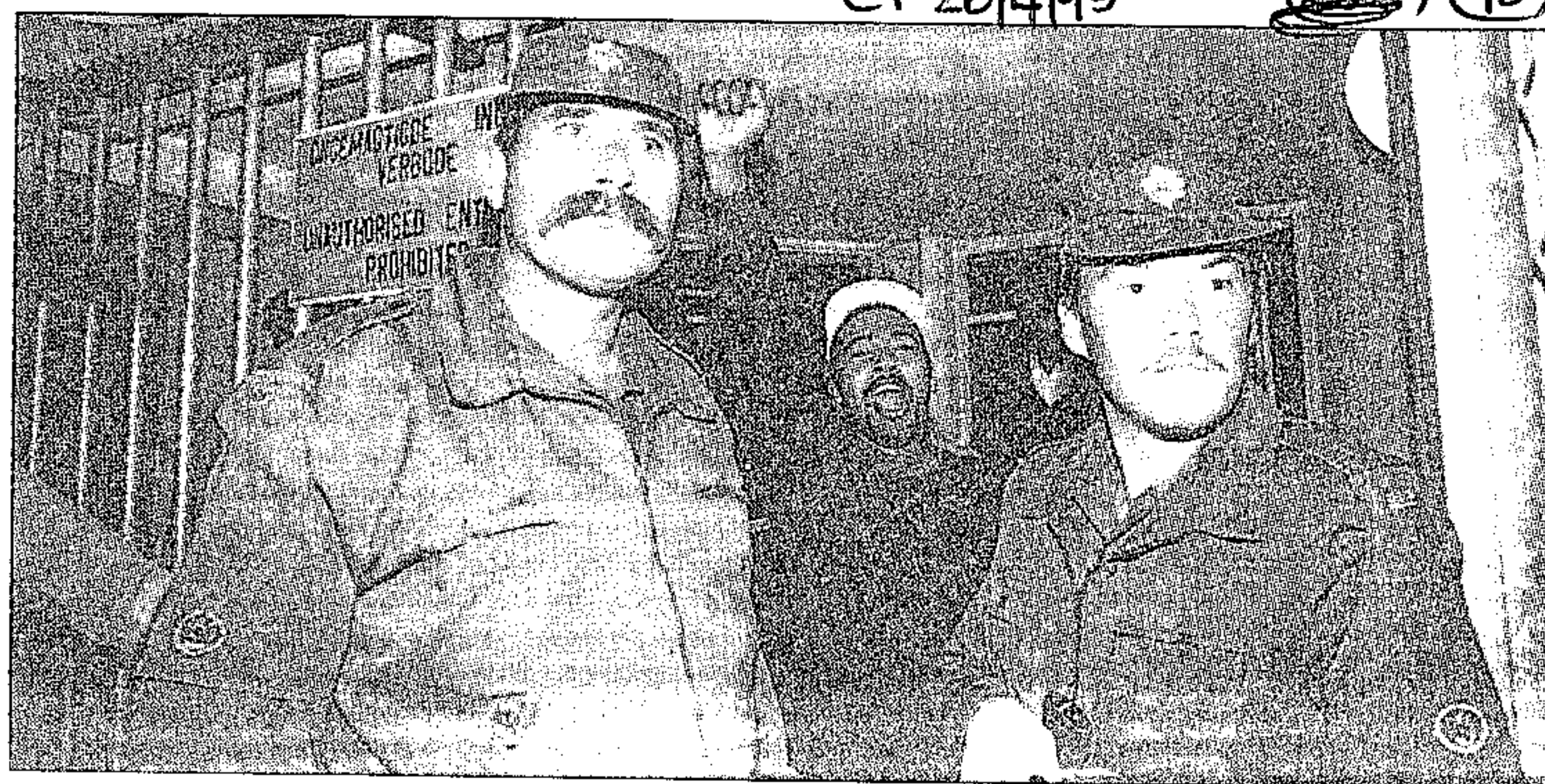
"We have no option but to take these measures, because we can't keep the control room out of action for so long," Mr Rod Douglas, the chief officer of ambulance and rescue services for the Cape Metropole, said before the arrests.

He said the strikers had disabled the 10177 emergency line and jammed the ambulance radio, rendering the service helpless.

Mr Douglas said if normal emergency call patterns were analysed, a potential 200 calls went unanswered during the sit-in.

"It's possibly one of the darkest days of the ambulance service. I'd hate to think what happened (in terms of emergencies) in that time," he said.

Heavily armed members of the police Reaction Force arrested the singing, toyi-toying demonstra-



CONFRONTATION: Police at the door of the Pinelands Ambulance station last night where ambulance staff blocked emergency calls. Thirty-three strikers were arrested.

PICTURE: YUNUS MOHAMED.

tors, who had earlier indicated that they were not prepared to leave the control room peacefully unless they were under arrest.

A police spokesman said the strikers, who surrendered peacefully, had voluntarily handed over four firearms.

Deputy city administrator Mr Alan Dolby said further steps

would be contemplated today.

Mr Dolby said negotiations with the strikers — who were demanding union recognition — broke down about 4.45pm, after they failed to sign an agreement whereby the City Council would consider provisional recognition of the SA Health and Public Sector Workers' Union and investigate

full recognition.

The strikers are expected to appear in court today in connection with the trespassing charges.

Last night the South African Municipal Workers Union condemned the occupation, saying the protesters were denying the community the right to a basic service.

(98) (1/2)

Ambulance workers held

Thirty-three Cape Town municipal ambulance workers who had virtually disabled the service were arrested for trespassing last night after occupying an emergency control room at Pine-lands for about eight hours.

SAPA 26/4/95
They are to appear in the Goodwood Magistrate's Court this morning and authorities will discuss whether to take any further action regarding possible breach of contract and culpable homicide charges, Rod Douglas, chief officer of ambulance and rescue services for the Cape metropole, said today.

Douglas apologised this morning to any person who might have suffered as a result of the disturbance.

The strikers had disabled the 10177 emergency line and

jammed the ambulance radio, effectively rendering the service helpless. It served 4-million people in Cape Town and the protesters' actions were "unacceptable", Douglas said.

A police reaction force arrested the singing, toy-toying demonstrators, who made up only a small proportion of the service's more than 400 employees. A police spokesman said the protesters had surrendered peacefully.

Negotiations with the protesters, who were demanding union recognition, broke down at about 4.45pm when they failed to sign an agreement whereby the city council would consider provisional recognition of the South African Health and Public Sector Workers' Union and investigate full recognition. — Staff Reporter, Sapa.

Constables replace ambulance staff

Labour Reporter

BEACH constables, made redundant by winter weather, are stepping in to plug a possible gap left by 38 members of the municipal ambulance service who have been suspended for crippling the service.

Yesterday the Cape Town City Council suspended the 38 ambulancemen on full pay pending an investigation into the incident in which 33 members of the South African Health and Public Service Workers Union (Sahpswu) took over the ambulance control room and blocked all radio frequencies.

Ambulance chief Rod Douglas said 16 beach constables had already joined the service last week and others were being phased in over the next few days "to fill a possible vacuum".

Council spokesman Ted Doman said the city employed more than 100 beach constables but only those with some first-aid training would be deployed in the ambulance service.

Some of the beach constables had done winter duty with the ambulance service in the past, he said.

Mr Doman asked that anyone inconvenienced by the union's crippling of the service for eight hours on Tuesday telephone Mr Douglas at 511 5154. This included people who called for an ambulance which did not arrive. Their information would assist the investigation.

● Last night police kept a close eye on the ambulance station — in Pinelands — after the unionists briefly took over the control room again. They were removed by police.

Health insurance report out soon

Health Reporter

(98) ARL 27/4/95

THE keenly-awaited report of the Committee of Inquiry into a National Health Insurance system will be released around the middle of next month.

This was announced yesterday by Olive Shisana, special adviser to Minister of Health Nkosazana Zuma.

The committee was appointed to investigate a national health insurance plan, which is to make primary health care available to everybody.

The plan was due to be released at the end of this month.

In January Dr Zuma denied reports that she was determined to push through a controversial insurance scheme drawn up by Australian health economist John Deeble.

This model proposed that the national health insurance be funded by a R5,1 billion payroll tax.

At the time she said: "Nothing is cast in stone."

Announcing that the report would be released in mid-May, Dr Shisana said the delay was necessary to "enable the committee to complete the final details of the report".

Groote Schuur's outpatients to close

STAFF REPORTER

GROOTE SCHUUR's outpatient department will no longer be in operation from Tuesday, in keeping with the overall plans of the provincial health authorities in the Western Cape.

Local clinics

Patients who would normally have gone to Groote Schuur I for minor illness and complaints will now have to use their local clinics.

Specialist clinics will continue to function as usual.

(98)

CT 27/4/95

33 ambulancemen suspended

CT 27/4/95

(98)

(~~100~~)

STAFF REPORTER

AT least 38 ambulance workers were suspended yesterday following the disruption of ambulance services on Tuesday.

The workers were all members of the SA Health and Public Service Workers' Union.

Council spokesman Mr Ted Doman said they had been suspended on full pay for occupying the ambulance control room in Pinelands on Tuesday, effectively disrupting emergency services to four million Capetonians.

Last night, 33 of those suspended again occupied the Pinelands control room and had to be removed by the police.

In terms of their suspension, pending an investigation into Tuesday's incident, the workers may not enter any ambulance premises without official permission.

The union's regional secretary, Mr Khaya Somdyala, who claimed last night that 43 workers had been suspended, said the council action showed it was "not interested in workers' issues".

He said the workers, who had gathered outside the premises after being ejected, had been told to go home, but were continuing to picket the locked premises.

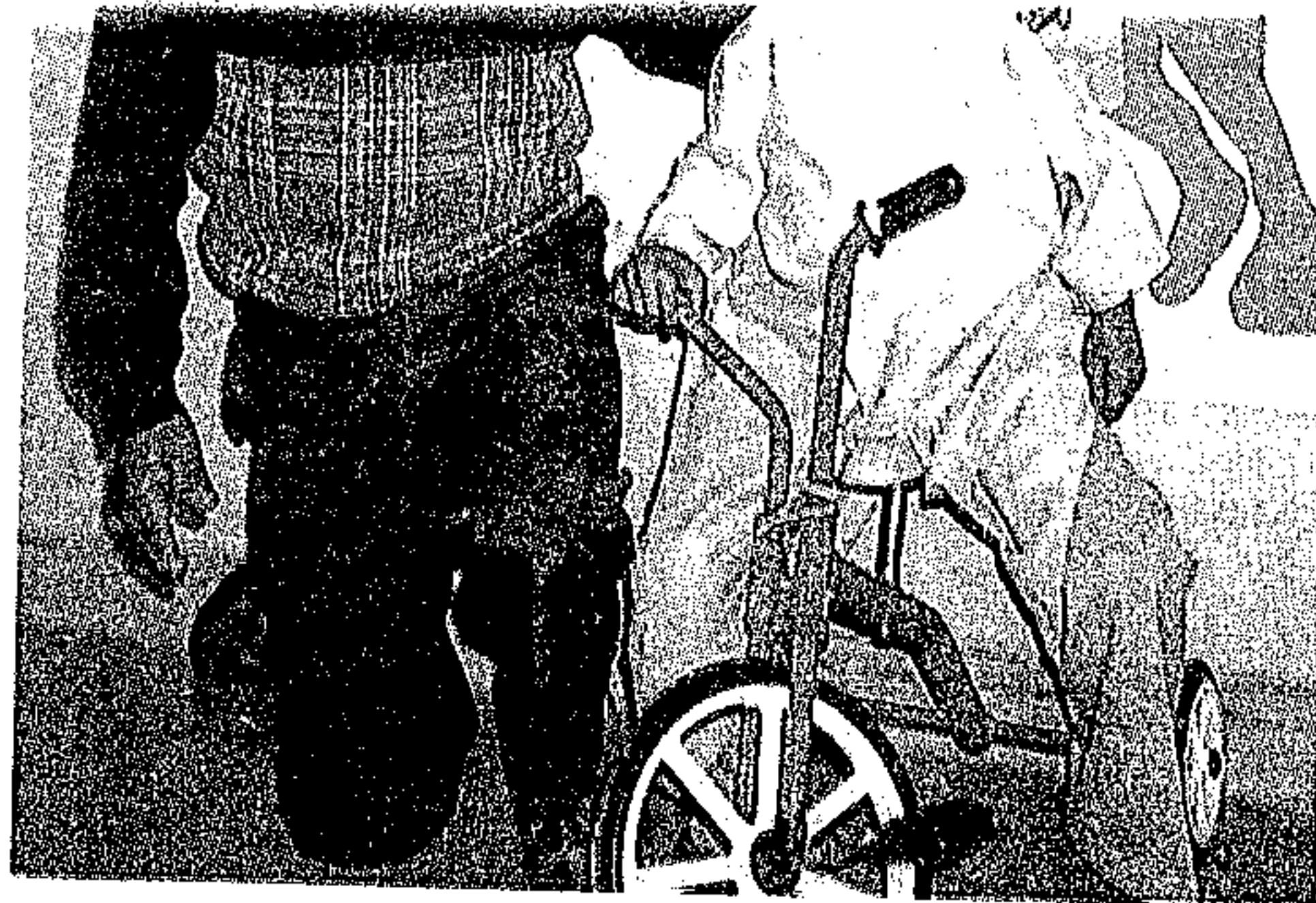
The 33 workers appeared briefly in court yesterday in connection with trespassing charges and were warned to appear in court again on May 26.

Warning

A statement by the SA Health and Public Service Workers' Union's national publicity secretary, Mr Themba Ncalo, that the union planned to cripple the Western Cape government, has been met with a warning from the office of the Minister of Public Service and Administration that criminal activity by union members would lead to them being charged.

Mr Ncalo is reported to have said that the union did not rule out such action as blocking highways, occupying government buildings and taking hostages.

● See Page 4



PLACE OF HOPE: Eric Witbooi, a four-year-old cancer patient from a farm in Patterson near Port Elizabeth, is hoping to make a full recovery after treatment at the famous Red Cross Children's Hospital in Rondebosch. With him is his father Paru.

Picture: JILYAN PITMAN.

Children's hospital⁽⁹⁸⁾ in appeal for donors

ARL 2/5/95
Southern Reporter

DONATIONS to the Red Cross Children's Hospital Trust Fund will be tax deductible in future.

Donors will get tax relief under Section 18 A of the Income Tax Act. It is the first time this facility has been available to the trust.

According to Trust chairman Professor David Beatty, donors are needed to sponsor wards and clinics as the hospital is in dire need of redeveloping these critical areas.

"We are looking for R25 million to redevelop a whole new complex in our grounds with the help of individual donors. With mandatory free medical care for children under six we are inundated with abnormal increases in sick children from our local areas. We are also helping children from other parts of the continent and from Indian Ocean islands."

Dr Bob Bishton, chief executive officer of the Trust Fund, said there were several specialist categories with naming rights which needed donors.

Caltex has donated R500 000 for a new Community Paediatrics Child Care Information Centre and is the hospital's largest corporate donor so far.

Donations which carry "naming rights" are needed in different price categories. Among them are R300 000 for a new Paediatric Specialist Cardiology Clinic, R750 000 for a Paediatric Specialist Surgical Ophthalmology Clinic and R1 million for a new operating theatre.

If you can help, contact Dr Bishton on 686 7860.

Provincial wrangle over hospital

BD 2/5/95

KATHRYN STRACHAN

THE fate of GaRankuwa Hospital, north of Pretoria, still lies in the balance as debates over whether it will remain part of Gauteng or be given over to the Northwest continue.

Gauteng health department head Ralph Mgiijima said last week that as 80% of the hospital's patients came from the Northern Transvaal and Northwest, there was wide support for the proposal to let it fall under the ambit of the Northwest.

The issue is expected to be finalised in about a week — once funding and personnel issues are resolved.

Under discussion is how much should be given from the Gauteng budget to the Northwest to run the GaRankuwa Hospital. The hospital's expenditure last year was R283m. However, the proposal by the Me-

dunsa rector to move Medunsa to the Northwest has raised complications. Mgiijima believes that as there are too many academic complexes, it would be logical to combine the teaching functions of Medunsa and Pretoria University's medical school.

Academic complexes were a national resource, he said, and could not be seen from a provincial perspective. The solution would have to be part of a national academic plan.

Although GaRankuwa Hospital was attached to Medunsa, the link could still be retained if the two establishments fell in separate provinces. This would be made possible by a proposal that all academic complexes introduce outreach pro-

grammes enabling them to render services in all hospitals and clinics and to neighbouring provinces.

Mgiijima said there were also discussions between provinces and government over the provincial allocation of health funding. Provinces with academic complexes said government calculations fell short of these institutions' requirements.

Another major undertaking in Gauteng was establishing a district health model, the cornerstone of the new health delivery system. The model's stumbling block was a disagreement over salary structure. Local authority salaries are far higher and while the province wants a single salary structure, local authorities want to retain higher salaries to attract quality staff. (98)

Angry ambulance staff blockade control centre

Health Reporter (98) ARU 4/5/95

AMBULANCE staff, protesting in support of 30 colleagues fired last week for occupying the Pine-lands control centre, again blockaded the entrance to the building today.

Last week's occupation paralysed the control room for more than eight hours and the workers were suspended pending an investigation by the council.

City ambulance assistant-chief officer Rodney Botes said about 20 or 25 officers toyi-toyed outside the centre from 7 am today, but dispersed at 10 am.

He said there was "no disruption whatsoever" to the service.

● Following an emergency meeting in response to last week's occupation, Cape Town's private services established a joint control room to cope with the workload.

This joint control room can be reached by dialling 22 2911.

TRUST ESTABLISHED TO RAISE R25M FOR RED CROSS

Children's Hospital faces crisis

A CHILDREN'S Hospital

Trust has been established to raise funds for the Red Cross Children's Hospital. MELANIE GOSLING reports.

THE child looked like a mummy — every inch of his body wrapped in bandages, including his face.

He lay so still on the hospital bed it was difficult to tell if he was alive, apart from the slight movement of his chest as he breathed.

"Severe burns. He was in a taxi accident and the vehicle exploded."

This is just one of 300 000 children that are treated at Red Cross Children's Hospital every year — and the number is growing.

It is the only children's hospital in Africa, drawing patients from as far afield as North Africa, Mauritius and Seychelles. It offers a range of care from children needing complicated heart or liver transplants to children with minor infections.

But with tough budget cuts, staff freezes and a 30% increase in the number of outpatients since the introduction of free medical care for children under six last year, the hospital administration is facing a crisis.

It cost R100 million to run the Red Cross last year. This year it has been allocated only R83m. Over 95% of the patients are indigent and unable to pay fees.

Despite the sharp increase in patient numbers, staff numbers have remained static.

Senior paediatrician Dr Andrew Argent says there are times when they have to close beds in some wards and not admit children because one nurse is off sick.

In some wards, bed occupancy is 150%.

Outpatients

"The density of beds in the intensive care units is a serious problem as it increases the risk of infection. The number of beds we have in the unit would be regarded as unacceptable by international standards," Dr Argent said.

Red Cross was never designed to handle outpatients, but as people poured in with sick children,



(98) ST/S/95

they were accommodated in temporary prefabricated buildings.

These buildings have now been handling outpatients for 30 years.

The outpatients section was earmarked for redevelopment 20 years ago, but with a national moratorium on hospital redevelopment, the chances of this happening are extremely slim.

In the long corridors, hundreds of mothers sit holding babies — some have been waiting up to four or five hours.

Mothers whose children have been admitted to the overnight section sleep sitting up on chairs next to the babies.

Dr Bob Bishton, head of the Children's Hospital Trust founded to raise funds for Red Cross, said: "We would like to have proper facilities for mothers. To have to spend the night on a chair next to a sick child is hell."

The Red Cross sees 600 new

cases of child abuse every year, but the number of social workers at the hospital has remained at 10 for the last decade.

"They just have to absorb the extra load," Dr Bishton said.

The Red Cross not only treats patients, but is internationally recognised in paediatric research. It provides training for under- and post-graduate doctors, nurses and other health care workers.

The first open-heart surgery on children was done at Red Cross, as well as the first paediatric heart transplant, liver transplant, Siamese separation and artificial windpipe implantation.

The Children's Trust, to which President Nelson Mandela has made a personal donation of R50 000, needs R25m to fund critical redevelopment to the hospital. Donations are tax deductible, and people interested in contributing can telephone (021) 686-7860.

BEDSIDE VIGIL: Ms Kumana Nolonwabo asleep at her baby's bedside at the "overnight drip section" at Red Cross Children's Hospital. Her baby was being held overnight for a gastroenteritis condition. Mothers whose children have been admitted to the overnight section sleep sitting up on chairs next to the babies. There is only one lavatory for about 80 mothers and minimal washing facilities. Dr Bob Bishton, head of the Children's Hospital Trust founded to raise funds from the public to pay for redevelopment of the Red Cross, said current international paediatric research showed that children recovered faster when their mothers were with them.

INSET BELOW: Outpatients cram the corridors at Red Cross Children's Hospital, which is facing a cash crisis.

PICTURES: CLIVE SMITH



Crisis for child hospital

THE Red Cross Children's Hospital, which treats sick children from all over Africa, is facing a financial crisis and has appealed to the business sector for R25 million to finance critical redevelopment.

Red Cross, the only children's hospital in southern Africa, has been told there will be no state funds available for improvements.

Dr Bob Bishton, spokesman for the Children's Hospital Trust, said yesterday it was critically important that the outpatients' section be redeveloped. Donations to the trust are tax deductible.

● See Page 9

98

CT 5/8/98

Medunsa will 'remain open'

SUSAN RUSSELL

GAUTENG Health Minister Amos Masondo yesterday dismissed rumours that government intended closing down the Medical University of SA (Medunsa) and Ga-Rankuwa Hospital. (98)

Masondo was reacting to protest threats by Medunsa students yesterday about both institutions' "imminent closure". 120 5/5/95

He said there was no basis whatsoever for the rumours and no plans to close either Medunsa or the hospital.

Private control centre opened

ART 6/5/95

GLYNNIS UNDERHILL
Weekend Argus Reporter

PRIVATE ambulance services have stepped into the gap left by the embattled Cape Town municipal ambulance service hit by labour unrest recently.

Two private ambulance services have joined forces to cope with additional work and set up a new control room as an alternative to the overburdened Cape Ambulance and Rescue Service.

The municipal service this week continued its investigation against 38 ambulancemen suspended following the recent disruption.

The ambulancemen occupied the control room in Pinelands, effectively disrupting emergency services to 4 million Capetonians for eight hours.

Rodney Botes, assistant chief officer at Cape Ambulance and Rescue Service, said 170 calls were lost to the control room on April 25.

"At the moment we are still investigating. There is one poison case, where I believe a person died, but we are trying to track it down," he said.

This week the service was running almost at full throttle, in spite of the

■ Private ambulance services have stepped into the breach after a labour dispute disrupted Cape Town's municipal service.

suspensions.

Mr Botes said private services, while obviously more costly, were to be welcomed.

"But it would help us if they would do cases in the townships. Not many of them will go into Khayelitsha, Langa or Guguletu.

However Axel Maier, a spokesman for one private service, said his ambulances did venture into the townships if the area was "quiet".

Other private ambulance services would be admitted to the control room — provided they subscribed to "the same high advanced life support paramedic standards and a realistic fee structure".

"The 222-911 control room can be contacted for routine cases and paramedic crews are trained and equipped to handle all medical and trauma emergencies," he said.

It monitored calls for 13 ambulances in Cape Town and the northern and southern suburbs.



□ **BUSY SERVICE:** Private ambulance services were busier than ever after the labour dispute at Cape Town's municipal ambulance service.



Pictures: ROY WIGLEY, Weekend Argus.

□ **CONTROL ROOM:** A new control room has been set up to monitor calls to two private ambulance services which have joined forces.

Emergency call for hospital

Victoria Hospital faces an uncertain future after serving the community for more than 100 years and treating the injuries of an increasingly violent society. By **ADELE BALETA**, Weekend Argus Reporter.

IT'S JUST another Friday night at Victoria Hospital's emergency services," says a tired, pale doctor as he pushes open the doors of the trauma unit. In a cubicle a middle-aged woman winces in agony as a doctor begins suturing her back, lacerated by an assailant armed with a broken bottle.

A droopy-eyed little girl lies in her mother's lap as a nurse supervises her treatment with a nebuliser.

Dubbed a "regular", a man with epilepsy is wheeled in on a stretcher. "He has been here before," says Harold Scheinfeld, head of the 24-hour trauma and emergency department and the general out-patients department.

An intoxicated man, who earlier was seen falling and rolling on the floor while staff struggled to lift him on to a stretcher, sits in a wheelchair hurling incoherent abuse at anyone in his path. He is told to belt up by harassed staff.

The resuscitation room's a mess. A stabbing victim with a chest wound has been treated and taken to another ward. He is lucky. Some patients with stab injuries to the chest don't make it. Used swabs, blood and plastic wrapping lie on the floor.

The victim, Derek Withpool, 39, of Retreat was stabbed by his younger brother William, during a family argument. His older brother, Zachariah, fed up with waiting for an ambulance, transported him to the hospital. By the time they got there Derek had collapsed.

Argus driver Ishgak Lawrence was on hand to help an ambulance assistant lift him out of the back seat of his car and into the trauma unit.

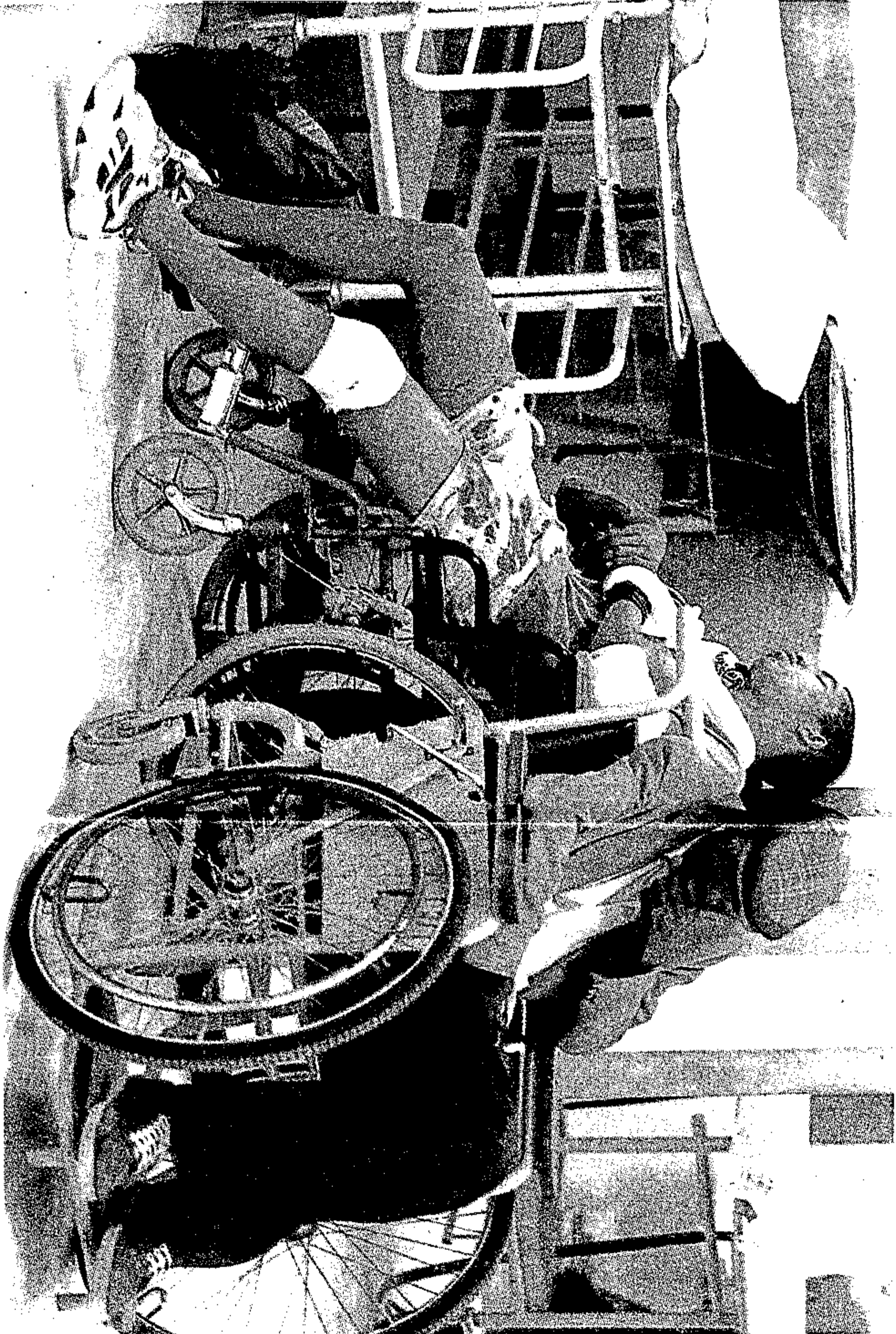
Nothing my horrified expression as a woman with a high fever collapses, crashing into a row of chairs in the trauma unit, a "desensitised" doctor notes. "This is nothing. You should see what it's like on a Saturday night."

Are the medical staff who are exposed to high levels of stress in the unit giving counselling to help them cope?

According to Dr Scheinfeld there is little support available. "About 35 victims of the St James massacre were treated at the emergency section in 45 minutes before being moved to Groote Schuur Hospital. "On this day none of the staff have been debriefed," he said.

The inherent stress of working in the trauma section which treated more than 36 700 patients in 1994 — or 100 a day — was compounded by a lack of staff, poor pay and patients who "abused" medical services.

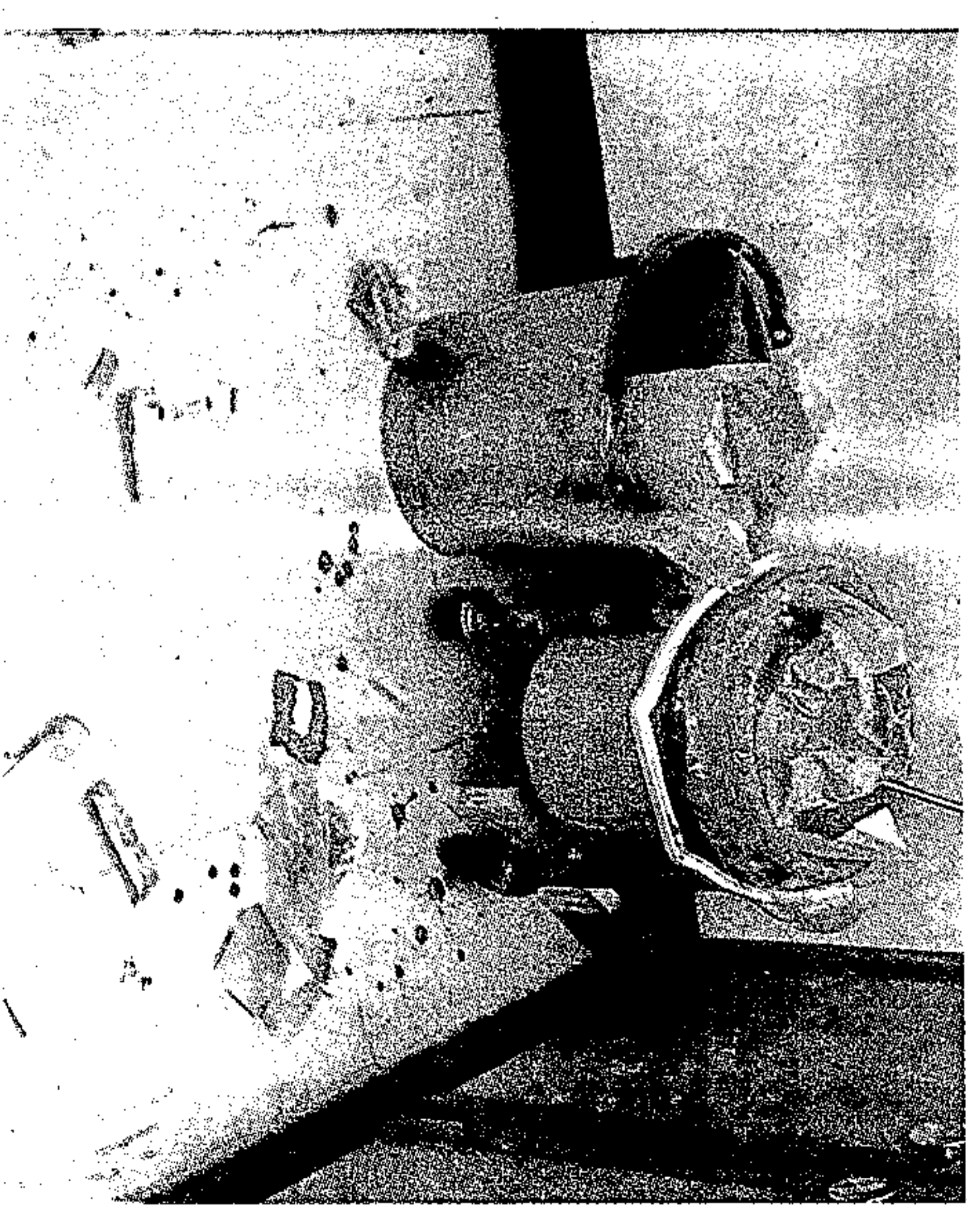
Apart from Dr Scheinfeld there were eight



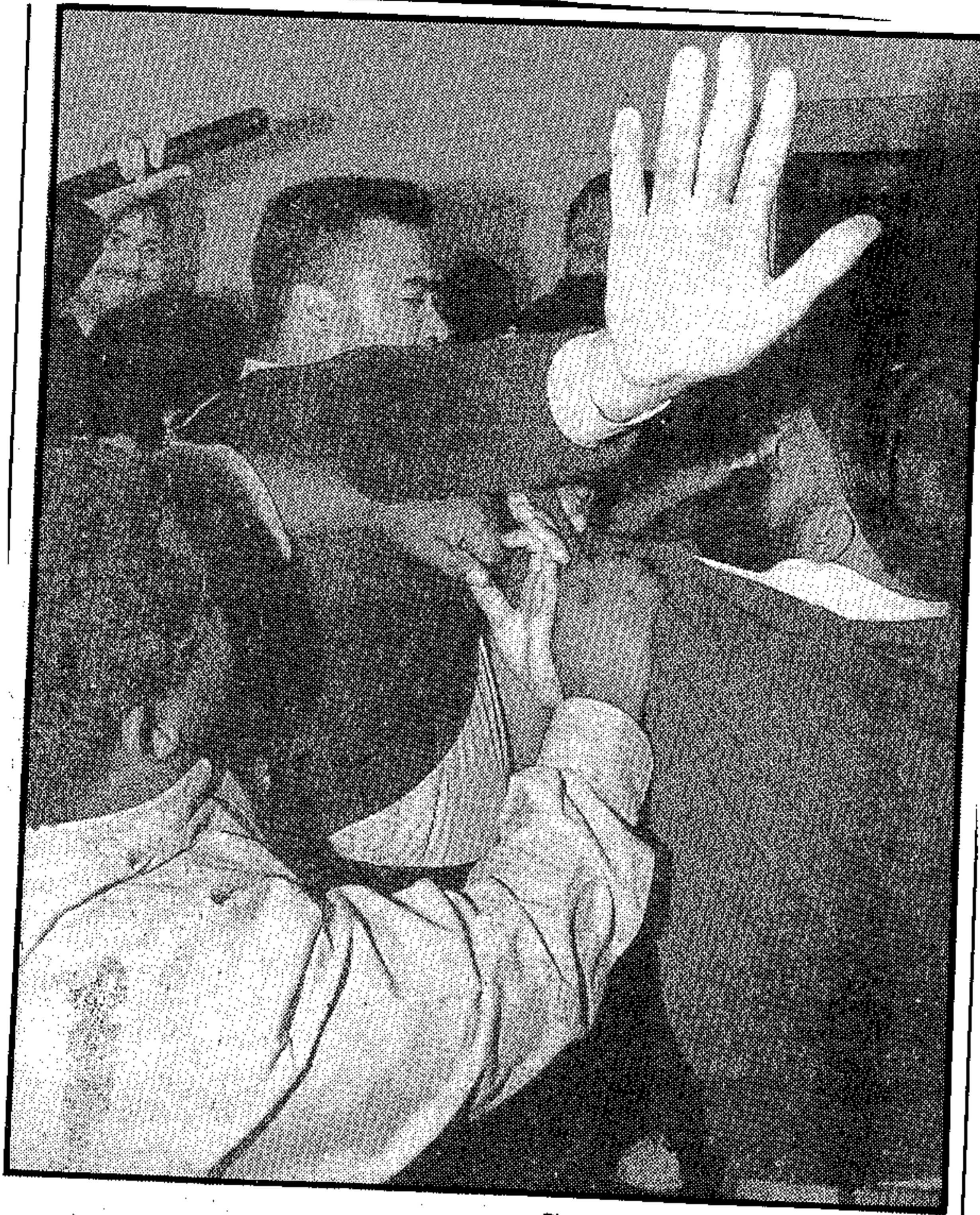
WHEELCHAIR MATES: Patients rest in the casualty ward.



HEY DOCTOR: A patient who had been involved in a motor collision waits to be stitched up.



ARL 6/5/95 (98)



Picture: NICK BOTHMA, Weekend Argus.

GROOTE SCHUUR STORM? Groote Schuur security officers and workers engage in a tug-of-war in the new building's "E" floor security office during yesterday's toyi-toying.

Hospital guards held in hostage drama

(98) (1992)
ARL 6/5/95

MXOLISI MGXASHE
Weekend Argus Reporter

TOYI-TOYING Groote Schuur Hospital workers occupied the security office on the new E floor and held 10 security workers hostage for four hours yesterday in protest against alleged "illegal" searches of their lockers.

However, the workers eventually decided to release their hostages.

The action apparently was taken after orders from the hospital management to counter the consistent disappearance of hospital property.

But, a Mr Mthombeni said that, in the workers' view, the security officers' action violated an agreement signed in 1992 by management and workers that searches at the workplace would be done without embarrassment and inconvenience to either party.

He said the security officers' actions angered the workers by the manner in which the searches were being conducted.

"We confronted management and asked them to suspend the security officers concerned.

"We occupied the office and said we were not going to release the people until management had decided to talk to us," said Mr Mthombeni.

"We have heard reports of television sets and computers going missing. These have not been stolen by workers. Management must find the real culprits and not use us as scapegoats," said the workers, who did not want to be identified.

Groote Schuur Hospital chief medical superintendent Peter Mitchell said information was given to security that hospital property had been seen in some of the workers' lockers.

Chaos of the mental kind

CP 7/5/95

(98) (88)

By SHADLEY NASH

Tower Hospital services collapse

THE PATIENTS are neat and orderly as they go about their work under the careful eye of the nurses.

The last doctor at Tower Hospital for the mentally ill is now himself a patient at a mental institution.

Tower Hospital lies on the outskirts of Fort Beaufort and is the setting for both heroes and victims of the process of transition.

A stoic group of 104 nurses and assistants, under the capable leadership of matron Noma-lungelo Ruxwana, keeps the hospital's 428 patients in comfort and security.

When Ecna paid a surprise visit to the hospital, staff were supervising a team of workers in the hospital's workshops, where some patients busy themselves repairing furniture and making boxes, mats and photo frames.

In the 35-bed children's ward, the television set blares and the stench of an uncleaned nappy wafts through the room.

All of the children are mentally retarded.

"The children have no future. They will grow up here and die here," said Ruxwana.

Behind this scene lies a tale of woefully inadequate staffing which affects the delivery of psychiatric services to a multitude of patients.

"There is a critical shortage of professional staff and there is no doubt that patient care is suffering," said one professional source.

Tower Hospital is but a microcosm of a regional crisis that authorities are currently grappling with.

As services begin to collapse in rural areas, particularly the former homelands, the only fully functioning institutions are now experiencing a patient overload.

According to the source, there are "little or no services" in the whole of the former Transkei. "Patients are starting to trickle to institutions here and soon we can expect a flood of patients," one doctor admitted.

There is no resident doctor and no full-time psychiatrist in the case of Tower Hospital and for "some time" the institution has been operating without a superintendent.

The source said there "was no-one there to see to the psychiatric needs of the patients."

Ruxwana said that the "hospital has vacancies for two full-time doctors, a superintendent, three senior nursing positions and 44 nursing posts."

But posts cannot be filled until rationalisation of

the region's psychiatric services takes place.

Tower Hospital is presently serviced by two doctors who perform daily shifts of one hour each at the hospital, not nearly enough hours to treat patients effectively.

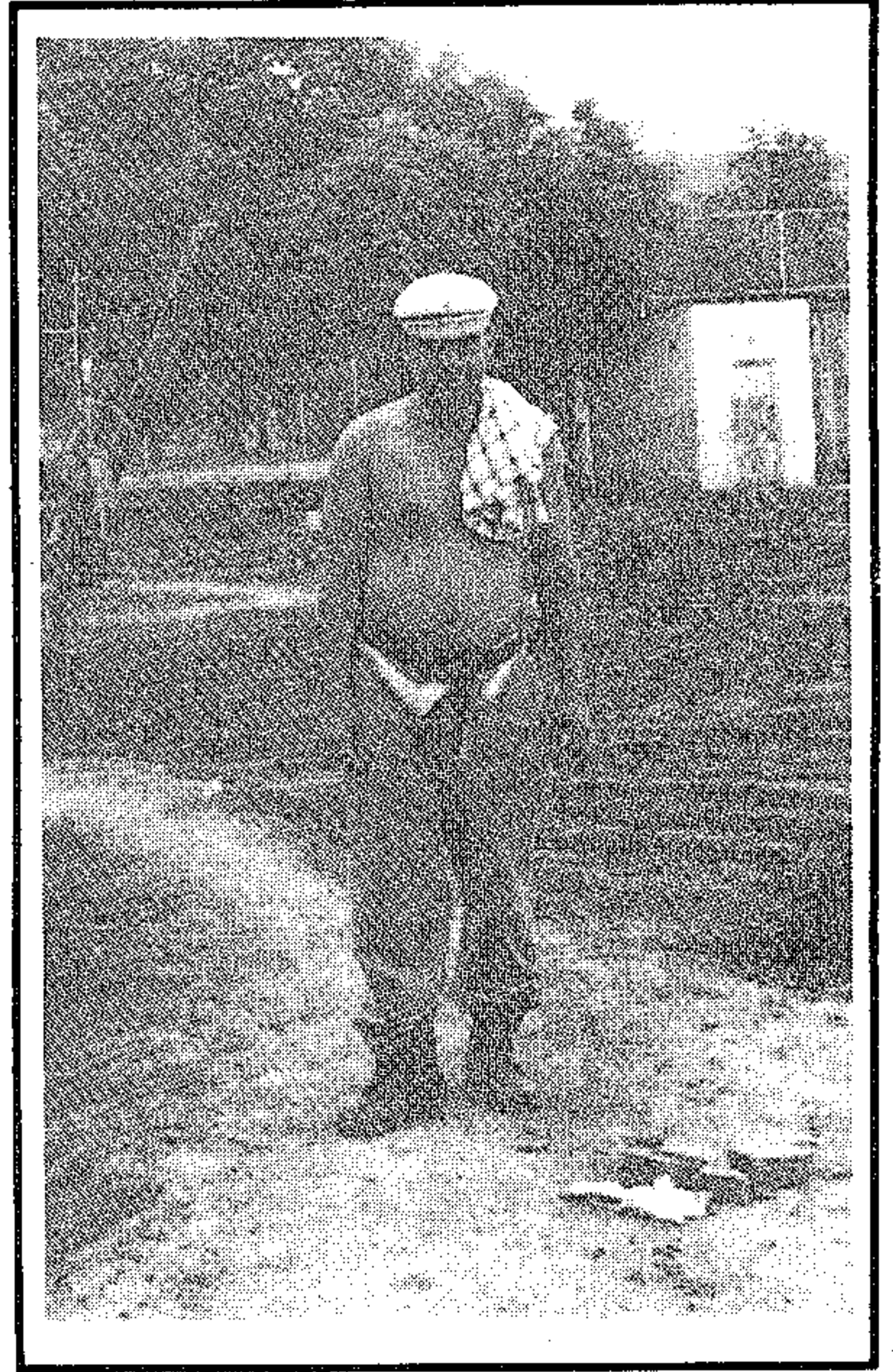
"In terms of the Mental Health Act all acute patients need to have daily psychiatric evaluations, but this is not done," said another professional source.

Institutions catering for the psychiatric needs of the Eastern Cape are confined to a handful in urban areas, and with rationalisation some institutions may still close their doors.

In Queenstown, authorities met this week to close the 100 bed Ezi-beleni Hospital described by one administrator as "not fit for human habitation".

Grahamstown's Fort England hospital is also facing a crunch with superintendent Dr Athol Schultz warning that the hospital administrators were "seriously considering closing a ward".

One of the workers at Tower puts the finishing touches to a wooden coffin. It will be used to bury the next patient who does not make it to the outside. - Ecna



WHAT HOPE FOR DIGNITY? ... At Tower Hospital, patients are kept busy while their future hangs in the balance

■ Pic: TARYN CASS

MONDAY
MAY 8, 1995 ★

NEW

'CONTRACT OPEN TO NEGOTIATION,' SAY BUSINESS LEADERS

Nocsa statement rejected

CT 8/5/95

NOCSA has said its Olympics bid agreement with the Cape Town City Council is no longer open to negotiation.

A statement on Saturday that the National Olympic Committee of South Africa (Nocsa) would not allow a review of its Olympic bid agreement with Cape Town has been rejected by Western Cape business leaders.

In the Nocsa statement, secretary-general Mr Russell MacMillan said Nocsa had "gone as far as it was prepared to go". Business leaders said this flew in the face of agreements.

Bid committee chief executive Mr Raymond Ackerman had resigned from the bid and withdrawn his sponsorship because of the agreement between Nocsa and the Cape Town City Council. After much in-fighting it was agreed a new bid committee formed by

Sport Minister Mr Steve Tshwete would approve the agreement before it was finalised.

Cape Chamber of Commerce and Industry president Mr Michael Stekhoven agreed with Mr Ackerman, after Nocsa signed the agreement with the City Council last weekend.

Business in the Western Cape regarded the agreement as open to negotiation and approval by the bid committee, including those specifically relating to Nocsa.

Chief executive of the Western Cape development body (Wesgro) Dr David Bridgman said business in the province had come to firm understandings with all parties on Friday.

"We must stop rocking the

boat and start acting responsibly," Nocsa president Mr Sam Ramsamy said after the Nocsa press conference on Saturday.

The general public and Cape ratepayers especially had to be brought into the Olympic bid process and be informed, Mr Ackerman said after a last round of meetings during the week.

Top of the new programme of action was to disclose in detail the financial implications of the bid to confused ratepayers and taxpayers, Mr Ackerman said. He wanted the media to have full access to all information and debates about the bid.

Mr Ackerman said his meetings with Mr Tshwete and the bid committee on Friday affirmed the terms of the Nocsa contract would remain open to negotiation.

"We remain unhappy about a

number of clauses, and Nocsa has agreed the terms are not bound in concrete. The importance of getting the clauses right is now accepted," he said.

Mr Ackerman said the 41-member board of the African National 2004 Bid (Cape Town) company — the bid's non-profit management company — would meet on Friday to begin work.

Dr Bridgman said action on the Cape Town Olympic bid this week "has already unlocked millions".

He said on Saturday the central government would now provide nearly R500 million in funds, urgently needed to upgrade transport facilities, including D F Malan Airport.

"We are looking at a three per cent growth rate in the past year, and a jump of up to seven percent in the near future," he said. — Sapa

CRIME FILE

Table View woman raped

A Table View teenager was abducted and raped by two men after hitch-hiking early yesterday — and a man who tried to rescue her was shot and wounded in the leg.

The woman, 19, was forced into a car and raped. A passerby confronted the assailants, who shot him in the leg.

Executive held for murder

A PROMINENT Cape Flats businessman has been arrested in connection with the murder of Ms Shariefia Moolajee, 19, who was two months pregnant, police said.

Man killed during quarrel

MR Yusuf Isaacs, of Delft, was shot dead during an argument on Saturday. A man, 23, has been arrested.

Son arrested for stabbing

A BELLVILLE man, 20, has been arrested in connection with the murder of his father at their home on Saturday. The man's father was stabbed in the neck and shoulder.

Hospital guards held hostage

STAFF REPORTER

TEN Groote Schuur Hospital security guards were held hostage for more than four hours on Friday afternoon by about 350 workers protesting against searches of their lockers for stolen goods.

The workers were reportedly angered by the searches, which they claimed breached an agreement that searches would be done without embarrassment or inconvenience to workers or management.

Hospital superintendent Dr Peter Mitchell said that management had met the workers on the issue on April 26 and explained the circumstances behind the searches, but this had not been accepted by the workers.

It was for this reason that a demand by the protesters that the security officers involved be suspended could not be acceded to, he said.

Yesterday, a hospital spokesman said there had been no further incidents over the weekend. Spokesmen for the workers could not be reached.

World Cup buster of f

OWN CORRESPONDENT

DURBAN: The Rugby World Cup has called the services of SA's top pirate merchandiser Mr George Moyo as fake parapher advertising the tournament has begun to flood the streets.

Several criminal charges have already been laid and thousands of fake T-shirts have been confiscated by police commercial crime units. With the tournament just three weeks away, the pirate industry is starting to pile up its print orders and losses for legitimate businesses are beginning to mount.

Mr Moyo's recent successes in cracking huge TDK and Levi jeans pirate markets in Johannesburg-based company Corporal Moyo prompted Grinaker Sports Management, which holds the manufacturing and distribution rights for Rugby World C

Too late for

memories will live on. Martin.

LEVITT

31

Hostage-takers face discipline

ARCT 8/5/95 (98)

Staff Reporter

GROOTE Schuur Hospital management will take disciplinary action against members of the Hospital Health Workers Union who kept hospital security officers hostage during a protest.

Deputy director of administration Saliem Franciscus said management was waiting for statements from the security officers.

He said it was not yet known exactly how many had been held captive on Friday, but it appeared that five had been injured.

We are trying to determine the extent of injuries and who was involved. One guard was apparently hit on the head, another had a bruise on his arm and someone else was allegedly gripped around the neck.

"We don't know exactly how this happened but as soon as the statements have come in, we will go through the proper channels and lay charges of misconduct."

Mr Franciscus was not sure how long the process would take but said he hoped all statements from security guards would "come through today".

Unions compromise on bargaining rights

~~12/15/95~~
BD 8/5/95

RENEE GRAWITZKY

COSATU, Nactu and Fedstal have agreed to a compromise position on the question of bargaining rights in order to discourage fragmentation and the proliferation of small trade unions.

This became clear in the joint position tabled by Cosatu, Nactu and Fedstal during the opening round of negotiations on the draft bill on the Labour Relations Act within the National Economic, Development and Labour Council (Nedlac).

Cosatu general secretary Sam Shilowa said although the three federations supported a majoritarian approach, the law should seek to develop strong and stable trade unions.

Shilowa said the federations took into account three different positions in terms of levels of representivity.

Unions with 30% representivity in a particular bargaining unit should be entitled to representation in industry bargaining councils, unless a different level of representation had been negotiated and agreed to, he said.

Where a bargaining forum exists at company level covering two or more workplaces, unions with at least 30% representivity should be entitled to all rights.

Where bargaining takes place at plant level, the union with a 50% plus one majority should have sole bargaining rights. If no union has a majority, then any trade union with at least 30% membership will be entitled to all rights except for rights of representation and bargaining.

Shilowa said in the case of agricultural

workers, unions with 15% representivity should be entitled to all rights except bargaining rights.

Business South Africa (BSA) was of the view that the Bill in some instances favoured majoritarianism rather than sufficient representivity.

The federations have proposed the definition of "workplace" for the purpose of representation be referred to as a "company" while in the retail sector, reference should not be made to "outlet".

BSA was concerned over the broad definition of "workplace", while in defining "bargaining units", employers are proposing the establishment of some formula to "delineate the boundaries of representation and organisational rights".

Labour has proposed the retention of closed shop and agency shop arrangements and the provision for single and multi-union closed shops which should be democratised through the holding of ballots.

BSA proposes that the Bill give full effect to freedom of association and to disassociate by "permitting individual employees to refrain from becoming party to any form of union security arrangement".

Labour's other concerns around the draft Bill related to the full protection of the right to strike, the use of scab labour and the definition of essential services. Shilowa said the agricultural sector should not be deemed to be an essential service.

● Comment: Page 8

Clothing employers' offer 'problematic'

RENEE GRAWITZKY

CLOTHING employers tabled their final mandated position of 10% during the second round of wage negotiations with the SA Clothing and Textile Workers' Union (Sactwu) last week.

Sactwu national clothing negotiator Lionel October said negotiations could be problematic as workers were demanding a real wage increase above inflation.

Employer spokesman Johan Baard said the offer of 10% on package and 10,25% in the lower paying areas was the national mandated position. BD 8/5/95

Employers had requested the union to

present its final position to ascertain how far apart the parties were.

The union is demanding a 15% increase, an annual bonus of a week's wages, an increase in employer contributions to the industry provident fund of 4% this year and 5% next year, and regulation of fixed contract labour. It also wanted a closing of the wage gap between workers in the Free State, Northern Cape and Eastern Cape and those in the Western Cape, KwaZulu/Natal and Gauteng.

Warning to conclude wage negotiations

ERICA JANKOWITZ

THE Hospital Personnel Trade Union of SA (Hospersa) said it would do everything possible to ensure public sector wage negotiations were concluded this week to avoid "widespread labour unrest".

Negotiations are due to resume this week in Cape Town. Hospersa national collective bargaining secretary Nic Kruger blamed delays on government negotiators not being properly mandated.

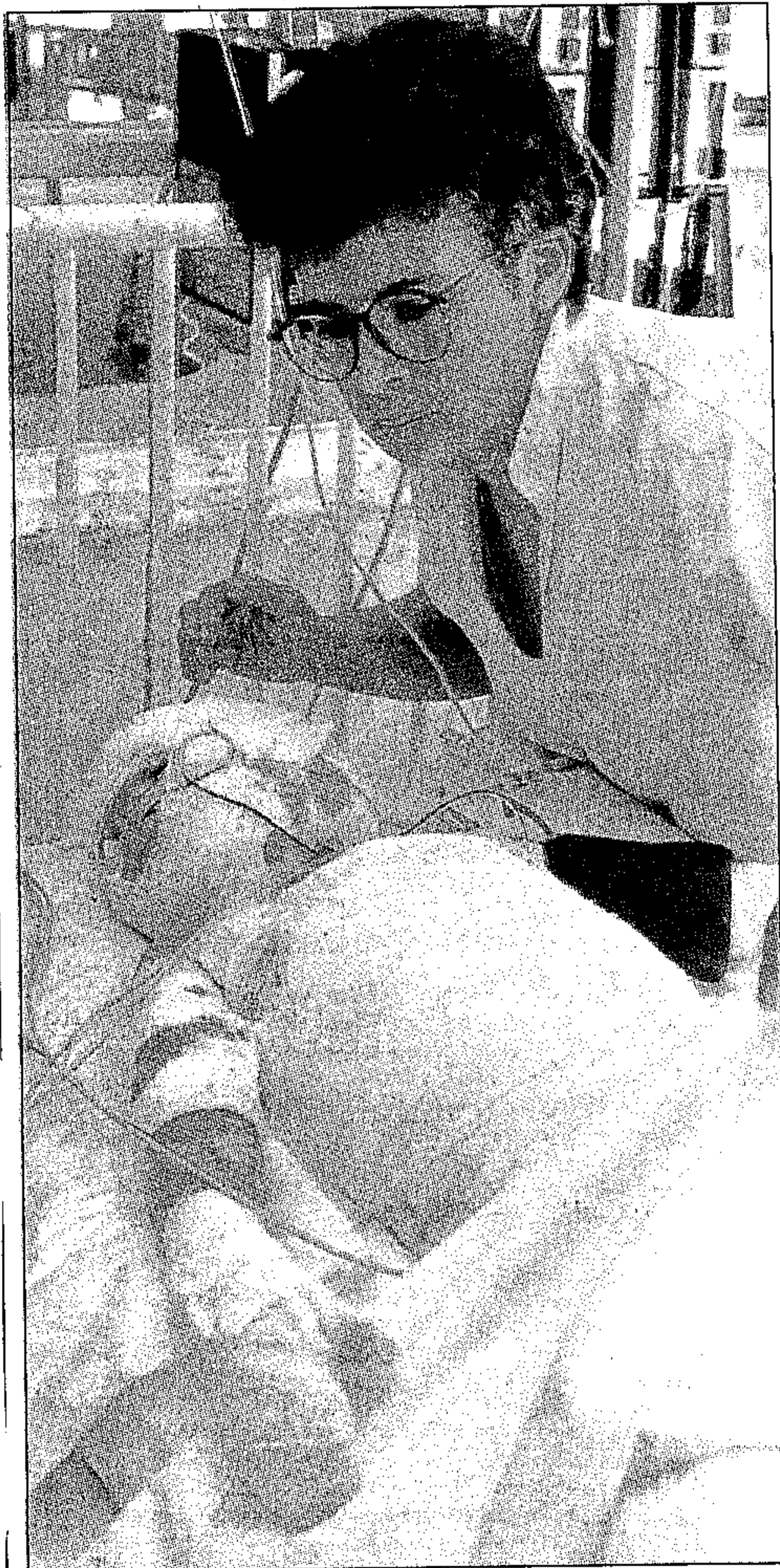
Kruger called on government to bargain in good faith as negotiations, which started

in August last year, were "costing the taxpayer enormous amounts of money".

Hospersa would insist on a written guarantee that existing pension benefits would remain intact and any deficits in funds would be made good within three years.

Hospersa would also fight for the implementation date of increases to be backdated to April 1, not on July 1 as proposed by government.

New plant



BURN VICTIM: A four-year-old boy who suffered 45% burns when a taxi exploded in an accident, lies swaddled in bandages at the Red Cross Children's Hospital burns unit which is in dire need of funds for upgrading. Nurse Ms Patricia Daniels tends to him.

Picture: ANNE LAING

Red Cross burns unit needs help

MELANIE GOSLING
STAFF REPORTER

(98) CT10/5/95
A TODDLER burnt by a paraffin stove, two children caught in shack fires and a girl who had 50% of her body burnt when an angry relative hurled a gas bottle across the room — these are just some of the patients lying swathed in bandages at the burns unit in Red Cross Children's Hospital.

But the unit needs money badly for upgrading. Drastic government budget cuts mean the hospital will have to raise the money itself and has appealed to the public for help.

Infection

Professor Heinz Rode, head of the unit which admits 600 burnt children and treats 3 000 outpatients every year, said yesterday: "There are no other facilities to treat major burns in the city or the rural areas. It is extremely costly to treat a major burn case — twice the cost of a liver transplant."

The risk of infection is a major problem with burn victims.

"The room where the children are showered and new dressings applied has no facilities to reduce infections. It is ice-cold in winter and has no air-conditioning to reduce infection from the organisms that become airborne from one child's dressings and settle on the next child.

"If we had money, we could control the temperature and air-flow which would reduce the risk of sepsis to below 3%. Now it is about 10%," Prof Rode said.

● Money from tickets for the gala premier of the opera Tosca at the Nico Malan this Saturday will go to the burns unit. Tickets at R100 each can be bought by calling 92-2551 or 794-5912.

Revamp for clinics

(98)

SPECIAL CORRESPONDENT

ET 10/5/95

JOHANNESBURG: President Nelson Mandela yesterday announced the government's plan to build or upgrade more than 170 clinics nationwide in the next 12 months, as part of its strategy to transform health services.

At the launch of the Clinic Upgrading and Building Programme in Thaba Nchu in the Free State, Mr Mandela said the Free State would receive R50 million over the next five years for the building and upgrading of more than 75 clinics.

Next year alone, 10 clinics will be built and more than 20 upgraded throughout the province.

He also said that work will begin this week to upgrade clinics in Dinane and Mafane villages in Thaba Nchu. The three clinics will jointly serve over 100 000 people.

"We are bringing health service closer and closer to communities," said Mr Mandela. — Sapa

Clinic-building will spur transformation of health services

(98)

Star 10/5/95

■ BY JOVIAL RANTAO

President Nelson Mandela yesterday announced the Government's plan to build or upgrade more than 170 clinics nationwide in the next 12 months as part of its strategy to transform health services.

At the launch of the Clinic Upgrading and Building Programme in Thaba Nchu in the Free State, Mandela said the province would receive R50-million over the next five years for the building and upgrading of more than 75 clinics.

Next year alone, 10 clinics would be built and more than 20 upgraded throughout the province. Mandela made his speech on a site where a modern clinic will be built later this year.

He also announced that work would begin this week to upgrade clinics in Dinane and Mafane villages at Thaba

Nchu. The three clinics would jointly service more than 100 000 people.

"This programme, which is one of the presidential lead projects, forms the basis of the Government's strategy to transform our health services.

"We will move from a system that is primarily curative and hospital based to one based on primary health care.

"We are bringing health service closer and closer to communities. Never again shall our people have to cross rivers and climb mountains to reach distant health services," Mandela said.

The president urged community involvement and encouraged communities to set up local reconstruction and development forums through which the communities' requirements would be discussed.

Hospice for Aids and cancer patients opens in Woodstock

Health Reporter

A NEW community centre for cancer and Aids patients has been opened in Woodstock.

The St Luke's Hospice Service Centre is a joint effort by St Luke's Hospice and the Presbytery of Cape Town Project for the Aged.

The new centre can accept 22 terminally-ill patients, but will also focus strongly on home care.

As it gets no state funding, the centre — which has enough money to see it through the next six months — will rely heavily on donations to keep it going.

Officially opening the centre yesterday, Cape Town mayor William Bantom said the building was "merely a shell" and that the centre now needed

to grow.

"We need the people of Cape Town to pour in ... to give it soul and spirit."

The centre would be a warm, comfortable, non-threatening place where patients would get support, advice, consolation and therapy.

St Luke's Hospice chairman Allan Hardie said the opening of the centre marked a "new beginning".

The Presbytery had raised nearly R750 000 to upgrade the building and a R250 000 private donation by Cape Town philanthropist Joan St Leger-Lindbergh had helped get the project off the ground.

More community hospices were in the pipeline, with one opening in Meadowridge next week.

ARG 11/5/95 (98)

Hospital's cash cuts slammed

(98)

Star 11/5/95

■ BY JANINE SIMON

Natalspruit Hospital's superintendent, Dr Charles Bradfield, yesterday launched a blistering attack on budget cuts and skewed health funding, which, he said, were throttling the very institutions needed to build a primary health care system.

And concern about cuts in state subsidies to welfare organisations is continuing to rumble in the run-up to the Gauteng welfare vote which is to be debated today.

Bradfield was speaking during a fact-finding tour of the hospital, organised by Democratic Party Gauteng health spokesman Jack Bloom.

The DP on the East Rand estimates that 300 reports of child abuse will have to be ignored every month if 21 social work

posts in this field are abolished due to subsidy cuts.

Gauteng's 1995/96 health budget had shrunk by 20% in real terms; a staggering R80-million had been cut from regional hospital budgets; and there was still a potential shortfall of R579-million to maintain overall services, Bloom said.

According to Bradfield, Natalspruit — historically underfunded and already forced by budget cuts to run at 796 instead of 923 beds — would overspend its 1995 budget by 25% simply by maintaining the status quo.

"We can only achieve a 25% cut by cutting staff, which means cutting services, and I don't want to have to take responsibility for that," Bradfield said. "This community has the right to services, and I won't be able to answer

community leaders when they come knocking at my door asking why they were cut."

Natalspruit is a chief regional hospital, providing primary, community and secondary care to 1.5-million people in Tokoza, Vosloorus, and Katlehong, as well as back-up services for Volksrust, Standerton, Piet Retief, Heidelberg and Vereeniging. It also runs the only spinal rehabilitation and speech therapy units in southern Gauteng.

Bradfield stressed that the more capacity at regional hospitals was improved, the less the load would be on academic institutions like Johannesburg Hospital. "But there is no redistribution, no reconstruction, no money and no plan. Everyone highlights the crisis in primary and academic medicine, and we're left out."

Hospital may have to reject ill patients

By Glenn McKenzie (98)

Sowetan 11/5/95
 NATALSPRUIT Hospital will be forced to lay off 400 employees and cut one-quarter of its services unless the Gauteng government offers more funding, a hospital administrator said yesterday.

Superintendent Dr Charles Bradfield said the East Rand hospital faced a "potential health crisis" under its current budget. Journalists were shown 30-year-old X-ray equipment that a radiologist called "undependable junk". In another section, up to three babies shared a bed. According to Bradfield, the hospital goes over its budget by up to 20 percent every year. This year, government officials instructed him to abide by a reduced budget "at all costs", he claimed. As a result, all non-emergency services at Natalspruit Hospital could

face the axe. These include:

- Elective surgery, such as operations for cancer and other diseases;
- Children's wards, which could be cut or eliminated; and
- Outpatient services for minor health problems.

Yesterday, Democratic Party spokesman Mr Jack Bloom accused the national Health Ministry of forcing Gauteng hospitals to operate under "irresponsible budget constraints".

New services in the Northern Transvaal, North-West and elsewhere were being funded at the expense of existing services in Gauteng, he said. Meanwhile, superintendent Bradfield indicated that Gauteng politicians would be forced to decide which services they wanted to cut at Natalspruit.

"I will not make these decisions. I cannot justify turning away patients in dire need," he said.

STREET KIDS REHABILITATION CENTRE PLANNED

Valkenberg's battles squatters

CT12/5/95

98



A BATTLE is looming between a group of 131 street people squatting at Valkenberg and the authorities who want them removed. **CLAIRE BISSEKER** reports.

MORE than 100 street kids and their leader have set up a comfortable home in a derelict part of Valkenberg hospital — but authorities have had enough and want them out.

The squatters moved in at Christmas when a Sea Point artist, known only as Vaughn, decided to host a week-long party for 57 street kids in the disused forensic wing.

In the past six months his following has grown to 131 street people, who have resisted all attempts by the authorities to have them removed or relocated.

Vaughn said yesterday he wanted to lease the premises to provide a rehabilitation centre for street children where they could live and attend arts and crafts workshops.

"In five years there should be no more street kids. These kids are willing, given the tools. We are not asking for handouts but a base to start anew," he said.

However, Valkenberg medical officer Dr Chris Dare said during the past six months there had been "very little evidence of what was

promised in the way of developmental projects".

Now the Valkenberg Hospital board has appealed to the Welfare Ministry to evict the squatters and street children.

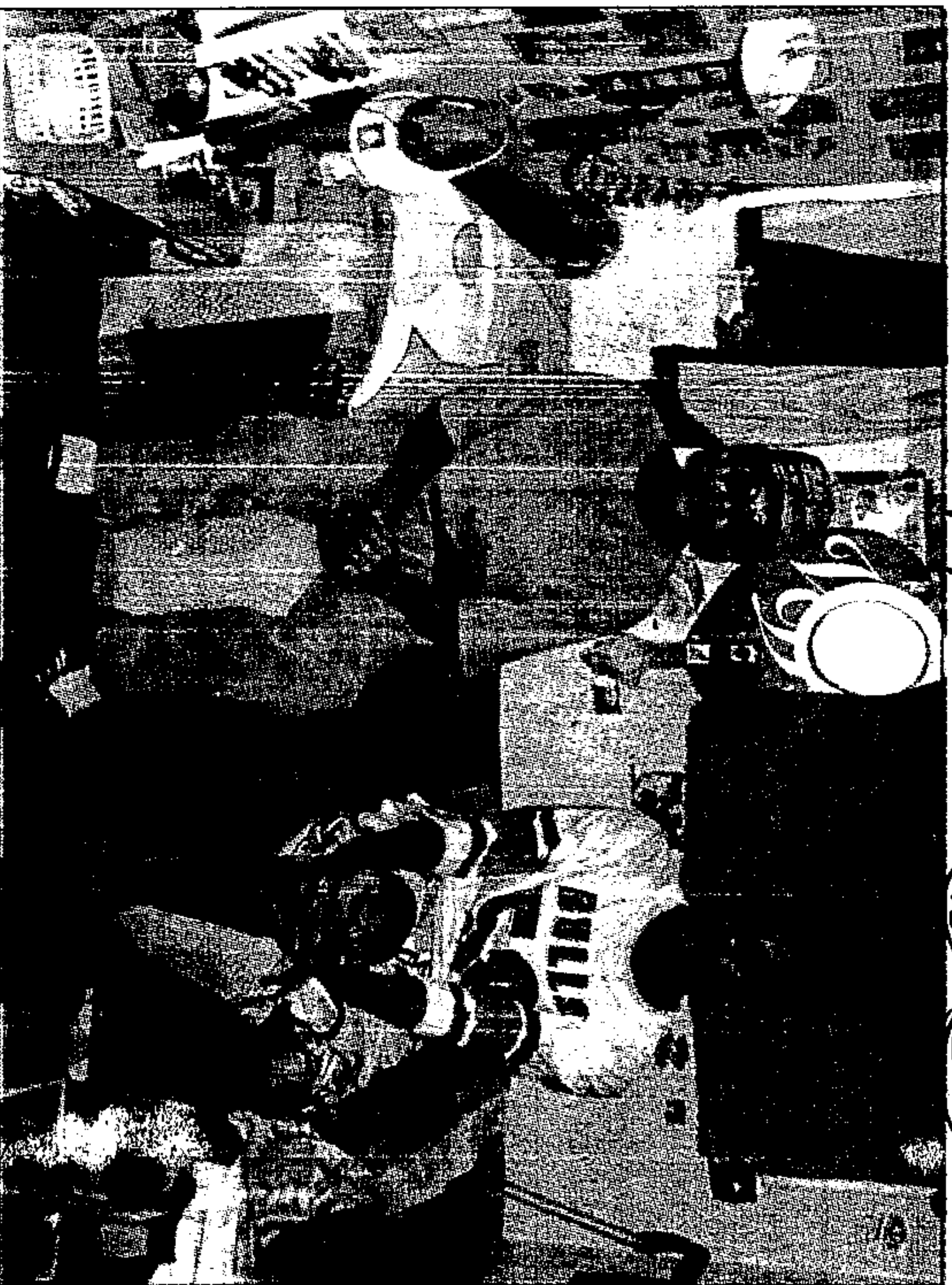
Vaughn showed the Cape Times newly-swept corridors and surprisingly clean quarters where street children lay asleep on the beds. Several families have moved into former psychiatric cells which they have decorated with magazine pictures and colourful paraphernalia scavenged off the street.

After an inspection yesterday, however, acting chairman of the Valkenberg Hospital board Mr Louis van der Walt said:

"This is the biggest scam I have ever heard".

He said the squatters were "illegal occupiers and trespassers who represented a danger to patients, staff and themselves".

"If the government allows the squatting to continue it will constitute a serious infringement of the rights of the handicapped," he said. The Welfare Ministry could not be reached for comment.



HOME AND DRY: Street people Mr Kevin Williams (left) and Mr Ismail Benjamin relax in comfort in their new home, formerly a psychiatric cell, in a derelict part of Valkenberg Hospital which has been occupied by squatters since Christmas. **PICTURE: ALAN TAYLOR**

20 ambulance workers occupy mayor's offices

ARCT 12/5/95

98

Health Reporter

A GROUP of ambulance workers occupied the Cape Town mayoral suite today, demanding to see the minutes of an executive council meeting held this week.

Members of the SA Health and Public Service Union are demanding that their union be officially recognised and that the management of the city's ambulance services be replaced.

Themba Ncalo, publicity secretary of the union, said members wanted the lifting of the suspension of colleagues, who are facing a disciplinary hearing after blockading the entrance to the Pinelands control centre for eight hours in April, effectively paralysing the service.

About 20 union members entered the mayoral suite today, at first demanding to see mayor William Bantam.

When it was pointed out that he was not in, they negotiated with deputy city administrator Alan Dolby.

In the meantime about 50 policemen waited in the corridor outside the suite, ready to evict the union members, who

were demanding to see the minutes of an executive council meeting held on Tuesday.

At the meeting it was decided that the issue of the recognition of the union would be referred to a city council meeting at the end of the month.

It was also decided that the suspended workers would remain suspended and that the disciplinary hearing would still take place.

The union members finally agreed to accept a letter summarising the decisions taken at the meeting.

Mr Dolby gave them an undertaking they would be given a copy of the official minutes after May 23. They then left peacefully.

● Mr Ncalo earlier warned that if the issues concerning the union were not resolved union members would demonstrate at World Cup rugby matches.

He said 42 workers were on strike.

The total ambulance staff amounts to 406, with 209 people working on the roads.

● Picture, page 8.

'Angel' watches over Valkenberg squatters



98

~~3307~~

CT 12/5/95

NEW HOME: Street children play contentedly on a metal sculpture which is called "The Guardian Angel" by the leader of a group of squatters who have occupied a derelict wing of Valkenberg Hospital. **See Page 7**

PICTURE: ALAN TAYLOR

Ambulance



Rod Douglas

BOSS SUSPENDED

ARG 17/5/95 (98)

□ Probe into management of dispute-ridden service

By ANDREA WEISS
Municipal Reporter

THE chief officer of Cape Town's municipal ambulance service, Rod Douglas, has been suspended, pending an investigation into the management of the service which has been badly hit by industrial disputes.

This was confirmed today by Mr Douglas and deputy city administrator Alan Dolby.

There was no suggestion of charges of misconduct against Mr Douglas who has been head of the service for about five years, Mr Dolby said.

Mr Douglas's suspension comes in the wake of a continuing labour dispute at the ambulance service where members of the SA Health and Public Service Workers' union have demanded recognition.

Also suspended from the service are 38 members of the union who took part in an eight-hour protest action which effectively shut down the ambulance service for a day recently.

According to Mr Dolby, the union members have been told three times by the city council they may return to work pending the outcome of disciplinary action, but only if they give an undertaking not to disrupt the service again. This undertaking has not been given.

Mr Dolby said the suspensions were creating a problem within the ambulance branch which was short of resources.

"But it is really a choice between being short-handed or facing their threat to disrupt the service entirely."

Part of the suspension order against the union members was that they would not be allowed to enter the ambulance premises or any depots, he said.

Mr Douglas, who is working at Captour on a voluntary basis to help with the Rugby World Cup, declined to comment on the reasons for his suspension.

But Mr Dolby said there was no suggestion of charges of misconduct against Mr Douglas who was formally suspended on May 10 by the city's executive committee.

Last Friday, the union members occupied the mayoral suite demanding to see the minutes of an executive committee meeting which contained information about Mr Douglas's suspension.

In the meantime, Mr Dolby is "overseeing" the service until an acting manager can be appointed.

The terms of the investigation will be finalised by the city's executive committee, which is also considering whether the union should be recognised by the council.

The SA Municipal Workers' Union has called for the ambulance service management to disband in favour of an interim management committee, and has said that the suspension of the workers was "causing strain" among its members.

All suspended members are receiving full pay in terms of the new labour law.

Exco suspends official

CT 18/5/95

LISA TEMPLETON

THE chief officer of the Cape Metropolitan Ambulance Services, Western Cape, Mr Rod Douglas, has been suspended from service following unresolved labour disputes.

He will remain suspended for the duration of an investigation.

His suspension follows a continuing dispute involving the militant SA Health and Public Services Workers' Union, which is demanding recognition.

Last month a group of ambulance workers blockaded the entrance to the Pinelands control centre for eight hours. Last Friday about 20 members occupied the mayoral suite.

Mr Douglas was suspended by exco on the May 10, pending an investigation into the management of the Pinelands branch. There are no charges of misconduct.

Disrupt

Also suspended are 38 union members who participated in the Pinelands blockade.

They have been offered a chance to return to work, if they agree not to disrupt the service in the future.

Deputy city administrator Mr Alan Dolby said yesterday that a caretaker would be appointed from elsewhere to oversee the Pinelands branch.

Mr Douglas was not available for comment.

The SA Municipal Workers Union has called for the management to be disbanded and an interim management established at Pinelands to provide the service to the community.

NEWS

Two-year queues for eye and other surgery

(98) Star 18/5/95

Scandal of Jo'burg Hospital

BY JO-ANNE COLLINGE

If you went to Johannesburg Hospital tomorrow needing eye surgery, you would find yourself at the bottom of a 2 000-strong waiting list. Your turn for an operation would come only after about two years.

The waiting period for other forms of surgery in the ophthalmology department is even longer, Gauteng Health MEC Amos Masondo has disclosed.

At the moment, the waiting list for cardio-thoracic surgery is

140. Although it is a lot shorter than the queue for eye surgery, it takes longer to get to the head of the queue — anywhere between two and three years.

In the orthopaedic department there are about 100 people in line for knee operations at any given time and another 100 waiting for hip operations. The waiting period here is also between two and three years.

The information was disclosed in a reply to a written question by Democratic Party MPL Jack Bloom this week.

Bloom yesterday described the waiting lists — and the suffering they represented — as “shocking”.

“Sharp budget cuts in Gauteng could well mean that such lists will become even longer unless we are able to realise significant savings from more efficient management of resources,” he commented.

The health budget is due to be debated in the Gauteng legislature today. Nowhere in the Gauteng administration is the gap between the amount actually al-

located in the budget and the amount required to meet real needs greater than in health.

Finance MEC Jabu Moleketi put the “potential shortfall” for health at R579-million. However, R300-million of this should be covered by a special transitional allocation from the RDP Fund.

This is intended to assist Gauteng to build up its primary health care facilities without simply abandoning its expensive tertiary services, which are supposed to be gradually reduced.

FOR THE RECORD

Important details were omitted from the free ticket giveaway for the Walter Matthau romantic comedy *IQ*, as printed in Tonight on Page 14 yesterday.

The cinemas where tickets can be collected and where the film will be screened were inadvertently omitted. The tickets (two per person) can be collected today from noon at Nu Metro Bedfordview and Nu Metro Hyde Park. Tickets will be issued on a first-come-first-served basis, but remember to present a clipping of yesterday's article. Screenings are on Sunday at 8pm.

Alberton residents get 4 years to pay up

BY CHARMEELA BHAGOWAT
CITY REPORTER

Residents in the Alberton municipal area have been given four years to repay service-charge arrears accumulated over the past year.

John Welman, community services head of the Alberton Transitional Local Council, said yesterday the arrears up to February 28 1994 had been written off by the council in keeping with the agreement between then president F W de Klerk and ANC leader Nelson Mandela.

Welman said outstanding ar-

rears accumulated between March 1 1994 and February 28 1995 could be paid off over four years, beginning in July.

Those residents with accounts outstanding between March and May this year could make arrangements to pay off the money to the council, Welman said.

He stressed, however, that the onus was on residents to ensure their accounts were paid and suggested they approached the council to make arrangements.

Welman said residents would now have to pay their current accounts in full each month, in

addition to a fraction of the arrears from the past year.

He said that in view of the concession being granted to residents, the council would take strong action against defaulters. “Should municipal services accounts not be paid, the transitional local council will unfortunately have no alternative but to cut electricity supply.”

The council would begin disconnecting from Tuesday, he said.

Residents and ratepayers would be informed of the council's move and reminded to pay their accounts, he added.

NEWS KwaZulu committee on provincial budgets criticised over fund allocation

Ire over R6-m hospital laundry

(98) Sowetan 19/5/95

A CASH-STRAPPED state hospitals come under growing pressure to meet demands, a plan revealed yesterday to spend R6 million on a new laundry for a KwaZulu-Natal hospital has sparked off sharp indignation.

Board chairman of Maritzburg's Greys Hospital Mr Brian Edwards questioned the justification for pouring money into a new laundry at Madadeni

■ PROTEST RAISED Boards of

other hospitals in the province object:

Hospital in Newcastle. "Why can't this service be privatised?" he asked at a meeting of the KwaZulu-Natal finance portfolio committee.

It is hearing evidence on the budgets of each provincial government department. Madadeni Hospital came under fire last month when striking hospital workers sprayed women and newborn babies with dangerous germs stolen

from the laboratory.

It is not known if any arrests have been made and Colonel Kenneth Venter, heading the special police team probing the incident, could not be reached yesterday.

Administrative head of health services Mr Herman Conradie said the plan for the laundry at Madadeni Hospital would be looked at again.

"But at present we haven't got the

capacity in the private sector for this service and there have been labour problems," he said.

The province's state hospitals have been struggling to provide adequate care for its growing number of patients because of severe funding shortages.

Medical Superintendent at Greys Hospital Dr SM Muir said the hospital was stretched to the limit. — *Sowetan Correspondent.*

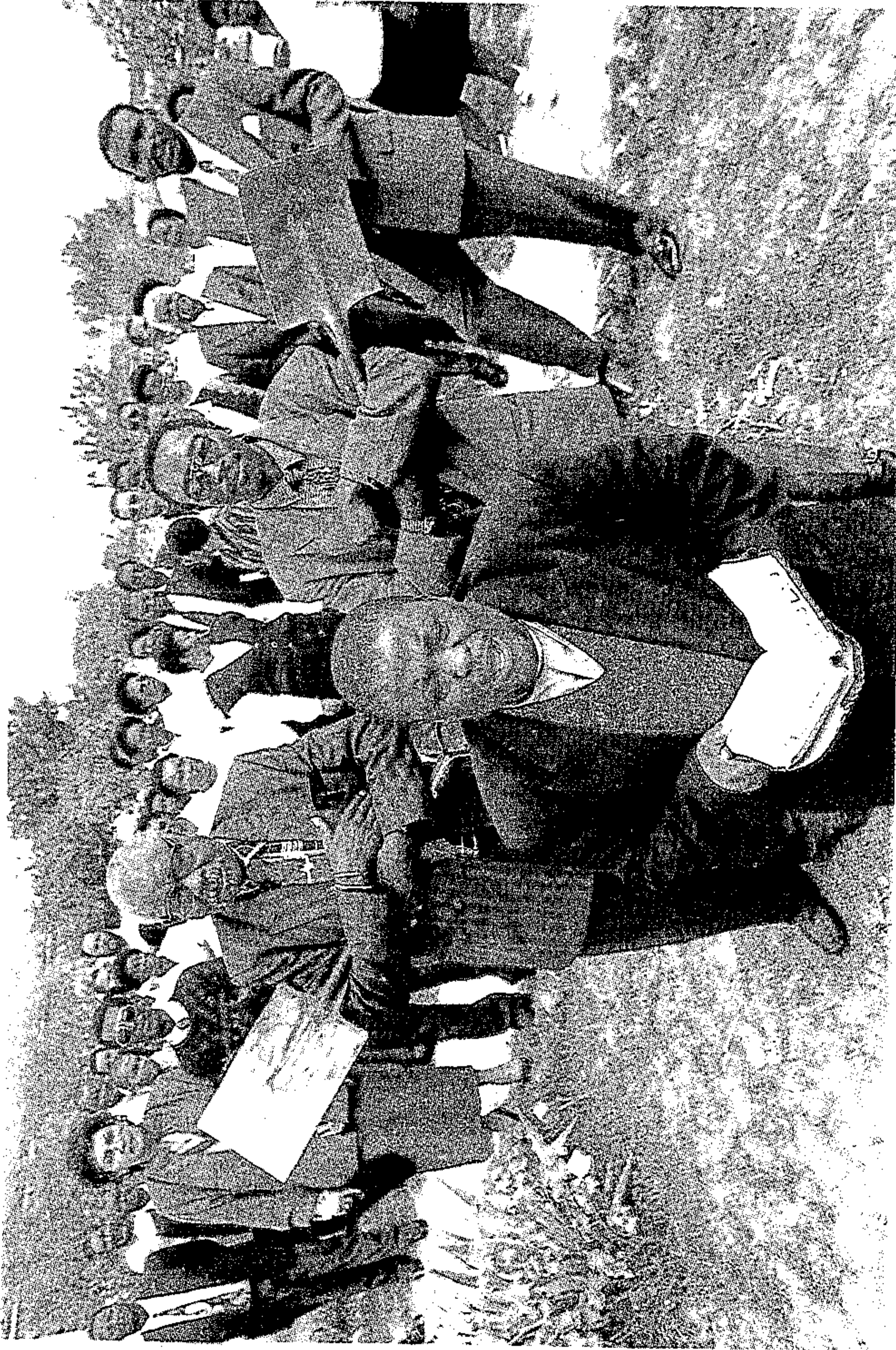
R2-m upgrade for day hospital

98 Health Reporter **ARGUS 22/5/95**
 YEARS of negotiations came to an end when the Guguletu Day Hospital — built in the 1960s for a population of 600 — was symbolically handed over to building contractors who are to extensively upgrade the site. The hospital now serves a community of about 600 000 and has never before been upgraded.

On Friday the staff and community celebrated the start of a R2 million process which will see the building extended to accommodate comprehensive primary health care services, including family planning, mother and child health, immunisation and a 24-hour emergency service.

The R2 million was made available to the hospital by the regional government — and the renovations and extensions are to be completed in a year.

"It brings us big smiles," said nurse Miriam Dyakala. She said 41 local unemployed people were trained to be part of the building process.



Picture: DOUG PITHEY, The Argus.

BLESSING THE SOIL: Reverend Vuyani Mtini blesses the soil at a ceremony to mark the upgrading of Guguletu Day Hospital. Flanking him are community member Zolile Malindi, left, and architect Nkosana Mguga, of Ekhaya Architects.

It would be appreciated if the hon member would consider furnishing me with further particulars of specific traditional leaders, whereafter I will be pleased to supply him with any information at my disposal.

Contamination of hospital wards by striking health workers

246. MR M J ELLIS asked the Minister for Health:

- (1) Whether any investigation has been held into allegations that striking health workers contaminated wards in certain hospitals recently by spreading bacteria; if not, why not; if so, who was in charge of the investigation;
- (2) whether any confirmation of such deliberate contamination of health facilities was found; if so, (a) at which hospitals, (b) who was responsible for this deliberate contamination, (c) what specified bacteria were used in each case and (d) what were the consequences of this action;
- (3) whether any staff members responsible for this action have (a) been dismissed, (b) faced disciplinary action and (c) been charged with any criminal offence; if not, what action has been taken against those responsible; if so, what are the relevant details;
- (4) whether she will make a statement on the matter?

Hansard 23/5/95 N499E
The MINISTER FOR HEALTH:

- (1) Yes. An investigation is being carried out by the South African Police Services.
- (2) Yes.
 - (a) Madadeni Hospital.
 - (b) It is alleged that various categories of staff were responsible for the contamination.
 - (c) Specific bacteria could not be identified as bags of bacteria which were cultivated in the hospital laboratory for diagnostic purposes were taken from the waste area and thrown into the wards.
 - (d) No loss of life or infection of patients. The contaminated areas were im-

mediately evacuated and a firm was employed to clean and sterilise the areas. The areas were utilised within ten (10) days after the contamination.

(Reply to paragraphs (3) and (4) not furnished by Department.)

Amending of the Atmospheric Pollution Prevention Act, 1965

253. Mr M J ELLIS asked the Minister of Environmental Affairs and Tourism:

Whether he intends introducing legislation aimed at amending the Atmospheric Pollution Prevention Act, 1965 (Act No 45 of 1965), so as to provide for (a) stricter regulations governing the control of air pollution and (b) economic incentives to the industry to reduce emissions; if not, why not; if so, what are the relevant details?

Hansard 23/5/95 N506E
The MINISTER OF ENVIRONMENTAL AFFAIRS AND TOURISM:

- No.
- (a) Provisions have been made in the Atmospheric Pollution Prevention Act to enforce more stringent requirements as and when it becomes necessary.
 - (b) The investigation into an integrated Pollution Control Policy for South Africa which is presently being conducted by the Department of Environmental Affairs and Tourism will address this aspect in detail. Should it appear that incentives are needed, the appropriate measures will be considered.

Geological surveys conducted in Intisizwa mountain range

263. Mr G Q M DOIDGE asked the Minister of Mineral and Energy Affairs:

- (1) Whether any mining and geological surveys have been conducted in the Intisizwa mountain range; if not, what is the position in this regard; if so, with what results;
- (2) whether any mining rights in this area have been granted or sold to any South African mining houses; if so, when;
- (3) whether the granting of these mining rights will result in (a) any benefits for

local communities in the area and (b) the creation of jobs for persons living in these communities; if not, why not; if so, (i) in what manner and (ii) when;

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

N533E

The MINISTER OF MINERAL AND ENERGY AFFAIRS:

- (1) Yes. As I indicated during last year's session of Parliament, the Council of Geoscience has launched a two-year airborne magnetic and radiometric mapping programme over the entire Transkei, including the Intisizwa area. The project had to be spread over a period of two years because the costs exceeded the Council's entire magnetic mapping budget. The results of this survey will be available towards the end of 1996.

The platinum-nickel deposits occurring in the Intisizwa Complex are associated with pyrrhotite. Because the latter is magnetic, this mapping programme will provide an indication of the possibility that the mineralisation may extend beyond the region where it is presently known. This project will also contribute to future water prospecting in the Transkei for rural water

supply and is a demonstrable contribution by my Department to the RDP.

Additionally, the R2.5 million study may also shed some light on the distribution of radioactivity in the Transkei and it could contribute to understanding the high incidence of oesophagus cancer which is endemic in parts of the Ciskei—another contribution to RDP objectives. Lastly this data will help to define new exploration targets in Transkei and Ciskei as well as contributing to solve urbanisation problems in that part of South Africa—also RDP contribution.

- (2) Two major South African mining companies, Gemmin and Randgold Exploration, have been prospecting in the relevant area since 1988/1989. Both prospecting companies have spent a considerable amount of money to date, in an attempt to locate mineral deposits. Both companies have renewed their Prospecting Leases to 1997.

- (3) The prospecting activities will not result in immediate benefits to local communities. However, a different picture will emerge in future, should the companies be successful in locating economically viable mineral deposits.

(4) No.

'It would be a national disgrace'

Heart miracle man says 'Don't let this famous unit go down the drain'

LIBBY PEACOCK
Health Reporter

THREE years to live... or a heart transplant. This was the option doctors gave Fish Hoek freelance journalist Harry Weir in 1992.

About seven years after first being diagnosed with heart disease, Mr Weir was constantly tired, had a breathing problem and was on heavy medication. He took option number two.

Now, just more than two years after the transplant, Mr Weir claims to be fitter than he was 15 years ago.

"I'm 55, but I've got the heart of a 21 year old."

The transplant had given him "a glorious new life", he said this week in an interview at Groote Schuur Hospital's department of cardio-thoracic surgery. This "new life" has inspired Mr Weir to become the unofficial co-ordinator of transplant publicity for the Heart Transplant Unit at the hospital.

"It would be a national disgrace if South Africans allowed the world's most famous and oldest heart transplant unit to go down the drain," he said.

Johan Brink, head of the department and surgeon in charge of transplants, said the hospital's heart transplant unit was "probably the most cost-effective unit in the world".

Patient care had never been prejudiced for cost reasons, but after this year's cuts to the Western Cape's health budget, the unit had to make itself heard, Dr Brink said.

The unit has therefore embarked on a fund-raising and awareness drive, appealing for private donations and corporate sponsorship.

Dr Brink has been part of a government-appointed committee to make recommendations for a national transplant policy.

There is presently no legislation to control and sanction transplantation.

The committee's report has still to be scrutinised and released by Minister of Health Nkosazana Zuma, but among the recommendations will be that Groote Schuur Hospital's heart transplant unit be adequately funded to do 50 transplants a year, and that a second transplant unit be established in Gauteng.

Dr Brink said the total cost this year of the unit — to do about 35 transplants, and treat about 140 post-operative patients — would be about R6 million.

About R4 million of this amount came from the Groote Schuur budget — but more than 50 percent of patients came from outside the Western Cape.

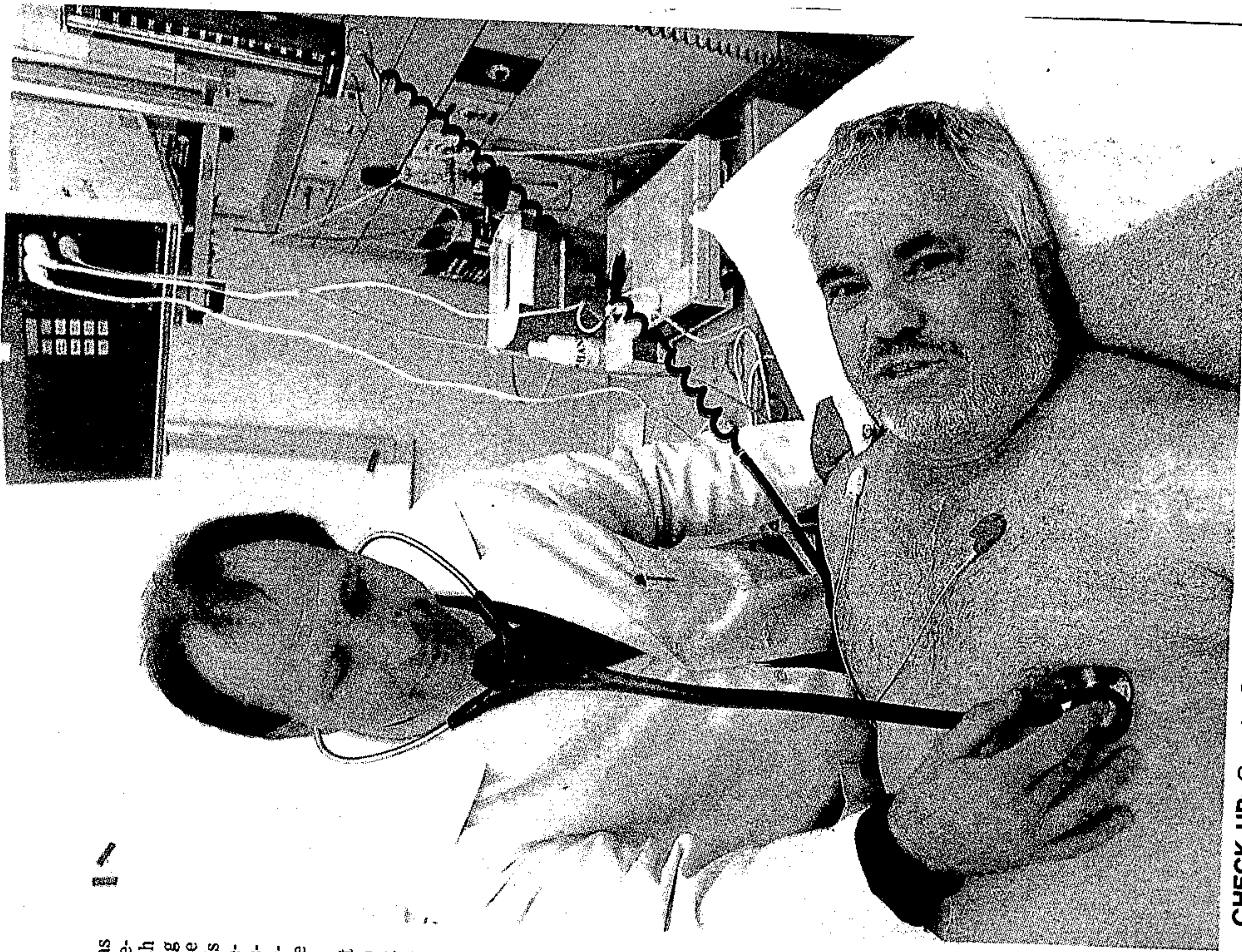
An answer to this question could be the establishment of supra-regional funding to make up the R4 million, Dr Brink said.

The unit had been "chronically short-staffed" since 1990, but was "coping okay". However, if more funds did not become available, the unit would have to start cutting back.

The Groote Schuur unit is coping with three part-time surgeons, a medical officer, one post-clinical sister and one social worker, while a similar unit in Melbourne, Australia (which does about 50 transplants a year) has 18 full-time staff.

Dr Brink said the unit was still "fairly busy by international standards" and among the top 30 or 40 units in the world.

The unit needs funds not only to help cover the operating and post-operative costs of disadvantaged patients, but also to buy medical equipment, do vital research, appoint extra staff and even to buy more office equipment.



CHECK-UP: Groote Schuur Hospital's head of cardio-thoracic surgery, Johan Brink, checks the blood pressure of patient Harry Weir, who had a heart transplant in 1993, and has to have regular check-ups. Picture: ANDREW INGRAM. The Argus.

CRISIS

(98) SAN 31/5/95

Metropolis faces R20-m shortfall for emergency services

Joburg ambulance

DISPATCH centre reports show patients can wait up to three hours for help to arrive

■ BY PAULA FRAY
CITY EDITOR

Ambulance services in the Greater Johannesburg area are in a critical state and some services could come to a halt without more government funds, officials warn.

Greater Johannesburg's total budget for the provision of ambulance services during the next financial year has remained unchanged — for the third year — at R37 323 416.

To make matters worse, the Gauteng province has informed the local authorities that, unlike in previous years, the capital budget to buy equipped ambulances should now be taken out of the operating budget, according to Transitional Metropolitan Council (TMC) councillor Peter Gardiner, who has chaired recent Public Safety Services Committee meetings.

"The situation is critical," says Gardiner who has dispatch centre reports which show that waiting time for patients ranges from five minutes to three hours.

A report submitted to the committee this month shows the metropolis is facing a R20-million shortfall in its emergency service provision for the next financial year.

The Gauteng Provincial Administration has said it has already allocated all the money it received from the national Government to local authorities — such as the TMC —

► To Page 3

Ambulance crisis in Jo'burg

(98) SAN 31/5/95
◀ From Page 1

which act as agents in the provision of emergency services.

In his recent budget speech, health MEC Amos Masondo said Gauteng's allocation — for ambulance services and the transport of needy patients — was increased by R5,6-million to R113,4-million this year.

DP health spokesman Jack Bloom said this actually represented a decrease once inflation was taken into account.

According to a report to the TMC's Public Safety Committee, at least R44-million is required to operate the Greater Johannesburg ambulance service. To purchase 49 ambulances, the TMC will need another R4,9-million and another R2,9-million to properly equip them.

Response cars, command and control cars, essential medical equipment replacements, disposable medical equipment replacements and communication equipment will push the metropolis' shortfall to R20 412 154.

The committee has recommended that the TMC investigate the legal implications of the province unilaterally cutting the ambulance services budget and make urgent representations to the Gauteng Provincial Administration to increase the 1995/96 ambulance budget allocation.

No decision has yet been taken by the committee.

Dr Philip van Rensburg, Gauteng Provincial Administration director: Emergency Medical Services, said any requests from local authorities would "definitely" be entertained.

But the service had already allocated all the money given to it, and unless more was forthcoming from the Government, it was unlikely that further funds could be found.

Man's death in park to be probed

■ BY PAULA FRAY

The recent death of a 54-year-old man, who died in a small Northcliff, Johannesburg, park while bystanders waited for an ambulance, is being investigated amid calls to ensure the incident is never repeated.

Gauteng Provincial Administration director: Emergency Medical Services Dr Philip van Rensburg said a report on events surrounding the death of Jacob Mosia had been handed to Gauteng MEC for Health Amos Masondo.

The investigation was still under way, said Van Rensburg.

In reply to questions from DP Health spokesman Jack Bloom, Masondo undertook to investigate the matter and "upon receiving the relevant information take appropriate action".

According to Bloom, Mosia's death was not an isolated incident and another patient was kept waiting in the Johannesburg CBD just days later.

"There clearly is a problem. This is not narrow political point-scoring. We have to tighten up on what happens with emergency calls," said Bloom.

Greater Johannesburg Transitional Metropolitan Council (TMC) councillor Peter Gardiner agreed that the situation was critical.

Apart from long waiting times for some patients, Gardiner noted that TMC ambulances now needed to be replaced in the face of a decreased service budget.

Gardiner said the average life of an ambulance was 12 to 15 months, yet none had been replaced in the last three years.

"In the North-East metropolitan substructure, Sandton has 15 ambulances but only six are still running," he said.



Racing time . . . paramedics Ian Rex and Tommy Nagel of the Sandton Emergency Services behind the wheel of their fast-response vehicle.

PICTURE: NATASHA PINCUS

Sandton Emergency in a flash

31/5/95 (98)

■ BY PRISCILLA SINGH

Seated in the back of a Sandton Emergency response vehicle, travelling at breakneck speed to respond to a call for help, one seems to be in a scene from television's *Rescue 911*.

But it is an ordinary weekday morning in Sandton,

Sandton Emergency's station officer Ian Rex and his partner Tommy Nagel have been a team for two years now and both say would never give up their jobs.

Rex and Nagel work shifts from 8am to 8pm and operate the emergency response vehicle, which means that they have to get to the call before the ambu-

lance and stabilise the patients.

The first call of the day came in at 9.15am for a woman who was finding it difficult to breathe because of a suspected wrong injection she had received from her doctor. Rex and Nagel went out to her and after establishing her condition, put her into an ambulance which took her to her doctor.

The second call, which came in at 10.10am, was for a pedestrian who had been knocked down.

Again Rex and Nagel were out of the station in a flash and stayed with the patient until the ambulance got there.

The third call came in some

hours later at about 1.15pm — a two-year-old baby had been burnt by hot oil.

The pair wasted no time in getting to the house to stabilise the child until an ambulance arrived.

Rex said that his station was always ready to respond to emergency calls no matter where or what time they came in.

■ The number to dial for an emergency ambulance is 999 in Johannesburg and its surrounding areas. For all other emergencies, the numbers are: Sandton 883-2800; Midrand 805-3121; Bedfordview 455-1111 and Randburg 789-1111.

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Psychiatric hospitals probe

98 (58)

PRETORIA: The mental health and substance abuse committee has been instructed by Minister of Health Dr Nkosazana Zuma to investigate and report on any malpractice in psychiatric hospitals and make recommendations to improve the standard of care, the Department of Health said yesterday. Members of the public and organisations should make written submissions on the matter before June 15.

CT 31/5/95
Political Staff, Sapa-Reuter