HEALTH & DISEASE
HOSPITALS
1982
JAN. — DEC.
Outpatients' department set to open at Umlazi hospital

Mercury Reporter

THE medical superintendent of King Edward VIII Hospital, Dr Priscilla Truter, has welcomed the opening tomorrow of the outpatients' and casualty departments at the Prince Mahinyana Hospital in Umlazi.

In a statement, Dr Truter said King Edward VIII Hospital looked forward with eager anticipation to seeing their outpatient and casualty figures drop.

"The opening of the departments should help considerably towards stemming the "tide from the south" she added.

The general wards and nurses' quarters are expected to be completed only in about two years.

The new Umlazi hospital was in the news recently when the Government was severely criticised by the former MEC in charge of hospitals in Natal, Mr Frank Martin, for delays in building the project. The complex was originally scheduled to be ready in 1989.

Meanwhile, building costs have rocketed from R14 million to R25 million.
Umlazi hospital opens 13 years late

WORKMEN were yesterday busy adding the final touches for the opening today of a section of the KwaZulu Government's showpiece hospital at Umlazi.

The doors of the sprawling Prince Mshiyeni Memorial Hospital, which was originally scheduled for completion 10 years ago, will open to out-patient and casualty cases this morning.

The hospital's medical superintendent, Dr W G McNeill, said yesterday that the out-patient and casualty sections were fully geared to cope with the influx of patients who would normally have gone to King Edward VIII Hospital and other neighbouring hospitals.

We have a team of five doctors who will be on duty full-time in the two sections. Initially we will be treating patients with minor illness and casualty cases as we are not yet prepared to handle the more serious cases.

These patients will be referred to other hospitals, he said, adding that provision has been made for a 25-bed ward to accommodate patients who would require overnight observation.

The estimated cost of the project when completed would be in the region of R50 million, he added.

On a guided tour of the hospital yesterday a Mercury team found the out-patient and casualty sections of the hospital in immaculate condition. The tiled floor of the main entrance hall was glittering as hospital staff went about their final chores.

Surgical instruments lay neatly placed at strategic points in the wards waiting to go into action as groups of nurses received a final briefing from their superiors.

KwaZulu's Director of Hospital Services, Dr F Constable, told the Mercury earlier that the out-patient and casualty sections would serve the needs of the black community in the area until further accommodation and the maternity section were ready.

Earlier in the year the South African Government came under attack when a Pretoria architect who worked on the third phase of the hospital revealed that the hospital would take at least another 10 years to complete and that the cost, originally estimated at R14 million, had soared to R25 million.

A random survey among local residents showed an overwhelming joy at the final opening of a section of the hospital — although 13 years late.

Report by MARIAH VENGATAS
Picture by ELIJAH ZONDI

Dr McNeill said work on the maternity block had already started, but it was only expected to be ready for occupation in two to three years' time. The sprawling hospital complex which also comprises a nurses' home, was expected to be completed in 1999.

DR W G McNeill, medical superintendent of the Prince Mshiyeni Memorial Hospital, chats with three of his staff, from left, Sister G D Gumede, Sister N P Zulu and Matron Enid Bolani.
THE Soweto Council has rezoned a site set aside for a clinic to extend a park.

This strange decision comes at a time when Baragwanath Hospital is said to be facing a serious overcrowding crisis and calls for the betterment of medical services in Soweto are increasing.

The site, which is at 1053 Dube, was said to be "too small" by a meeting of the council which unanimously decided on its rezoning.

Reasons given by the executive committee of the council are that besides its smallness, an adjoining park would be doubled in size if the site is rezoned and several parks and recreation sites have in the past been rezoned for clinics.

The Council's chief director for housing, Mr J J Oosthuizen, said the site was unsuitable for the building of a modern clinic.

It was with the approval of the health authorities, he said, that the site was rezoned for park purposes.
### Table II

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<th>Diagnosis</th>
<th>6 Months - 2 Years</th>
<th>3 - 4 Years</th>
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BL = Border-line POS = Positive diagnosis

The results obtained for the weight and height measurements expressed as percentage weight for age, percentage height for age and percentage weight for height, using the Harvard standards (5) as reference, are given in Tables III - V. The percentage weight for age is also interpreted using the Gomez classification. In the age group 6-23 months there is much less evidence of growth retardation, both in terms of weight and height, than was found in the 2-3 year old and especially in the 7-8 year old children. This is also clearly illustrated in the decrease which occurs in the mean values found with increasing age, for all three variables. In contrast, however, the mean percentage weight for height of the lactating mothers was found to be 11% with one-third exceeding 120%, indicating a high incidence of obesity in this group.

### Table III

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<tr>
<td>Mean</td>
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<td>S D</td>
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### Table V

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*Calculated in relation to 1

### Table VI

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*Calculated in relation to Harvard 50th percentile

The results obtained for serum albumin are given in Table I. The mean albumin values varied from 4.80 g/dl for the age group to 4.25 g/dl for the oldest. These are highly acceptable values for any population and from the age of 7 years there seems to be very little indication of biochemically detectable protein deficiency. In the 6-23 month old group a 12% incidence of low albumin values, according to the ICD classification, was found, with 7% for the 2-3 year olds. There is, therefore, corroborative biochemical evidence for clinical and anthropometric indications of protein deficiency in the younger age groups. These results strongly suggest that in the age group 7 to 8 years, protein deficiency plays a minor role. In the young age group, the mean weight for height is very close to the ideal and decreases rapidly to 87% in the 7 to 8 year old group. Since, in the latter group, there is very little indication of protein deficiency, this finding could only be due to a lack of energy intake.
Detained NIC member loses his hospital job

He said Mr Gordhan, who is also secretary of the Durban Housing Action Committee, and Mr Mohamed, an attorney, were being held incommunicado.

In spite of the detentions the NIC will continue its struggle, come hell or high water," he said.

Mr Gordhan and Mr Mohamed were detained by Security Police during a massive national crackdown on trade unionists, clerics and students in November.

Mr Naidoo said he could not understand why the two congress men were still being held because they were "backroom boys" — they assisted in organising meetings — but never addressed public meetings.

Durban Housing Action Committee chairman Mr D K Singh said he knew of no legitimate reason for still holding Mr Gordhan.

For many years Mr Gordhan had taken an active role in trying to alleviate the plight of the underprivileged in Durban municipal housing schemes in Phoenix and Chatsworth, he said.
Administrator to tour Livingstone hospital

THE Administrator of the Cape, Mr Gene Louw, will be taken on a comprehensive tour of the sprawling Livingstone Hospital complex next week, during a brief visit to Port Elizabeth.

The chairman of the Livingstone Hospital Board, Dr H E van Zijl, said Mr Louw would also be shown the hospital's new chapel — built at a cost of R80 000.

Mr Louw will be presented with a cheque for R20 000 towards the cost of the chapel. This money was raised by the local Chapel Committee, a non-racial, inter-denominational body of churchmen.

Asked if Mr Louw would be shown problem areas or bottlenecks at the hospital such as casualty and outpatients, Dr Van Zijl replied: "Of course we shall take every opportunity to put our case to Mr Louw. But one must not forget that hundreds of thousands of rands are to be spent in the near future on extensions to the hospital," he said.

Dr Van Zijl pointed out that Livingstone Hospital provided 90% of the medical care to the coloured, Indian and African communities of Port Elizabeth.

The increased demand for medical care was linked to population growth, and facilities would have to keep pace accordingly.

Dr Van Zijl said he hoped the Administrator's visit would have "fruitful" results.

The chapel in the hospital grounds seats 35 people. It was primarily intended as a place of spiritual retreat for those whose relatives had died in the hospital.

It was also available to hospital personnel.
Doctors, the last day of the holiday season, there were no doctors around. The only thing available was the advice of the resident physician. The hospital was packed with patients, and the staff was overwhelmed.

"We need help," said one of the nurses. "We're getting overwhelmed."

The assistant said, "I'm not sure what to do."

"But we need to keep going," said the nurse, "or we'll be in trouble."
More cuts in State spending

By SANDRA SMITH

MASSIVE cut-backs in Government spending will be announced in the near future, the Administrator of the Cape, Mr Gene Louw, said today.

In an interview at HF Verwoerd Airport, Port Elizabeth, Mr Louw was asked whether cuts similar to those which the Government has made in the funding of housing could be expected in the near future.

He said: "This is part and parcel of a wave of such announcements by the Government."

Heavy cut-backs could be expected in provincial budgets and in all Government spending "within a month or two," he said.

Mr Louw was in Port Elizabeth for a brief visit during which he was taken on a tour of Livingstone Hospital, his first since he became Administrator.

He was met by the Eastern Cape's Regional Medical Superintendent, Dr Peter Vengovello, who said one reason for the Administrator being invited to Port Elizabeth was to bring problems being experienced by the hospital to his attention.

"We are trying to get funds allocated and we are, pursuing for position like everyone else," he said.

Hospital projects to the value of R1 225 700 are under way at Livingstone, while other projects to cost an estimated R2 901 300, are planned for the near future.

These included extensions to the hospital's casualty department. Conditions there were criticised in a recent petition signed by hospital doctors and submitted to the Department of Health.

Asked whether these projects would be delayed, Mr Louw said that once the nature of the budget cut-backs was known, a programme of priorities would be drawn up by the province.

But "the Livingstone casualty project will receive top priority," he said.

In a speech later today to members of the hospital board, staff and invited guests, Mr Louw said: "We will redirect finances where we can and try to be of assistance, but I do not want to raise false hopes - hence my appeal to you to try and succeed with existing means and funds."

A cheque for R20 000 towards the cost of the hospital's new chapel, built for R50 000, was presented to Mr Louw. This money was raised by the Chapel Committee, an inter-denominational body of churchmen.

© Picture — Page 1
R7m to be spent on PE hospital

Staff Reporter

The Provincial Administration will soon spend more than R7 million to improve existing facilities at the Livingstone Hospital in Port Elizabeth, the Administrator, Mr Gene Louw, announced yesterday.

Mr Louw, who was invited to the hospital to accept a cheque for R20 000 from the hospital board for the construction of a chapel on the grounds, said he wished to mention these figures to indicate that the Livingstone Hospital was not "the Cinderella hospital" as some press reports gave to understand.

He was commenting on publication of a report made by three opposition MPs who visited the hospital in November. They concluded that conditions at the hospital were "horrifying", saying it was overcrowded, a fire hazard, badly designed and had hopelessly outdated equipment.

Yesterday, Mr Louw said the Livingstone Hospital, commissioned in 1954, had received vast sums of money from the administration for essential services and accommodation.

"Over and above the prefabricated dormitory blocks for 224 nurses and the pre-fab extensions to the out-patients department costing R364 785, other improvements to essential services costing R324 700 have been completed at the hospital," Mr Louw said.

Projects to the value of R425 700 were in the course of construction with further projects worth over R6-million planned for execution in the near future.

Immense demands on the hospital increased the original number of 400 beds to 1,347 but with the completion of the proposed ward block at the Dora Nginza hospital, the actual number of beds at the Livingstone might be reduced to 800.

Dr John Sonnenberg, MFC for Green Point and chief provincial opposition spokesman on health welcomed news that the administration was at last paying attention to what had become a chronic and unsatisfactory condition.

"The difficulties of poor facilities and overcrowding have been mentioned time and time again to the authorities and it is indeed welcome that they are responding at last."

Renovations

He said R2.2 million had been approved for the Livingstone Hospital in the capital budget. The money was being used for renovations, electrical improvements, fire protection systems and air conditioning.

"It is not clear from the Administrator's announcement whether the money the administration plans to spend on the Livingstone is over and above that approved in the budget.

"While I welcome this news, I must state that tinkering around with hospitals and adding new structures here and there is not a final solution to the problems of medical health services in the Eastern Cape. There is a vast infrastructure in and around Port Elizabeth for a large academic teaching hospital system."

Dire need

"There is a dire need for a medical school to be built at the University of Port Elizabeth and a delegation will meet with the Minister of National Education this coming parliamentary session to put to him the idea of creating a medical school at UPE."

Dr Sonnenberg said while there was no nursing shortage at the Livingstone Hospital, more posts had to be created to ease the burden on staff — who were coping against insurmountable odds.
LEADERS of the Indian community have expressed disappointment at the Government restriction on the size of the first hospital to be built at Phoenix.

Indian leaders unhappy about size restriction

Mr Baldeo Dookie, executive member of the South African Indian Council, said it was a pity that the Natal Provincial Administration was not allowed to build the 1,000-bed hospital, as planned originally.

'I think the Government is making a mistake by cutting the hospital by half,' he said.

'When fully developed, Phoenix will be the largest Indian settlement in Natal, superseding Chatsworth which has an estimated population of more than 250,000. A hospital with only 500 beds will be totally inadequate.

Costs

'It must be remembered that the hospital is also going to cater for people from Ottawa, Verulam, Tongaat and possibly even Stanger,' he said. Building costs were escalating each year and it would cost much more should the Government decide to extend the hospital at a later date.

Mr R E Naidoo, executive member of the Phoenix Child and Family Welfare Society, said a 500-bed hospital for an area which would eventually house nearly 400,000 people was inadequate.

He suggested that to ease the pressure on the hospital's services, the Government should consider establishing clinics in each of the 22 units in Phoenix.

Dr Fred Clarke, MBC in charge of hospitals, said last week that the Government would not accept the proposal for a 1,000-bed hospital for Phoenix, but a regional hospital of 500 beds would be built.
Nursing staff fired as State takes over mental hospital

Mercury Reporter

ELEVEN black and three Indian nursing staff at the Springfield Indian Sanitorium in Durban were yesterday served with notice to quit their jobs at the end of the month.

Mr J H Randall, managing director of the Smith Mitchell organisation, a Johannesburg-based company which runs the sanitorium, yesterday confirmed that the jobs of a number of senior black and Indian nursing staff had been affected as a result of the State take-over of the mental hospital.

"We did all we could to obtain the best possible deal for our staff. The bulk of the staff will be retained, but it's a pity that some will lose their jobs.

"For those whose jobs are affected we'll try to arrange some sort of relief, possibly giving them more than their final cheque," he said.

Shocked

The worried nurses, some who had worked at the sanitorium for more than seven years, said they were shocked when told of their dismissal at a meeting yesterday.

"We were told that the State was going to take over the hospital on March 1 and as the hospital is and will continue to be for Indian patients, our services were no longer required," said a spokeswoman for the nurses.

She said the nursing staff saw their dismissal as being totally unfair and based on racial grounds.

"We were told last year that our jobs would be secure when the State took over the sanitorium, but now out of the blue we are told to look for jobs elsewhere as our services will be terminated at the end of the month," a nurse with seven years service at the hospital told the Mercury.

She said she had five children to support and was worried about her future job prospects. "It's not easy getting a job these days. I do not know what I'll do if I fail to find suitable employment elsewhere," she added.

Mr Randall said control of the sanitorium was being passed over to the State as his company found it too small an undertaking to run from Johannesburg.
Every candidate must enter in column (1) the number of each question answered in the order in which it has been answered; leave columns (2) and (3) blank.
Mothers-to-be say it's 'baby discrimination'

"This is a lot of money to pay in a lump sum and we can afford it even less than whites."

"I spoke to someone at the clinic and she told me that six months ago a black woman did not pay her bill and it was therefore decided to charge a higher deposit for non-whites."

The manager of the clinic, Mr C Egnal, said his clinic was not multi-racial.

"We operate on a priority system and are not obliged to accept non-white patients." He denied that the clinic discriminated against black and coloured women.

"The reason we charge them R500 is because we have to supply them with a private ward and separate facilities."

Mr Egnal would not comment on why the expense of the separate facilities could not be included in the bill presented on discharge.

"This is the way we run this clinic," he said.
Hospital fees rise: shock for the aged

By Gillian Rennie

The proposed provincial hospital increases announced this week have provoked shock and dismay among those who care for the elderly.

The increases will mean that from April 1 in-patients will pay a levy of R10 a day and out-patients will have to pay a levy of R3 a visit.

This means in-patients will pay R35 a day and out-patients R15 per visit.

INCREASED

The maximum salary qualification for the lowest scale has been increased from R120 to R150 and the second lowest from R180 to R250.

Mrs Zerilda Nel, regional representative of the National Council for the Care of the Aged, said today she did not know how senior citizens would afford the increase.

Ninety percent of pensioners are hospital patients. "If they go to hospital three times a month, that's R9 eaten up already. And they have rent to pay, and food and luxuries to buy," she said.

SHOCK

Mrs E Smith, matron of Colrowland Home, said the increases would come as a "big shock" to pensioners. Rent at the home takes R77 out of the pension of R120, so there was not much left for medical expenses, she said.

Mrs Nel said accounts could be waived, but the case had to go through a social worker. "Very often the pensioner does not know he or she can go to welfare to help and they live in fear until the problem is sorted out," she said.

Mrs E Hill, matron of the Ashleigh Geriatric Home, called the case "shameful."
**Shock claims by patients at new hospital**

**Cover up**

BY SOPHIE TEMI

We have heard that some patients at the new Hill Brow Hospital have claimed they were covered up when they were sleeping — a ward short of beds. As a result, patients have had to share beds.

A woman patient, who claimed she was woken up at night, said: "I was told to get up to bed. I was left with no option but to share a bed with someone else, even if they were male."

By SOPHIE TEMI

Some female patients at the new Hill Brow Hospital told the Daily Sun they had to share beds with men after being woken up at night. The women said they were not covered up when sleeping.

Some said they had to share beds with men after being woken up at night. The women said they were not covered up when sleeping.

**FLOORS**

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Some patients said they had to share beds with men after being woken up at night. The women said they were not covered up when sleeping.

**EXAMPLE**

When an object has a radius of 10 cm, the area of the circle is calculated as follows:

\[ A = \pi r^2 \]

Where:  
- \( A \) = area of the circle
- \( \pi \) = pi (approximately 3.14159)
- \( r \) = radius of the circle

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1.3 Chemical metallurgy is not often used as a 1.2 because it is normally expensive. The ore is then formed into metal such as leaching, chemical or physical extraction. Some of the metals are refined in this way.

1.4 Electro-metallurgy is used for metals such as vanadium and uran and also in large units, large smelting or electric arc furnaces. Ferris-manganese is refined in this way.

1.5 Pyro-metallurgy is used for metals such as tin, silver and gold. These alloys, such as the basic furnace, are produced in this way. Refining the crucial contents of the ore is a crucial step.

1.2.2 FINANCIAL MARKET

MONEY MARKET

Trade in DAX and NCDs has gone down short-term interest rates by 1.25% in over five years. The slide continues.

Massive liquidity in the market and at the banks is not a little reason for expectations mid-month. The financial market is also facing its lowest levels for a week.

3.3 New York Stock Exchange (NSE) has announced a record high in stock prices.

Despite the increase in financial markets, the national government is prepared for Rowlton application for Rowlton's new three-year government bonds from October 1980. This may be in anticipation.
Low Salaries at Provincial Hospitals Cause of Serious Situation

BY WYNNER HOFER

PHYSIOTHERAPY SHORTAGE

WEEKEND ARGUS, FEBRUARY 13, 1982
Nurses overtime rule adds 10 per cent to salaries bill

Own Correspondent

A decision to pay nurses for all the overtime they worked had meant an increase of 10 per cent in the salaries bill, the Transvaal Provincial Administration heard yesterday.

Speaking during the second-reading debate on the Part Appropriation Draft Ordinance, the MEC in charge of hospitals, Dr Servaas Latsky, said that in the past nurses had to work a 40-hour week, but received overtime pay only if they worked more than 44 hours.

He was reacting to claims by Opposition speakers that he had failed to get a better deal for nurses.

UNORTHODOX

He said that though the new overtime pay deal had been announced by the Minister of Health, it had been due largely to his own efforts.

He said he had fought to such an extent that the Commission for Administration had complained of his unorthodox methods.

But the result was that nurses were now paid for the four hours they had previously worked "free."

Dr Latsky added that hospital tariffs were being examined, but he could not say what would happen until regulations were published.

A thorough investigation was also being carried out into ways of collecting hospital debts, and he hoped to be to tell the council later of an improved system.

Dr Latsky said that in the past year there had been a 15 per cent increase — 800 000 — in casualty and outpatient facilities.

FACILITIES

Reacting to Progressive Federal Party criticism of the planned new H F Verwoerd Academic Hospital in Pretoria, Dr Latsky said it was an old building taken into commission in 1922-33. Its facilities had been patched up and added to over the years.

A new academic hospital was needed in Pretoria to serve an expected regional population of one million by the year 2000.

Dr Latsky appealed for politics to be left out of health services, and said certain political pressure groups — which he did not identify — were very active.

He said blacks and whites would not be played off against each other.

Earlier Dr Latsky pointed out that there was "absolutely the same" tariff for black and white patients with the same income.
With the NP

Mail Reporter

SEPARATE hospitals would be provided for separate race groups for as long as the National Party remained in control, the MEC in charge of hospitals, Dr Servaas Latsky, said in the Provincial Council yesterday.

Answering criticism that blacks paid more than whites for hospital services, he said there was no discrimination in tariffs.

Defending expenditure on the extensions and modernising of the F F Verwoerd Hospital in Pretoria, Dr Latsky said the facilities at the hospital did not accord with what was desirable in a teaching hospital.

For years the facilities had been sub-standard. The hospital, he said, had to serve a vast area of the Transvaal. The improvements would be built in stages and could take 15 years.

On hospital management, Dr Latsky said the province faced the same manpower problems as the private sector.

An urgent look was being taken to see how management could be improved.

On toll roads, the MEC in charge of roads, Mr John Griffiths, stressed that no specific decision had been taken to introduce a toll road between the West Rand and the East Rand through Johannesburg.

There were further rounds that the toll road of the centre had become necessary where extensions are however costly for the centre, extensions which therefore mean the centre will have to be supplanted which interest means that extensions will have to be suppletarily next week.

More roughly and harder options are however available to the centre, these are either removed and replaced by other stores or a better shop at Supermarket because there is a poor variety of shops. The Supermarket seems to have the necessary potential for a successful development.

“Separate” this sort of development.

The following are extracts from a student report.
Two coloured nurses
work in white ward

By SHERAGH ELISHMAN

TWO coloured nurses have been working in a white ward in the Uitenhage Provincial Hospital this month for the first time. It is not clear how long this will continue, but it is expected to be a temporary arrangement.

Staff nurse GLOOM BERNEDGE, 25, and assistant nurse ANNE BRODER, 18, have been working in a white ward for the past two weeks. The hospital's administration has been cautious about this arrangement but has not ruled anything out.

"I was surprised when the hospital asked me to apply, but I wanted to help the community," said Miss Bernetge.

Both nurses have a love for nursing and have had experience working with indigenous nurses. "We feel we can make a difference," they said.

Both women started their nursing careers in Cape Town — Miss Broder at the Tygerberg Hospital and Miss Bernetge at Groote Schuur.

They both worked at the Uitenhage hospital for two and a half years.

A spokesman explained that the hospital has not always hired indigenous nurses — the coloured nurses were asked to work in the white ward because there was a shortage of staff.

This arrangement has been hailed as a positive step towards integration in the Western Cape, and both nurses have been encouraged to continue.

"We are happy to be part of this progress," they said.

The hospital is one of several in the Western Cape that have been encouraged to hire indigenous nurses.

The move towards integration is seen as a positive step towards a more inclusive hospital system.

Assistant nurse ANNE BRODER, 18, and staff nurse GLOOM BERNEDGE, 25, have been working in a white ward at the Uitenhage Provincial Hospital for the past three weeks.
Tenders out for ‘new’ Groote Schuur

By Lynn Carlisle

Disclosing this to Industrial Week, Ron Delport, deputy director of the Cape Provincial Administration’s department of works, says the contract for “phase one”, the construction of the new hospital in front of the present hospital, will be worth about R100-million and should be announced mid-year.

“We have accepted the four consortiums as potential contractors for this first phase which should take six or seven years to complete,” says Delport.

Phase two will involve the transfer of patients and certain equipment from the “old” to the new hospital which will have a maximum height of 14 storeys.

The structural design will facilitate a method of incremental construction whereby the building shell is “incrementally” built across the site and down the slope towards the main road.

Phase three takes place at the old hospital which will be converted “for other purposes,” Delport says.

A scheme based on prestressed precast floor units and an “in situ” reinforced concrete frame has been chosen for the new hospital.

Altogether six structural schemes for the new complex were prepared and priced by the Groote Schuur civil consultants, KFD Wilkinson & Partners and Ninham Shand Inc, the SA Association of Consulting Engineers discloses.

“The floor units span 9.9 m across the building between longitudinal main frames. This system allows main floor construction to proceed without the need for temporary propping or soffit shutters, and floors are constructed 8 m vertically apart,” an Association spokesman says.

Ceiling space, made deep enough for people to walk around in, is called an “interstitial floor” or interfloor.
New hospital has problems

By Bob Hirsch, The Oregonian

The Oregonian is a daily newspaper in Portland, Oregon. The article discusses the problems and challenges faced by a new hospital. The hospital opened in 1982 and faced numerous issues from the beginning, including construction delays, financial problems, and patient safety concerns. The article highlights the difficulties faced by the hospital and the community in trying to make it work. It also mentions the significant investment made in the hospital and the efforts to improve its operations and services.
No decision yet on new PE hospital

Weekend Post Correspondent

CAPE TOWN — No decision has been taken about a new major hospital for Port Elizabeth, Mr Piet Loubser, MEC in charge of Hospital Services, told Mrs Molly Blackburn (PFP, Walmer) in the Cape Provincial Council yesterday.

Replying to questions by Mrs Blackburn, Mr Loubser said that the suitability of Fairview had not been considered for the establishment of a provincial hospital in Port Elizabeth.

"Various properties have been considered, but finality has not been reached and the investigations are continuing," Mr Loubser said.

In the past these wards were opened in mid-January, but this did not happen in 1982 because white wards in the hospital had on average been only 67,5% full before to December 15, 1981, and a number of trained nurses had resigned.

Three wards had been closed at Provincial Hospital on December 15 and a portion of the orthopaedic block on January 15.

One of the 33-bed wards would be re-opened on March 1, and the other two when the number of patients warranted it.

Mr Loubser said portion of the orthopaedic block was closed for painting and renovations, and would be re-opened "shortly".

Provincial Council

Asked when last the Provincial Administration negotiations had taken place with the Port Elizabeth City Council on land for the establishment of a major hospital, Mr Loubser replied: March 9, 1979.

To further questions by Mrs Blackburn, he said one of the wards closed at the Provincial Hospital over the Christmas period would be re-opened on Monday.

These wards were closed for the festive season to enable more staff to take leave, as had been the practice for many years.
Cheaper medicines 'are not inferior'  

Mercury Reporter

STATE Health patients who find that cheaper drugs are being substituted for their regular prescriptions, have been assured that this does not mean the medicine is inferior.

Dr J Vorster, Director of Hospital Services, said: 'We found that some part-time district surgeons were prescribing medicines that cost as much as R120 a time, which the Province just could not afford on its limited budget.

'So we have sent out a code list of less expensive but equally effective drugs which must be used, except in special circumstances.'

Dr Vorster said while the Province preferred to supply medicines from hospital outlets, the authorities realised this was inconvenient for pensioners living in country districts and allowed them to get the medicines from local pharmacies.

A Margate pharmacist agreed that on the whole the new list provided adequate substitutes. However, in a few instances it actually proved more expensive because it did not cover as wide a spectrum.

He said the only ones who stood to lose were the pharmacists who would be left with old stocks.
Hospital now has helicopter

The Administrator of the Transvaal, Mr W.A. Cruyven, yesterday paid tribute to nurses for volunteering to staff the ambulance-helicopter service when off-duty.

At a function at the Johannesburg Hospital, where a R400 000 ambulance-helicopter was handed to the Transvaal Provincial Administration, Mr Cruyven referred to nursing as a "really noble profession."

He said the new helicopter was an extension of the accident and emergency service at the Johannesburg Hospital and would be available to any member of the public, irrespective of race.

The hospital had previously hired a helicopter for emergency services — the same craft which was used for a twice-daily traffic survey of Johannesburg by Radio Highveld.

The new helicopter is the first to be acquired by Hospital Services. It can carry two patients and four attendants and has sufficient space for emergency equipment needed to assist critically ill patients.

The death of a partner automatically dissolves the partnership as legal and equitable.
Whether the Department provides accommodation for certified patients awaiting transport to the Tower Hospital at Fort Beaufort; if not, where are such patients accommodated; if so, (a) where and (b) what type of accommodation is provided?

The MINISTER OF HEALTH AND WELFARE:

No. Livingstone Hospital, Port Elizabeth.

(a) and (b) fall away.

*5 Mr. P. A. MYBURGH (Agriculture and Fisheries)—Reply standing over.

*6 Mr. P. A. MYBURGH (Agriculture and Fisheries)—Reply standing over.

*7 Mr. P. A. MYBURGH (Agriculture and Fisheries)—Reply standing over.
Hospitals warned on 'bad publicity'

By LOUISE DENDY-YOUNG

PROVINCIAL hospital heads have been warned to be careful what they say in their annual reports, to avoid bad publicity.

This was disclosed in the Provincial Council yesterday by Mrs Molly Blackburn, Progressive Federal Party MFC for Walmer.

"I would like to mention my concern regarding the wording of a circular sent by the Director of Hospital Services to all heads of institutions," Mrs Blackburn told the council.

The circular, dated January 15 and signed by the Director of Hospital Services, Dr R L M Kotze, said: "In the recent past it has happened that certain information contained in annual reports was presented in such a manner that unfavourable comment is relied upon."

Mrs Blackburn said the circular gave a clear indication that something was "amiss".

"There is a definite warning here to heads of institutions that they must be aware of their personal accountability for the reports."

Mrs Blackburn said she would hardly have thought it necessary to issue such a warning to people holding such responsible positions.

She then referred to the 1980 annual report of Livingstone Hospital, in which the principal matron (theatre) stated that five of the existing theatre tables were 20 years old.

Quoting the matron, Mrs Blackburn continued: "These tables are hazardous, out-dated... the mattresses are in a shocking condition of wear and tear... the theatre ceilings leak and thus impair sterility and the peeling of paint off all the walls has resulted in the harbouring of micro-organisms."

Was this the kind of report that would be considered "inappropriate" in future in terms of Mr Kotze's circular, Mrs Blackburn asked the house.
Order a shameful slur on medical men.
Livingstone had 3 maternity patients to a bed, says MPC

By SHIRLEY PRESSLY

THREE patients to a bed in the maternity section at the Livingstone Hospital, Port Elizabeth — this was the shock find on a recent visit to the hospital by Mrs Molly Blackburn, Progressive Federal Party MPC for Walmer.

She found some beds with two patients at a time in them and one with three patients in it.

Mrs Blackburn disclosed in the Provincial Council this week that provincial hospital heads had been warned to be careful what they said in their annual reports to avoid bad publicity.

She referred to a circular, dated January 13, which was signed and sent by the Director of Hospital Services, Dr R L M Kotze, to all heads of institutions.

The circular said: “In the recent past it has happened that certain information contained in annual reports was presented in such a manner that unfavourable and unwarranted criticism was elicited from the Press.

“It has accordingly been decided that no annual reports of provincial hospital and associated institutions may in future be made available to anyone before you, as head of the institution, have satisfied yourself that the annual reports have been drawn up in a responsible manner.

“You will, therefore, be held personally responsible for ensuring that the contents of annual reports are such that these will not give the outside world a false image of the institution(s) under your control, or of the service.”

Mrs Blackburn said there were clear indications that something was amiss.

She would hardly have thought it necessary to issue such a warning to people holding such responsible positions.

She then referred to the 1980 annual report of the Livingstone Hospital in which the principal matron (theatre) said five of the existing theatre tables were 26 years old.

Quoting the matron, Mrs Blackburn continued: “These tables are hazardous, outdated ... the mattresses are in a shocking condition of wear and tear ... the theatre ceilings leak and thus impair sterility and the peeling of paint off all the walls has resulted in the harbouring of microorganisms.”

Was this the kind of report that would be considered “inappropriate” in future in terms of Dr Kotze’s circular, Mrs Blackburn asked the house?

She said that, according to statistics, there were 144 beds in the maternity section at Livingstone Hospital, plus 14 beds in the labour ward — a total of 158 beds with six toilets to cater for the patients and staff.

Mrs Blackburn said both Port Elizabeth’s main hospitals, their staff and their patients were suffering as a result of the Government’s discriminatory legislation.
and higher fees

Red tape
Hit by

Patients

CRAWL INTO WOODWORK

CHRONICALLY ILL WILL

SUNDAY EXPRESS MAR 7 1982
Plaude

March the Commu-

ty Chest needs:

R 134,970

to reach its target of:

R 142,500

before the end of

March.

One-day clinic provides care for thousands

by C.C.

The times asked for the help of the public and the...
Medical fees to be doubled

MEDICAL charges at hospitals are to go up 100 percent and at clinics by 150 percent from April 1.

This means that sick people and mothers with children who visit the hospitals from April 1 will have to pay R2 rather than the normal R1 fee for medical treatment. Consultation fees at clinics will go up to R3.

Clinics in Soweto have already put up notices on entrances announcing the increases.

But the Soweto Civic Association is rallying people against the increases and meetings are being arranged for the coming weekend to discuss the issue.

A spokesman for the Orlando Civic Association said yesterday that the 100 percent increase would be too much for the ordinary resident of Soweto to cope with, and that people were going to be unable to go for regular treatment at clinics because some would find it difficult to raise the extra R1.

The Director-General of the Department of Health, Dr J de Beer, was not available this week and his deputy in Pretoria refused to comment.

FAMILY IN FEAR

A SOWETO family has been living in fear of a gang which has been terrorising them for the past two weeks.

The mother of the family, who did not want their identity published, told The SOWETAN they suspected that the gang that is after their daughter, is also responsible for the killing of a family friend.

"When these boys came here they demanded to know where my child was. When we told them that we don't know they started beating up everybody in the house, especially my younger son, who was forced to point where my daughter had hidden," said the mother.

After the boy pointed out the place where the sister was hiding, she was taken out to a nearby house where she was molested.

The family rushed to the police, who went to the house with the family and found the girl still being molested by the gang. All the members of the gang were arrested and taken to Orlando Police Station.

But the gang was released the same night.

"We were surprised when the gang arrived again at our home the very same night and told us that they are still going to come back for my child," said the worried mother.

The girl, after being told to go home by the police, went into hiding.

The family is still looking for her.

"When we told the police about the gang they said there is nothing they can do to help. These police told us to phone them if the gang attack. How will I phone, when I don't even have a telephone?" asked the angry mother.

Any dishonesty will render the candidate liable to disqualification and to possible exclusion from the University.
African patients sleep 2 to a bed

By FAY SALEH

PATIENTS at an Empan- gent hospital have to sleep two to a bed because of a lack of beds.

At the Ngwelezana Hospi- tal last week, most of the patients in the eight wards were "topping and tailing".

A senior nurse said: "Unfortunately we have the problem of too few beds for too many people."

The hospital has 632 pa- tients for its 669 beds. But Dr M I Girdwood, the chief medical officer, says it is relatively uncrowded.

"Now we have just over 800 patients," he said. "Sometimes we have more than 1 000.

"We cope by putting them two in a bed by topping and tailing, and sometimes we even put patients underneath the bed."

Cholera

Dr Girdwood said the cholera epidemic which is raging through the area had put ex- tra strain on the hospital, but it had received some help from "head office" and was able to cope.

He said an average of 15 patients was now being checked daily for cholera, compared with the average of 40 a day in late January.

Asked if there were any plans to build more wards to deal with the overcrowding, Dr Girdwood said overcrowding was a feature of most hospitals in Africa.

"We try our best to cope, but there will always be overcrowding," he said.

One way of controlling overcrowding was to adjust the criteria for admission to hospitals and by treating people as out-patients.

But he emphasised that desperately ill patients were not turned away from the hospital under any circumstances.
Site for new hospital offered

Post Reporter

The developers of a private hospital in the northern areas were offered an alternative site by the Port Elizabeth Coloured Management Committee yesterday.

The developers had applied for a site at the corner of Aubrey Street and Standford Road, Gelvandale, because of its close proximity to the Livingstone Hospital.

Their application for this particular site was turned down and an alternative site in Rensburg Street, Bethelsdorp, was offered.

A spokesman for Elim Properties (Pty) Ltd, the developers of the project, said the matter would be discussed at a directors' meeting next week.

He said he did know not why the CMC had decided the Aubrey Street site could not be used for the project.
A SOWETO man suffering from cancer yesterday described how he was left stranded on Monday night after a Baragwanath Hospital mini-bus dropped him on a street — about 5 kilometres from his home.

Mr Collen Msomi (58), who is unable to walk, told the SOWETAN he had to crawl in the rain, looking for transport to take him to his Emdeni home. The driver of the bus allegedly told him he had been instructed to leave him at a “nearest point” — Chiawelo.

An angry Mr Msomi said: “The driver of the bus did not want to hear anything from me although I told him that I could not walk and that my body was aching. Stumbling and falling, I crawled about 300 metres to the Potchefstroom road where I hiked my way home.

“The first car dropped me half-way home and charged me 30 cents, which fortunately I had been given by a fellow patient. The second one dropped me a few metres from home. Then I crawled home, mind you. I don’t know Soweto quite well and must say I was lucky to find my way home.”

But the hospital’s transport official, Mr P Klopkers, said it was the patient’s fault that the incident had occurred. Mr Msomi, he said, should have told the driver where he lived.

“My drivers cannot do such a thing. This patient is taking chances,” Mr Klopkers said.
According to Pick a Pay merchandising director Peter Dave, suppliers will not sell the group products such as Garvan and Calce-vita, calling them "chemist-only" lines, and claiming limited stocks.

Roche Products MD Kevin Henry says: "We consider ourselves highly ethical in our approach. Calce-vita is a high demand product and should be sold only through pharmacies. This is a policy of Roche worldwide. We think pharmacists have a very unique role because they have the best advice to give."

Clarks MD Barry Golden disagrees. He says many such products are not professionally handled when sold in pharmacies, but are available on a self-service basis where customers can buy as many as they like.

Yet Henry goes further. He says that Pick a Pay is not changing their wholesale terms of sales of products such as Calce-vita to supermarkets ("except it is not our policy to do so.

Of the 500 Expedite FM (pharmacist) members in the group, 90 per cent were dissatisfied with the chemist relations and 80 per cent said they would prefer to sell them if it could be done. Despite these restrictions, dispensers are making good profits in products previously controlled by pharmacies.

Pick a Pay income from patent medicines and toiletries has increased 60 per cent. Other sources on patent medicines are in similar figures in the year, 20 per cent of this.

But many pharmacists are joining forces to group themselves more business power to counter the low prices of the elements.

And their locational convenience and exclusive rights on prescription drugs will ensure that they will never be entirely supplanted by discounters.

Pick has 750 franchised retail members out of the 2,000 pharmacies in SA. It promotes 20-40 brand leaders or new products from established manufacturers every month.

Family Circle is run by E.J. Adamick with Adamick Group as the holding company. The 180 Family Circle members get special prices on about 1,500 items and can sell lower prices on some brands.

Lipton is a marketing division of SA Drug- piers, with 76 members. Members get free promotional material and press advertising.

The following world and the commodity, wine and cloth

Two countries are wine and cloth

RETAILING (12)

Unhealthy battle (2)

Pharmaceutical wholesalers are demanding to sell certain patent medicines to supermarkets on the grounds that they do not maintain the professional standards of pharmacies.

But supermarket managers say the real reason is that wholesalers wish to protect their interests with pharmacies on whom they rely for their ethical drug sales. They say the sales are not significant.

The dispute is one facet of the continuing battle between discounters and pharmacists for the lucrative business of patent medicines.

The pharmacy is a victim of the battle between the two sides. It would be nice to see the players put their knowledge in the interests of the customer.
SOUTH AFRICA's already high hospital charges are rising alarmingly, the Progressive Federal Party spokesman on hospital affairs in the Transvaal Provincial Council, Mr Sam Moss, said last night.

It was announced in Pretoria that private hospital fees for medical scheme members are to be raised by 15% from April 1, and doctors' fees are likely to go up later in the year.

The increase is on top of a 10% increase which came into force in September last year.

Earlier this year provincial hospital charges were also raised.

Mr Moss said the higher costs would lead to steep increases in contributions to medical aid funds.
CLINIC WILL SERVE 1000s MORE

By MZIKAYISE EDOM

THE Germiston working committee of the Urban Foundation is building a new clinic in Katlehong to serve about 110 000 people and is estimated to cost about R550 000.

Work on the clinic, which will be situated in Goba section, between Khumalo and Mavuso streets, have already started. It is not yet known when the clinic will be completed.

Mr A P Khumalo, an executive member of the working committee, said yesterday that the clinic will offer preventative health care and a comprehensive health service will follow. He said the clinic will have a full time nursing staff and will be headed by Dr F Erasmus, the Medical officer of health for Germiston.

At the moment there is no proper clinic in the township. A house in the Administrative Triangle section near the D H Williams hall and a farm house in Hlahatsi section are serving as clinics.

Mr Khumalo, who is also chairman of the local council said his council approached the urban foundation for funds to erect the new clinic which will become the main clinic in the township. He also said the Erab and the local council donated R95 000 towards the building of the clinic.

He said that he could not say at this stage whether the clinic will be ready by the end of this year but they were hoping that it would be ready early next year.
The MINISTER OF HEALTH AND WELFARE

Whether any State hospitals were the mental health needs of (a) Indians, (b) Whites, and (c) Coloured. R = Black; A = Asian.

W C B A W C B A W C B A W C B A W C B A W C B A
Transvaal hospital fees up this week

Provincial hospital fees in the Transvaal go up from Thursday.

The superintendent of Baragwanath Hospital, Dr Chris van den Heever, has urged patients to remember to bring more money to meet the increased tariffs.

The increases for black patients are as follows:

- Outpatients belonging to medical aid schemes who are classified in the H3 to H7 category will pay R5 a visit instead of R2.
- Private patients in the P2 to P5 category will pay R13 instead of R10 and patients in the P6 category will pay R20 instead of R15.
- The fee for patients not belonging to medical aid schemes will go up from R1 to R2.

The increased fees for white patients at provincial hospitals include: patients in the H3 to H7 category will pay R18, patients in the P2 to P5 category will pay R35 and patients in the P6 category will pay R40.
1. Dr. M. S. BARNARD asked the Minister of Health and Welfare:

Whether patients travelling to (a) the Tower Hospital, Fort Beaufort, and (b) other hospitals outside the Port Elizabeth area are provided with official escorts; if not, why not; if so, what qualifications are such escorts required to have?

The MINISTER OF HEALTH AND WELFARE:

(a) and (b) Yes; when necessary; depending on the condition of the patient.

the escort may be a layman, police officer or nurse.
Thousands oppose medical fee hike

MORE than 3,000 signatures to oppose the doubling of medical fees in the Transvaal have been collected by the Orlando East Health Committee.

The petition is to be sent to Dr Chris van den Heever, the Baragwanath Hospital superintendent, to forward to Dr H Grove, director of hospital services in the Transvaal in a bid to rescind the increase from R1 to R2, which begins today.

A spokesman for the committee told The SOWETAN yesterday they were pleased with the response from residents and urged more people to come forward.

At a recent meeting called by the Orlando East Civic Association in conjunction with the committee, a number of reasons were spelt out as to why most people in the area objected to the new charges.

It was said that most Orlando East residents were pensioners who could not afford the increase from their meagre pension.

A call was made to residents to keep paying the old fee until a satisfactory explanation was made by the authorities.

The committee invites residents to a meeting on Saturday at the local clinic to discuss what line of action to take, should their petition fall on "deaf ears". The meeting starts at 9 am.
Abalone

342. Mr. J. W. E. WILEY asked the Minister of Agriculture and Fisheries:

(1) Whether there was an over-export of abalone in any of the latest specified five years for which figures are available, if so, in which years;

(2) whether any investigations are being carried out into such over-export, if not, why; if so, with what results?

The MINISTER OF AGRICULTURE AND FISHERIES:

(1) and (2) Allegations were received that in 1979 an excessive quantity of canned abalone was exported to Hong Kong. The matter was investigated but the figures as such did not prove any over-export.

It has meanwhile been established that one of the local packers processed and exported more abalone than his quota permitted. Action is being taken against the firm.

Abalone

343. Mr. J. W. E. WILEY asked the Minister of Industries, Commerce and Tourism:

Whether the Bureau of Standards condemned any canned abalone intended for export in any of the latest specified five years for which figures are available, if so (a) from which packers, (b) how many cases in respect of each such packer, (c) what was the weight of the abalone involved, (d) why was it condemned and (e) with what result?

The MINISTER OF INDUSTRIES, COMMERCE AND TOURISM:

Yes. Particulars for the years 1980 and 1981 only are readily available.

(a) Only one packer was involved in both years namely Tuna Marine.

(b) 21 boxes

(c) 457 kg

(d) The contents and mass per tin fell short of the requirements; the texture of the packed abalone was too soft and the packed abalone lost its colour in the tins.

1980

781 boxes

17'000 kg

As a result of adjustments to the factory's production procedure the texture of the canned abalone was too soft and unsuitable for export.
Nurses skip food at hospital

Resident nurses at Coronation Hospital in Coronationville have refused to eat at the hospital's residence since Wednesday morning in protest against the quality of the food served there.

"The service in residence is also terrible," said a nurse who asked not to be named. "Another grievance is the filthy condition of the dining-doom."

She said the decision to stop eating at residence was spontaneous.

The hospital's superintendent, Dr. C.H. Kniepe, said he had not been approached by nurses about the complaint.
Hospital Turns Away Woman in Labour

BY MONK NKOMO

AN 18-YEAR-OLD Attention-seeking woman
FOR BLACKS

BY CHARLES MOCAL

GARBAGE" boycott of Rubbish 'Food served at Coronation Hospital' have for a week

ABOVE: 500 members of the black ward

You should hear them

98

Somehow 27/11/82
Hospital head rejects staff’s food complaint

The superintendent of Coronation Hospital in Coronationville has rejected staff complaints about the quality of the food served at the hospital.

Several staff members have not eaten at the hospital since last Wednesday after they complained about the quality of the food.

"I have completed my own investigations of the boycott and am satisfied that the bulk of the complaints are not well-founded at all," said the hospital superintendent, Dr C H Kniepe.

"But we will see what arrangements can be made to satisfy the staff members."

A nurse at the hospital insisted that the staff’s complaints, submitted to Dr Kniepe in a memorandum, were genuine. "The service is terrible and the dining room is filthy," she said.

"How can the hospital authorities expect us to eat under such conditions? After breakfast last Wednesday we decided we had had enough.

"We will continue our boycott until something done about the food service."
CORONATION Hospital authorities yesterday refused to comment on the "rubbish" food boycott that has hit the hospital.

About 500 members of the black staff have been boycotting their meals for a week, complaining that it was "rubbish" and inferior in quality to that served to the white staff.

Reports from the hospital yesterday said the problem had not yet been resolved.

The hospital's superintendent, Dr. Carl Kniep, earlier told The SOWETAN that the matter had been brought to and was receiving his immediate attention.

Approached yesterday, Dr. Kniep declined to comment. "I will not discuss anything with The SOWETAN. I have nothing to say," he said.
A R40m overhaul for Bara

By ANNE SACKS

THE grossly overcrowded Baragwanath Hospital on the outskirts of Soweto is being modernised at a cost of R40-million to become one of the world's most outstanding operative hospitals.

The concept calls for the carefully planned movement of patients to interim wards before outdated buildings can be demolished and new buildings erected to accommodate over 2 000 beds in 10 highrise towers.

Once a store of beds has been established, construction will swing into top gear, and is likely to be completed by 1993.

The modernisation scheme, conceived in the early 1970s, is part of a wider plan to decentralise healthcare in Soweto, and is linked to the erection of 10 sophisticated community health centres.

Within 10 years, primary healthcare for Soweto's more than 1-million residents will be attended to by general practitioners and highly-trained nurses at the community health centres.

The first two of these, at Zola and Chawelo, will be in operation by the end of the year.

Only acute cases will be seen at Baragwanath.

The authorities have opted for modernisation, instead of building a new hospital, for financial and security reasons and because of a shortage of land in the teeming township.

Authorities say the demolishing of houses in central Soweto for a new hospital would cause massive outcry because of the housing shortage.

And a new site on Soweto's borders could not easily be found because most of the land is owned by mining companies.

They added that most of the doctors are either white or Indian, and would be reluctant to come to work in the centre of the township during unrest.

Also, they say, it is more economical to modernise a hospital than to build a new one.

Said Dr Chris van den Heever, superintendent of the sprawling medical city: "Disease patterns in Soweto are changing as the residents become more urbanised. At the same time, their expectations are changing, and it is no longer acceptable for patients to sleep on the floor.

'In planning the new hospital — to which I devote 20% of my time — we have to look to the future, when we are likely to see more heart attacks, for example, than we see at the moment.'"

Modernisation is taking place in several phases, starting with "softer" areas and moving to the "hard core".

A new nurse's training college has already been opened, and a new 10-storey nurses home for 1 072 nurses will be completed this year.

A new recreation hall, which can accommodate 500 people, is under construction, and two interim wards are being built to accommodate the shifting of patients.

Work will start soon on a 10-storey administration block.

The "hard core" development consists of 10 four- or five-storey ward blocks and new casualty, outpatient and X-ray departments and operating theatres.

Other features include a ring road system, helicopter landing site, security gates, and a station-like platform outside casualty for up to six ambulances.

Baragwanath Hospital was built in 1948 by the British for soldiers wounded in Middle and Far East wars. It became a tuberculosis hospital before it was taken over by the Transvaal Provincial Administration.

Over 2 000 medical and surgical experts from all over the world visit it every year.

* See Page 11
undying

Lack of psychiatric unit astounding

Rand Daily Mail, Tuesday, April 13, 1982

Exploring the lack of psychiatric attention to how people with mental illnesses were treated at a psychiatric hospital. The article discusses the inadequacy of psychiatric treatment and the need for improved facilities. It highlights the difficulties faced by patients and the need for better psychiatric care. The article concludes with a call for action to improve psychiatric care in the country.
Plastering the cracks

SEVEN-YEAR-OLD Petrus is suffering from kwashiorkor, a
protein-calorie deficiency.

He has a bloated tummy, bloated cheeks and his hair is
falling out.

With lots of good food his bloatedness will disappear and
his hair will grow.

He will be discharged when cured. But Petrus will be back
at Baragwanath in three months — suffering from
kwashiorkor.

Sisters will advise his parents on nutrition but they cannot
afford to feed him properly.

And so the cycle continues — for him and hundreds of
other Soweto children.

Doctors say Baragwanath provides an excellent curative
service, but hardly begins to make an impression on pre-
ventative and rehabilitative health.

For example Bennett, a paraplegic in his 40s, has been
in hospital since January 13.

He has bedsores and a urinary tract infection. Plastic
surgeons will operate on his bedsores this week.

But Bennett will be back again — and again will leave
cured of his ailments but not of
his problems.

Besides having beds filled by patients needing preventive
and rehabilitative care, Bara
has to handle patients inadequately treated by other
doctors.

For example James, a rail-
way worker, dropped an iron
bar on his foot a year ago. He
was treated for pain at the
time.

Now he is in Baragwanath
after having his foot amputat-
ed because the tissue rotted.

Precious beds are filled with
patients who could be cared for
in homes for the aged but there
are none in Soweto.

For example Mary, who is
over 89, is mentally confused.
She has nowhere to go and no
one to care for her.

She sleeps on a stretcher in
an overcrowded female ward
instead of being in an old-age
home.

And so Baragwanath is
much more than a hospital. It
is a home for the disabled and
elderly.

The real wound is Soweto
itself — all Bara can do is try
to provide some plaster.
Foreign doctors amazed — local medics unimpressed

SEVENTY-FIVE of the 594 posts at Baragwanath are filled by foreign doctors, all attracted by the volume and diversity of cases and the advanced stage at which some patients come to have their diseases treated.

One foreign doctor, impressed by the volume of patients, said he had seen three septic joints on his first day at Baragwanath. He had seen three others in all his 12 years in medicine.

Local doctors say they are “under the impression” that foreign doctors are being awarded posts at the expense of black doctors, although they do not have figures to prove it.

The authorities dismiss this, saying they are forced to recruit doctors from overseas because there are too few local doctors to fill all the posts.

There are several reasons for the shortage of local doctors. Scarcity of graduates leaves the country to train at reputable teaching hospitals abroad. Then there are medical students who have had their national service deferred until after they graduate; then go overseas to avoid military call-up. Others go into the army, and so on.

The shortage of black doctors is even more acute — there are only 133 at Bara — which many say is absurd since most South Africans are black.

They blame the inferior Bantu Education system for making it virtually impossible for blacks to compete for entry into medical school.

Also, blacks have to compete against each other for a place in “white” medical schools, which have a rigid quota system.

There are only two “black” medical schools, Medunsa near Pretoria and Westville in Durban, while medical schools at the University of the Witwatersrand and the University of Cape Town admit some black students.

Foreign doctors at Bara come for practical experience. Most do not try to understand the socio-economic context in which Bara functions.

A local doctor said: “We could not discuss the Nell Pegnitz affair with the foreign doctors because they are not interested in politics.”

Foreign doctors argue that they are visitors and have no right to tell others to make changes.

They say the lack of identity between doctor and patient is not unique to South Africa. A foreign doctor interviewed by the Rand Daily Mail said Soweto was as much a mystery to him as East Los Angeles.

He said he could not identify with a white patient in a Los Angeles hospital, for example.

Local doctors share the problem of not being able to identify with patients because of the language barrier.
ANNE SAUCS reports.

The author's, but very few of their problems are admitted every year, most are cared for on the floor, and health care will continue to drop in the coming years. The Graben Hospital, the Sotheo is

This new program was implemented to improve the health care system and reduce the number of deaths per year.
Rive quits Soweto Council

Argus Correspondent

JOHANNESBURG. — After two years at the helm of Soweto’s sensitive development programme, Mr Louis Rive resigned today as chairman of the Soweto Greater Planning Council.

In a letter to the Minister of Co-operation and Development, Dr Piet Koornhof, which Mr Rive made available to the Press, the former Postmaster-General set out his reasons.

He said he had no executive powers and therefore, in a technical sense, no responsibility, adding that he did not want to be a figurehead.

ADEQUATE

Commenting that ‘too many cooks spoil the broth,’ he said that the chairman of the West Rand Administration Board, Mr John Knoetze, and the heads of the Soweto Community Councils, Mr David Thiebehal, Mr Joseph Malemohisi and Mr Donald Mmeli, were competent and adequately equipped to continue handling matters.

Mr Rive stressed that in anybody’s path or hop the limelight for longer than was desirable.

Outlining the progress in Soweto since the formation of the planning council, Mr Rive said the Viljoen committee recommendations, which enabled a maximum contribution by the State, private sector and the individual to black housing development, had been accepted by the Government.

He added: ‘Although there were still problems, contractual and financial arrangements in regard to the electrification of Soweto had been finalised.’

BY NEXT YEAR

If all went to plan, Mr Rive said, Soweto would be electrified by the end of next year.

The first of 10 community health centres would be completed in June at a cost of more than R2-million. Baragwanath Hospital and eight clinics would be upgraded and a new hospital built for Soweto when money was available.

Mr Rive also said that the R150-million project aimed at upgrading infrastructural services in Soweto was making good progress.
The multi-million rand extensions to Baragwanath Hospital receive a shot in the arm this week with the invitation for tenders by the Transvaal Provincial Administration for the installation of a drainage system.

Applications for the contract must be lodged with the chairman of the Transvaal Provincial Tender Board by May 21.

The R40 million which will be injected to upgrade facilities at Baragwanath represents 10 percent of the total hospital services budget and is the same amount spent annually to run Johannesburg Hospital, excluding maintenance.

The TPA has also invited tenders for renovations to the Edenvale Hospital creche, various projects at eight schools and landscaping at the Loskop Dam public resort.

Facilities will be improved at Die Fakiel Hoeskool, Johannesburg, Hatfield Primary School, Pretoria, John Mitchell Primary School, Johannesburg, Klopper Park Nursery School, Germiston, Meyerspark Laerskool, Pretoria, Monumentspark Laer, Pretoria, Nelspruit Hoërskool and the Sir Edmund Hillary Primary School in Johannesburg.
Hospital

turns away critically ill

By Pamela Keinot

More and more critically ill patients are being refused admission to the Johannesburg Hospital because of the drastic shortage of nurses.

In some cases the hospital cannot even continue to treat critically ill people who have already been admitted. They have had to be transferred to the J. G. Strijdom Strijdom Hospital.

Doctors at the hospital are concerned about the deteriorating situation in the past year, which has led to the closure of many beds.

Half the wards at the 200-bed hospital are permanently closed because there is not enough staff to man them. Some wards were never opened.

By February this year there were 100 fewer nurses at the hospital than last year. Only 56.4 percent of nursing posts were filled compared with 66.6 percent last year.

"The Johannesburg Hospital can no longer fulfil its role as the final referral centre for problem and critically ill patients," said a doctor.

"For many years the hospital was the last port of call for patients from all over the Witwatersrand requiring intensive care."

"The hospital has the medical staff and equipment for this purpose but it no longer has the adequate nursing back-up. "The result is that critically ill patients are being refused admission."

Dr Neville Howes, superintendent of the Johannesburg Hospital, said:

"We still have a problem with acute patients. We are concerned and making every endeavour to solve the situation."

In Pretoria the superintendent of the H F Verwoerd Hospi-
tal! Dr E van Wyn-
gnaard, said his 1,500-bed hospital had closed 250 beds in the past year because of the shortage of nurses and other manpower.

"Although we have not yet refused admission to critically ill patients we will be in trouble if things get worse," he said.

Mrs Irene Menelle, a PFP spokesman on health matters in the provincial council, said:

"The crisis in hospital services is the result of an extraordinary snarl-up due to poor planning and gross misdistribution of curative medical services."

"We are faced with the ridiculous situation of an oversupply of beds and an undersupply of nurses in the white sector and in the black sector an undersupply of beds and an oversupply of staff."

"The hospital service ticks on only because of the heroism of the staff."
Nurse crisis overloads homes that can’t cope

By Pamela Kleinot

Taxpayers are said to be often forced to pay for inadequate intensive care at private nursing homes because the Johannesburg Hospital cannot admit them.

Spokesmen at private nursing homes said that nursing attention was generally better because they have more nurses but they could not compete with the Johannesburg Hospital on certain levels.

It was reported yesterday that more and more critically ill patients were being refused admission to the Johannesburg Hospital because of the drastic nursing shortage.

Hospital doctors said private nursing homes can at best offer "high care treatment" but few, if any, could offer the wide range of facilities provided at the Johannesburg Hospital.

None of the nursing homes I spoke to had a resident doctor in the intensive care unit and all agreed they did not have all the "sophisticated or fancy equipment" the Johannesburg Hospital had.

One spokesman who did not want to be identified said that if it were not for private nursing homes "South Africa's health care system would have collapsed."
Lapa to be quizzed on camp facilities

By JOHN BATTERSBY
Political Correspondent

CAPE TOWN. — The claim by the Minister of Health, Dr L. A. P. A. Munnik, that health services in the Onverwacht resettlement camp are "as good as anything in Houghton" has precipitated a major row.

An outraged Dr Marius Barnard, chief Opposition spokesman on health, has tabled a series of questions in Parliament seeking information on conditions at the camp in the Free State.

And a community worker, who has asked not to be named, has painted a drastically different picture of Onverwacht.

Dr Munnik told Parliament on Monday that every house at Onverwacht had a tap and that it had a clinic and a health service which was "as good a health service as any of you people have in Houghton".

Dr Barnard said Dr Munnik has a very sad record of insensitive statements and this must rank as one of the worst.

Onverwacht is a resettlement camp, about 13km from Thaba Nchu on the SA side of the border with Bophuthatswana, housing about 120,000 people, mainly in tin shanties.

It was established in 1979 to house non-Tswanas from Bophuthatswana.

A community worker who has worked at Onverwacht said the health services at the camp consisted of a clinic staffed by 12 nursing sisters and a doctor.

The clinic gave a good service but it was quite inadequate to serve the 120,000 people, he said.

There was a tap "about every 100m or every 10 houses."

In normal conditions this did not lead to undue congestion, but last November and December, when there was a water shortage, it led to serious congestion.

Work had begun on a new section at Onverwacht which appeared as though it would have running water and water-borne sewerage for each unit.

There were about 10,000 stands in the main section - about 800 were brick-and-mortar dwellings, about 50 were tents and the vast majority tin shanties.

There was no water-borne sewerage and there were bucket latrines which were supposed to be emptied twice a week but often the cart came round only once a week and "things got quite unpleasant."
Curb of MPCs on tour of mental hospital

ARGUS BUREAU

EAST LONDON—The superintendent of the Tower Psychiatric Hospital in Port Beaufort has confirmed that he had been instructed not to allow two MPCs to inspect hospital facilities at the weekend.

Mrs Molly Blackburn, MPC for Walmer, and Mrs DI Bishop, MPC for Constantia, were refused permission to enter the wards and had to sit in a hospital combi during the tour.

Mrs Blackburn and Mrs Bishop were on a tour with Dr Marius Barnard, MP for Portkown, to investigate mental health facilities for blacks at the Tower Hospital and the Komani Hospital in Queenstown.

AWKWARD

Dr L J Claassen, superintendent of Tower Hospital, said the hospital authorities had been put in an 'awkward' position but had no alternative but to obey an instruction from their head office not to allow the two MPCs into the wards.

The head office had been directed by the Minister of Health, Dr L A P A Munnik, Dr Claassen said.

Dr Barnard had been allowed to inspect 'everything he wanted to' and the hospital authorities had later discussed the facilities with Mrs Blackburn and Mrs Bishop.

Dr Claassen said no reasons had been given for the instruction.

The hospital had nothing to hide and the staff were proud of their work and the facilities the hospital offered. Dr Barnard had been shown the community facilities which were probably the best in the country.

OPEN DAYS

Dr Claassen said open days were held at the hospital where members of the public were invited to inspect the facilities. It was policy to have the hospital open and encourage public awareness of the work being done.

Mrs Blackburn, who has a psychology degree, and Mrs Bishop, who is a qualified registered social worker, were allowed to enter the wards of the Komani Hospital with Dr Barnard to complete their investigations.
There's not much to choose really...
PRIVATE CLINICS

Blacks cough up

Some privately-owned hospitals and clinics in Johannesburg will admit blacks, Indians and coloureds only in private wards - not in general wards. This is the complaint of a number of patients, who claim they are the victims of discrimination.

Specifically, the charge has been made that private nursing homes and clinics force these patients to occupy private wards and to pay the difference between these and general wards. No choice is being allowed.

The discrimination lies in the fact that a white patient may choose a private or general ward and pay accordingly. A black, coloured or Indian patient frequently has no such option, and private hospitalisation costs him considerably more than a white patient. The situation is exacerbated by the fact that medical aid societies are unwilling to pay for a private ward.

When approached by the FM, the receptionist at the Rosebank Clinic confirmed that blacks, coloureds and Asians are not admitted to general wards under any circumstances. She disclosed the following tariff of charges:

Private ward, R60/day; general ward, R35.50/day. Since blacks are admitted to private wards only, they are forced to pay the difference (R41.50/day) out of their own pockets.

At Milpark Clinic, these patients may occupy semi-private wards, which cost R60/day or R80/day for a private ward, and here again the difference is for the patient's account. At Milpark, too, they may not occupy general wards.

Open to all

The only exception found by the FM is the Kensington Clinic, a Catholic institution, which opens both its general and private wards to all race groups.

A former patient at the Rosebank Clinic, Ismail Suliman, of Lenasia, disclosed to the FM that when he was admitted to the clinic last month he requested a general ward, because "I did not want to pay a lot of money."

However, he was told he could only occupy a private ward and was made to pay the difference of R41.50/day before he was discharged. When Suliman demanded to know why he could not occupy a general ward, he was told it was a "matter of policy."

Norman Weinberg, director of Brenthurst Clinic, a private nursing home in Clarendon Circle, said he was unable to into the matter of discriminatory charges and referred the FM to the Representative Association of Private Hospitals (Raph). Raph president, John Randall, said the problem was not a new one. It had been scussed by his association following the receipt of a letter on the subject from th...
Munnik prevents visit to hospital

Staff Reporter

A DIRECTIVE issued by the Minister of Health, Dr Lapa Munnik, prevented two MPPs from studying health facilities at the Tower Hospital in Port Beaufort at the weekend.

Mrs Di Bishop, MPP for Gardens and Mrs Molly Blackburn, MPP for Walmer, accompanied Dr Marius Barnard, MP for Parktown and PFV spokesman on health, on a visit to see the facilities at the hospital which accommodates black psychiatric patients from Port Elizabeth.

As a matter of courtesy, Mrs Bishop said, the group had informed Dr Munnik of their intended visit.

On arrival, however, only Dr Barnard was allowed entry.

"The staff of the Tower Hospital were placed in the most impossible position in that they were prevented by a directive issued by the Minister of Health from showing us the facilities they have to offer patients," said Mrs Bishop.

She understood the Director of Health had also phoned the hospital personally to stop the visit.

"The staff told us that the policy of the hospital is to encourage public awareness of the work they are doing. The hospital has open days on which the public are free to enter the hospital. By written instruction they were allowed to permit only Dr Barnard to look at various aspects of their hospital.

"Although we were part of the same study group we were prevented from entering the wards and had to stay outside in the hospital kombi during the tour," Mrs Bishop said.

The two MPPs experienced no difficulties in visiting other hospitals in the Eastern Cape.

Dr Munnik said yesterday he had no comment on the incident.
R13-m hospital planned

SOWETAN REPORTER

A new hospital, estimated to cost about R13 m, will be erected in Tsakane near Brakpan within the next three years.

The hospital, which will serve Tsakane, KwaThema and Duduza residents, will be erected in the open space between KwaThema and Tsakane.

Doctor D Olivier, Superintendent at the Far East Rand Hospital, said that plans for the building of this hospital were at an advanced stage and that technicians had already surveyed a spot where the hospital will be erected.

Dr Olivier said that the hospital, which will admit about 200 patients at a time, will have improved facilities that compare with those at the Far East Rand Hospital. He said the hospital will fall under the Far East Rand Hospital.

The Transvaal Provincial Administration, which is going to build the hospital, said it will be ready for use by the end of 1985 and that building will start at the end of the year or some time early next year.
Nurses' food strike

BETWEEN 80 and 90 nurses staged a breakfast stayaway at Somerset Hospital today — apparently as a protest against catering at the hospital.

The superintendent of Somerset Hospital, Dr Jack Bank, met representatives of the nurses and asked them to formulate their complaints.

When the nurses have drawn up a list of their complaints about the food, Dr Bank and his senior staff will meet them again.

I cannot understand why they did not make a formal complaint before staging the stayaway, said Dr Bank. "The doors are always open to them to register complaints of any kind."

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Degree/Diploma/Certificate for which you are registered (e.g. B.A., B.Sc.)

Subject

(to be copied from the heading on the Examination Paper)

Paper No

(to be copied from the heading on the Examination Paper)

NOTE CAREFULLY

1. The answers only on the right hand pages will be marked. The left hand pages may be used for rough work, but no credit will be given for such work.

2. Enter at the top of each page and in column (1) of the block on this cover the number of the question you are answering.

3. Blue or black ink must be used for written answers. The use of a ball point pen is acceptable. Red or green ink may be used only for underlining, emphasis or for diagrams, for which pencil may also be used.

4. Names must be printed on each separate sheet (e.g. graph paper) where sheets additional to examination book(s) are used.

Any dishonesty will render the candidate liable to disqualification and to possible exclusion from the University.
The dumping ground

The day after Minister of Health Dr. Dlamini inspected the Witts hospital in the Regina drive in the rural area of the Eastern Cape, the first of the several health problems that were identified by the visitaessed and the residents in this resettlement camp, one of the children was brought in by the police to the hospital. The child was malnourished and there was no food on the plate. The child was brought in by the police because he was suffering from hunger. The police said that they were not able to find the parents of the child. The child was taken to the hospital and he was treated. The police said that they were not able to find the parents of the child.

Another problem identified by the visitaessed was the lack of preventive medical care at Gavere. The police said that they were not able to find the parents of the child.

The police said that they were not able to find the parents of the child.
The day after Minister of Health Dr Lapa Munnik compared health facilities at the Onwerwacht resettlement camp in the Free State to Johannesburg's Houghton, two children died of starvation and nearly 300 people lined up at its clinic waiting for attention by one of its two doctors.

Onwerwacht — a congregation of despair and squalor — nestles at the foot of a chain of kopjes 14km from Thaba 'Nchu and houses about 160,000 people.

Driving through the dusty bowls they call 'Botshabelo' — a place of refuge — the young and old sat outside their tin shacks and mud...

...houses seeking warmth from the wintry Free State sun.

There is little the clinic can do to alleviate the many seasonal health problems encountered by the residents in this resettlement camp established in May 1975.

So far the work of the 13 nurses and the two South African Defence Force doctors has hardly made an impact on the daily lives of those living at Onwerwacht.

Recently they had to stand helpless as up to 70 children a day were rushed to Pelonomi hospital in Bloemfontein — 60km from the camp — during a gastro-enteritis epidemic.

A nurse at the clinic said the medical staff could not cope with emergencies.

"If there are any emergencies after 4pm the patients are either taken by our ambulance to the Moroka hospital or they catch one of the buses to Thaba 'Nchu," said the nurse.

Another cause of discontent is the lack of preventive medical care at Onwerwacht. Community health, said the nurse, was non-existent because of staff shortages.

Reports
by
LIZ VAN DEN NIEUWENHOF
Pics
by
DENIS FARRELL

Dusty squalor is the lot of 160,000 people who live in the rural slum of Onwerwacht.
When the Sunday Express arrived at Onverwacht the medical staff was arming itself against the predictable outbreak of pneumonia and bronchitis as the Free State winter approaches.

The nurse said that the health resistance of most Onverwacht children was "very low"—mostly due to malnutrition.

The day we arrived at Onverwacht six children were treated for malnutrition at the clinic.

One was 18-month-old Mavis Migezo who was suffering from kwashiorkor. Lying limply on a bed in a overcrowded tin shack and in the care of her grandmother, Mavis has been crying for the protein her body craves.

She had all the symptoms of being underfed...skin peeling around her mouth, swollen eyes, hands and ankles.

Mavis is one of hundreds of Onverwacht children who have to make do with the little food available in their homes. As most of their fathers are either working illegally in Bloemfontein and Welkom, or are migrant labourers at the mines, their mothers are left to provide for them.

...were moved to Onverwacht but had to take out Qwa-Qwa citizenship although the area is not part of the homeland.

Mrs Alice Mashode's case is typical of the many families who have been relocated.

A mother of four, she was divorced in a short yellow dress, torn and stretched through years of trying to keep making it fit despite being made for a teenager.

She took me into her tiny 3m² corrugated iron shack, its sides palted with newspapers to keep out the dust and draught.

Her husband is a migrant labourer who works in Henne,n and only sees his family once a month when he brings home a family allowance of R50.

It is a hard life for Mrs Mashode and her family. To buy their meagre groceries she either goes to the supermarket where products are sold at three times the price they are sold at in Thaba Nchu or catches a bus to Thaba Nchu.

"But there's never enough. I have a baby who is starving. I don't know what to do," she said.

***

'Smart Alec' Munnik

HELEN SUGAMA, PFT, spokesman on black affairs, said: "Dr Munnik is, I'm afraid, an incorrigible smart alec."

"He cannot resist making insensitive remarks such as his favourable comparison of the primitive health conditions at Onverwacht with a sophisticated community struggle to exist, with well-equipped Nkhot." "The comparison is so absurd that it's hardly worth a comment. One can only hope that sooner or later Dr Munnik will realise that his offensive remarks reflect very badly, not only on himself but on his department which cannot dissociate itself from him."

The shortage of food is evident in the increasing number of children suffering from pellagra - vitamin B deficiency - who are fed by the clinic's feeding scheme.

The nurse commented: "We think the problem is far more widespread than we are aware of because most of the deaths are reported to the commissioner."

"We are not given the official infant mortality statistics at the clinic."

A community worker in Thaba Nchu said that about three out of five funerals arranged by the Roman Catholic Church are for children.

When the Sunday Express was at Onverwacht on Wednesday funeral arrangements were being made for a four-month-old baby and a 17-month-old baby.

Sanitation and the inadequate water supply makes Onverwacht a health inspector's nightmare.

Most of the shacks and mudhouses are interspersed with corrugated iron toilet buckets and although officially the toilet buckets should be emptied twice a week residents said that they were being emptied once a week.

A few white-washed matchbox houses lie scattered among the tin shacks.

No official figure on the number of new houses built could be obtained but according to the community worker the Economic Development Corporation had built about 600 houses.

"These are for those who have work seekers' permits and are bought for between R4 300 and R5 000.

"But most Onverwacht residents live in one-roomed tin shacks and there are quite a number of families still living in the tents issued by the Government when they were first moved to Onverwacht four years ago," said the community worker.

Most of the people at Onverwacht were moved from the Kromdraai squatter camp in Thaba Nchu after Bophuthatswana independence.

Before independence the "non-Tswana" lived in harmony with the Tswanas.

But after independence in December 1977 conflicts with the Bophuthatswana citizens became an everyday happening and those at Kromdraai - mostly South Africans - were harassed by the police.

They were not allowed to work in Bophuthatswana and their children were prevented from attending Bophuthatswana schools.

To 'quell resentment' they
A DIRECTIVE to economise has silenced out a hospital's theatre sisters' lunchtime sandwiches.

Dr Hennie Grove, director of Transvaal Hospital Services, asked hospitals to "make sure that they don't waste money" and that "they live within their budgets".

At Pretoria West Hospital, the first economy cut came on Monday when theatre sisters were deprived of their lunch-time sandwiches.

They were also told that, in future, they would only be allowed one cup of tea instead of the usual two.

These unkind cuts provoked an uproar. But now, in an effort to placate the sisters' wrath, the hospital will again provide their daily bread as from tomorrow.

"We don't have time to go to the canteen to buy lunch, and often don't even have time to order lunch, which can take a half an hour to get down to the theatre," one sister told me.

Dr Grove said the economy drive had nothing to do with the sandwiches.

"All hospital staff are supposed to pay a nominal fee for their sandwiches, but in fact many have taken them for granted and have not been paying.

"This we cannot allow."

The superintendent at Pretoria West, Dr H S C Malan, claimed the cost savings were "in the interest of the country."

"The sandwiches have nothing to do with you," she said.

"If you use the name of the hospital, there'll be big trouble."

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Row over unkind hospital cuts
**R150m hospital project**

Pretoria Bureau

The Government is to spend R150-million on building a new Ga-Rankuwa Hospital to make it suitable for the training of medical students of the University of Southern Africa (Medunsa).

The hospital superintendent, Dr L van Heerden, said yesterday construction started last year and would be completed in 10 years' time.

According to Dr Van Heerden the hospital's wards and other buildings would be broken down and new ones built. Patients would be transferred to empty wards during building.

"If we had land we would be erecting additional buildings to the existing hospital, but we have no alternative save to break down the buildings as we will be building for efficiency and service," he said.

Dr Van Heerden said the hospital was not originally planned for medical students, with the advent of Medunsa, innovations had been effected.

The SA Government is paying for the undertaking.

He said the hospital could accommodate 2,000 patients but would accommodate 1,200 after renovation.

This was in accordance with new policy that an academic hospital should at most have 1,200 patients.

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**Republic Transport Workers' Union**

96
30 wards stand empty as patients sleep on floor

BY MZIKAISE EDOM

1980 - Receives permission from the Minister of Malawi, Utilisation to open membership to all races.

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Starving farm people come to Soweto for help

By HELENE ZAMPIETAKIS

FARMWORKERS' starvation wages are being blamed for the high number of malnutrition and kwashiorkor cases admitted to Soweto's Baragwanath Hospital. Doctors at the hospital told the Sunday Express this week.

The disclosure was made after the announcement that the National Manpower Commission had appointed a commission of inquiry into conditions of farm and domestic labour.

The commission would investigate, among other things, whether to impose the Wage Act on farm labour.

Baragwanath doctors told the Sunday Express most malnutrition cases came from Reef farming areas.

In their desperate attempt to get treatment, these patients claim to be Soweto residents.

In 1980, about five cases of malnutrition were admitted to the hospital daily.

A sixth of all patients in the children's ward were suffering from malnutrition. Most were from rural areas.

Mr Eugene Roelofse, an independent ombudsman, told the Sunday Express that according to his research, this was "only the tip of the iceberg."

Recent research has shown that Reef farm wages varied between R10 and R30 a month, with a sack of mealie meal as rations.

Prof Harry Stein, head of the pediatrics ward at Baragwanath, said that with together with malnutrition, gastro enteritis made up "substantially half of the cases admitted to the hospital."

In 1980, 1 000 children suffering from malnutrition were treated at the hospital.

"A fair number of them come back because they return to the same conditions as they left," Prof Stein said.

One doctor told the Sunday Express: "It is common knowledge at Baragwanath that when a malnourished kid comes in it is likely he has been living on the farms."

"We keep them for about three weeks to feed them up but some of them die."

Doctors said that white farm areas were badly served by health clinics but because transport was poor, only a fraction of malnourished cases ever reached Baragwanath.

A group of independent researchers is conducting a study of farm labour conditions around Piet Retief, Middelburg and Amersfoort. They asked not to be identified while research continues.

Mothers had told them that frequently "swollen babies die of hunger" - an indication of widespread kwashiorkor.

The researchers found that labourers worked 12 to 14 hours a day with no overtime or leave pay.

"When they lose their job, they lose their house. One family said they earned R180 a year from the mother and father's wages. Women can make R1 from three days of washing," a spokesman for the group said.

Workers who earned R20 a month - or R6 an hour - had to work for one or a half days before they could afford a tin of corned beef at trading store prices.

The commission of inquiry will work with farmers from the South African Agricultural Union.

In a recent debate in Parliament, a nominated MP, Mr J W van Staden, said farmers were not afraid of an inquiry into farm labour because they looked after employees extremely well and provided them with rations.

The first trade union for farm workers was organised this year under the Orange Vaal General Workers' Union. Organiser Mr Philip Masia said: "We welcome a spotlight on farm labour but if the commission into farm labour is to be effective it must work independently of farmers who have vested interests in paying low wages."

(1) Applied for registration but objections raised by other registered unions.
(3) whether any conditions governing such open days have been laid down, if so, what are the conditions.

The MINISTER OF HEALTH AND WELFARE:

(1) Yes.

(2) Yes.

(3) Open days are arranged as it is convenient for the hospital, and all visitors are subject to the provisions of the Mental Health Act, P. 177 and the regulations promulgated thereunder.

Mr. D. J. N. MALCOMSON: Mr. Speaker, arising out of the reply of the hon. the Minister, could he perhaps comment on why two MPPs, viz., Mrs. Blackburn and Mrs. Bishop, were prevented from visiting this hospital?

The MINISTER: Mr. Speaker, had the hon. member been aware of what was happening in the House, he would have realized that the next question deals with that matter.

Tower Hospital: For Beaufort

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

(1) Whether permission for two members of the Cape Provincial Council to visit Tower Hospital at Fort Beaufort and Komani Hospital at Queenstown was refused; if so, (a) on whose authority and (b) on what grounds was such permission refused?

The MINISTER OF HEALTH AND WELFARE:

Yes;

(a) the hon. member is aware that he directed a request to me in this regard, to which I replied in writing.

(b) the reply is embodied in the following procedures which I now wish to make known to hon. members for information.

Uses by MPPs:

If a mental hospital institution is situated in a constituency of a MPP, the resident MPP may, with prior arrangement with the medical superintendent, pay visits. The visiting MPP may invite other MPPs or MPPs to accompany him but must inform the medical superintendent of his intentions. If a mental hospital institution is not in a MPP's constituency, the customary practice for the MPP to request the Minister's agreement for such visit.

It must be realized that the residing MPP has a direct responsibility to Parliament and the public for the mental hospital institution in his constituency. Other members of Parliament also bear responsibilities in this regard and when this functional responsibility is carried out by such a member by way of a visit, it is not customary for him to be accompanied by persons outside Parliament.

Inspections can be made:

If MPPs wish to pay visits to hospitals, they should contact the relevant member of the Provincial Executive Committee for Hospital Services, who is a National Health Police Commissioner and who would make suitable arrangements with the Minister.

The above procedure pertaining to MPPs and MPPs is effective to avoid confusion that may arise as to the functional responsibilities of the two arms of Government.

Open days:

If such days are arranged by the medical superintendent to enable the public to visit hospitals institutions, any member of the public who wishes to attend is at liberty to do so.

I shall convey this procedure by letter to the chairman of the respective health groups and the MPPs charged with hospital services.
(3) whether they died while being patients at the Midlands Hospital; if so, when, if not, (a) where and (b) when did they die?

The MINISTER OF HEALTH AND WELFARE:

(1) (a) and (b) Yes;

(i) 4 June 1981 and 19 September 1981 respectively;

(ii) in the case of Miriam Hammond, the application form (G2/1) was signed by an S.A.P. constable, the two medical certificates (G2/2) were signed by Dr. M. Moolley-Smith and Dr. F. H. Peer of the Dundee Provincial Hospital and the reception order was signed by Mr. G. D. Cason of the Magistrates Court, Dundee;

in the case of Simon Ngebo the application form (G2/1) was signed by his brother, Mr. Zwelethile Ngebo, the two medical certificates (G2/2) were signed by Dr. K. M. Pillay and Dr. Kahn and the reception order was signed by Mr. P. A. van Aardt of the Magistrates Court, Port Shepstone;

(iii) 3 June 1981 and 18 September 1981 respectively;

(2) Yes;

(a) Miriam Hammond was examined by Dr. Moolley-Smith and Dr. Peer and Simon Ngebo by Dr. Pillay and Dr. Kahn,

(b) it is not general practice or in keeping with medical ethics to make public the diagnosis for which the patient was admitted to hospital;

(c) the South African Police:

(3) Simon Ngebo on 19 September 1981 in the Midlands Hospital,

(a) Miriam Hammond died in the Northdale Hospital;

(b) 5 June 1981.

Mr. G. B. D. McIntosh: Mr. Speaker, arising out of the reply of the hon. the Minister, would be, in view of the fact that both these people are dead, be prepared to give the grounds on which they were admitted to the hospital? I appreciate that if they were alive, it would be correct not to give those grounds.

The MINISTER: Mr. Speaker, the reply would have been the same whether those people were dead or not, because the question whether a person is dead or alive does not affect medical ethics when it comes to publicizing particulars concerning his condition. Those particulars are normally not made public and in this case it will not be done either.

Mr. G. B. D. McIntosh: Mr. Speaker, further arising out of the hon. the Minister's reply, is he aware that the post mortem on Simon Ngebo indicated that he had suffered injuries four days before he was admitted to the Midlands Hospital?

The MINISTER: Mr. Speaker, that does not concern my department. If there is a problem, the hon. member should take it up with the S.A. Police.
Hospital visits: New rules

Political Correspondent

The Minister of Health, Dr L A P A Munnik, has laid down procedures whereby MPs and MPCs must obtain permission to visit hospitals.

The opposition’s chief spokesman on medical matters, Dr Marius Barnard, MP, today dismissed these procedures as “totally unnecessary.”

Two Cape MPCS, Mrs Dl Bishop (Gardens) and Mrs Molly Blackburn (Wakker), were recently refused permission to visit two mental institutions, the Tow Hospital at Fort Beaufort and the Komani Hospital, Queenstown.

Answering questions put to him in the Assembly by Dr Barnard, Dr Munnik confirmed this.

CUSTOMARY

He said that if a mental hospital or institution was situated in an MP’s constituency he could, by prior arrangement with the medical superintendent, pay visits.

The residing MP may invite other MPs or MPCs to accompany him, but must inform the medical superintendent of his intentions.

If a mental hospital/institution is not in an MP’s constituency, the customary practice is for the MP to request the Minister’s agreement to such a visit.

It had to be realised that the residing MP had a direct responsibility to Parliament and the public for the mental hospital/institution in his constituency.

Other MPs also bore responsibilities in this regard and when this functional responsibility was carried out by such a member by way of a visit, it was not customary for him to be accompanied by persons outside Parliament.
PRIVATE hospitals are being used as guinea pigs to assess white attitudes to racial integration by allowing restricted opportunities to black nurses and patients.

This was claimed by Mr J Randall, president of the Association of Private Hospitals, who said such hospitals were being planned in areas such as Lwandle and Soweto. This was to make hospitals more convenient for black patients and visitors, he said.

But in most cases no sane entrepreneur would be willing to build a private hospital under existing medical tariffs with building costs soaring.

These were major factors against developing private hospitals, he said.

The State's attitude was also negative, he told a Johannesburg seminar on economic factors influencing the future supply of medicines in South Africa.

The State thought more private hospital beds would deprive provincial hospitals of nurses, and the critical nursing shortage worked against health services.

The cost of a modern hospital built to the February, 1980 regulations would be between R25 000 and R35 000 a bed, which means R5 477-million for a 300-bed hospital, he said.

Dr James Gilliland, deputy director-general of health and welfare, said positive steps should be taken to benefit the community by providing services for the entire population at the lowest possible cost.

The parallel system of private and public health services would continue, he said, but he suggested a division as suggested by a National Health Plan — drawn up by the health matters advisory committee.

These would be a 350-bed local community hospital; an 800-bed regional hospital which would provide basic specialist services as well as the usual ones; and a 1 100-bed academic hospital which would provide sophisticated equipment and specialised personnel.

On price control on medicines, Mr H. G. de Beer, deputy director-general of industries, commerce and Tourism, said the pharmaceutical industry depended on imported raw materials to a large extent.

The cost of these raw materials were continuously subjected to increases by overseas suppliers.

The Government intervened in the economic system to provide the infrastructure for health and community services and in other essential areas, he said.
Munnik defends State's role in the bulk tender purchasing of medicines

In a controversial speech to the Pharmaceutical and Chemical Manufacturers' Association at the weekend, the Minister of Health, Dr Lapa Munnik, defended the State's growing role in the distribution of medicines, but denied that the Government had embarked on a programme of socialisation of health services. He also:

- Defended the Government's purchases of medicines on a tender system, despite the fact that pharmacists have claimed this means private patients have to pay up to four times the price the Government pays for medicines.
- Attacked doctors for refusing to prescribe medicines by type rather than brand name.
- Rebuked manufacturers for their reluctance to make medicines similar to those of competitors once competitors' patents had expired.
- Defended Government regulations which force doctors employed by the State to prescribe only those medicines included in a limited official list—usually only those medicines the State stocked.

That the State buys more than 60 per cent of all medicines sold in South Africa for distribution to its patients was a new fact of life that would simply have to be accepted by pharmacists and the pharmaceutical industry, Dr Munnik said.

But Dr Munnik denied the State was in the process of socialising the supply of medicine to the public.

"The Department of Health and the four Provincial Administrations are simply complying with Acts of Parliament to render a health service to a large sector of the population.

"The tenderer has the right and privilege to determine at what price he wishes to supply his product to the State," said Dr Munnik.

...
Hospital creche will help mum to visit

By Pamela Kleinot

The Johannesburg Hospital is to open a creche for toddlers whose mothers have to spend long hours with other ill children who are being treated.

This results from a survey of 40 mothers with children in hospital. They all said there was a need for such a facility.

The survey was made by Mrs Jean Graham, a qualified nurse and nursery school teacher who is a final-year social work student at the hospital's Child, Adolescent, and Family Unit.

One mother said she had to send her four-year-old son to relatives in Cape Town because she had "nowhere to leave him when she visited another of her children who has leukaemia."

AID

Other mothers said they were running out of people with whom they could leave their children while they visited others who were ill.

The aim of the creche is to meet the psychological needs of children in hospital who need their mothers. Mrs Graham said, Continual parental contact was essential.

The Johannesburg Hospital allowed parents unrestricted visits to paediatric wards.

"Separation from mothers can affect children adversely," she said.

VOLUNTEERS

The hospital needs volunteers who can spend at least four hours a week helping at the creche, which will operate from 9 am to 5 pm.

Volunteers will be given a short training course. Those interested should contact Mrs Graham at 788-9884, or Sister Poulter at 643-0911, ext 2902.
Claims in council: PFP attacks MEC

Staff Reporter

OPOPOSITION whip Mr Frank van der Velde began yesterday's session of the Provincial Council by asking the house to find Mr P J Loubser, MEC in charge of hospital services, in breach of privilege.

Mr Loubser, Mr Van der Velde said, had either been "grossly careless" or "deliberately misled" during a debate last month in the previous sitting by saying Groote Schuur Hospital, the Provincial Hospital and Livingstone Hospital in Port Elizabeth all had special psychiatric emergency units attached to their casualty departments which were available for the detoxification of alcoholics.

Mr Di Bishop, PFP Gardens, had raised the issue during a debate last August and Mr Loubser had told him he would give a full account of such facilities at the hospital in the next session. Mr Loubser, therefore, had had seven months in which to verify his facts, Mr Van der Velde said.

Tribute to Argus

Staff Reporter

THE Provincial Council yesterday congratulated Mr Argus on 125 years of unbroken news coverage, and expressed the hope that its high tradition would continue.

The motion was introduced by Dr J T Sonnenberg, MPC for Green Point, and unanimously accepted by the House.

Dr Sonnenberg said the Argus had faithfully reflected the Cape scene since its first edition appeared in January 1877. It had had its failings, but had at all times tried to keep up its standard of excellence and reliability.

Mr P J Loubser, MEC, said: "This side of the House associates itself wholeheartedly with the Honourable Member's motion of congratulations to the Argus on its achievement."

The hard-won struggle for the freedom of the press was something precious in any democratic community, he said. And it was in this spirit that the Nationalist members associated themselves with the motion, although the Argus had definitely not been known for the zeal with which it supported the Nationalist members or the standpoints they represented.
Hospital in PE: MEC admits 'fault' 

Provincial Staff

THE MEC in charge of hospital services, Mr Piet Louber, told the Provincial Council yesterday he made "a fault" in stating in March that there was a "special psychiatric emergency unit" at Port Elizabeth's Livingstone Hospital.

Mr Louber was responding to a motion on a breach of privilege introduced by the Opposition whip, Mr Frank van der Velde (PPF, Pineslads).

Mr van der Velde quoted from the Hansard of a debate in the Provincial Council on March 4, Mr Louber then said: "At the Groote Schuur Hospital, the Provincial Hospital and Livingstone Hospital, Port Elizabeth, special psychiatric emergency units exist which are attached to casualty departments and which offer multi-disciplinary services for the detoxification of alcoholics."

Mr van der Velde said Mrs M.J. Blackburn (PPF, Walmer) and Mrs J. Bishop (PPF, Gardens) had visited Livingstone Hospital. The Medical Superintendent there denied that any special psychiatric unit existed. He contended that Mr Louber had misled the council.

In reply, Mr Louber said: "I made a fault. At Livingstone Hospital there is not a special unit."

Mr Louber said the information had not been given in bad faith. "I have nothing to hide or for which to apologise."

Dr John Sonnenberg (PPF, Green Point) said the Provincial Council should be able to accept readily the correctness of a prepared statement from a MEC.

Mr H.J. Kriel, MEC, said the crux of the matter was that there was no deliberate misleading of the council. There was no ground for a motion on breach of privilege.

The chairman, Mr J.J. de Jager, reserved his decision pending the report of a select committee of the council on a similar motion of breach of privilege.

The "similar motion" concerns Mrs Di Bishop.

Transport & General Workers Union
National Union of Brick and Allied Workers Union
National Cement Employes Union
Class Workers Union
Building Construction & Allied Workers Union

Non-Metallic Mineral Products

Western Cape Pigment & Chemical Producers Association
Umbuchazi Industrial Workers Union
S.A. Chemical Workers Union
National Union of Motor Assemly & Rubber Workers of South Africa
Metal and Allied Workers Union
General Workers Union

Industriall Allied & Self Employed
"Industrial" Employers and Chemical Employees Union
Producers and Allied Workers Union
National Union of Rubber, Gums & Allied Workers
Chemical Workers Union

Ceramic & Chemical Products, Coal, Rubber & Plastic Products
BLACK HOSPITALS

Better treatment

Blacks and Indians can look forward to better treatment. They will soon get four new private hospitals and a further six are being planned. First on stream will be a R3m Lenasia hospital with 72 beds, which will be ready by November 1983.

The project was initiated by Lenmed Investments, whose 61 shareholders come mainly from the Indian medical profession. Lenmed director Dr Rashid Saloojee says the scheme could be financed entirely by community shareholders, but funds may also come from pension companies and other institutions.

A Pretoria West hospital will be built near the Kalafong black provincial hospital. It will initially hold 150 beds. Initial costs will be R5m - R6m, but it may be enlarged later. Funds will come from three unnamed financial groups.

In Kempton Park, a group of investors has bought a former warehouse which will be renovated and equipped at the cost of R2m to hold 70 beds. There are now 49 shareholders but more are being sought.

A doctor involved in a Soweto hospital project says there are financial problems and it is still too early to discuss the undertaking. It is believed that Clinic Holdings, whose hospitals include Milpark, Park Lane, Rosebank and Rand clinics, is behind the scheme.

Plans for a Laudium private hospital have been temporarily shelved with the completion of a R12m provincial hospital in the area. But two others are being planned for the Natal north coast.

"Private hospital occupancy has improved to the extent that, for the first time since 1970, reasonable returns may be made on capital invested," says John Randall, president of the Representative Association of Private Hospitals. "State departments are getting less and less money. And capital projects are likely to be delayed for years, leaving a void for the private sector to fill."

He says it now costs about R6m to build a 200-bed hospital and R25 000 for each additional bed.

The image of private hospitals became somewhat tarnished during the Seventies when inexperienced operators entered the field only to burn their fingers.

A commission of inquiry consequently recommended strict control and that the State provide health care wherever possible.

Existing private hospitals are now thinking of expanding. Their provincial counterparts, short of funds and nurses, are turning away cases.

Although the private sector is being encouraged to invest in health services once more, hospitals remain a risky undertaking. Private hospital companies are currently making little more than 8% profit after tax.

Private hospitals break even at 55% - 60% occupancy and 80% is generally the maximum because of restrictions on mixing the sexes, races and ages. Also, the average length of stay has dropped — from nine days to four in the past 15 years.

About 80% of patients in private hospitals are on medical aid and fees are paid in arrears. Increases are opposed on principle resulting in bed tariffs which are now allegedly below cost. Profits tend to come from the dispensary.

"Government allows private hospitals to employ black nurses and to admit black patients, possibly using them as guinea pigs to assess white attitudes towards integration," says Randall.
600. Mr. B. B. GOODALL asked the Minister of Health and Welfare:

(1) Whether there are any clinics in Tembisa; if so, how many;

(2) whether there are any (a) doctors, (b) community health workers, (c) social welfare workers and (d) nurses in Tembisa; if so, how many in each category?

18 MAY 1982

The MINISTER OF HEALTH AND WELFARE:

(1) Yes;

3 full-time clinics and 3 part-time satellite clinics;

(2) Yes;

(a) 1 part-time Medical Officer of Health, 2 part-time Clinical Medical Officers, and 1 full-time Tuberculosis Medical Officer;

(b) 5 Community Health Nurses, 1 Health Educator, and 3 Health Inspectors (4 posts, 1 vacant);

(c) 4, employed by East Rand Administration Board (12 posts, 8 vacant);

(d) 19 registered Nurses and Midwives for general clinical work, 1 Sister—family planning, 1 Sister—geriatric services, and 3 Psychiatric Nurses.
The trend to the socialisation of medicine is continuing in South Africa according to Mr. John Torrienn, director of Northern Transvaal Chamber of Industries.

This, he says, is bringing about a total distortion in the market place and placing an unnecessary burden on the State and taxpayer.

It is also discouraging the natural development of the pharmaceutical manufacturing industry.

Mr. Torrienn said an estimated 65 percent of manufacturers' sales were directed through the State.

He added that about 55 percent of the medical profession and 70 percent of nurses were already employed by the State and, according to the present trend, these employment figures by the State could dramatically increase.

"There seems to be a very close correlation of volume of medicine supplied to the State and professional engagement of staff — a remarkably high figure within the philosophy of the free enterprise system," he said.

Mr. Torrienn said the pharmaceutical manufacturing industry was the most investigated industry in South Africa and none of the investigations carried out had found evidence of the industry "abusing its position in the market place."

Mr. Torrienn said there was nothing illegal or immoral in providing health services at a profit to the entrepreneur.

Referring to an accusation that the private sector was now subsidising the price of medicine to the State, he said the prices became so uneconomic that the private sector withdrew from manufacturing and promoted generic prescribing and generic dispensing.

Medicine is bought by the State through the tender system, with price the determining factor.

Mr. Torrienn said he did not think the present system of medical care in South Africa would be able to meet future needs. It was therefore time to pursue actively a policy of returning health care, including medicine supply, to the private sector.

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NOTE CAREFULLY

1. Enter at the top of each page and in column (1) of the block on this cover the number of the question you are answering.

2. Blue or black ink must be used for written answers. The use of a ball point pen is acceptable. Red or green ink may be used only for underlining, emphasis or for diagrams, for which pencil may also be used.

3. Names must be printed on each separate sheet (e.g. graph paper) where sheets additional to examination book(s) are used.

4. Do not write in the left hand margin.

Any dishonesty will render the candidate liable to disqualification and to possible exclusion from the University.

WARNING

1. No books, notes, pieces of paper or other material may be brought into the examination room unless candidates are so instructed.

2. Candidates are not to communicate with other candidates or with any person except the invigilator.

3. No part of an answer book is to be torn out.

4. All answer books must be handed to the commissioner or to an invigilator before leaving the examination.
The case of KwaZulu

KwaZulu's health problems are identical to those you would expect to find in any Third World country. “You have an abundance of problems and scarcity of resources,” says KwaZulu Health and Welfare Minister Dr Dennis Madide.

There is indeed an abundance of problems. The homeland’s 3.5m people are served by about only 200 doctors, some of whom are in private practice, and the health department has 70 vacancies. The doctor patient ratio is 1:17 500.

The situation as it exists in KwaZulu today is a microcosm of the general rural SA picture. KwaZulu has, after all, not opted for independence and is still part of SA. But since Madide’s department was established in 1977, responsibility for the health care system has gradually been transferred to KwaZulu.

In an interview with the FM in Ulundi last week, Madide said the transfer process had been completed. Twenty-eight hospitals, many of them formerly mission-run, now fall under the department and Madide said KwaZulu is considering taking over or running on an agency basis a number of hospitals in white areas which serve KwaZulu citizens.

The department’s budget for the 1981-82 financial year was R110.4m out of KwaZulu’s total budget of R324m. This year’s budget is R129.3m. Pensions, however, take up at least 50% of this amount.

KwaZulu’s major health problems are infectious and parasitic diseases (TB, bilharzia, malaria, typhoid, cholera, measles, infantile gastro-enteritis), diseases of malnutrition, complications of pregnancy and childbirth, and dental decay.

The shortage of qualified medical personnel — not only doctors but all categories of para-medics and dentists — create obvious problems in the health service. The only workers in adequate supply are nurses.

These considerations, as well as widespread poverty, some resettled populations and enormous transport and communication problems, mean that KwaZulu faces tremendous obstacles in providing a health Service for all.

“The aim of our comprehensive health care scheme is not just to concentrate on curative services but also to promote prevention and rehabilitation,” said Madide. “People must be educated to change their attitude towards health and the health service. The authorities, on the other hand, must aim at providing primary health care for all.

To achieve this aim, KwaZulu policy is that each hospital superintendent is made responsible for a geographical district. Budgetary allocations to hospitals depend on services offered and the number of clinics operated.

Clinics staffed by qualified sisters have been established in outlying areas to cater for the many people who cannot easily reach hospitals. Hospitals also operate mobile clinics, regularly sending nurses and sometimes a doctor out in vans loaded with a supply of drugs to specific places. If the clinic cannot handle the problem, patients are transferred to hospital.

KwaZulu has 135 permanent clinic buildings. Madide estimates that 350 are needed if the department is to fulfill its aim of providing a clinic within walking distance of all. It would take 20 years to reach that figure, he said, by which time the population would have grown and more would be required. “Unless we get a drastic increase in funding we are never going to catch up,” he commented.

Nurses play a vital role in the health care scheme, and the emphasis is on hospitals providing them with in-service training in primary health care. Training at present, however, is not standardized. Some 60 nurses have received only one month’s training while about 30 have completed a one-year course.

“We are going to live with a doctor shortage for a long time in KwaZulu and nurses are going to take tremendous responsibility,” said Madide.

In the long periods between clinics when there are no qualified personnel to serve the health needs of the people, the homeland’s very few community health workers have an important role to play. They are individuals recruited from the community for training in basic health care and the link between the people and the clinic.

“It’s early days yet to say how much impact these workers have had,” said Madide, “but a positive sign is that attendances at clinics have improved.”

Manguzi Hospital, situated in northern KwaZulu 14km from the Mozambique border, is a former Methodist mission hospital which was taken over by the KwaZulu government in October last year.

The hospital, which had a budget of R11m in the 1981-82 financial year, has 240 beds and runs 26 clinics — both permanent and mobile — serving 50 000 people living in the 110 km² area around it.

“Basically, life hasn’t changed very much since the KwaZulu takeover. Our methods of administration have just changed,” says superintendent Dr Det Prozesky. He regards the new red tape involved as “necessary.” But one unfortunate result of the take-over has been that the future of the hospital’s plane, piloted by Manguzi’s maintenance officer, is in doubt because of lack of finances. The KwaZulu government has agreed that the plane can be used to transport emergency cases and in situations when it is necessary for the maintenance of the hospital, but will not subsidise it fully.

This has created problems for Manguzi, the most isolated hospital in SA. The plane was previously used to help overcome the problems of communication and supply from the outside world. Prozesky estimates that if a sponsor could be found to finance flying time and pay for the plane’s upkeep the hospital would benefit greatly. About R150/month is needed.

The other major problem is that communication with the clinics is almost non-existent between visits. The installation of radios at the 10 permanent clinics would solve this but the hospital does not have the necessary R10 000.

As far as the future is concerned, Madide is pessimistic: “Improvement in the health status of the people is dependent on improvement in the quality of life. The position in KwaZulu now is quite grim. We are trying our best to cope with it but the problem is money. I foresee that the health budget is going to decrease relative to the other needs of the area. We need to increase the number of doctors and need a lot of money pumped in for bursaries and, of course, more space at medical schools.”

The picture is one of uphill struggle by all concerned.

KwaZulu clinic... problems overwhelming resources
Mr. R. A. F. SWART asked the Minister of Law and Order:

How many persons were found in 1981 to be in possession of firearms for which they did not have licences?

The MINISTER OF LAW AND ORDER:

3,805 persons.

Gifted White child

Mr. P. R. C. ROGERS asked the Minister of National Education:

(1) Whether his Department (a) recognizes and (b) subsidizes organizations offering educational facilities for the gifted White child; if so, (i) how many such organizations are there in the Republic, (ii) where are they situated, (iii) how many children do they cater for in each case and (iv) what amount is allocated for each child, if not,

(2) whether gifted White children are catered for in the Republic, if so, what procedure is followed in this regard?

The MINISTER OF NATIONAL EDUCATION:

(1) (a) and (b) The Department of National Education is conscious of the fact that certain private organizations offer extra-curricular programmes for gifted pupils, but it is not known how many organizations or children are involved. One organization had applied for financial assistance to attend the World Conference on Gifted Children in London in September 1975, but funds for this purpose were not available. So far, no other organization have applied to the Department for financial assistance or for official recognition.

(2) Gifted White pupils are being provided for in two ways: First by enriching the prescribed syllabuses in the primary standards, by presenting secondary subjects in the higher grade and by allowing the pupils to take more than six subjects for senior certificate; course; and secondly, by offering special programmes for gifted pupils during or after school hours. During 1981, some of the provincial education departments commenced with such programmes and it is expected that other education departments will follow their example in due course.

Gifted White child

Mr. P. R. C. ROGERS asked the Minister of National Education:

Whether any specialist courses providing for the education of the gifted White child are available for teachers trained at universities and colleges falling under his Department; if so, (a) what courses and (b) at which (i) universities and (ii) colleges?

The MINISTER OF NATIONAL EDUCATION:

Attention is being given to the education of gifted pupils in the general training courses for teachers, but specialized courses are not being offered. Consideration is, however, being given to the establishment of such courses at training institutions. The University of Port Elizabeth has included a module in the education of gifted children in the training courses for teachers for primary and secondary schools, at the beginning of 1981.

The Department of National Education requested the Human Sciences Research Council at the beginning of 1982 to investigate the whole matter relating to the education of gifted pupils, including the training of teachers. In its entirety with a view to formulating a comprehensive policy in this regard.

Mr. R. W. HARDINGHAM asked the Minister of Agriculture and Fisheries:

What amount was allocated by the Agricultural Credit Board over the latest specified period of two years for which figures are available, in respect of (a) housing for, (b) the electrification of houses for, and (c) the provision of water for domestic consumption by, farm employees?

The MINISTER OF AGRICULTURE AND FISHERIES:

(a) R9 818 776 (1980-81 and 1981-82)
(b) R 263 425 (1980-81 and 1981-82)
(c) R 560 745 (1980-81 and 1981-82)

Mr. R. W. HARDINGHAM asked the Minister of Agriculture and Fisheries:

(a) What quantity of beef was imported into the Republic in each of the latest specified three years for which figures are available, (b) through which ports was the beef imported, (c) what was the country of origin in each case, and (d) at what average price was the beef landed in the Republic in each such year?

The MINISTER OF AGRICULTURE AND FISHERIES:

(a) 1979—None.
1980—1 460 tons.
1981—399 tons.
(b) Table Bay and Durban.
(c) Australia in both instances.
(d) The weighted average c.i.f. price in both years was 166/2/kg (processing grade).

FRIDAY, 21 MAY 1982

Indicates translated version.

For and reply:

Citizens of national states: access to health facilities in Republic

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

(1) Whether citizens of (a) Bophuthatswana, (b) Venda, (c) Transkei and (d) Ciskei are allowed free access to (i) hospitals, (ii) clinics and (iii) any other health facilities within the Republic of South Africa; if not,

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

The MINISTER OF HEALTH AND WELFARE:

(1) Yes. (2) No.

Citizens of foreign countries: access to medical facilities in Republic

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

(1) Whether citizens of foreign countries other than the independent Black states are allowed access to medical facilities in the Republic of South Africa; if so, what was the cost to the State in respect of such citizens in 1981; if not,

(2) whether such citizens were allowed access to these facilities in the past; if so,

(3) whether such access was withdrawn; if so, (a) when and (b) why?
The MINISTER OF HEALTH AND WELFARE:

(1) Yes; full details of the cost are given in Annexure 42 of the Annual Report for 1961 of the Department of Health and Welfare;

(2) and (3) fall away.
654. Mr. R. A. F. SWART asked the Minister of Co-operation and Development:

(1) In which compensatory resettlement areas to which Black communities in Natal were moved over the past five years (a)(i) had clinics been established prior to, and (ii) were clinics established subsequent to, such communities being resettled there and (b) have no clinics been established to date:

(2) whether clinics are planned for any of these areas for the next five years, if so, (a) for which areas and (b) how many clinics are planned for each such area?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

(1) (a) (i) Compensation—One clinic
Ntambana—Three clinics.
(ii) Oliviershoek—One clinic
and one mobile unit with
five visiting points.

(b) None—Falls away.

(2) (a) and (b) The provision and erection of clinics depends on the population density. The population density at Compensation does not justify the erection of a second clinic at this stage.

A fourth clinic is planned for the Ntambana area at a later stage.

The erection of another clinic at Oliviershoek is presently being investigated.
Private hospitals ‘not so profitable’

By Pamela Kleinek, Medical Reporter

Private hospitals make poor profits in terms of the economic climate, says Mr John Randall, president of the Representative Association of Private Hospitals.

"No new private hospitals have been built since the early 1970s, hardly a sign of good profits," he commented.

Mr Randall said private hospitals operated under stringent legislation and heavy competition from provincial hospitals.

His other complaints included "tariff imbalance," arrears in medical aid payments, and day clinics and unattached operating theatres taking away business.

Mr Randall was speaking on "The Role of Private Hospitals in the Health Care System."

Private hospitals had a distorted image, Mr Randall said, because they were alleged to be profit-oriented, that they took only profitable cases, charged more than provincial hospitals, fragmented those charges compared with the province's all-inclusive fee, provided no training and enticed provincial staff away from their hospitals.

"Is that the truth?" he asked.

Mr Randall said that from 1970 to 1980 was a depressing time for private hospitals and "unwarranted stories of superprofits" led many inexperienced entrepreneurs into the field where they promptly burnt their fingers.

Mr Randall said that with a reduction in funds allotted to a nursing shortage, provincial hospitals were being forced to turn away private or medical aid cases, and for the first time since 1970 private hospital bed occupancy had improved. This resulted in reasonable returns on capital invested.

Commenting on government regulations in Western countries resulting in "greater socialisation" of health care, he said: "In South Africa it appears that the private sector will be tolerated, if not encouraged, and may expand by default as the State finds it increasingly difficult to provide the services. "But it would help if legislation were made less restrictive."

The State would never be able to provide enough beds for blacks and the private sector should be given some incentive to encourage it to step into the breach.

"Our greatest wish at the moment is to have some influence on the planning process," Mr Randall said.

NOTE CAREFULLY

1. Enter at the top of each page and in column (1) of the block on this cover the number of the question you are answering.

2. Blue or black ink must be used for written answers. The use of a ball point pen is acceptable. Red or green ink may be used only for underlining, emphasis or for diagrams, for which pencil may also be used.

3. Names must be printed on each separate sheet (e.g. graph paper) where sheets additional to examination book(s) are used.

4. Do not write in the left hand margin.

WARNING

1. No books, notes, pieces of paper or other material may be brought into the examination room unless candidates are so instructed.

2. Candidates are not to communicate with other candidates or with any person except the invigilator.

3. No part of an answer book is to be torn out.

4. All answer books must be handed to the commissioner or to an invigilator before leaving the examination.

Any dishonesty will render the candidate liable to disqualification and to possible exclusion from the University.
No jabs attached in R3 cholera deal

A DISTRICT surgeon's office has issued some travellers with cholera certificates at a charge of R3 each — without giving them the vaccination.

The incident happened recently at the district surgeon's office in Cape Town, where 8000 people went for cholera inoculations last year.

Now the city's district surgeon, Dr J Coetzee, has given an assurance that it will not happen again.

The Opposition spokesman on health, Dr Marthinus Barnard, said the allegations were so serious that an immediate investigation was called for.

By MIKE HEWITT

"The International Health Certificate is accepted by countries around the world as evidence that the traveller has received the vaccinations stated on it," he said.

There have been 100 deaths from cholera and 10 000 proven cases of the disease in South Africa.

During the week, four people had their health documents stamped in Cape Town without receiving the injection, although they paid the standard R3 fee.

One person was not even present when a sister at the district surgeon's office stamped her book.

"I warned of those who paid without receiving the injection, before travelling to Swaziland — one of the Southern African countries which requires a valid cholera certificate.

When I visited the district surgeon's office for my vaccination, a nursing sister said it was not necessary to receive the cholera shot as it gave inadequate protection.

A person could also become a carrier without realising it, and it was, therefore, better not to have the injection, she claimed.

If a person did contract cholera, she advised immediate hospitalisation, where the victim would be cured within three days.

I accepted this advice and had my international health document stamped to say that I had received a 1-mll dose of vaccine.

The nurse also gave me a stamped certificate for a friend travelling with me.

A few days before, another couple received the certificate without vaccination.

When I first approached Dr Coetzee for comment, he said he could not believe it.

"We always treat people according to the rules of the World Health Organisation," he said.

"When I told him I was one of those not vaccinated, he said: "Then, I do not want to give an opinion — the sister obviously expressed herself wrongly."

Later, after further investigation, Dr Coetzee, who said the Regional Director of State Health Services, Dr N J le Roux, should be approached.

However, Dr Coetzee said he had investigated the matter and gave assurance it would never happen again.

Dr le Roux could not be traced for comment.

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guess who got a rich

Who else Senior Citizen

They've just received their Trust payment we've made from our surplus pro investors.

You see, Trustbou is the building Senior Citizens. We pay them top interest rates. Profits are good. And if they have R1 00000, they can choose to have their interest paid monthly.

If you're over 60, you could be a Trustbou's Senior Citizen.
Mushrooms — the slimmers' friend

Aresus Correspondent

PRETORIA — As we were on our way home from a mushrooms in a mushroom and cream soups experiment done by the mushroom institute, we decided to go for a mushroom meal at our favorite restaurant.

The mushrooms turned out to be delicious, and we both agreed that mushrooms are a great addition to any meal.

RATS-LED

When rats were fed老鼠食物, they gained weight. The institute plans to use this knowledge in a study on the effects of different types of rats.

Scientists at the National Food Research Institute at the CSIR in Pretoria have been studying the feeding habits of rats in order to determine the best way to feed them and discover new food sources.

Questions on

Dr. J. S. Sommers, Chief of the Provincial Council, Mr. P. L. Louw, and V. S. M. Naidoo said that the average daily cost of hothouse-based at the Cape is around R14.72.

FIGURES

The figures are: Groote Schuur R13.54; Tygerberg R13.54; Somerset R12.86; Woodstock R13.54; Red Cross R13.54; Victoria Hospital R13.54; False Bay R13.54; Tygerberg Hospital (Port Elizabeth) R13.54; Livingstone R13.54; Pieter (East London) R13.54 and Kimberley R13.54.

For the figures for 1962-63, show the average daily cost of hothouse-based at the Cape is around R14.72.

Dr. J. S. Sommers said that the average daily cost of hothouse-based at the Cape is around R14.72.

'Veal take four titre

Alan Simmonds

VANDERBURGH — Transvaal rehomed the South African breed of veal, which is said to be the best in the country. The veal is rehomed to the Transvaal Agricultural Show to be held in June.

They were also on command against a pair of Johanna-horse side by side. Ellis, Dooms, Flitcroft and Hume, who say that their horses are trained for specific roles, are also rehomed to the Transvaal Agricultural Show.

It was in the third set of 66 boards that the score started to grow, with the difference of two points to 66.

In the next 16 boards, Hambro added another 50 points, but put the issue beyond doubt.

The final of the Congress Tournament was a close affair with the winning No. 1 seed, for the Women's tournament, on March 14, matches against the English team.

The finals of the SABS Plate went to Nettie and Olive, who emerged as 32-point winners in the last two matches.

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Private hospital fees to rise again

Argus Correspondent
PRETORIA. — Private hospital fees are to be increased—for the second time this year.

From June 1, fees at private hospitals will be increased by an average of 8.25 percent. Fees were last increased at the beginning of April.

The April increases were granted by the Registrar of Medical Schemes to compensate private hospitals for general cost increases.

The latest price hike is to allow them to match State and provincial salaries paid to nurses following recently announced pay increases.

In terms of a notice in today's Government Gazette, the increases will mean patients will have to pay an extra R3 a day for a ward in a private hospital with less than 70 beds.

BIGGER
Ward fees for bigger hospitals will increase by R3.50 a day.

Theatre fees for inpatients will rise by R5 and R6.50 respectively for the first 15 minutes, with further increases for each additional 15 minutes.

Intensive care units will cost an extra R7 in the smaller hospitals, and R7.50 in larger hospitals, excluding the use of certain respirators, the cost of oxygen and consumable materials.

Post operative high care ward fees will increase by R4.50 a day and R5 a day respectively.

DISCOUNT
The increases will mean that ward fees at smaller hospitals will range from R37.50 a day for a bed in a general ward to R61, less a discount of 10 percent, for private wards prescribed for medical reasons.

Theatre fees at these hospitals will be R23 for the first 15 minutes for out-patients, and R36.50 for in-patients for the same period.

Intensive care units will cost R58 a day, and post operative high care wards R59.50 a day.

In the larger hospitals, bed costs will range from R43 a day in a general ward to R66.50 less 10 percent, for private wards prescribed for medical reasons.
Plans to improve all Natal hospitals at cost of R386,5 m

Political Reporter
PLANS were on the drawing boards for improvements at every one of Natal's 22 provincial hospitals at a cost of R386,5 million, Dr Fred Clarke, MEC in charge of hospitals, said yesterday.

He told the Provincial Council that the hospitals division was happy with the R22,5 million allocated for improvements in the current financial year.

On the estimates for future improvements it was an amount of R20 million for the restructuring of King Edward VIII hospital in Durban and R50 million for Phoenix hospital.

The principle of setting up a medical faculty at the University of Durban-Westville had been established but the New Republic Party could not support an ethnic tertiary education.

It was decided at a meeting with two Cabinet ministers two weeks ago that the Province and the two Government departments would undertake an urgent re-appraisal of the whole matter, including a teaching hospital and a medical school.

Dr Clarke said Natal's nursing shortage was worse than it appeared because most hospitals needed more nursing posts.

He was confident that the new salary scales for nurses, due to come into effect in October, would not only improve morale in the service but would draw back former nurses to the profession.

Reposing to the budget debate, he said there were staff shortages at every level in the hospitals division at a time of an increasing number of aged and black patients.

Students who left Natal to study medicine in the Cape or Transvaal rarely returned to the province.

Geriatric
Dr Clarke said Natal would continue to employ black nurses where there were shortages but the NRP believed patients should be nursed by people of the same race group.

The increased life span of the elderly was leading to more aged patients in Natal hospitals. For this reason, geriatric sections would be opened at most provincial hospitals.

St Anne's Hospital in Pietermaritzburg would become a geriatric hospital when the new Grey's hospital opened.

Natal had become the first province to offer training in geriatric nursing.
Hospital costs up, but aid fees stay

Medical aid subscriptions are unlikely to rise because of the new increase in private hospital fees.

Mr John Ernstzen of the Representative Association of Medical Aid Schemes (Rams) said yesterday that most members would be able to absorb the increases.

It was announced in the Government Gazette yesterday that fees at private hospitals will rise by an average of 8.25 percent from June 1. The last increase was in April.

The increases mean that ward fees in smaller hospitals will range from R27.50 a day for a bed in a general ward, to R81 — a 10 percent rise for private wards prescribed for medical reasons.

Television fees at these hospitals will be R26 for the first 15 minutes for out-patients, and R66.50 for in-patients.

Intensive care units will cost R69 a day, and post-operative high care wards R59.50 a day.

In larger hospitals, bed costs will range from R43 a day in a general ward, to R66.50 (less 10 percent) for private wards prescribed for medical reasons.

Television fees will cost R28 for the first 15 minutes for out-patients, and R72 for in-patients.
Private hospitals put up their fees

Mercury Reporter
PRIVATE hospital fees are to be increased by an average of 3.25 percent from Tuesday.

A spokesman for St Augustine's Hospital in Durban said yesterday the price of a private ward had gone up from R61.50 to R66.50. Theatre fees had increased from R67.50 to R73 for the first 15 minutes.

The increases are to help keep abreast with rising costs and with staff salary increases, the spokesman said.

The increases appeared in yesterday's Government Gazette.

According to the Gazette, ward fees in smaller hospitals would range from R37.50 a day in a general ward to R61.

In the larger hospitals bed costs would range from R48 a day in a general ward to R66.50.

This is the second increase this year. The April increases were granted by the Registrar of Medical Schemes to compensate private hospitals for cost increases and to allow them to match State and provincial salaries.
Bara nurses continue boycott

By WILLIE BÖKALA
CONFUSION still reigned at the Baragwanath Hospital yesterday, following a call by nurses and other workers to boycott food at the hospital's canteen.

While the general feeling was that the boycott was going well. Senior nurses were reported to be against it and urging juniors to end the boycott.

The decision to boycott the canteen was reached at a meeting attended by about 150 staff members last week.

The staff complained about conditions at the hospital, including cases where nurses and other workers had been dismissed unfairly, while others had been unjustly victimised. It was also said that the food served to staff at the hospital's canteens was dirty.

The boycott followed a day after workers at the hospital's laundry went on strike complaining about pay and working conditions.

Nurses interviewed yesterday said food was being boycotted but they refused to discuss the counter-campaign said to be waged by hospital authorities and other senior and "loyal" staff.

The Health Workers Association, a multi-union organisation formed to secure better pay and working conditions for staff, has drawn up a petition calling on the authorities to settle workers' grievances.

Notices are being placed on doors and walls calling on nurses to support the boycott and demand the reinstatement of nurses and workers who have been unfairly dismissed.
The Health Workers' Association (HWA), formerly the Transvaal Medical Society, yesterday urged Baragwanath Hospital authorities to look into the grievances of the nurses and other workers at present boycotting the hospital's canteen.

Supporting the boycotting staff, the body called on hospital authorities to take "active measures in implementing immediate reforms, and thereby avert a health crisis."

The boycott started last week following complaints by the staff about conditions at the hospital, including "unfair" dismissals of certain nurses. The workers also complained that food served at the hospital's canteens was "dirty."

The HWA, a non-racial body formed to improve pay and working conditions for staff, said in a statement yesterday: "Grievances relating to the quality of food, salaries and general working conditions can only escalate into a state of unrest if intransigent attitudes persist.

"The recent call for a food boycott and a meeting to discuss many of these issues has its roots in these problems. The HWA fully supports the aspirations of the workers and urges the authorities to pay urgent attention to many of the existing grievances."

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**Mineral and Quarrying**

Underground officials associated
S.A. Metal Workers Union

S.A. Electricians Workers Association

S.A. Hydrocarbons Workers Union

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**Agriculture, Forestry and Fisheries**

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Oranje-Vaal General Workers Union

National Agricultural Union of South Africa

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**Health and Welfare Society**

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National Agricultural Union of South Africa

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**Black Allied Workers Union**

Agricultural, Forestry and Fisheries

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Plan for new PE hospital

200 beds in multiracial centre

By JANE STREAK
Weekend Post Reporter

A MULTI-million rand 200-bed private hospital is being designed for the Greenacres complex, Port Elizabeth, to take the load off the casualty department and surgical wards at the Provincial Hospital.

The new multi-racial hospital will be situated alongside Cape Road between Rochelle Road and Greyville Road.

Three floors will be built in the initial stage, expected to take nine months, and a further four floors will be added later.

News of the new private hospital comes amid indications that a fifth hospital is soon to be built in the city — a teaching hospital probably situated in the Western Suburbs.

The Port Elizabeth doctor heading the Greenacres project told the Weekend Post that the hospital would be financed by several financial institutions. He said the most important feature of the hospital would be the casualty department on the ground floor.

"Obviously it will take a big work load off the Provincial casualty department," he said.

He said the design for the seven floors included a complete operating theatre section on the second floor.

The remaining floors would provide the normal four beds, two bed and single bed wards.

The hospital would accommodate 200 patients. Included would be a number of luxurious suites which would cater for patients, such as farmers, who wanted their wives to stay with them while they were receiving treatment.

"An important aspect is that emergencies and cold patients (non-emergency cases) will be treated separately, unlike at other casualty wards, This means a child with a broken leg will not have to see a patient with his head bashed in.

"The surroundings will be pleasant and the hospital will have top class facilities."

The hospital will be built, he said, to cater for the eventualty of a fifth hospital being established in the city — in this case a teaching hospital — which would be closed to private patients.

He added that in the beginning the private hospital would only work after normal hours — from 5pm to 8am — but when completed it would run for 24 hours a day, seven days a week.

To cover cases where private doctors couldn't get to the hospital in time, a doctor would be in attendance at all times.

The doctor stressed the central situation of the hospital and the 165 parking bays to be built would make it most convenient for the public.

He said building would start within the next few months, and he expected that the first three floors would be operational within nine months.

He was not sure when the entire project would be completed.

Mr Rodney Phillip, of a local firm of architects, said that definite proposals had been put through, but it had not been finally decided what form the hospital would take.

"There are proposals for consulting rooms, a day hospital, chemist, first aid and emergency rooms, but the needs of the doctors have to be assessed first. Once this has been done the findings will be analysed."

The architects involved are Pretoria town planning firm, Stauch-Vorster and Partners and their local branch, which incorporates Vos and Phillip.

A partner in Stauch-Vorster in Pretoria, Mr Robin Vorster, said an exact figure for the project had not been fixed yet but it should be known within the next few weeks.

The NG Kerk has already bought ground and had its plans approved for the construction of a 60-bed home for the frail aged, also to be built at Greenacres.

• Millions to be spent on upgrading Livingstone Hospital in Port Elizabeth. — Page 4.

• Shortage of nurses delays operations at Port Elizabeth's Provincial Hospital, surgeons say. — Page 8.
Livingstone to be upgraded at cost of millions

Weekend Post Correspondent

CAPE TOWN — The Cape Provincial Administration is to spend millions of rands on upgrading the wards, theatres and casualty department of Livingstone Hospital, and creating a new intensive care unit.

Mr Williem Louw, MEC in charge of works, outlined the improvements to the hospital when he replied in the Provincial Council yesterday to Mrs Molly Blackburn (PPP, Walmer), who asked for "top priority" for Livingstone's casualty department.

This year's capital vote includes six projects totalling R3.6 million at Livingstone Hospital, with R717,000 provided this year.

The budget includes four projects at Provincial Hospital, to cost a total of R765,000, of which the first R230,000 is to be spent this year.

Mrs Blackburn said this year's budget provided R200,000 for additions and alterations to the casualty department of Provincial Hospital, with the first R44,000 to be spent this year.

"Port Elizabeth has waited a very long time for this section of the Provincial Hospital to be brought into line with the rest of the hospital."

"I would like a definite indication from the MEC as to how near or how far from reality this project is at this stage."

The Administrator, Mr Gene Louw, visited Livingstone Hospital in January.

The Evening Post quoted him as saying: "Hospital projects to the value of R1 425,700 are under way at Livingstone, while other projects to cost an estimated R2 001 900 are planned for the near future."

Mrs Blackburn said there was no allocation of capital funds for improvements to Livingstone's casualty section this year.

In reply, Mr Bouwer said Mrs Blackburn should realise that "considerable capital funds" had been spent on upgrading Livingstone Hospital "and an active programme of upgrading is in progress."

Mr Bouwer said millions of rands would be spent in future on upgrading the wards, theatres, main kitchen, laundry and nurses' homes.

A new intensive care unit would be built, and the casualty department would be extended and improved.

He did not indicate when these improvements would take place.

- 1 Society of -

Construction

Johannesburg Municipal Water Works Mechanics Union
General Workers Union
Boysom Workers Association
Boysom Salaries Staff Association
Boysom (Cape Western Province) Salaries Staff Association
Cape Town Gas Workers Union

Electricity, Gas and Water

S.A. Diamond Workers Union
S.A. Association of Dental Mechanics
Official Workers Union
Jewellers and Goldsmiths Union

Diamond Cutters Union of South Africa

Other

XXVII
Lives on the line as hospital costs soar

A HANDFUL of chronically ill Transvalers are trying to eke out their medical treatment of drugs in an effort to postpone their regular hospital visits.

By not taking their medication properly they are running the risk of having a stroke, a heart attack or dying.

They believe they have no choice — financially.

On April 1 the Transvaal provincial hospital fees were doubled and in some cases trebled for the poorest groups — and doctors, alarmed by mounting costs, were afraid hundreds of people might die of "craving into the woodwork" because they could not afford to pay for treatment.

Spokesmen for both Baragwanath and Johannisburg hospitals said their figures during the past two months had not dropped.

But the recent pink eye epidemic may have buoyed up dropping casualty figures.

Other sources said they had noticed a definite "quietening down" in the attendance of some chronic patients.

It is the chronically ill — who make up about 60% of the out-patients at provincial hospitals — who are most threatened by the tariff increases.

"It's impossible to make any deductions from comparing this year's records as there are too many variables involved," Dr M. van der Merwe, provincial hospital doctor.

"For example, the dispensary at the Hillbrow Hospital filled prescriptions for an average of 533 patients a day in March, 396 a day in April and 336 a day in May.

"This looks as though the figures have remained almost constant with a slight increase in April — the month the fees went up.

"However, one must take into consideration the pink eye outbreak in April and the fact that May marks the beginning of winter with its attendant increase in flu and other infections."

This week the Sunday Express investigated the plight of the chronically ill men and women who have to visit the Hillbrow Hospital's hypertension clinic every month.

Most of them know the importance of obtaining regular treatment and many still try to attend.

But a number were afraid that eventually the additional expense would place a strain on the family pocket.

A hospital source who works with some of these patients said that the number of "defaulters" — those who failed to keep their scheduled appointments — was slowly increasing.

"In the early part of the year the hypertension clinic averaged about 11 defaulters a day but on May 5 a total of 28 people out of about 100 did not attend," she said.

"I would estimate that about half of them were not there because they could not afford it."

Theoretically, provision is made for those who cannot afford to pay, but the reclassification procedure — which has to be repeated every year — is complicated and involves a mass of paperwork, said the doctor.

The latest tariff increase was linked to a reclassification of patient incomes in relation to the fees they pay.

Until this year those earning less than R10 a month paid R1 each time they were treated at a TPA hospital.

This lowest income has now been increased by 300% to include people earning up to R49 a month (R40 a year), but these patients now have to pay either R2 or R3 for every visit.

State pensioners are exempt from these fees and concerned doctors have suggested that the provincial administration should establish other non-paying categories.

Dr S. Latsky, MEC in charge of Transvaal hospital services, said earlier this year that he was not considering introducing a separate tariff scale for those who needed regular treatment.

"Anybody who is chronically ill can apply for free treatment and we are looking into methods of streamlining the procedure for these applications," he said.

1 400 beds may go for new training facilities

AT a time when black hospitals are dangerously overcrowded, the Department of Education and Training has disclosed that it may spend millions of rand replacing a relatively new black hospital — which has 2 000 beds — with one which will be used mostly for training purposes.

The new hospital will be built according to reports, at a cost of R150-million. The present hospital — the only one available to a population of over 1 million people and which treats 1 000 outpatients daily — will be reduced to two wards offering only 600 beds.

For four years the hospital at Ga-Rankuwa near Pretoria has served as a training centre for students from the Medical University of South Africa (Medunsa).

Mr J Schoeman, public relations officer of the Department of Education and Training, told the Sunday Express the department did not consider the hospital's facilities adequate.

He said reports that the new hospital would cost R150-million were speculation. "Parliament still has to approve the plans," he said.

Medunsa's public relations officer, Mr M. Lighthelm, said parts of the present building would probably remain.

"We need more sophisticated instruments, a psychiatric ward, a radiology therapy centre, and lecture rooms next to the wards.

"The hospital's superintendent, Dr L. van Heerden, said although the hospital was not old, it did not fulfil its purpose as an academic institution.

"The present hospital, however, will have 1 400 fewer beds after the new one is built.

"At present, it serves a population of more than 1 million people, and also admits patients from the Northern and Eastern Transvaal and neighbouring homelands.

"It's possible it would cost just as much to modernise the existing hospital as it would to build a new one," Dr van Heerden said.

However there was a danger that modernising would lead to a "patchwork hospital".

Plans for changing the hospital into a training centre have been in the pipeline for "a long time" but recession had retarded its development.

Dr Van Heerden denied allegations that the proposed replacement indicated bad planning and amounted to a waste of taxpayers' money.

"More comprehensive facilities are needed to train students and there isn't enough space simply to add new departments," he said.

The hospital had managed to keep two wards vacant "with a view to the future."

"When the hospital is demolished, patients will be moved with the minimum of disruption, he said.

The proposed replacement is being handled by the departments of Health and Education and Training.
Finance and crime floor the patients

BY MOKONE MOLETE

THE high crime rate and a drastic cutback in State funds have led to an overcrowded intake at all hospitals — and in at least one case, patients have been sleeping on the floor and under beds.

Between 15 and 20 patients at the Benoni-Boksburg Hospital have had to sleep on mats and layers of blankets in the surgical and maternity wards.

And because of the rising crime rate, the hospital’s surgical wards are struggling to cope.

The hospital’s superintendent, Dr G C Gravett, said the hospital could manage the inflow of medical cases although weekend assault victims needing long-term treatment were occupying much of the surgical ward space. This was the hospital’s biggest problem in addition to the maternity wards.

Mrs Irene Menell, the PF’s spokesperson for health in the Transvaal Provincial Council, has warned that overcrowding could help disease spread.

Dr Gravett said it was not policy to disclose the overall effect of overcrowding on the hospital.

No funds were immediately available to improve conditions, but he believed the situation might ease when Baragwanath was renovated. Millions of RANDs were required to extend hospital facilities.

The hospital was responding to a need. "I feel as a medical man that we must give patients the best attention we can and not turn them away," he said.

Representations were made to the TPA for two more maternity wards, but he did not know when they would be built.

The hospital had two branch clinics, one at Daveyton, the other at Watville, run part-time by two doctors.

"We have from 300 to 600 out-patients and 1 800 to 2 500 in-patients coming to the hospital monthly," Dr Gravett said.

Mrs Menell, speaking in the provincial council, said the problem could be solved by integrating wards at white hospitals.

"Even if one does not want total integration, certain of these wards could be made available for blacks," she said.

The real problem lay with poor provincial administration.

Facilities at white hospitals were about 60% utilised, whereas black hospitals were 100% utilised. Ideally hospitals should be 75% occupied, she said.

The cutback in expenditure in this year’s provincial budget meant that of nine hospitals and clinics planned for Soweto two years ago, only two would be built. Even plans for a ‘grand’ 1 800 bed hospital in Pretoria would be affected, Mrs Menell said.

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CRACKS CLOSE WARDs

A BURST pipe, which has forced water to seep through the soil, is the main cause for gaping cracks in the walls of the wards in the eastern wing of the Natalspruit Hospital.

The sagging building forced hospital authorities to remove about 20 patients — 18 of them children — from wards 13, 16 and 19 to be housed elsewhere in the hospital. Patients realized that the walls of their wards were cracking on Sunday and panic struck.

Yesterday structural workers were called to the hospital to determine the cause of the cracks. But the hospital's superintendent, Dr. A.F. Chemla, said there was no cause for alarm, and they hoped to restore the building.

FALLING DOWN: A crack in the wall of the Natalspruit Hospital which is said to have been caused by a burst water pipe.

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MINT PUNCH
724. Mr. R. A. F. SWART asked the Minister of Health and Welfare:

(1) Whether there any clinics in Ianuda; if so, how many;

(2) whether there are any (a) doctors, (b) nurses and (c) community health workers in Ianuda; if so, how many in each category?

The MINISTER OF HEALTH AND WELFARE:

JUNE 1982

(1) Four clinics and one mobile clinic;

(2) yes,

(a) sixteen full-time and eight part-time;

(b) 202; and

(c) two health assistants and one family planning motivator;

(aa) and (bb) include the staff of Osindwini Hospital namely six doctors and one hundred and fifty-two nurses.
Mr. S. S. Van der Merwe asked the Minister of Health and Welfare:

(1) Whether there are any clinics in Crossroads; if so, how many;

(2) Whether there are any (a) doctors, (b) nurses and (c) community health workers in Crossroads; if so, how many in each category?

Friday, 11

The MINISTER OF HEALTH AND WELFARE:

(1) Yes; one;

(2) Yes:

(a) Divisional Council doctors attend the clinic on a sessional basis twice per week;

(b) nine nurses from Nyanga clinic;

(c) one social worker serving Langa, Guguletu, Nyanga and Crossroads.
753. Mr. S. S. VAN DER MERWE asked the Minister of Health and Welfare:

(1) Whether there are any clinics in Nyanga; if so, how many;

(2) whether there are any (a) doctors, (b) nurses and (c) community health workers in Nyanga; if so, how many in each category?

The MINISTER OF HEALTH AND WELFARE:

(1) Yes; one Divisional Council clinic, three satellite clinics and also one day hospital which serves Nyanga and Guguletu;

(2) yes:

(a) a doctor of the Divisional Council attends clinics on a sessional basis and the day hospital has five full-time doctors;

(b) fourteen at the clinics and twenty-three at the day hospital;

(c) one social worker serving Langa, Guguletu, Nyanga and Cross Roads.

Guguletu: health services

755. Mr. S. S. VAN DER MERWE asked the Minister of Health and Welfare:

(1) Whether there are any clinics in Guguletu; if so, how many;

(2) whether there are any (a) doctors, (b) nurses and (c) community health workers in Guguletu; if so, how many in each category?

The MINISTER OF HEALTH AND WELFARE:

(1) Yes; one clinic and also one day hospital which serves Guguletu and Nyanga:

(2) yes:

(a) municipal doctors attend the clinic for eleven sessions per week and the day hospital has five full-time doctors;

(b) twenty-one nurses at the clinic and twenty-three nurses at the day hospital;

(c) one social worker serving Langa, Guguletu, Nyanga and Cross Roads.
745. Mr. N. R. VAN DER MERWE asked the Minister of Health and Welfare:

(1) Whether there are any clinics in Langa; if so, how many;

(2) whether there are any (a) doctors, (b) nurses and (c) community health workers in Langa; if so, how many in each category.

The MINISTER OF HEALTH AND WELFARE:

(1) Yes; one clinic and one day hospital.

(2) Yes:

(a) there are three full-time doctors at the day hospital and a part-time doctor (eight sessions per week) at the clinic;

(b) twelve nurses at the day hospital and fifteen nurses at the clinic;

(c) one social worker serving Langa, Guguletu, Nyanga and Cross Roads.
daily by two army medical practitioners; three days per week by the part-time district surgeon, Tlhabi Nchui; and when necessary by the part-time district surgeon, Bheemfontein, and dental services are rendered daily by an army dentist.

Patients requiring hospitalization, are referred to Moroka Hospital and Pelonomi Hospital. All tuberculosis patients requiring hospitalization are referred to Allanridge Chest Hospital.

Primary health clinic services embody the following:
- Healthy mother and child
- Immunization against communicable diseases
- Tuberculosis
- Venereal diseases
- Psychiatry
- Geriatri
- Dental Services
- Pre-natal and antenatal care and confinement
- Nutritional deficiency services
- Health Education

Confinements were taken care of at the clinic during office hours. If a patient had not delivered by 15h00, she was transported by ambulance to Moroka Hospital. A 24-hour confinement service at the clinic is rendered from 1 June 1982.

These services are rendered by the following personnel:
- 2 Senior Sisters
- 11 Sisters
- 7 Staff nurses
- 2 SANTA educators
- 8 Male educators
- 14

Environmental health services are rendered by two health inspectors:

(b) the clinic facilities consist of one twelve bed ward, one maternity ward with two beds; two four bed wards; one two bed ward; two examination rooms; one treatment room; a dentist consulting room; one pharmacy; one waiting room; one admission room; one duty-room; two bathrooms; four toilets; kitchen; pantry; linen closet and medicine storeroom. Provision has been made in an iron building for psychiatric community services, family planning and the treatment of children suffering from malnutrition.

150-200 Patients on average per day receive curative services at the clinic of whom approximately 20 per week are referred to Moroka Hospital and five per week to Pelonomi Hospital. On 7 April 1982 136 patients and on 23 April 1982 126 patients were examined by the medical practitioners as part of the curative services. The attendance figure for primary health services clinics (excluding family planning) is approximately 4250 per month. During March 1982 370 home visits were carried out by registered nurses.

The confinement figure was approximately ten per week and approximately 40 cases per month were referred to Moroka Hospital for confinements after hours.

The family planning clinic has approximately 835 clients per month. A mobile x-ray unit was recently stationed for six weeks at Overwacht. During that time approximately 2,000 x-rays were taken and 12 new cases of tuberculosis were located. 134 Patients receive at present out-patients treatment for tuberculosis at the clinic.
Staff likely to leave for new hospital

By JANE STREAK

WARDS are standing empty in the Port Elizabeth Provincial Hospital and yet there are plans to build a private hospital within walking distance away.

The question has been asked: does this make sense?

The big difference is that the proposed Greenacres Hospital will employ nurses and treat patients of all race groups.

The Provincial Hospital has to close down two wards with 30 to 35 beds in each because of the shortage of staff.

Recruitment of coloured nurses could have solved the problem, but any attempts to find out why coloured staff were not employed — and if this was the reason doctors were building their own private hospital — met with an evasive response from officials, who said they did not want to get involved in a “political arena”.

A spokesman for the Provincial Hospital said he, personally, had no objection to employing coloured staff.

He felt, however, that people should not keep making an issue of the problem because the introduction of coloureds in the hospital would gradually take place.

Asked if a new hospital was necessary in Port Elizabeth, the Regional Medical Superintendent for Hospitals in the Eastern Cape, Dr T P Vurgarellis, said it was not necessary but he thought it a good idea.

This was because the hospital would be multiracial and would be able to assist those coloureds and Indians who could afford and wanted private treatment.

Another reason was the importance of the planned Casualty Department — although the Provincial Hospital was coping, it would reduce the waiting time.

“Patients at the Provincial might have to wait for an hour to be treated.”

The congestion at the Provincial would also be relieved because present doctors could not always operate when they wanted to.

Another problem the Provincial will have to face is the possibility of losing staff to the private hospital.

As with all private hospitals and clinics, the wages are higher and State-employed nurses are going to be tempted to apply for positions.

The doctor heading the project for the building of the private hospital said he was aware of the problem of nurses being lured away from the Provincial Hospital but the new hospital’s authorities would do their best to keep this to a minimum. They would be as selective as possible.

Unlike in the past, doctors and nurses would be drawn from other centres.

A committee would be set up for the selection of staff and many coloured nurses would be recruited from hospitals in the Town. Many of these hospitals had teaching and training facilities for both coloured and white nurses.

The doctor said there were many unemployed qualified nurses in Port Elizabeth who had left the profession to have families and, for the right money, could be enticed back.

Although the entire staff complement had not been decided upon, the Casualty Department on the ground floor would employ four trained sisters, four trained staff nurses, four assistant nurses and four porters.

The spokesman for the Provincial Hospital agreed there was a possibility of losing staff, particularly if the proposed hospital was a day one.

“We’ve lost staff because a day hospital has better working hours.”

He was not aware of what nurses were being paid at the moment, but wanted to stress that the problem was not salaries but working hours.

A spokesman for the Livingston Hospital said he expected to lose many of his staff and would consider the possibility at a later stage.

Visit our 29 to EL

Teaching Provincial Hospital suggested

Weekend Post Reporter

CONSTRUCTION and siting of a new Provincial Hospital with the potential to become a teaching one will be the community’s first consideration.

This is the opinion of a leading doctor in Port Elizabeth, who feels this kind of hospital should be built now to relieve the present shortage of beds. In years to come the hospital could be used to train nurses and doctors.

Weekend Post Reporter

idea and would assist in alleviating the bed shortage at the Provincial Hospital.

Another doctor said a hospital at the campus would be totally impractical and inaccessible, particularly during the summer months.

“It would be difficult getting there during the Christmas season with all the tourists. On a Saturday afternoon it could take an hour to get there.”

A private hospital at the Greenacres
Teaching Provincial Hospital suggested

Weekend Post Reporter

CONSTRUCTION and siting of a new Provincial Hospital with the potential to become a teaching one is what the community should start considering.

This is the opinion of a leading doctor in Port Elizabeth, who feels this kind of hospital should be built now to relieve the present shortage of beds. In years to come the hospital could be used to train nurses and doctors.

He said he would like to see the hospital built on the campus of the University of Port Elizabeth. There was so much ground available which could be got for next to nothing and he felt the university authorities would be too pleased to have a hospital on its grounds.

The teaching hospital should have special units and this would make the sitting on the campus ideal. It could use the facilities and faculties of the university and possibly come to some arrangement with the university about using common student residences.

Asked whether it would not be far far out of the city, he said one had to compromise and that it was found in other big centres where hospitals were built around people, the hospitals became the center with many care cases - the initial treatment normally given by general practitioners to patients.

Some doctors disagreed, however, one saying the Summerstrand site would be inundated with cars and cause even further traffic problems. The proposed private hospital at Greenacres was a much better idea and would assist in alleviating the bed shortage at the Provincial Hospital.

Another doctor said a hospital at the campus would be totally impractical and inaccessible, particularly during the summer months.

"It would be difficult getting there during the Christmas season with all the tourists. On a Saturday afternoon it could take an hour to get there."

A private hospital at the Greenacres complex would be ideally situated and was probably needed, he said. The good parking facilities would also be welcome because his patients often complained about the lack of parking bays near his surgery.

He and several other doctors did, however, have reservations about the private rooms for doctors at the new complex. He had heard that the rentals might be as high as £200 a month and this was more than double what he was paying now. If this was the case, he would remain in his present rooms and continue to use the Provincial Hospital.

Another doctor, who has his practice in Main Street, thought the suggestion of a campus hospital "terrible" and said hospitals should be centrally situated. It was also a bad area for it to be built because it had affluent residents who could afford to send for their private doctors.

"What would happen if one of the poorer members had to receive treatment and did not have a car? It would be much too far for him to get out there."

The problem was not the shortage of beds, but the shortage of nurses, he said.

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No. 460. No outright winner. J. J. MAASTRECHT, 9 Victrian

All-race liquor store refu

THE Liquor Board has refused an application by the Sally Kramer's chain to be allowed to serve all races at its biggest Port Elizabeth store, in Newton Park.

According to the company's development director, Mr Richard Dimitri, the Liquor Board's refusal to allow them to desegregate the Newton Park store from an exclusively all-white store to a store for all races is "a great pity".

"We firmly believe that no retail store of any kind should be open to only one race. We are aware of the problems that can result if the worst kind of liquor buyer is admitted, but our policy is not to allow anyone to shop in our stores should they not behave in an orderly and decent manner," he said.

Mr Dimitri said they would appealed to the Liquor Board again in due course to reconsider their decision.

Out of a total of 72 applications by Sally Kramer's to have race barriers removed, 68 had been successful.

Four have been refused - in Welkom, Bloemfontein, Port Elizabeth and Springs.

Mr Dimitri said segregation had never been a legal constraint, it was merely a licence condition imposed by the authorities.

"But, until the Minister of Commerce and Industry relented the ban is impasse progress."

"We have no intention of doing anything in any of these towns to bring about the policy in the interim."

Their Waiman, and Durban shopping.

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S.A.
Mrs Vicky Obhidal with her seriously ill baby, Mark, who was refused admittance at the Johannesburg Hospital because of a staff shortage and had to be taken by ambulance to the J & Strijdom Hospital.

Sick babies turned away

Mail Reporter

The new-look Johannesburg Hospital is turning away dangerously ill infants because a staff shortage has closed its wards.

At least two babies, suffering from an outbreak of gastro-enteritis, which has struck the Reef, have been turned away in the past 48 hours.

Their parents were either told there were no beds or not enough staff to attend to their children. And a hospital spokesman last night confirmed that more babies could be referred to other hospitals if the situation worsened.

Mrs Vicky Obhidal of Berea was one of the distraught mothers who had to hire an ambulance to transport her baby, Mark, to the J & Strijdom Hospital after a doctor at the Johannesburg Hospital told her Mark was in a serious condition but could not be admitted.

The Mail's deputy news editor, Mr Paul Bell, also experienced the trauma of being told his 13-month-old daughter, Antonia, could not be admitted because the hospital wasn't taking "any more gastro babies".
Hospital turns away dangerously ill babies

OwEN CORRESPONDENT

JOHANNESBURG -- The ultra-modern Johannesburg Hospital, one of the most sophisticated in the world, is turning away dangerously ill infants because a staff shortage has closed its wards.

At least two babies suffering from an outbreak of gastro-enteritis which has struck on the Reel have been turned away to other hospitals in the past 48 hours.

Their parents were either told there were no beds or not enough staff to attend to their children. A hospital spokesman last night confirmed more babies could be referred to other hospitals if the situation worsens.

The two babies seen yesterday by the Rand Daily Mail were admitted to the J G Strijdom Hospital on Wednesday after they could not be admitted to the Johannesburg Hospital.

Mr. Vicki Obhidi at Rorae was one of the distraught mothers who had to hire an ambulance to transport her three-week-old Mark to the J G Strijdom Hospital after a doctor at the Johannesburg Hospital told her that her baby was in a serious condition but could not be admitted to the hospital because of a staff shortage.

"They told me to go to a private clinic, I cannot afford the R50 a day tariff and decided to take a chance by having him taken to the J G Strijdom Hospital," Mrs. Obhidi said.

Her son was put on a drip and driven to the J G Strijdom by ambulance where he was admitted without delay. They arrived at the Johannesburg Hospital at 6.30pm but by then they had to the J G Strijdom it was close to 1am in the morning.

The Mail's senior deputy news editor, Mr. Paul Bell, also experienced the trauma of being told his son was not fit for admission because they were not taking "any more gastro's".

A spokesman for the Johannesburg hospital last night said babies will be referred to other hospitals if the hospital could not accommodate them.

"All children brought in are treated. When we don't have enough beds available we will try to find them either at the South Rand Hospital or the J G Strijdom Hospital, if there are no beds at these hospitals we will just have to find them," she said.

She confirmed that more than the usual number of babies suffering from gastro-enteritis have been admitted to the hospital in the past few days.

"We have 11 cases at the moment but it is not unusual for gastro-enteritis to occur more often during the change of season.

Half the wards of the 2,000 bed hospital are permanently closed because of the staff shortage.

Johannesburg Hospital superintendent, Doctor I. Costa, last night said no more wards had been closed nor did the staff position deteriorate.

Yesterday's drama involving at least six seriously ill infants turned away from the Johannesburg Hospital was described last night as "appalling" by a Progressive Federal Party spokesman on health.

Mrs. Irene Mendel, M.P. for Houghton, said it was shocking to hear babies suffering from gastro-enteritis were being turned away and sent to the J G Strijdom Hospital in Auckland Park when they should be receiving immediate attention.
Showcase Hospital

Forced to Hire Beds

Panel of doctors - 13/16/74

Shrewsbury, C.

Patrick, A.

S. Matchett

Rentased IN ACTION

Press copy - 16/08/75

By Peter Worsens

Worfen

Sheffield

Patients

Transvaal's Department of Hospital

Worfen

The Press copy - 16/08/75

Rentased IN ACTION

08

13/16/74
Row grows over babies at hospital

By ADA STIJLT
THE ROW over the Transvaal’s biggest hospital — the R165-million Johannesburg Hospital — took a new turn yesterday when the superintendent said it had not been built to “treat all of Johannesburg’s residents”.

It was only for patients who could not afford private hospitals, he said.

And Dr Hennie Grove, Director of Hospital Services, said yesterday provincial hospitals would “get into trouble with the medical associations if they were competing too much with private hospitals.”

They were reacting to criticism after at least four seriously ill babies, victims of the Reef’s gastro-enteritis epidemic, were turned away because of a “lack of beds” at the 2 000-bed hospital. Dr Grove said many patients used provincial hospitals instead of the private hospitals many could afford.

Dr Neville Howes, the superintendent, said: “Johannesburg Hospital is, first of all, a provincial teaching hospital and only for patients who cannot afford private care.”

Johannesburg Hospital yesterday shifted some patients around to make room for children needing emergency treatment in isolation wards — but no new wards had been opened.

Over one third of the Johannesburg Hospital’s paediatric wards are permanently closed.

Doctors at the hospital said that under normal conditions, the staff was magnificently coping in spite of the staff shortage.

“This epidemic has shown all of us that our hospital cannot cope with any mass emergency,” a doctor said.

In their recruiting efforts, the hospital has drawn retired nurses back into hospital service, hired nurses from abroad and has drawn black junior staff into duties such as making beds.

But in spite of this, by February this year, there were 100 fewer nurses at the hospital than last year — with 94.4% of nursing jobs filled as compared to last year’s 94.6%.

The province has steadfastly refused to hire black nurses to nurse white patients at its hospitals.

Dr Howes yesterday said that gastro-enteritis was a serious disease which leads to dehydration and can be fatal if left untreated.

Asked how the hospital could turn away such seriously ill infants “because there were no beds” when there were plenty of beds in closed wards, he said plenty of other hospitals could treat the sick children.

Why does Johannesburg Hospital have to treat all of Johannesburg? There are plenty of other hospitals in the area.

“We are a provincial teaching hospital, first of all, and we only treat those patients who cannot afford private care. We always make arrangements for alternative hospital care elsewhere for any patient we cannot accommodate ourselves.”

For private hospitals and clinics complained that they would treat all gastro-enteritis patients, but only when these had been referred by private physicians — not by provincial hospitals.

Mr Sam Moss, PPF opposition spokesman on health in the Transvaal Provincial Council, has asked for a top level Government inquiry into the nursing shortage.
Phoenix hospital 'five-year delay' warning

Mercury Reporter

A PROPOSED R50 million hospital for Phoenix would be delayed by five years if the Government decided to use it as a teaching hospital for Indians, Dr Fred Clarke, MFC, hospital matters in the Provincial Council, warned yesterday.

Addressing members of the South African Indian Council in Durban, Dr Clarke said the Province had plans to start with the 500-bed cottage-style hospital at Phoenix but there was a delay because of a problem over the siting of a new medical school in Durban.

He said the Province was opposed to an ethnic teaching hospital in Phoenix — a totally new concept — to be attached to the University of Durban-Westville.

"The present training school at King Edward VIII Hospital is old and antiquated, therefore we have called for a modern multiracial set-up at Cato Manor," Dr Clarke said, adding that if the Government agreed to a medical school in Cato Manor then the training school at the Phoenix hospital would be unnecessary.

However, he said he was expecting a decision from the Government about the multiracial teaching hospital in Cato Manor within a month.

"We have made it clear to the Government that we are opposed to two separate medical schools in Durban," Dr Clarke said.

Mr Amichand Rajbansi, chairman of the Indian Council's Executive Committee, said although the Indian Council had asked for a separate medical school for Indians in 1970 to be attached to the University of Durban-Westville, it would withdraw the call if a multiracial teaching hospital were sited in Cato Manor and there was a guarantee of a greater intake of students from all communities.

He said he would be holding talks with two Cabinet ministers this week in connection with the Phoenix hospital.

Site

"The council will press for the Phoenix hospital to go ahead even if it is earmarked as a training hospital," he said.

Dr Charles Roper, chief planner for hospitals in Natal, said the site for the Phoenix hospital had been acquired from the Durban City Council for R600,000.

It would be built on similar lines as the Northdale Hospital, in Pietermaritzburg, and the wards would be like those earmarked for the super-specialist wards at Wimwonth Hospital, he said.

However, the Phoenix hospital would be built in such a way that it would be able to accommodate some teaching facilities as well, Dr Roper said.

"The cost of each ward would be about R600,000 to R700,000 and the number of wards could be increased to meet demand," he said.
Plan for new day hospital

By Municipal Reporter

PART of the Rondebosch Town Hall — recently vacated by Southern Life — may be used for a day hospital.

Supporting the plan, the City Administrator, Mr Joe Adams, told the Executive Committee yesterday that the service, intended to cover Rondebosch, Claremont and Newlands, would fulfil "a sorely felt need for pensioners and indigent local residents".

The plan which has been backed by the Medical Officer of Health, Mr R J Coogan, and the various ward representatives, still has to appear before the full City Council.

Patients in those areas have had to attend the day hospital in Diep River after the recent closure of the district nurses' room in Claremont.

Mr Adams recommended that the council grant the application, letting the area — the supper room — at an annual all-inclusive rental of R1 200.
day hospital
applied for

Rondebosch

Cape Town City Council

Municipal Reporter

Municipal Reporter

appli

The Cape Town City Council has received an application from Dr. J. D. Smith, Medical Officer, on behalf of the Board of Trustees of the Rondebosch Day Hospital. The application is for a day hospital to be set up in a building near the Rondebosch Town Hall.

There were at least 2,500 people living in the Rondebosch area who were in need of medical treatment. The existing medical facilities were insufficient, and many people were forced to seek treatment in hospital beds. The Rondebosch Day Hospital would provide a convenient and accessible service for the residents of the area.

The proposed hospital would be situated close to the Rondebosch Town Hall and would be managed by the Board of Trustees. The application was supported by many residents of the area.

The application was discussed at the Council meeting on 15th November 1932, and it was decided to grant permission for the establishment of the Rondebosch Day Hospital.

Sincerely,

Dr. J. D. Smith
Medical Officer
Natal nurse apartheid to stay MEC

Mail Correspondent

DURBAN — The Natal MEC in charge of hospitals, Dr Fred Clarke, has turned down a call by an Indian Council member, Mr Ismail Patel, to open all Natal Hospitals to nurses of all race groups.

But he said any nurse would be accepted at any hospital “when the need arose”. Although the province believed patients should be treated by nurses of their own race groups, specialised nurses or personnel could be drawn from any race group.

Dr Clarke also said the new Phoenix Hospital would not be open to all nurses.

Nurses of a particular race group would find it easier treating their own kind “because of the religion and culture”, Dr Clarke said.

Mr Patel said the main reason for the “artificial shortage” of nurses was colour discrimination. Private hospitals had recruited Indian, Coloured and black nurses to alleviate the shortage of nurses. There had been no bitches, he said.

Dr Clarke said he doubted if there would be a shortage of nurses for Phoenix Hospital — the R K Khan Hospital in Chatsworth had increased its intake of nurses while the intake at Northdale, in Maritzburg, had doubled.
PRIVATE HOSPITALS

A dying industry

While provincial hospitals report chronic staff shortages and lapses in service facilities, private hospitals are in a state of rapid decline. Ironically, the state is responsible — yet another example of a carefully-forged monopoly undermining a complete industry.

This is the stark conclusion of a recently completed report on the private hospital industry in SA. The report was commissioned by the Representative Association of Private Hospitals (Raph) and written by Professor Jan Hupkes. It is backed by financial analyses from two independent firms of auditors.

In its own words: "The private hospital industry operating as it does under the prevailing constraints is a dying industry. No new entrepreneurs have been attracted in the past decade and those operating in this sector only manage to survive because their building stock is relatively old. Once this becomes obsolete, the industry will be phased out."

The conclusions of the Raph report are supported by a strong body of evidence which demonstrates "the absolute straitjacket that is effectively squeezing the private hospital industry out of existence." The straitjacket is both a legal and financial one and its origins lie in the attitude of the State to private hospitals. This is illustrated by the report of the De Villiers Commission of Inquiry into Private Hospitals in 1974.

The commission made clear its belief that private hospitals have a function only when the state's facilities are inadequate. Relying on the assumptions that health care is a human right and the primary responsibility of the State, the 1974 Commission appeared to express the desire "to ultimately phase out private hospitals from the health care scene altogether." This view was subsequently reinforced by regulations that put private hospitals under full State control, and subordinated their needs to those of the provincial hospitals.

The Raph report examines the role of SA's private hospitals within the context of the wider area of health care in general. Based on trends in other countries, it assumes that SA's total health care costs will continue to rise relative to gross domestic product. Hospital costs will remain the largest component and follow the steepest growth curve. Factors explaining this include the broadening demographic base of insurance, medical aid and social services in general.

The Raph report urges an integrated approach to health care, citing other countries where it is regarded as a multi-disciplinary field requiring skilled coordination on all levels, from the fiscal to the surgical. Private hospitals should be seen as one element within a strategic whole aiming at cost-optimisation. In fact, evidence suggests that increasing centralisation and socialisation of health care tends to increase, rather than optimise, the overall sectoral cost picture.

The Raph report is in advance of (and intended as a guide to) the Browne Commission of Inquiry into the question of health care in SA. Noting a similarity between the structure of the Australian and SA health care industries, it examines extensively a recently-completed Australian commission of inquiry into hospitals and analyses its conclusions.

"The commission concluded that the maintenance of a "mixed economy" in health service delivery is desirable, with private sector facilities subsidised or not, existing with government-funded facilities." And it adds: "The market discipline of the private sector must be used in an effort to curtail rising hospital costs."

Ready acceptance of these ideas is not to be found among the SA authorities, as the preceding examples make clear. At the same time private hospital revenues in SA are partly controlled by the State through the Medical Schemes Act. This lays down a lengthy, unclear system of negotiation which private hospitals have to go through in order to obtain medical aid tariff increases. The result is that, at least in the last 10 years, tariff increases have barely kept up with the rate of increase of the consumer price index and often lagged far behind, as they did in the period following the 1974 Commission.

Consequently, as the auditors' analyses show, private hospital services operated at a loss in the three years between 1977 and 1979, the period examined. These losses were covered by profits on medicine dispensing, one factor believed by Raph to have contributed to the "profiteering" image of private hospitals. Another might be that private hospitals must compete with provincial hospitals, where "tariffs bear no relation to true costs," and where no "true cost" breakdowns exist to provide means of comparison.

The auditors' reports also provide an industrial average for returns on capital over the three sample years. None is higher than 9% and none sufficiently attractive to induce new investment. "No large new private hospital was built since the early Seventies." The lack of incentive is aggravated by the negative effects exerted on future cash flow projections by the erratic history of tariff increases.

The Raph report warns: "The time has come for the Authorities to make a very critical decision on the future of the private hospital industry. If they continue on the present course (as envisaged by the 1974 Commission of Inquiry), they will definitely achieve the aims of the Commission's report, namely, to phase out the role of private hospitals in the health care field. The state will then also have to take over these responsibilities."

If, on the other hand, the private hospitals are accepted as vital elements of a total health strategy, the existing legal and financial restraints on them must be revised or, better still, removed.
Doctor: Ruling could hurt Jobless

Daily Dispatch Saturday July 3, 1992 - 7

WARNING

1. No books, notes, papers, or other materials may be brought into the examination room.
2. Candidates are not to communicate with other candidates or with anyone else in the examination room.
3. All answers must be handwritten and submitted to the invigilator. If submitted to an invigilator, the candidate has also signed the answer.
4. If any candidate is found to be cheating, they shall be expelled from the examination.

Johannesburg - A

4. Do not write in the left hand margin.
A cure for an ailing hospital

Hospitals throughout the country are in a crisis situation because of lack of staff. Yet Edenvale Hospital is overcoming the problem in a unique, enlightened way. CHARLOTTE BAUER reports.

MOST hospitals around the country are still struggling to keep their heads above water in coping with a white nursing shortage that is no less chaotic now than it was this time last year. But at one hospital on the Reef, things are different.

While most provincial hospitals flounder in a bureaucratic quagmire of abysmal working conditions, frugal salaries and 'Whites Only' posts, the Edenvale Hospital is faring a little better.

Winter 1981 was a black period for all Transvaal provincial hospitals. Wards were closed, staff left in droves and, in some cases, patients who were not critically ill were turned away.

Today many of those wards remain closed and half the nurses on the 2,800 bed Johannesburg Hospital have shut down — and trained white nurses are as hard to find as gold nuggets.

Harassed hospital superintendents have had to open with the meagre means at their disposal without the benefit of being allowed, like private clinics, to exploit the existing black nursing talent.

Neglected bed is a sorry symbol of the wastefulness of the system.

Every patient is turned away is a cruel reminder that the roots of the crisis lie not in the shoulders of the Government.

Edenvale also has to contend with all these problems and more. This year more than 80% of its beds are in use — a 35% increase over last year when, at most, 50% of the beds were open.

On this month Dr Servaas Latsky, MEC in charge of hospital services reiterated that the nursing shortage has never been more serious, revealing that by February this year, 40% of white nursing posts were vacant.
The Hospital Engineer, Mr. A., recommended that the development proceed. The location of the hospital will be discussed at the Fort Elizabeth City Council's Administration and Finance Committee. The Fried Foundation will also be discussed.

The item has been discussed before but the committee believes there was a difference in the choice of a site for the new hospital.

The proposed site on the corner of Aubrey Street and Stanford Road is preferred.
Hospital staff strike

MORE than 100 general workers at the Kenridge Hospital in Parktown, Johannesburg, yester-
day downed tools in protest against what they termed "junk" food.

A workers' spokes-
mun yesterday said they had decided not to work until something was done about their griev-
ance. They stopped working at lunchtime after they discovered that the meat given to
them was a mixture of chicken throats and turkey.
New black nurses' canteen

BLACK nurses at Groote Schuur Hospital, who for some time have had problems with their canteen, now have a sparkling new one... but there are still a few grumbles.

Firstly, black nurses had complained that their old canteen was some distance away from the ward and another building. A large part of their working had been spent walking to and from the canteen.

White nurses, on the other hand, had a canteen very close by.

Now the black nurses have been given their white counterparts' canteen, and the white canteen has been moved some distance away to the nurses' quarters.

What black nurses fail to understand, according to a few who Cape Herald interviewed, is why, in the first instance, there should be separate canteens.

SILLY

"In this day and age I think it is rather silly to insist on the races being separated," said a black nurse, who asked not to be named.

She added that many whites have also complained of the separate canteens.
Two die from gastro-enteritis

By MAURITZ MOOLMAN

TWO patients from the Weskoppies Psychiatric Hospital in Pretoria have died from gastro-enteritis and 16 blacks from the surrounding area — five of whom are confirmed cases — are under treatment at the Kalafong hospital.

Dr J Gilliland, deputy Director General of Health, said yesterday that the condition of all the confirmed cases had improved since the two people died in the Kalafong hospital last week.

Tests are still being done on 11 other patients from various areas of Pretoria.

The victims, a man and a woman, died after contracting the highly contagious disease in the Weskoppies hospital. It is believed they were contaminated by a new patient who was admitted while suffering from gastric fever.

They were transferred to the Kalafong hospital and died there.

Dr Gilliland said the situation is under control and steps had been taken to prevent the disease from spreading.

About 5000 people in South Africa contract the disease every year, though deaths are rare.

No new cases of polio were notified last week. So far 19 people have died from the outbreak in the Northern Transvaal homelands and two in Pretoria. Altogether, 226 polio cases have been reported.
WOMEN'S PAGE

Emergency in the Wards

By Jean Hay

The Johannesburg Hospital desperate for help to ease its staff shortage.

The hospital has been unable to hire new staff to cope with the increase in patient numbers. The hospital has a need for nurses, doctors, and other medical staff. In addition, there are shortages in the medical supplies and equipment needed to treat patients.

The hospital is facing a critical situation, and it is urgent that actions are taken to address the shortage. Without adequate staff, patient care may be compromised, and the hospital's reputation and financial health may be at risk.

In the meantime, the hospital is appealing to the public for assistance. Contributions towards the hospital's fund can be made to support the recruitment of new staff.

Please consider donating to the hospital and helping to ensure that patients receive the best possible care.
Clash on refusal to re-employ banned chemist

By KENNY NAIDOO

THE Natal Provincial Administration and a number of medical and health organisations have clashed over the NPA's refusal to re-employ banned Durban pharmacist Mr Pravin Gordhan.

He had worked at the King Edward VIII hospital in Durban for eight years as a pharmacist.

The organisations allege that the refusal to re-employ him was politically motivated.

But Dr Fred Clarke, MEC in charge of hospital services for Natal, this week rejected the allegation as "a lot of rubbish".

Dr Clarke said the policy regarding employment in his department was set by him and "the political background of any candidate applying for appointment with the NPA in no way influenced his appointment".

Decision

Dr Clarke added that detainees and ex-detainees in the past who had applied to the department for employment had been taken on and were still employed.

The hospital's decision to refuse Mr Gordhan employment was not influenced by the fact that he had been banned for two years.

But the organisations campaign for Mr Gordhan's reinstatement have refused to accept these explanations and have condemned the dismissal as "victimisation".

They are the Natal Health Workers' Association, Medical Graduates' Association, Alternate Medical Association and the Medical Students' Representative Council.
Massive jump in hospital fees

New rates

DR Fred Clarke ...

Patients of all races will be affected by the hikes, which will bring Natal hospital tariffs in line with hospital tariffs in the Cape.

Patients in general wards would pay R35 (R35) while patients in private wards would pay R45 (R45). In a graduated tariff, lower-income families of patients in general wards would pay R30 (R30) while the tariff for private patients would be R40 (R40). In an open plan ward, a day charge of R25 (R25) for a statutory patient would be R120 (R120). For a fully private patient, the charge would be R100 (R100). The charge for a ward nurse caring for a patient would be R50 (R50). The charge for a practising doctor seeing a patient daily would be R50 (R50).

The income from fees in Natal hospitals last year was R170,000, but because the hospital had been making losses of R100,000 a month, the increase in tariffs would bring an additional R170,000.

Dr Fred Clarke, MEC in charge of hospitals, said yesterday the increase is not the final round of the latest round of the last increase of up to 50 percent. Patients of all races will be affected by the hikes, which will bring Natal hospital tariffs in line with hospital tariffs in the Cape.

To give an acceptable medical service to the public we need sophisticated medical equipment such as the recently installed linear accelerator. It costs R900,000. The same as the recently installed linear accelerator. It costs R900,000. The same as the recently installed linear accelerator. It costs R900,000. The same as the recently installed linear accelerator. It costs R900,000.
Extra hospital services include modern equipment

Mercury Reporter

EXTRA services which will be included in provincial hospital fees when the increases come into effect on October 1 will include some of the most expensive and up-to-date medical equipment being used.

One of the extra services will be the body scanner which is due to be installed at Addington Hospital later this year.

Dr Johan Vorster, Natal's Director of Hospitals, gave details of the full services to be included in the increased fee yesterday.

These will be treatment and diagnosis using body and ultra sound scanners, which can cost patients in private hospitals more than R200, radio isotopes, surgical sundries, fluorescence angiography and the theatre fees for cosmetic surgery.

Dr Vorster said it would be impossible to calculate how much these extra services would be worth to the public in real terms because hospitals did not count capital costs, but pointed out that the scanner at Greys' Hospital had brought in R15 000 last year.

He added that the scanner which Addington Hospital has bought for just under R1 000 000 would be installed this year, and said the new Grey's Hospital would be buying a scanner as soon as the money was available.

Meanwhile, private hospitals said yesterday that the inclusion of extra service charges into the increase in provincial hospital fees would have no effect on them.

According to Mr L Goldman, medical superintendent at St Augustines Hospital, the increase would not amount to unfair competition for private hospitals.

'Patients at provincial hospitals will still be paying for extra services — they won't be given away for nothing,' he said.

A private radiologist at St Augustines' Hospital said: 'The new provincial hospital system should not affect our practice.'
CMC views on hospital site

Municipal Reporter

THE Coloured Management Committee will have the opportunity to forward objections to the choice of site for a private hospital in Gelvandale.

This was pointed out by the chairman of the Port Elizabeth City Council's Administration and General Purposes Committee, Mr Aubrey Braude, after yesterday's meeting.

His committee recommended that the site on the corner of Aubrey and Stanford roads should be rezoned for institutional purposes to enable it to be sold to the developers, Elim Properties, for the building of a private hospital.

The decision was taken despite objections to the choice of site by the CMC.

The Administration and General Purposes Committee also decided to:

- Hold an on-site inspection of buildings on an erf on the corner of First Avenue and Cape Road in Greenacres before taking a decision on a request by the Wedgwood Park Country Club for a "second home" on this site.

- Recommend to council that the Old Apostolic Church in Heugh Road be relocated in Villiers Road, Walmer.
Concern on hospital managers

Staff Reporter

The Administrator, Mr. Gene Louw, yesterday expressed concern that doctors who were administrative heads of hospitals might lack the managerial skills that their positions demand. He urged universities to look into the matter.

Opening the annual academic day of the Faculty of Medicine of the University of Stellenbosch, he said heads of hospitals lacked the academic background to qualify them as medical managers.

He said universities, the Provincial Administration and the Medical Research Council should compile a formal specialist training course to qualify doctors as medical administrators.

Mr. Louw also announced that next year, the Provincial Administration hoped to open the long awaited R7-million tumor and cancer department at the Tygerberg Hospital, where the country’s fast-increasing number of cancer patients would be treated.

He said cancer was the second main cause of death in South Africa.

“In spite of an unbearable shortage of funds, the Provincial Administration is doing everything in its means to hasten the project — to literally save human lives,” Mr. Louw said.
Phase I of new hospital soon

Chief Reporter
THE first phase of a massive redevelopment project in which a new Groote Schuur Hospital will be built at Observatory, at an overall cost of about R200-million, is expected to be started at the end of this year.

Designed to provide for more than 10,000 people of all races daily — patients, staff, outpatients and visitors — the new hospital has for some time been regarded as an urgent necessity.

The present hospital, in spite of additions made over the years, has been described as "hopelessly inadequate" and the patient overcrowding there as "intolerable".

12-storey building

In an announcement yesterday, Mr Willem Bouwer, MEC in charge of works, said the first phase of the project would be the construction of a new 12-storey hospital building to house 1,400 beds and services.

In addition, under-cover parking would be provided for about 1,700 cars.

Tender documents for the first phase were expected to be ready by August 23 and tenders would then be invited immediately.

Mr Bouwer said the four selected consortia of building contractors would have to submit their tenders five weeks later and the administration would then have to decide within 45 days whether or not to accept a tender.

"This means that should a tender not be accepted, it will be possible to hand over the site to the successful tenderer early in December.

Four consortia

The four consortia that would be invited to tender were:

- Hochstief/Murray and Roberts Concor/Combrink
- LTA/Comsat (Pty) Ltd.
- Philipp Holtzmann/Clifford Harris (Pty) Ltd Oceon Cape (Pty) Ltd
- Stocks and Stocks/CMM (Pty) Ltd.

Mr Bouwer said the first-phase contract would be for six years and the entire project was expected to be completed in 10 years.

Second phase

The second phase would be the upgrading and conversion of the existing Groote Schuur Hospital and the third the provision of staff quarters.

The new hospital has been designed in such a way that it will not detract from the mountain backdrop of the original Herbert Baker building, which after upgrading is to be used for paramedical services, laboratories and administration and other offices.

Bikini Beach

record missing

Staff Reporter
THE Gordon's Bay municipality has no property record card for Bikini Beach and rates have not been paid on the property since it was bought in 1851.

This disclosure by the Gordon's Bay Town Clerk is expected to add a new twist to the controversy over the proposed R5-million luxury flat development which will be discussed at a public meeting in the town tonight.

It was disclosed last week that the beach is controlled by the developers who recently bought nearly 14 hectares of land to build the complex on the mountainside above the harbour.

Concerned residents of the town fear that the beach, Erf No.4, could become the exclusive preserve of wealthy jet-setters who occupy the flats.

Attorneys

"The council has appointed an investigation to look into the fact that rates have never been paid on the beach. But we...

Men 'confessing' to perlemoen poaching

Staff Reporter
THREE divers who confessed to "resort to the temptation" to land perlemoen were yesterday fined a total of R300 or 150 days in gaol on each of their counts of contravening perlemoen regulations.

Part of the sentence on three men was suspended.

Gino Ajaro, 22, Ritchie Street, Wo Stock, Mick Shurrer, 21, Brachior Road, Gr Point, and Stewart Gird, 20, of Algoa Road, Mistorm, pleaded guilty to charges of landing perlemoen which was found in a whole state and fishing more than 1 perlemoen without a permit.

Evidence was that August 7 at Three Anchor Bay the men, diving from a boat owned by Ajaro's father, landed perlemoen after they removed the shells with a diver's knife.

Boy, 12, Sundays

Staff Reporter
A 12-YEAR-OLD boy drowned in the Sundays River near Graaff-Reinet on Sunday when he fell into a deep pool.
Hospital staff shortage ‘critical’

By JANE ARBOUS

SERIOUS shortages of medical staff at Groote Schuur Hospital are continuing, often to the detriment of patient care, according to many of its departments.

In the hospital’s annual report for 1981, departments from pathology to engineering and maintenance reported little or no improvement in the staff situation over the previous year. The shortages in some areas were “critical.”

The report comes after a warning earlier this year by Dr R L M Kotze, the Director of Hospital Services, to all provincial hospital heads that their annual reports should be “drawn up in a responsible manner.”

While the Chief Medical Superintendent, Dr R Reeve Saunders, referred in his report to recruiting problems in the clerical, nursing and radiographic areas, the head of the Division of Medicine, Professor S R Benatar, reiterated the lack of adequately trained nursing staff.

Many of the nursing posts had been filled by nurse aides during last year and the number of senior student nurses or trained staff “has often been inadequate to permit delivery of the high standard of care we should like to see our patients receive”, he said.

He praised the dedication of existing senior staff who voluntarily worked in the hospital over weekends outside their normal hours.

The Carinus Nursing College reported that the first white intake applications for this year were a third below normal, while the current establishment of all students from all affiliated hospitals was also a third below normal. The trend—which was seen as a result of the need for improved service conditions, the national manpower shortage and the negative influence of media reports—was expected to continue.

The hospital’s Chief Matron, Miss L J du Preez, said all categories of nursing staff had responded to the call to work overtime to keep the wards and departments going.

Professor Chris Barnard, head of the Department of Cardiac Surgery, cited the continuing shortage of trained nursing staff, particularly in the intensive-care units, as a factor hindering the work of the department.

One of the most “critical” shortages throughout the year was in radiography, forcing the Diagnostic Radiology Department to rely heavily on part-time radiographers, many of whom did not do night work, according to Professor H R Kottler.

In the Department of Biomedical Engineering, Dr G Jaros said the shortage of technicians created “a major problem” in providing an efficient service to patients. While this had improved with a revision of the department’s technical structure, the support staff remained critically low.

Professor C J Uys, head of the Division of Pathology, pointed to the increased workload and burden for more sophisticated investigations and the increased time taken to process slides.

The Leader of the Opposition, Dr Van Zyl Slabbert, plans to highlight weaknesses in the government’s constitutional proposals through a series of penetrating questions.

Dr Slabbert believes the plan for a three-chamber parliament under an executive president contains a number of fatal flaws and that, without substantial alteration, the system will be unworkable.

Last week he focused on the domination built into the proposals, asking whether the Prime Minister, Mr F W Botha, would be prepared to serve under a coloured or Indian executive president in the system now suggested.

He predicted Mr Botha would not because it would give them the same domination over him that Nationalists planned to exercise over other races through the proposals they had devised.

Dr Slabbert has compiled a list of questions to be posed in a tour of

Irish: Handle with care

LONDON — The Irish in Britain Representation Group is claiming its first victory in its campaign to force the withdrawal from sale of joke Irish mugs. The mugs have the handle on the inside.

A London retailer, the Covent Garden General Store, had stopped selling the mugs and returned

Police act of hitting

Johannesburg — Two men have been charged with assaulting a regional court magistrate.

The State had alleged that while attending the Magistrate Court, Officer Lawrence Charles assaulted Miss Barbara An

FINAL DRASTIC REDUCTIONS

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$8.95 100% Cashmere Cardigan
SHORTAGE ‘CRITICAL’

By JANE ARBOUS

SERIOUS shortages of medical staff at Groote Schuur Hospital are continuing, often to the detriment of patient care, according to many of its departments.

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Professor C J Uys, head of the Division of Pathology, pointed to the increased workload and demand for more-sophisticated investigations and said that in some of the departments the shortage of trained technologists “is beginning to assume critical proportions”.

This was a manifestation of the general shortage of skilled manpower and he hoped the situation would improve this year.

According to the Department of Ophthalmology, adequate care could not be made of a second operating theatre because of the shortage of nursing staff. This resulted in emergency cases having to be handled in the routine operating lists — “an unsatisfactory state of affairs”.

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Shortage of nurses in West Cape still ‘critical’

Medical Reporter

The nursing shortage in the Western Cape is still critical, according to the Groote Schuur Hospital group’s report for 1981.

And the continuing decrease in students enrolling for a nursing career at Cape Town’s Carinus Nursing College “is a reflection of a critical shortage of white students experienced throughout the country.”

Writing in the report, the senior principal of Carinus, Mrs B Goodchild-Brown, says the shortage reflects a state of affairs requiring urgent attention.

INTAKE

Mrs Goodchild-Brown says the 1982 first intake applications for women entering the nursing profession are one third of the normal.

The present establishment of all students from all affiliated hospitals is also only a third.

The trend, she adds, is expected to continue.

Mrs Goodchild-Brown says in her report the pertinent problems seem to arise from the national manpower shortage, the competition from the private sector, the need for improved conditions of service, improvement of image and status of the profession and the negative influence of mass media reports.

WAITING LIST

In her report on the nursing division of the group, the chief matron, Miss L J du Preez, says the number of appointments of white student nurses continues to decrease, while there is a waiting list for black nursing students and pupils.

Miss du Preez says: “There were 121 appointments (of white nurses) in 1981, compared with 186 for the previous year.”

This represents a decrease of about a third over a year.

Miss du Preez says that “all categories of nursing staff responded to the call to work overtime in order to keep the wards and departments covered.”

OVERTIME

She added that implementation of the overtime system in February placed a tremendously heavy burden on the already overloaded nurse administrators.

Because of a lack of clerks, university students were employed part time to assist with the clerical work.

The nursing shortage is affecting several departments in the group.

One of them is the department of cardiac surgery.

According to the department’s head, Professor Chris Barnard, work was limited at intervals by the continuing shortage of trained nursing staff.

PROBLEM

The department of physiotherapy says in the report that the treatment of patients requiring long-term rehabilitation remains a major problem.

“The facilities for caring for these patients are inadequate and many patients who would benefit from the specialised physiotherapy available are deprived of this due to their premature discharge to unsuitable home experience.”

Tributes are paid by other departments to nurses for their dedication while working under pressure.
Call for boost to South Africa's basic health care facilities

THE president of the World Medical Association, Dr A G Martins of Portugal, today called for an improvement in basic health care facilities in South Africa, particularly in rural areas.

At a press conference after a two-week fact-finding mission, Dr Martins said medical technology in the country was very advanced but a balance had to be struck between medical care in rural areas and medical care in the big cities.

TRADITIONS

He said he was very impressed with the "exceedingly good services" for blacks at Baragwanath Hospital but the Alexander Health Centre in Johannesburg lacked facilities and had a shortage of staff, especially doctors.

"South Africa has a combination of third world and first world traditions and one would have to change the attitudes of a big part of the population before the health problems could be solved," he said.

He said if the population explosion in the country continued, there would never be enough hospital beds and urged coloureds, blacks and Asians to apply family planning.

Dr Martins said he was against segregation but added that even if hospital beds for the various population groups were opened to all groups there would still not be enough beds.

WORKING

He urged people of the "less-favoured" population groups to make an effort to better their position by "applying family planning, working hard and fighting for education".

"Everybody speaks of human rights but there is also something like human duties. People cannot expect that everything be done for them", he said.

Dr Martins, who met representatives of the Detainees' Parents' Support Committee, said the two doctors who had seen Steve Biko before his death in detention, had "behaved disgracefully" but the Medical Association of South Africa (Mas) could not be held responsible for it.

"Mas has changed its rules so that it can take a direct stand if that sort of thing should happen again", he said.
Botha opens new hospital

Own Correspondent
JOHANNESBURG. — The Prime Minister, Mr. P. W. Botha, said yesterday that South African fighting men were no squealers and they served their country with dedication, distinction and valor.

Opening the new multimillion-rand 1 Military Hospital at Voortrekkerhoogte near Pretoria, Mr. Botha said the men's morale was strengthened by the sure knowledge that excellent medical care was available at all times.

"Although the medical services cannot win a war, no defense force will ever win a war without efficient medical support," he said.

The new hospital has 580 beds and has been described as one of the most modern hospitals in South Africa, with the latest and most modern equipment to aid doctors and nurses.

The hospital's intensive-care unit is ultra-modern, with highly sophisticated equipment, including a computer facility which can monitor up to 18 patients simultaneously.

Soldiers of all race groups and their families will be able to receive treatment at the new hospital.

The Prime Minister said the new hospital, with its sophisticated equipment could not be considered luxurious.

"For more than half-a-century the medical services had to treat members of the Defence Force and their families often in what originally were temporary and badly-planned buildings with inadequate facilities."
New military hospital ensures best of care

Argus Correspondent

PRETORIA. — The advanced technology used in the new 1 Military Hospital in Voortrekkerhoogte ensures the best medical treatment for South Africa's soldiers.

The ultra-modern, multi-million rand 16-level complex perched on a ridge near the Iscor headquarters was officially opened by the Prime Minister, Mr P W Botha, after a decade of planning and construction.

This showpiece to the South African Medical Service was designed to ensure maximum efficiency, with its 556 beds, 15 operating theatres, up-to-date intensive care units, radiology sections, as well as having one of the biggest orthopaedic units in the country and three helipads just outside the front entrance.

SOARING

Initial tenders for the complex in 1973 were registered at R21-million, but no figure has yet been given for the completed project, which has been hit by soaring inflation and building costs.

It was not only one of the most modern military hospitals in the world, but it also offered training facilities, said Colonel Dries Coetzee, Officer Commanding the hospital.

A tour of the hospital discloses a host of fascinating equipment.

Computerised X-ray equipment, to monitor and capture on film minute and intricate problems within the human body, is available. Some of it seen for the first time in Africa.

In the intensive care unit, a senior sister, Captain Annetjie Verhulst, demonstrated how the computerised monitoring panels attached to each patient in the ward could be controlled from a central panel as well as checked from each individual monitor.

CLINITRON BED

A Clinatron bed, which is used for patients with burns, has been set up in a sterile room.

The bed is also fitted with a stretcher which can be hoisted to allow the nursing staff to get patients into a bath.

But like all hospitals, the new 1 Military Hospital is also faced with a staff problem.

Colonel Coetzee confirmed this, but said they were able to cope.

Because the hospital and its facilities were new it had drawn a lot of interest and, in addition, the new pay dispensation would help to draw more staff, he said.

1 Military Hospital is the first major hospital for men flown from the operational area and could play a greater role should new fronts open in the terror struggle in Southern Africa.

MATERNITY WARD

But it does not handle only the medical attention of men injured in the bush war being waged in SWA/Namibia.

The families of soldiers are also treated for all the medical problems which they encounter and the hospital caters for pregnant women with a fully equipped maternity ward.

Should there be a nursing crisis at the hospital, consideration would be given to training nurses from other population groups, said Major General J Wasserman, personnel staff officer to the chief of the service, Lieutenant-General N J Nieuwoudt.

There was no difference in the treatment or the facilities for white and black troops injured on the border, but they were treated in separate rooms, he said.

Among the finer points of the hospital, which was designed and built by a company which has built 60 hospitals round the world, are a well-planned air-conditioning system, a firefighting system and an emergency control room which will be a control system throughout the building.

There is also a kitchen which can prepare 4,320 meals a day which can be stored for up to three days in air-conditioned rooms at 4 deg C before being reheated and served.

KEPT OPEN

Even though the new hospital has bed facilities for 556 patients, 150 beds are being kept open at the old military hospital deeper into Voortrekkerhoogte.

The old hospital is being converted into a recuperation centre with facilities for therapy.

It also has a gymnasium to help orthopaedic cases. A swimming pool is to be built on the site of the new hospital as well, to help with this type of therapy.

In times of need the hospital could be used again to boost the numbers of beds from 556 in the new hospital to more than 1,000.

The new 1 Military Hospital has overhanging panels which provide shade from the sun to increase the efficiency of air-conditioning.
Too few staff in health services

Municipal Reporter

A "chronic" understaffing in the Divisional Council health services had been a feature for years and was not likely to improve until there was an upswing in the economy, the Medical Officer of Health, Dr L R Tibbitt, said yesterday.

In his report to the council on the Peninsula's combined health control scheme for 1981, he pointed out that the government and the council "had seen fit" to limit any further increases in nursing staff. This was because of the national policy of financial stringency.

However, Dr Tibbitt said, the shortage of nursing staff was a major problem and re-deployment and re-organization had resulted in only "minimal benefits".

The opening of new clinic facilities and the five percent increase in clinic attendances over the previous year had aggravated the problem.

Dr Tibbitt said the infant mortality rate - a sensitive indicator of effectiveness of services - had dropped slightly in all races.

Family-planning was the department's major priority. The number of active attenders was "disappointing", but the limiting factor was the lack of staff.

Ischaemic heart disease still topped the mortality list for white people. He suggested that when funds and staff permitted, the council should run hypertension screening clinics for all races.

In spite of the council's effective tuberculosis treatment schedule and RCG vaccination, it was not winning the battle against the disease. In 1981 there had been an increase in new notifications - 1,949 compared with 1,782 in 1980.
Mr Rennie said the affair was "tacky political nonsense" by the NRP. He spoke to Dr Clarke and was told by him the visit was fine and to pass on his contact Mr Hardingham. He was asked to tell Mr regards to Dr Barnard of it as a courtesy "asked and not told to tell him". He was unable to contact Mr Hardingham.

"Where else in the world do you need to tell a local MP that a doctor wants to visit a hospital in his area? This is just not the case," he said.

Mr Hardingham could not be contacted yesterday.

Dr Barnard said he believed the decision barring him from the hospital was politically motivated by the NRP because its own MPs had probably not been visiting hospitals as they should and were unaware of the situation.

"It is remarkable that I can visit hospitals anywhere in the world and be welcomed with open arms but here in my own country I can't."

In the area he visited there were only about five private practitioners serving 200,000 people, of whom less than 5,000 lived in South Africa.

"It is no wonder there are outbreaks of cholera and tuberculosis," he said.

"The health care in the Transkei is under great stress and as a result people from these areas are crossing the border into Natal and placing the Natal-based services under increasing pressure."

"My objective now is Government aware of to make the the situation," which has arisen as a direct result of the separate development policy, "Natal should get more cash to deal with it."

**Natal snubs Marius**

**NRP BANS HOSPITAL VISIT**

By RON GOLDEN

DR Marius Barnard, the PPP's spokesman on health, was refused permission this week by the NRP-dominated Natal provincial authorities to visit the Kokstad Hospital - a decision he described yesterday as small-minded and terrifying.

Apart from the political overtones of the incident, he said the incidence of tuberculosis in the East Griqualand area was frightening and the follow-up medical care situation was alarming.

Dr Barnard, MP for Portkowy, Johannesburg, went to the Kokstad area on Wednesday with the dual purpose of addressing BCP meetings and having an overall look at the health facilities, which he said he considered part of his duty as the official "Opposition spokesman."

On Thursday he went to the East Griqualand Usher Memorial Hospital at Kokstad, a provincial institution, but was politely told by the superintendent, Dr Jack Lewis, he could not be shown over the hospital.

Frank Martin, senior member of the Natal Executive Council, said yesterday he was with Dr Fred Clarke, MEC for health, when Dr Clarke willingly gave the go-ahead for Dr Barnard's visit over the telephone to get the official Kokstad farmer James Rennie.

Mr Martin said there was one proviso: that the "NRP MP for the area, Ralph Hardingham, was told."
No clinics for resettled says cleric

EAST LONDON — About three quarters of the 150 families due for removal from Kamaskraal to Peddie had been resettled, the rector of St Peter's Anglican Church, the Reverend Alli Diamini, said yesterday.

Mr Diamini said the removal of the families and their belongings started on Thursday and took place in rainy weather. Some people's belongings had been soaked and he anticipated that a number of them would catch cold.

He said one of the most important things the families had not been provided with was health clinics.

Mr Diamini said the common area where the people had been resettled would become a township of despair if those in authority did not take steps to provide them with job opportunities.

Mr Diamini said another problem was the scarcity of water. At present they were supplied from a near dam but the reservoir also served Nompumelelo Hospital and an old age home and the Feni and Durban locations.

Mr Diamini said Peddie had previously been declared a drought-stricken area.

The Ciskei Minister of Public Works, Chief D. M. Jongiati, could not be contacted yesterday for comment on what job opportunities were to be provided for the resettled families. — DDR

Fourth soldier dies

PRETORIA — The accident in which six national servicemen were seriously burnt when they were cleaning the floor of an oil store with petrol at Ondangwa on Monday was yesterday claimed its fourth victim.

A Defence Force spokesman said here that Private B.P. Van Sroenen of Newlands, Cape Town, died of his injuries at the No. 1 Military Hospital at Voorsterkkerkhoogte.

Private H. L. Groenewald of Krugersdorp and Private J. G. Groenland of Ladysmith died on Wednesday and Private J. A. O'Neil of Bloemfontein died on Saturday.

The spokesman said that four of the men suffered critical injuries in the accident, while two were treated for lesser burns.

Private J. J. Swart and Private H. L. Graaf were in a satisfactory condition under the circumstances and were responding to treatment, the spokesman said. — SAPA

Pretoria bond wins

PRETORIA — The first prize of R30 000 in last month's bond draw was won by the holder of certificate number 95289 of the Pretoria Post Office, the Treasury announced here.

Second prize of R30 000 went to the holder of certificate number 126572 of the Newcastle Post Office.

A certificate bought at the Post Office, certificate number 109233332, won the third prize of R15 000.

The draw involved all bond holders. — SAPA

Shooting contest

BURGERSDORP — Mr Bennie de Klerk won the Border practical shooting championships which were held here.

Mr Dan Putter and Mr Rob Fleisch of East London were placed second and third respectively. — DDC

Vilison: emphasis
First real health clinic

THE FIRST ever health care clinic to be erected in Katlehong, near Germiston, will be opened in October — if all goes according to plan.

This was announced yesterday by Mr G van Oudtshoorn, a public relations officer with the Urban Foundation which is financing the project. He said that the clinic, which is being erected by Germiston businessmen and industrialists with the help of the Germiston working committee of the Urban Foundation, will cost about R500 000 on completion.

He said that the Foundation had granted R110 000 toward the project. He said the Foundation had also made available R337 000 for bridging finance.

He said the East Rand Administration Board had donated building material worth about R53 000. “We are working around the clock to have the building completed before the end of October, so that it can start operating.”

At present there is no clinic in Katlehong. The Germiston Health Department is using two ordinary houses in the township as clinics and is also using make-shift buildings and church centres to provide health care services to the residents.

About 80 000 patients are treated at the two clinics each year and it is hoped that the number of patients will increase.
THOUSANDS OF HOMELESS BLACKS IN THE PROVINCES OVERCROWDED AND UNDER-STAFFED HOSPITALS

IT'S MEDICAL AID WITH A DIFFERENCE AS NATALS FORK OUT FOR TREATMENT FOR TENS OF

MAHER

SHOCK REPORT

BY STAN

PICS SHOWS: HOMELESS

WILLIE'S TEMPORARY DEATH. LIONS IN LONDON

LEFT, THE BOYISH

PROBLEM: POISONED KID

NEXT TO THE

FRIGHT. HE WAS

SCREENED:

PIC SHOWS: HOMELESS

WILLIE'S RAPID DEATH. LIONS IN LONDON

LEFT, THE BOYISH

PROBLEM: POISONED KID

NEXT TO THE

FRIGHT. HE WAS
If works both ways, says Trussell health officer

Cet article ne contient pas de texte en anglais. Il est écrit en espagnol.
Nealy 100 patients and medical staff had to be evacuated from the west wing of the Memorial Hospital at Keighley, outside Bradford, yesterday after a major fire. The fire, which is believed to have started in the basement area of the building, spread quickly through the structure, causing extensive damage. Several patients and staff were treated for smoke inhalation and minor burns. The cause of the fire is under investigation.

By Lynn Carlisle
End of road for Jo'burg's private hospital for blacks

The only private hospital for blacks in Johannesburg is closing next month. The Crown Mines Hospital, south of Johannesburg, existed originally to cater for workers of what was once the Witwatersrand's largest gold mine.

When the mine closed in 1977 the hospital carried on treating cases - mostly private Workmen's Compensation patients - and it was established as the only private hospital for blacks in the Johannesburg area.

A private surgeon said the Crown Mines Hospital had served an important need for black private patients in Soweto and Johannesburg.

By Stephen Davies

A director of the Rand Mines Group, Mr. Colin Steyn, said staff, equipment and existing patients would be transferred to a hospital in the Roodepoort municipal area in October.

The operation had been bought by the Smith-Mitchell Group which owned a number of private hospitals in South Africa, he said and would be relocated in Main Reef Road, Maraisburg.

The 170 beds would be transferred from Crown Mines Hospital and a theatre wing would be added. It will in future be called the Main Reef Hospital.

Joint managing director of Rand Mines Properties, Mr. Tony Hall, said it was not his company's business to operate hospitals on a commercial basis and a decision was taken some time ago to close the hospital.

Suitable arrangements had been made with Durban Roodepoort Deep Ltd, which operates a fully equipped mine hospital, to take care of Rand Mines employees, he said.
SICK AND injured workers are referred to Pretoria's 'Clinic' after treatment at Kathala Hospital. The clinic under a stone, use a makeshift shelter of corrugated iron roof, while waiting for hours before doctors attend to them.

These are some of the sickening conditions experienced by workers who are injured or sick at work at the 'Clinic', situated at the back of Swart Road, Pretoria.

Black and white patients are attended to at the back portion of the clinic while consulting rooms for whites in Schoeman Street, Pretoria.

Tired and frustrated looking black patients are attended to at the back portion of the clinic while consulting rooms for whites in Schoeman Street, Pretoria.

The majority of patients say they are first seen by a doctor, then assigned a card number, which is their appointment card. They also have to return again on the date of appointment.

When the patients arrive at the SOWE, there was this small shelter made of four iron poles and a corrugated iron roof, while waiting for hours before doctors attend to them.

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patients—three at a time—into the consulting room.

It is a tiny, shabby room with six chairs, a small table and a shelf stacked with small boxes and medicines.

Inside, three patients sat on chairs placed against the wall. The doctor sat in front of the table. He attended patients in front of others. There is no privacy. Stitches and bandages are removed right there.

An Atteridgeville woman who fell and injured her knee at work was called in with two male patients. The doctor inserted a syringe into the knee and extracted some fluid. He gave her some cottonwool and told her to report again.

Another doctor arrived a few minutes later and sat at the other end of the table. The two called in their patients and examined them—some standing—while the doctors sat. There was no nurse seen at the place.

Although there is talk that the Government is trying to move away from racial discrimination, apartheid at the clinic will definitely be stopped only after a very long time," said a male patient. "I am still sick but I am going to ask for a discharge because this place is not for people. Each time I think of this place I get worse."

Outside in a shelter, an elderly woman sat flat on the ground, next to three black refuse bags. Obviously in pain, she said: "I am sick and feeling dizzy but there is just no decent place to relax properly."

When approached for comment, Dr Gustave de Muelenaere, now retired, said he would tell his two sons, Dr Paul and Dr Luke de Muelenaere, about the allegations. "I do not know anything about conditions there and have heard no complaints. But I will discuss the matter with my two sons and we will try to do our best to improve the place. You must understand that you cannot react if they do not get complaints," he said.
At the nerve centre of a medical city

PETER BUNKELL talks to Dr Neville Edward Howes, the man who has his hand on the pulse of South Africa's largest hospital.

Dr Neville Edward Howes... sees every complaint.
Overcrowded Bara catsers for whites too

BARAGWANATH, the largest hospital for blacks in the southern hemisphere, treats and admits white patients and, according to officials, this has been going on since 1942.

Hospital officials at Bara said whites who were involved in accidents were transferred from whites-only hospitals to Bara for up-to-date treatment.

The Baragwanath Public Relations Department said white hospitals that did not have enough certain facilities usually brought their patients to this well-equipped black hospital.

About 200 white patients were treated at Baragwanath during 1981, and today, a number of whites are sleeping in wards awaiting treatment. The SOWETAN learnt.

Baragwanath is known as one of the most overcrowded hospitals in the country, with patients sharing beds and some sleeping on the floor. The hospital admits the whites despite the overcrowding.

Although no black patients are admitted to white hospitals in the country, Dr Nthato Motlana, an influential Soweto medical practitioner, said: "There is some progress in recognising that South Africa is indeed a multiracial country, with facilities such as hospitals shared."

He added: "We want to congratulate the Bara administration for recognising that human needs must at all times supersede stupid political considerations."

He added: "This is a pointer to the need for the relaxation of the rules that will allow for admission of all races to all South African hospitals without bothering about skin colour."

The Medical Association of South Africa (Masa) would not comment about across-the-colour-line treatment at Baragwanath.

While everybody seems to be raising eyebrows about the Baragwanath revelations, the director of hospital services, Dr H A Grove, laughed it off, saying this was an "old thing."

"You are living in the 1945 era," he said to this reporter.

Asked if it was not illegal for whites to sleep in a black hospital, Dr Grove asked: "Why should it be illegal? There is no law that makes it illegal. We also treat Indians and coloureds at the J G Strydom Hospital. They are black and the hospital is white."

Dr Grove said that if there was a facility available at a certain hospital, no matter how overcrowded that hospital, a patient would be taken there for treatment.

"Why shouldn't we?" he concluded.
CMC in talks with Frere superintendent

EAST LONDON — Problems the Coloured Management Committee had experienced with Frere Hospital here were in the process of being resolved, the chairman of the CMC, Mr. F. N. Barlow, said yesterday.

A CMC delegation had met with the superintendent, Dr Rob Newbery, to discuss problems regarding, among others, the treatment of coloured patients and the "welfare" of coloured nurses working at the hospital, he said.

"We've had frank discussions, it was a matter of straightforward answers and questions and the meeting was fruitful.

"If future meetings take place in the same atmosphere we would certainly come up with positive results," said Mr Barlow.

He declined to elaborate on matters discussed beyond saying they included transport arrangements for nurses doing shift work.

Approached for comment yesterday Dr Newbery confirmed that there were problems, but said they were not insolvable.

"The meeting was extremely useful and, in fact, was a great help to me. Details of our discussions will become known gradually as we solve these problems," he said.

The local representative of the Department of Coloured Affairs, Mr J. Mauritz, also attended the meeting. — DDR
A BLACK FINAL

IT'S A BLACK FINAL. Kaizer Chiefs's victory over Amakhosi was expected to have problems playing on a torrid Cape South Western court. The goal of the Chiefs victory was almost certain. The same wind to give the Chiefs victory, which that point, seemed very illusory.

And so it is that the semi-finalists in the Mainstay series will be the mighty Orlando Pirates, African Wanderers, Moroka Swallows and Kaizer Chiefs. What the draw will probably provide is anybody's guess, but the result will be the same in that two black teams will feature in this final.

Series

While Pirates were almost overshadowed by Witbank Aces and Swallows draw with Acaola this weekend’s games would not necessarily indicate what’s in store for this Mainstay series. Indeed, Pirates, who beat Aces in this same series.

The paper with soul!

WHAT'S your view on the controversy of jobs for sex? Don't miss Woman's Forum tomorrow - it's the column you write.

Plus! How to get your hair soft and manageable. All about accessories for your fashion wardrobe. And another article on fashion hints that could win you a R500 clothing voucher from Pages Stores.

It's all in The SOWETAN - the daily newspaper with something for everyone. Join the almost half a million people who read The SOWETAN daily.

You can't afford not to.
'Racist' clinic under fire

THE chairman of the Atteridgeville/Saulsville Community Council, Mr Joseph Tshabalala, yesterday condemned the treatment given to injured and sick workers at a city “clinic”, which he described as “being equal to raping the tolerance, submissive, meek and patient instincts of the entire black people of this country”.

Mr Tshabalala, who visited the premises yesterday following a recent report in The SOWETAN, said the premises were a health hazard and that “the two metre square consulting room can only be described as a tool-room”. He threatened to report the matter to the authorities.

When The SOWETAN visited the area yesterday, we found the same small make-shift shelter made up of four steel poles and a corrugated iron roof. There were about eight patients sitting on the three wooden benches and on two long planks balanced on empty 25 litre containers. At the entrance of the “consulting room” were appointment cards placed under a stone.

Asked to comment on the issue, Dr Luke de Muylaere yesterday said: “I have bought sand and concrete to erect concrete slabs and if you know of any bantu who does odd jobs, please send him because I am looking for a builder.”

Dr de Muylaere, who said he attended to “Bantu and Europeans at Baviaanspoort Prison,” told The SOWETAN there was no need, to have a full-time nurse to collect the appointment cards, which patients put under a stone.

He added: “The patients put them there so that they should not be blown away by the wind. The other reason is that they want to put them in the correct sequence. I could put a box there but everybody would say he or she came first.

There is no need for a full-time nurse because I am only here three mornings in a week.”

In a statement released yesterday, Mr Tshabalala said: “The premises have grass which was wet. There are cigarette stubs all over the grass where people are expected and made to sit down. There is only one toilet for male and females which does not even have locking facilities. The situation that prevails under those circumstances is equal to raping the tolerance, submissive, meek and patient instincts of the entire black people in this country.”
Mothers-to-be on floor in packed ward

Pretoria Bureau

Pregnant mothers and those who have given birth have to sleep on the floor with the wrinkle blankets at Randfontein Hospital near Pretoria, according to patients treated there.

The hospital's administration is in a state of emergency. Dr. J.A. Fourie, said yesterday, overcrowding at Randfontein Hospital, especially in the maternity ward, was out of control.

He said it was difficult to keep the wards clean, even if they were cleaned daily, because of the overcrowding. There were 42 beds in the maternity section but the number of patients was often double that.

Dr. Fourie said the problem he faced was that he could not turn patients away.

Patients interviewed complained that an unhealthy state of affairs existed at the hospital. They had nicknamed it "ward 1C," the maternity ward, "Marabasland" because of the filth.

Others described the ward as a "squatting area" and said the majority of patients were sleeping on the floor with the wrinkle blankets they used before giving birth. Some claim they have to use blankets dirtied by other patients who had been discharged.

Patients said the situation became worse between Fridays and Mondays. At Randfontein Hospital, patients were discharged as there were no doctors at the hospital over weekends.

Dr. Fourie denied this. He said there were doctors at the hospital all the time. Some new mothers were discharged at the hospital for demanding they wash newly born babies. They said they were unable to take the infants home because they were slippery and feared hurting them.

Dr. Fourie said the hospital mothers should be taught to wash their babies and care for them.

Dr. Fourie could not give statistics of the number of babies born daily at the hospital because the number of patients fluctuated.

An Atteridgeville community councilor, Mr. Matthew Mfengu, complained that the Transvaal Hospital Services had just increased fees from R1 to R2.

"They should use the money to extend the hospital and improve conditions. It's very unhealthy for young mothers to sleep with dirty blankets on their floor."

Unions cleared to recruit on mines

By Tary Diagi

Labour Reporter

The Chamber of Mines has granted access to the newly established National Union of Mineworkers to recruit workers on mines in the chamber’s group.

A chamber spokesman said access would be determined by individual mine management.

Fosatu meets to discuss retrenchment

Labour Reporter

The central-committee of the Federation of South African Trade Unions (Fosatu) meets at Wilgespruit near Rospoort. This weekend.

Major topics for discussion will be the continuing dispute between the National Union of Textile Workers and the management of Veldspun in Uitenhage, and the retrenchment issue which greatly concerns...
Patients sleep on the floor

By MONK NKOMO

KALAFONG HOSPITAL — at the centre of the “spartheid and rotten hospital” controversy — is faced with a massive and almost insurmountable problem of overcrowding.

In an interview with The SOWETAN this week, the superintendent, Dr J A Fourie, said the hospital, which accommodated up to 4,500 patients, had only 1,143 beds. He said in every ward patients were forced to sleep on the floor.

Dr Fourie said the hospital, near Atteridgeville, was an academic hospital and the overcrowding was due to patients referred there from as far as Malawi, Zimbabwe, Botswana and Namibia. Another contributing factor was the discharged patients who came from afar and had to wait for transport.

When the hospital was built, Dr Fourie added, the maternity ward was designed to only treat complicated confinement cases. “But we cannot turn these people away. We rather help them and make them sleep on the floors rather than leave them without help”, said Dr Fourie who, pending the availability of finances, expected to have an extra 40 beds in the ward.
The hospital section will be on the left and be the focal point of the project. It will be a new, state-of-the-art facility that will provide comprehensive medical care and services. The hospital section will be designed to meet the needs of the community and provide a comfortable, welcoming environment for patients and visitors.

The hospital section will also feature a new, modern emergency department that will be centrally located. This will allow for quick and efficient access to medical care, reducing wait times and improving overall patient satisfaction.

In addition to the hospital section, the project will also include a number of other features that will be designed to enhance the overall experience of living in the area. These include:

- A new, modern retail center
- A new, state-of-the-art fitness center
- A number of other amenities that will be designed to meet the needs of the community

The project is expected to be completed in 2023. It will be a major boost to the local economy and will help to improve the quality of life for residents in the area.
Thirty wards stand empty while...

Male patients sleep on floor

THE MALE surgical ward in the black section of the Boksburg-Benoni hospital is severely overcrowded, with patients sleeping on the floor, while in the white section, vacant wards have been closed due to a lack of staff.

An investigation by The SOWETAN over the weekend showed that up to 90 patients in the black male surgical ward slept on felt mats in a 32-bed ward.

Investigations also revealed that about 31 new wards have been standing empty for the past two years. According to sources within the hospital, the wards were originally intended as intensive care units for white patients, but the plan had to be abandoned because of the shortage of white nurses.

The sources said that suggestions have been made that the wards should accommodate black patients when their wards were overcrowded, but so far authorities have not responded and the new buildings have remained a white elephant.

Dr G Gravett, medical superintendent of the hospital, yesterday blamed the high assault rate among the black population for aggravating overcrowding.

"I admit we have a major problem here, but there is nothing we can do about it. It is not just a question of supplying more beds or even a new hospital, which in itself, could cost R100,000 per bed. It is a problem of trying to acquire additional staff to cope with the demand," he said.
Clinic gets doctor after two weeks

THE Vosloorus clinic near Boksburg, which has been without a doctor for the past three weeks, has been rescued.

The clinic was this week supplied with a doctor who has to attend to hundreds of patients daily.

Community leaders and residents in the area feel that to cope the clinic needs at least two more doctors. For the past three weeks, senior sisters at the clinic were faced with the task of "performing" doctors' duties alone.

This meant that only minor cases could be treated and that serious cases had to be referred to the nearby hospital in Katlehong, Germiston.

Nurses interviewed by The SOWETAN at the clinic said it was "frustrating" to be expected to perform doctor's duties with little experience in that field.

The SOWETAN also learnt that the previous doctor who was in charge at the clinic has been transferred to Katlehong.

The management committee of the Vosloorus Community Council held a special meeting last week to discuss this issue. The committee resolved that senior officials at the Nataalspruit Hospital should be contacted and be asked to send at least one doctor to the Vosloorus clinic.
Bills anger patients

By MONK NKOMO

A MAMELODI businessman paid R300 for the ten days his brother spent at the Atteridgeville Kalafong Hospital — underneath a bed.

Mr Joe Hlongwane said his brother Sam was recently taken to the hospital after he had been injured at work. “He had a private doctor and I paid R30 daily for his treatment while he slept on the floor underneath somebody else’s bed,” said Mr Hlongwane who added: “The health situation at the Kalafong hospital is in chaos.”

His condemnation comes in the wake of new complaints by patients who claim they are being turned away at the hospital and referred to as private patients and urged to consult their respective private doctors.

The hospital’s administrative superintendent, Dr J Fourie, yesterday confirmed that patients were being treated according to their salaries. Patients who earned “reasonable” salaries with few or no dependants, were referred to as private patients, according to Dr Fourie.

Watch it!

YOU just can’t afford to miss Monday’s SOWETAN. When you have read about the Pirates — Chiefs clash, read the REAL story on Monday in the SOWETAN.

Plus pictures. Plus also full report on the Swallows — Benoni game — with pictures.

Then you also have another chance to win R1 600 in our soccer pot. You will also find more stories about people YOU know and relate to. About women YOU know. Plus 12 pages of fashion — for the whole family.

A STRAY dog carrying a human skull led to the discovery of human parts, some completely burnt, which belong to a Mabopane man who it had been alleged had disappeared from his home.

Parts of the body of Mr Roy Dire, who had allegedly been reported missing from his home since September 29, were discovered in pieces dumped on the outskirts of the township.

The offices of the Bophutatswana Commissioner of Police, the only one in the homeland, was authorised to give information to the Press, refused to supply details of the gruesome find and said the matter was being investigated.

Eye-witnesses told The SOWETAN that they were first alarmed and appalled by an offensive smell a few days after Mr Dire’s “disappearance”. They were not sure where the smell came from.

A neighbour who did not wish to be named, said on Oct morning: “The body was burnt by the body.”

“There were many rats have been seen in the house in the past days,” the neighbour said.

Their sus allayed when CHICKEN LICKEN SOCCER...
Historic hospital closes its doors

By LIZ Mcgregor

CROWN Mines Hospital — one of Johannesburg's historic mining hospitals which has treated hundreds of workers injured in industrial accidents over the years — closed its doors on its last patient yesterday.

Patients and staff were yesterday moved to their temporary new home — Main Reef Hospital, a former tuberculosis sanatorium 10km away in the Roodepoort area.

Over the next five years, a new hospital will be commissioned and built.

An initial plan last year to close the 96-bed hospital down altogether because the holding company, Rand Mines Ltd, wanted to use the land for business development, was abandoned after public protest.

Crown Mines Hospital, which dates back to the turn of the century, was a mining hospital until 1971.

It was then turned into a private hospital, catering for workers injured in industrial accidents.

Patients, some of whom suffered permanent disabling injuries, received top medical care at the expense of the Workman's Compensation Act, according to the hospital's manager, Matron E. Gagel, who has run the hospital for the past 10 years.

A fleet of ambulances was hired to move very ill patients while those who could walk were ferried by bus.

"It's all very sad," Matron Gagel commented yesterday.

"This was a very good hospital, despite the age of the buildings and we had some of the best specialists in town."
Proposal might cut infant deaths

Mercury Reporter

THE medical superintendent at Durban’s King Edward VIII Hospital is to discuss a proposal with the head of the Medical School’s Paediatrics Department which could lower the hospital’s infant mortality rate.

Dr Justin Morfopoulos, the hospital’s medical superintendent, said yesterday he was open to any ideas which could improve the treatment of infants suffering from gastro-enteritis.

According to the head of the Medical School’s Paediatrics Department, Prof Allie Moosa, the infant mortality rate at the hospital could be lowered if gastro-enteritis cases were centralised under one roof.

Prof Moosa said for less than R10 000 a centralised ward could be organised which would allow gastro-enteritis infants to be monitored more closely and would also allow specially trained staff to administer to their needs.

At present gastro-enteritis cases were spread out in various different wards at the hospital.

‘By having a centralised ward we would be saving lives, and this is obviously worthwhile no matter what the cost,’ he said.

Dr Morfopoulos said Prof Moosa had not approached him about his proposal yet, but he was certainly willing to discuss it.

‘We have the same interests at heart, I will comment on the plan to centralise the ward after I have had a meeting with Prof Moosa,’ he said.
NEARLY a quarter of a million babies were born at the Holy Cross Nursing Home, near Pretoria, since 1938. The SOWETAN established this week.

The matron and superintendent of the semi-private nursing home, Sister Opp, said that more than 200 000 babies were born since the establishment of the home in 1938. The nursing home, popularly known as "Maromeng" served thousands of families from the now demolished Lady Selborne township, and is undoubtedly one of the oldest existing nursing homes in Pretoria today.

Large numbers of academics, politicians, businesspeople, nurses and teachers were born at this nursing home which is situated near the well-known township which was demolished by the Government in the early sixties.

"A total of 3 837 sets of twins, 34 pairs of triplets and a set of quadruplets have been born here since the hospital's establishment," said Sister Opp, who added: "A total 99 babies were born last week and we have an average of 360 babies born every month.

"I have been working here since 1953 and have enjoyed every moment of it helping people. There are very many happy memories here," Sister Opp said the nursing home, situated at 885 Moshesh Street, Claremont, and subsidised by the Government, comprised of only two rondavel rooms and twelve beds in 1941. Today "Maromeng" is a double-storey building consisting of 18 wards and 86 beds and operating 24 hours daily.

"The nursing home was gradually extended and officially opened on August 1, 1944 and another new wing was officially opened in 1953," said Sister Opp.

Today the majority of families in Pretoria and the surrounding townships of Bophuthatswana still prefer that their children be born at the oldest and famous Holy Cross Nursing Home — "Maromeng".
Two new medical centres planned

A R12-million community health centre and an independent R3-million theatre unit are to be built in Tygerberg to alleviate the chronic shortage of hospital beds in the area.

The project is subject to approval by the Department of Health.

The community health centre will be in Bellville and is to be called Bellpark Hospital, while the theatre unit in Brackenfell will be called Brackenfell Day Hospital.

Both are projects of the Hoffman Hospital Group.

Bellpark Hospital will have 270 beds and full nursing facilities, consulting rooms, a teaching college with lecture halls for nursing staff, accommodation for student nurses and a medical library.

There will also be a chemist, florist, library and facilities for community health activities.

The hospital will be the second of its kind in South Africa that trains its own nurses.

Brackenfell Day Hospital will render a full-time surgical and diagnostic service, and might be expanded in the future to include more services.
Painful wait for Indian child

OWN CORRESPONDENT.
JOHANNESBURG. — A badly injured child was shunted between four hospitals over a period of nine hours after being refused admittance to a provincial hospital because she is Indian.

Two-year-old Shamela Deda’s fingers were mutilated when her hair was caught in the blades of a water pump. Her forefinger was almost severed and three other fingers were badly cut in her struggle to free herself.

This was at midday on Thursday. She was finally operated on yesterday morning. Doctors told her parents her forefinger was broken in three places and the tendons and blood vessels were severed. She may never regain full use of the finger.

Immediately after the accident her father, Mr Esop Deda, rushed her from their home in Sarsktoppies, near Alberton, to J G Strijdom Hospital.

She was given emergency treatment, X-rays were taken — then she was referred to Hillbrow Hospital because J G Strijdom is for whites only.

Upon arriving at Hillbrow Hospital, Mr Deda was told that there were no paediatric facilities and Shamela would have to go to Coronation Hospital.

He arrived at Coronation with the crying, exhausted child at 3pm. By 6pm, she had still not been operated on. In desperation Mr Deda took her to Park Lane, a private hospital in Parktown.

J G Strijdom Hospital spokesperson said yesterday that “from our point of view, we did everything we could” in view of the fact that the hospital did not admit Indians.

Dr T Luckin, the acting superintendent of Coronation Hospital, said Shamela had been admitted and was on a trolley outside the operating theatre when her father took her to Park Lane.

Dr Luckin said there might have been a delay because the surgeon was busy with a more urgent operation and the child had to be starved before general anaesthetic.

According to Mr Deda, he was still being told at 9pm, six hours after arriving at Coronation, that Shamela would be operated on “just now”.

Damages for ‘teapot elbow’

LONDON. — Mrs Pamela Osman made English legal history yesterday by winning damages for “teapot elbow”.

A High Court judge awarded her £6,000 damages, plus unaided legal costs, against her former employers for injuries she suffered from years of lifting a heavy teapot in her job as a factory tea lady.

“She is a lady of average height, average build and average weight, not muscular in any sense, or strong of arm. In judging tea ladies, you must not look for hefty Amazons,” said Mr Justice Sir James Comyn.

He decided that the company, Hawker Siddeley Water Engineering, had not taken her complaints about the teapot seriously.

GRILLLS Pledge

In support of Community Week, we pledge to donate to the Cape Town Community Chest 1% of the net sales of our Cape Town store during the period Monday 1st November to Saturday 6th November.

These monies will be over and above our annual donation to “The Chest” which supports 101 charities in the Western Cape. You too can support Community Week by placing your contribution in one of the collection bottles in our store or by mailing your cheque to The Community Chest P.O. Box 3836, Cape Town.

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(Drew Grant Bazzas)

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Injured child shunted
between four hospitals

By LIZ McGregor

A BADLY injured child was shunted between four hospitals over a period of nine hours after being refused admittance to a provincial hospital because she is Indian.

Two-year-old Shamela Daya's fingers were mutilated after her hair was caught in the blades of a water pump. Her forefinger was almost severed and three other fingers badly cut in her struggle to free herself.

This was at midday on Thursday. She was finally operated on yesterday morning. Doctors told her parents her forefinger was broken in three places and the tendons and blood vessels severed. She may never regain full use of the finger.

Immediately after the accident, her father, Mr Essop Daya, rushed her from their home in Swartkopjes near Alberton to J G Strijdom Hospital. She was given emergency treatment and X-rays were taken of her fingers — and then referred to Hillbrow Hospital because J G Strijdom is for whites only.

At Hillbrow Hospital Mr Daya was told there were no paediatric facilities and they would have to go to Coronation Hospital.

He arrived at Coronation with the crying, exhausted child at 3pm. By 8pm, she had still not been operated on. In desperation, Mr Daya seized the child, her X-rays and other medical records and took her to Park Lane, a private hospital in Parktown.

A J G Strijdom Hospital spokesman said yesterday that "from our point of view, we did everything we could" in view of the fact that the hospital did not admit Indians.

Dr T Luckin, the acting superintendent of Coronation Hospital, said Shamela had been admitted and prepared for the operation and was on a trolley outside the operating theatre when her father took her to Park Lane.

Dr Luckin said there might have been a delay because the surgeon was busy with a more urgent operation. It was also necessary to starve the child for several hours before giving her a general anaesthetic.
Spruit gets new hospital

By Mzikayise Edom
THE WESTERN WING of the Natalspruit Hospital in Germiston, from which 110 patients had to be evacuated because it was sinking into the earth, will be demolished and rebuilt.

Dr A F Chemaly, the Superintendent of the hospital, said last week that hospital authorities were hoping to renovate the affected wards, but had since discovered that there are big holes underneath the wards and that it would not be safe to renovate them.

"Architects and engineers who came to inspect the wards also discovered that there was water running under the wards and that parts of them were erected on clay, causing them to sink," he said.

On June 16 this year, hospital authorities noticed that wards in the western wing of the hospital were sinking and when the situation worsened 110 patients had to be evacuated and placed in other wards.

Dr Chemaly said building plans for the new wards had not yet been completed and that as soon as the plans were ready, the new wards would be erected. He said the building of the new wards would start early next year.
Hospital 'no' to badly injured girl (2)

Mr Yussuf Naeer
A two-year old Indian girl who had her hair ripped and a finger almost severed by a waterpump wheel had to wait six hours at a hospital without treatment after another hospital refused to operate on the child because of her race.

Shamila Daya was playing near a waterpump on her father's Swartkoppies farm near Alberton when the accident happened. Mr Essop Daya said he rushed his daughter to JG Strijdom Hospital.

“She was admitted and given the necessary emergency treatment,” Mr Daya said.

Then a senior staff member told him the child could not be admitted for an operation and would have to go to a non-white hospital.

“I then took my daughter to the Hillbrow General Hospital but they had no facilities for children, and referred me to Coronation Hospital in Newclare,” Mr Daya said.

He said he arrived at Coronation Hospital at 3 pm, and Shamila was admitted.

“I was told the doctor would be there in a half-hour to attend to my child, but by sundown no doctor had showed up to attend to her,” Mr Daya said.

“At 9 pm she was still lying there in pain. So I picked her up and walked out.”

“I drove to the Park Lane Clinic where she was admitted to a children's ward given necessary emergency treatment and later operated on.”

A JG Strijdom Hospital spokesman said: “We did everything necessary at the time to treat the child, the referred the patient to a non-white hospital for more treatment.”

A Coronation Hospital spokesman said he regretted that the child had to wait six hours, but it was necessary for a patient to wait about five hours without food before an operation.

He said Mr Daya could lodge a complaint in writing to the hospital.
Pay strike threat at Baragwanath

About 500 clerks at Baragwanath Hospital and Soweto clinics today submitted a memorandum to the director of hospital services, Dr. Hennie Grove, demanding more pay. The clerks are demanding a 50 percent increase. They staged two-hour protests last Friday and yesterday and have threatened to go on strike if their demands are not met.

A spokesman for the clerks said today they did not want to be seen as irresponsible people, but wanted their demands to be met.

Dr. Chris van der Heever, superintendent at the hospital, said a new salary scale for nurses came into effect last Friday.

"Some administrative staff were upset by the fact that their salaries had not likewise been adjusted."
Strike threat by hospital clerks

Argus Correspondent

JOHANNESBURG. — About 500 clerks at Baragwanath Hospital and Soweto clinics this week submitted a memorandum to the Director of Hospital Services, Dr Hennie Grove, demanding more pay.

The clerks, who refused to work in protest for two hours last Friday and two hours on Tuesday, demanded a 50-percent rise and threatened to strike if their demands were not met.

CONCERNED

A spokesman for the clerks said yesterday they would continue to work, “because we are more concerned with the patients. We do not want to be seen as irresponsible people, but we want our demands to be met”.

Dr Chris van der Heever, superintendent at the hospital, said new salary scales for nurses came into effect on Friday.

“Some administrative staff were upset that the salaries had not likewise being adjusted and a mass meeting was held where demands for increases were made. Negotiations are continuing,” he said.
HEALTHY DEVELOPMENT

Medical free enterprise is set to get off the ground in Soweto. This comes at a time when many middle-income black patients and an increasing number of black members of medical-aid schemes are no longer prepared to tolerate the overcrowding and lack of choice at State hospitals such as Baragwanath.

So the privately-owned Lesedi clinic, to be built in Soweto at a cost of R3.5m, could bring the costs of private hospitalisation within the reach of many more black patients.

The project is being financed by a R1.8m mortgage bond, shareholders' funds and debentures subscribed to by major firms such as Barclays Merchant Bank, Anglo American Corporation, the Premier Group, SAB and Barlows.

The clinic will have 76 beds, three operating theatres, a radiology unit, an administration block and service buildings. It will be operated by Clinic Holdings, a specialist clinic management organisation, under a management contract.

According to Barclays Merchant Bank deputy chairman Basil Hersov: "The debenture and bondholders expect a return on their investment and would not have considered participating unless they were convinced that such a return would be forthcoming."

Adda PE Consulting Group's (PECG) Patrick Kirby: "The clinic is expected to make a profit from the fourth month of operation and should show a positive cash flow from the 16th month."

Dr Nthato Motlana, a director of Lesedi, points out that although there are private nursing homes which do admit black patients, they have to be admitted to private wards - for which medical aid societies refuse to pay. This effectively puts white nursing homes out of reach of most black patients.

In 1979, the PECG undertook a feasibility study which found that at least 8% of all black patients treated could afford private hospitalisation. This implies that even if Soweto had a population of 1m, at least 80 000 could afford private treatment (unofficial estimates put Soweto's population at closer to 2m).

According to Kirby: "A facility with 250 beds could easily be supported by people not on medical aid, so this facility with 78 beds is simply a drop in the ocean."

The project could set a precedent for private sector involvement in black health care.
'holding up new Phoenix hospital'

Mercury Reporter

The delay in Government approval was holding up the development of the first hospital for Indians in Phoenix, according to Dr Fred Clarke, Natal's MEC in charge of hospitals.

He said the Minister of Health, Dr Nak van der Merwe, had promised to give him the green light two months ago, but he had not yet heard from the Minister.

Dr Clarke visited Verulam yesterday to hand over a new ambulance to the Verulam Town Council which is to run a service on behalf of the Province.

New service

He said the ambulance was of the latest series and fully equipped. "It is the culmination of many years of intensive planning in the ambulance field," he said, adding that there were many inadequacies in that field country wide.

The new Westland series of ambulances is the first stage in a completely new ambulance service set up to be introduced in Natal," he said.

The Mayor of Verulam, Mr S G V Subban, who received the machine on behalf of his council, said a fleet of three would operate from Verulam on a day-and-night service.

He said initially the service would operate in Verulam, Oakford, Ottawa, Cottonlands, Canclands and a section of Inanda.

A team of 14 drivers, who would undergo special training in first aid, would be employed.
Community health centres for Ciskei

ZWELITSHA — A total revolution in the field of hospital and clinic services was being planned, the Ciskei Minister of Health and Welfare, Dr C. J. van Aswegen, said at the weekend.

He was speaking at a combined nurses dedication and prize-giving ceremony held at the Lennox Sebe College.

He said the department was in the process of drawing up a five year plan in conjunction with South Africa which was represented on the department’s steering committee.

"Although we cannot as yet disclose much detail, I am able to mention that the emphasis will be on decentralisation, a move away from monum ents to disease towards an upgrading of rural and community facilities, which will include a new concept in Ciskei, that of community health centres," he said.

"The emphasis again will be on preventative increase in the number of nurses since the take-over there was still a great need for more to meet the health needs of the community, he said.

— DDR
FOR DEATH

HE WAITED

8 FAMILIES LIVE IN
SCRAP VAN, WORKSHOP

BY MONK NKOMO

A 46-YEAR-OLD AITONGBE MAN

SCREWED IN THE HEAD AND BODY FOR A FEW HOURS BEFORE BEING UNEARTHED...
Black hospital workers strike

About 400 black general hospital workers at the Hillbrow Hospital went on strike this morning in demand of more pay and better working conditions.

The workers, who include cooks, cleaners, clerks and typists are demanding a 50 percent pay increase.

The striking workers gathered on the hospital grounds at 7 am and appointed a delegation to hand a memorandum containing pay demands and grievances to the hospital's superintendent, Dr J Nach.

Dr Nach agreed to meet an elected committee consisting of representatives from all sections of the striking staff to discuss worker grievances.

An elected committee will meet Dr Nach later today. Grievances include unfair dismissal of pregnant women and long hours with no overtime. Hospital doctors and nurses said the strike had not affected its running.

Doctor Nach could not be reached for comment.
EAST LONDON — A new central sterile supplies depot at Frere Hospital was officially opened yesterday by the chairman of the Hospital Board, Mr David Lazarus.

The CSSD was built in the hospital's old Wakefield ward and will provide the entire hospital with sterile dressings and instruments.

Mr Lazarus commended the hospital's works section for undertaking the project and cutting the estimated cost of building the CSSD by more than half.

He said plans drawn up for the depot in 1983 estimated the cost of the project as R18 200 but that the works section had built it at a cost of only R8 000.

The Medical Superintendent, Dr Rob Newbery, said the new depot would increase efficiency in providing the hospital with sterilised material.

"Before, material was sterilised at half a dozen different points all over the hospital but now everything will come into the CSSD."

The spacious new depot has five autoclave sterilising units and a large area for packaging, dressings. — DDR
Hospital workers strike over sick wages.
Strike by 400
at hospital
‘an act of
desperation’

increase. They
gathered at the hospi-
tal grounds at 7
am and handed a
memorandum con-
taining their dem-
ands to the hospi-
tal’s superintendent,
Dr J N Nnoch.
The cause for the
strike seems to be
the fact that some
employees received
service bonuses
while others did not.

“The employers
said they would
come back to us
with a reply next
Friday — I hope
they take our grie-
vances seriously,”
Mrs X said.

After paying R35
a month in rent and
R20 for coal, she is
left with R26 with
which to buy bus
tickets, costing R8,
and food for the
family.

Her husband sup-
plements their in-
come by gardening
for schools in Sowe-
to.

Mr Gideon Ramo-
shedi, who has been
a gardener at the
hospital for the past
four years, said: “I
have nothing to
hide. What we are
paid is a disgrace.

“I started off with
a salary of R70 a
month. Until April
this year before my
salary increased to
R140, I was earning
R90 a month.

“I save by eating
one meal at the hospi-
tal and not having
supper at home.”

Dr Ramoshebi
lives with his grand-
children and his
22-year-old daugh-
ter. His wife died
some years ago.

Some of the grie-
vances in the me-
memorandum sent to
the superintendent
are:

Long working
hours without over-
time pay.

Women who
fall pregnant during
their one-year pro-
bation period are
dismissed.

Because of the
shortage of staff,
cleaners have had
to work overtime
without extra pay.
Third hospital workers’ strike

ALMOST the entire black staff at the Johannesburg Hospital in Parktown yesterday joined the more than 1,000 hospital workers who went on strike last week, when they downed tools in demand of higher salaries and better working conditions.

The Johannesburg Hospital workers said they were not satisfied because they were earning “peanuts” compared with other workers and could not make ends meet.

The strike is the third within two weeks where hospital workers have downed tools — Baragwanath and Hillbrow hospital workers recently went on strike in demand of better pay and conditions.

“We are sick and tired of authorities who seem not to care about the well-being of the workers. It is high time they learnt the hard way that blacks will not stand for the kind of exploitation practised by hospitals,” said a Johannesburg employee.

He said management had been informed on several occasions of the plight of the black workers.

Workers said they were to meet the superintendent and would not work until their demands were met.

A hospital spokesman confirmed the strike but refused to comment further. “There was a strike but I am not prepared to answer any questions on the matter because we are investigating,” she said.

About 300 workers will lose their jobs when a steel factory closes in Boksburg next month.

The factory is part of Barbian Holdings and will close on December 10 as a result of failure to relocate its operations.

Staff members have been given four weeks’ notice pay and other benefits.
Work or home for strikers

About 300 hospital and industrial workers were reported to have gone on strike in Johannesburg yesterday in demand of higher pay and better working conditions.

In the latest spate of labour unrest to hit hospitals, 27 security guards were dismissed from Baragwanath after the entire security staff went on strike over pay demands. They were allegedly told they were agitators and had incited others to go on strike.

The superintendent of the hospital, Dr Chris van der Heever, said all the dismissed workers came from the homelands and he confirmed they had complained of low salaries.

He said workers were told they should either go back to work or back to the homelands. The workers apparently preferred to go back to their homes than put up with the meagre salaries.

At Teltron Sound-Electrical company 150 workers were told they had dismissed themselves when they ignored an ultimatum to go back to work.

A spokesman for Teltron told The SOWETAN no demands were received from the workers but confirmed Cawasa's "braving to our attention grievances regarding service conditions."

Almost the entire black staff at the Johannesburg hospital in Parktown joined the strike for better pay and working conditions, but workers were back at work late yesterday.
UK nurse hits at conditions in city hospital

By Pamela Klein

An English "contract" nurse is so bitter about her plight at the Johannesburg Hospital that she wants to discourage British nurses from coming to South Africa.

She wrote in the Nursing Times, London, that she was disillusioned after promises made to her during a recruitment campaign in Britain last year.

Miss J. M. Paton, who has been working at the hospital since March, listed her grievances.

She said she was unhappy but could not afford the cost of breaking her two-year

contract. She was therefore trapped.

Dr. Neville Howes, superintendent of the hospital, said Miss Paton had grossly exaggerated the situation and had apologized to the hospital in writing.

In the article Miss Paton said she was financially worse off in South Africa. The cost of living was about the same as that in Britain, but wages were lower.

Describing the pressure and demand of work due to the desperate nursing shortage, she said she worked in an acute admission psychiatric unit where often only two nurses had to cope with a ward full of patients.

Although she was contracted to work a 40-hour week there was an on-call system due to the staff shortage. This meant one of the nurses was on call day or night if anyone became ill.

"We are not paid for being on call and receive only our basic hourly rate if we are called out," she said.

"Very often after working all day we are told we have to work that same night (7 p.m. to 7 a.m.) because of sickness."

"We can also be called in on our days off."

Dr. Howes said Miss Paton has been asked to work an extra shift but had refused.

He said that, on-call systems were a bit of a ruse between ward sister and nursing staff. Miss Paton was not aware of it.

He said staff had been recruited in Britain, primarily because of the recruitment campaign.

Dr. Howes said Miss Paton had brought her grievances to his attention. He had also informed her how her contract was called off.

He disagreed with Miss Paton's allegations that he had misled her at the cost of living in South Africa.

"The cost of living is not a factor that you should factor in," he said.

"When I interviewed her I told her that food and lodging was one of the perks and she showed her receipts before I signed any documents from The Star on the noise and accommodation."

Dr. Howes told the Times that at the time of the interview her rent in Britain had been R25 a month — substantially higher than her present board and lodging of R22 at the nurses' residence.

He said Miss Paton had received a raise instead since joining the hospital in March.

Dr. Howes said the hospital had received no complaints from any members of staff who had arrived from Britain. However, two had "abscended."
Pretoria hospital to stop waste dumps

KALAFONG hospital officials in Pretoria are in future to take strict precautionary measures to stop the dumping of used medicines, bloodstained bandages and medical waste at the Saulsvalle/Atteridgeville rubbish dump.

The hospital superintendent, Dr J A Fourie, told The SOWETAN yesterday that the dumping of used medicines was "a slip up, somebody had erred, it is human to err".

The dumping of hospital waste has caused concern among local residents who fear that it is a health hazard because children and elderly people often pick up the waste for use in the townships.

Dr Fourie said investigations had revealed that tablets which had expired for use had been dumped there. "Although they were not dangerous, they should not have been dumped there," he said.

All medicines that expired for usage should be taken back to the dispensary for disposal, he said.

He said: "Each ward has bags for ordinary refuse and used medicines in others which are burnt in the hospital's incinerator. But some wards do not use proper bags.

"We have now given instructions to the sisters in charge of the wards to avoid dumping used med-

SCORES OF PEOPLE — mostly shack-dwellers — arrested yesterday when West Rand Adminstr. policemen swooped on " illegals " during a pre-dawn raid at Orlando East, Soweto.

Most were released a few hours later after they had paid fines of R10 each at the Orlando police station. A Wrab official estimated that more than 100 " illegals " were nabbed during the raid, which started at about 2am.

Tension gripped the township yesterday as packed police vans ferried the " illegals " from a local Wrab office to the Orlando police station. Residents speculated that more raids could be expected this week.

By MONK NKOMO
at King Edward Hospital

GROSS OVERCROWDING

Patients sleeping in corridors, says MEC

percent

corner

Mc

reporter
A 46-YEAR-OLD Atteridgeville man, Mr Amos Matube, who died recently a few hours after he was allegedly turned away at the Kalafong Hospital “because there were no doctors,” was medically examined before he was sent home. Dr I Kapp, the hospital’s medical superintendent, said yesterday.

Dr Kapp described as “nonsense” the claims by the dead man’s relatives that he was “turned away because there were no doctors available.” Mr Matube, employee at the hospital at the time of his death, was rushed to the Kalafong Hospital on Sunday November 7 after vomiting “what appeared to be black slime,” his cousin, Mr R Matube said.

At the hospital he was told to report the following day. Mr Matube was found dead the following morning.

Dr Kapp, who was “upset and sorry” about the incident yesterday said the private doctor, together with three nursing sisters, had told him the deceased was medically examined before he was sent home.

“After the doctor had established that he had been on treatment since Thursday November 4, he was then told to report the following day.”
The grievances that sparked last Thursday's strike by 500 Hillbrow Hospital workers are still being negotiated between the workers' representatives and the hospital management.

The porters, ward helpers, cooks, cleaners, and clerks are demanding a 50% wage increase and an improvement in working conditions. Lowest paid workers claim to be earning less than R100 a month.

Meanwhile, a blanket of silence has been thrown over a strike by workers at Johannesburg Hospital. According to reports, almost the entire black staff at the hospital downed tools on Monday in support of demands for higher salaries and better working conditions.
Baragwanath foreign funds row

By Michael Chester

Baragwanath Hospital claims to hold foreign loan to help finance vast projects.

Controversy over allocation of the loan.

Dr Chris van der Heever, superintendent of Baragwanath Hospital, has been accused of diverting earmarked loan funds to other projects.

Row over loan for hospital

where it was intended in the first place.

"Because of the extreme sensitivity of black health services, Baragwanath of all places cannot afford to subsidise other projects — however deserving they may be."

Hospital executives believe the intended recipient of the loan was indisputably described in a letter sent by Commerzbank to medical equipment manufacturers Sterken-Maquet in West Germany. A copy was sent to Siemens in Johannesburg.

The letter, a tip to the two firms about potential new business contacts, drew attention to "a project in South Africa." It said: "For modernisation and extension of the big hospital, Baragwanath, in Soweto near Johannesburg a sum of R40 million has been made available."

"The hospital, which has 2713 beds, is to be equipped with the most modern installations, such as new operating theatres, X-ray equipment, etc."

Says a Baragwanath source: "The documentation of events makes it clear the cash was intended for us. Now we want new wards, new beds — not a tumble of bureaucratic red tape."

Mr W G Steyn, Provincial Secretary, has told Dr H A Grove, Director of Transvaal Hospital Services, that the Treasury allocation from the loan for subsidies to black hospitals for the 1982/83 financial year amounts to R5 million. This is equal to only 12.5 percent of the West German loan.

The final share for the Baragwanath scheme, hospital officials fear may work out at only about R2.5 million of the original R40 million. The Treasury has explained the balance has been allocated "according to needs."

Dr W. van der Heever, superintendent of Baragwanath Hospital, declined to comment on the issue.

Dr van der Heever was first alerted to the existence of the R40 million loan when informed by Professor D G Meyers of the University of Witwatersrand department of anaesthesiatics.

Approach

Professor Meyers learnt about it when a South African subsidiary of the huge West German Siemens approached him about buying new X-ray equipment for Baragwanath out of the loan.

The professor, also chairman of the medical advisory committee at the hospital, promptly asked the superintendent to start consultations on how best to use the cash injection.

According to hospital insiders, Dr van der Heever has been attempting to track the R40 million ever since.

"We have ample proof the R40 million from Commerzbank was raised specifically for Baragwanath," one of them remarked. "We desperately need all of it. And we are determined to see it is channelled to Page 3, Col 9
Missing Bara millions: call for inquiry

By Michael Chester

The Transvaal Provincial Administration was yesterday called on to open a full-scale inquiry into allegations that the Transvaal Hospital Board had misused public funds, with a view to the possible indictment of its chairman, Mr. Willem van Zyl.

A formal approach to the Transvaal Provincial Administrator, Mr. Willem van Zyl, was made by the Transvaal Provincial Health Department, at a meeting yesterday at which the Health Department's Director, Dr. M. C. van der Merwe, was present.

The meeting was convened by the Transvaal Provincial Minister of Health, Mr. J. de Beer, who said that the Department had received a number of complaints from hospitals in the province regarding alleged mismanagement of funds.

Mr. de Beer expressed concern that the allegations could affect the effectiveness of the provincial health service and called for immediate action to investigate the charges.

In response, the Transvaal Provincial Administrator promised to consider the matter thoroughly and to take appropriate action.

The investigation will focus on allegations of misuse of funds by the Transvaal Hospital Board, which is responsible for managing the province's hospital facilities.

The Transvaal Provincial Health Department has also requested the Transvaal Provincial Administration to review the performance of the Transvaal Hospital Board and to consider whether the board is fit to continue in its current role.

The Transvaal Provincial Administration has indicated that it will consider the matter carefully and will take whatever action is necessary to ensure that the public's health needs are met effectively.

PROGRESS

Hospital officials fear that progress on the budget will be delayed by a threatened walkout of all nursing staff unless substantial increases in their basic salaries are granted.

A prominent member of the Transvaal Provincial Health Board, Dr. N. H. B. du Toit, said yesterday that the province's budget for the 1982/83 financial year had been reduced by 25% due to a lack of funds.

Mr. du Toit said that the board had been unable to agree on the terms of a proposed contract with the nursing staff, which would have increased their basic salaries by 10%.

He said that the board was now considering other options, such as seeking additional funding from the provincial government or exploring ways to reduce costs within the health service.

Mr. du Toit emphasized the importance of ensuring that the province's health service continued to function effectively, despite the financial challenges it faced.

The provincial government has expressed support for the board's efforts to negotiate a fair and reasonable contract for the nursing staff, but has also made it clear that it will not provide additional funding unless the board can demonstrate a willingness to reduce costs.

The Transvaal Provincial Health Board has indicated that it will continue to negotiate with the nursing staff, with the hope of reaching an agreement that is acceptable to all parties.
Argus Correspondent

JOHANNESBURG. — Baragwanath Hospital claims to hold proof that the bulk of a R40-million overseas loan to help to finance its vast modernisation programme has been diverted by the Treasury to other projects.

Controversy over the allocation of the loan has come to the boil as executives complain that an acute shortage of funds is causing the whole programme to make Baragwanath a show-place for black health care to grind to a halt.

Row drags on

Hospital executives say progress on the project is hindered because of shortages of funds as the hunt goes on to trace what happened to the bulk of the big cash injection from abroad.

While the row drags on about the mystery millions, the hospital — by far the largest in Southern Africa, treating well over 100 000 in-patients and over 1 500 000 out-patients a year — admits gross overcrowding.

Daily at the moment between 300 and 400 patients, post-natal maternity cases among them, have to be bed down on the floors of wards.

The Transvaal Provincial Administration has asked the Treasury for details about the R40-million loan, negotiated with Commerzbank, one of the largest banks in West Germany, several months ago.

The Treasury, in reply, has confirmed the State has received the money but indicated that Baragwanath Hospital is “among others” in a number of black community projects that will draw on it.

Mr W G Steyn, Provincial Secretary, has told Dr H W Grove, Director of Transvaal Hospitals, subsidies made available for the 1982/83 financial year amount to R5-million of the total — equal to only 12.5 percent of the West German loan.

Only R2.5-million

The final share for the Baragwanath scheme, hospital officials fear, may work out at only about R2.5-million. The Treasury has explained that the balance has been allocated “according to needs”.

Dr Chris van der Heever, superintendent of Baragwanath Hospital, declined comment.

However, it is reliably understood that Dr van der Heever is infuriated by what many hospital executives regard as a diversion of funds specifically intended to push ahead with the multi-billion rand modernisation programme to replace obsolete wards and expand Baragwanath.

He was first alerted to the fact the loan existed when informed by Professor D G Moyes, of the Wits University department of anaesthetics.

Use the cash

Professor Moyes learned about it when the South African subsidiary of the huge West German company, Siemens, approached him about buying new X-ray equipment for Baragwanath out of the loan.

The professor, also chairman of the medical advisory committee at the hospital, promptly asked the superintendent to start consultations on how best to use the cash injection.

Nor, they say, are several members of the Transvaal medical hierarchy satisfied with the apparent policy of the Treasury that Baragwanath and black hospitals in general will receive only a fraction of the proceeds.

Ample proof

“We have ample proof that the R40-million from Commerzbank was raised specifically for Baragwanath,” one of them remarked. “We desperately need all of it. And we are determined to see it is channelled where it was intended in the first place.”

“Because of the extreme sensitivity of black health services, Baragwanath of all places cannot afford to subsidise other projects, however deserving they may be.”
Retirement of
Dr Stott of Valley Trust

Mercury Reporter

AFTER nearly 30 years of dedication to the promotion of health in the Valley of a Thousand Hills, Dr Halley Stott retired as chairman of the Valley Trust yesterday. He remains a trustee.

Dr Stott founded the Valley Trust socio-medical project for the promotion of health.

The project was spearheaded by a medical service when Dr Stott built a clinic in the valley. Nutrition education became the main focus and domestic gardening was encouraged.

In 1966 nearly 300 of the 30,000 children who visited the clinic had kwashiorkor. In 1981 there were only 1 cases out of about 5,000 children.

Degree

The project earned Dr Stott the degree of Doctor of Medicine in 1977 from the University of Edinburgh.

In 1980 the University of Natal awarded him an honorary Doctor of Science and in 1981 he was awarded the Jubilee Award by the College of Medicine of South Africa.
Coma death inquest is told of dispute

Mail Reporter

BARAGWA NATH Hospital’s Obstetrics and Anaesthetics departments had quarrelled over who should perform epidurals—a spinal injection for painless childbirth—but the doctors had finally won because there were too few anaesthetists.

This was the evidence of Dr Vernon Meyer, anaesthetist registrar at Baragwanath Hospital, of the Johannesburg Inquest Court inquiring into the death of Mrs Ellen Bunting.

Mrs Bunting—who fell into a two-month coma after an intern, Dr Kali Tricorides, performed her epidural—died two years ago after giving birth to a healthy boy. Vital resuscitation equipment, an air-bag and strapping to secure the air-tube, had been missing from the emergency trolley.

“There is a problem of inadequate staff. There is not enough manpower to give assistance to the Obstetrics Department,” Dr Meyer told the inquest.

Dr Meyer found Mrs Bunting had already sustained irreversible brain damage when he arrived at the Intensive Care Unit of the Labour Ward, about 10 to 15 minutes after she collapsed on April 29, 1980.

Resuscitation measures had been incorrectly administered—her skin had gone blue and her pupils were not responding to light. The air tube which should have been in the trachea was pumping air into the stomach. She had been deprived of oxygen for about three minutes and inadequately administered oxygen for about 10 minutes, he said.

The obstetrics departments were doing epidurals for themselves. I was working for the anaesthetics department and anaesthetists were never asked to be present when epidurals were given,” Dr Meyer said.

An on-going dispute in the hospital over who should administer epidurals had resulted in the obstetrics department relying on their own staff to give anaesthetics. “A doctor may not have enough training or experience to cope with problems that could arise from epidurals,” he said.

An inadequately trained doctor would not be able to distinguish between the sounds of air pumping into the stomach and breathing.

Sister Eudora Khoza, on duty when Mrs Bunting collapsed, said the patient had complained she was dizzy only seconds before screaming: “I am dying.”

She had writhed in pain as medical staff held her head and the baby began emerging. She had then lost consciousness. At the moment of collapse, there had been no doctor in the ICU.

As Dr Tricorides arrived, Sister Khoza said she had realised that expert help was needed and called for Dr Derek Merrell, the senior obstetrician.

The State yesterday closed its case. The inquest was postponed until January 24.
Reports on hospital loan ‘untrue’

PRETORIA. — The Government has never negotiated a loan of R40-million for extensions to the Baragwanath Hospital in Soweto, according to the Minister of Finance, Mr Owen Horwood.

He said reports that the Treasury was using the money for other purposes were completely untrue and he intended filing a complaint with the Press Council over reports in several newspapers.

Since the reports had first appeared, nobody had attempted to get the true facts from either him, the Director of Finance or the Treasury and he took a serious view of the allegations against the Treasury.

Mr Horwood said that in 1980 a loan of R250-million had been negotiated with several overseas banks and a considerable portion of this money had been allocated to Baragwanath Hospital.

SPENT

Over the past three years more than R21-million had been spent on buildings alone at the hospital and the operating costs to the provincial administration were estimated at R52-million for the current financial year.

Mr Horwood said that in addition, another R6-million was this year being spent on the construction of several clinics in Soweto to alleviate the pressure on the hospital. — Sapa
Probes into 'loan' urged

Argus Correspondent
JOHANNESBURG — The Transvaal Administrator, Mr. Willem Cruywagen, was urged today to go ahead with an inquiry into an alleged R40-million overseas loan to Baragwanath Hospital and how it was allocated.

The appeal was made by Mrs. Irene Mennell, M.P.C. for Houghton and PFP spokesman on medical affairs.

"Mr. Horwood has emphatically denied the existence of a R40-million foreign loan specifically earmarked for Baragwanath," Mrs. Mennell said.

UNANSWERED
"However, in view of existing correspondence, there still seems to be certain questions that remain unanswered.

"Accusations of irresponsibility and threats of Press Council action do little to lessen the worries of those of us genuinely concerned with greatly needed improvements at Baragwanath.

"We would welcome further and more specific clarification."

Lesotho detains former Chief Justice's father

Argus Africa News Service
MASERU — The father of a former Chief Justice of Lesotho, Chief Simon Mapela, has been detained by Lesotho security police under the country's 60-day detention law.

According to a family spokesman, 78-year-old Chief Mapela was taken away from his place of work in Maseru on Friday and has been held incommunicado.

Some of these efforts did not go into history for the

ISSUES AT HOME

An interesting political conflict.

South Africa's political drama of the moment is a very complex one, involving several interests and groups. The latest developments show how the problem of how to pass on power after the death of the former leader is demanding more attention. But the issue of Africa's constitutional and national needs is still far from being resolved.

Pan African Goodwill

next 15 years

Car 10 independence from Europe during the
problems of the colonial area. But the
leaders and doctors who became "freedom" heroes of the 1960s.

The town of Soweto is sparsely populated with an estimated population of 60,000.

Grey Mills, Kaye Eddie 8030/00073
Bara: Horwood gives no explanation

By Michael Chester

The Minister of Finance, Mr Owen Horwood, has dismissed certain correspondence and official documentation referring to a R40 million loan to Baragwanath Hospital as “wrong” — but he has given no explanation.

The documents were published in The Star yesterday in the wake of denials by Mr Horwood that such a loan was ever made.

One of the letters was signed by Mr W J Steyn, provincial secretary, and was attached to a letter sent by the Director of Hospital Services in the Transvaal to the Superintendent of Baragwanath Hospital.

In it Mr Steyn wrote, after raising the issue with the Treasury: “The State has received a loan of R40 million from abroad.”

He went on to explain that Baragwanath had no claim on the sum but was one among several projects that would benefit.

However Mr Horwood insists in attacks on newspaper reports on the loan: “There never was a loan. We never sought it and we know nothing about it.”

The Citizen reports today that it was told by the Minister that letters reproduced by The Star were “wrong.”

But Mr Horwood has declined to be interviewed by The Star and to see copies of key correspondence it has been handed in its investigation into the loan controversy.

The Star gave front-page prominence to an attack on it by Mr Horwood and made plain it would not respond to the Minister’s generalised allegations or to threats but was happy to answer each of his questions.

The SABC and several other newspapers which have carried Mr Horwood’s denials about the alleged loan have so far reproduced none of the correspondence.

Mrs Irene Menell, M.P.C. for Houghton and P.P. spokesman on medical affairs, said she was pressing ahead with a call to the Administrator of the Transvaal to institute a formal inquiry into the loan reports.
up fight for life

Technology steps
The battle for life

Danger of 'burn out' a threat to staff

Bright lights are focused on the incubators. Tiny babies are connected to drips, tubes, respirators and alarms that hum, beep and buzz in the background.

Some were injured during birth, others were born sick but most are premature — born too soon, too small with an immature immunity system.

At the Newborn Intensive Care Unit at Baragwanath Hospital there has been an amazing revolution in the treatment and survival rate of premature and low birthweight babies over the past few years.

Today most survive and will lead normal lives, thanks to intensive care facilities, technological advances, sophisticated equipment and improved transport facilities.

The newborn infant, who was once the Cinderella of medical care, has become one of the greatest challenges facing the medical profession.

But the challenge is more than professional. It also means doctors and nurses who become “worn down” by the nature of their work.

Working in a sophisticated area of medicine, they know the baby’s future often depends on split-second decisions and meticulous care.

BLINDNESS

Giving a baby too much oxygen can cause blindness. Too little can damage the brain. The amount of fluid given also has to be carefully monitored — too little will cause dehydration, too much will cause waterlogging.

These words are often understated with personnel often working round the clock to cope with emergencies.

The impact of losing a baby, particularly after a long struggle, and the grief of the family often leave doctors and nurses with a sense of personal failure.

All this leads to the “burn out” syndrome — a condition that has been recognised in newborn intensive care units in the United States.

Despite the challenge of the work there is still the controversy about resuscitating babies that may be “vegetables” for life, says Dr Keith Bolton who heads the unit at Baragwanath.

RIDICULOUS

He said that in America some babies were kept alive artificially, for fear of litigation.

"It is ridiculous that babies be kept alive artificially with no hope of ever weaning the child off life-support machines or where the quality of life will be very poor," he said.

Dr Bolton pointed out that litigation at Baragwanath was becoming more frequent as parents "quite rightly" were beginning to demand an adequate medical service.

He said it was policy at his hospital to resuscitate all babies over 1,000 g. A number of babies between 500 and 999 g are considered abortions and not referred to paediatricians.

"It is policy not to ventilate babies of less than 1,000 g due to restricted facilities but such babies receive all the available treatment short of this," he said.

The survival rate of babies with a birthweight from 1,000 g to 1,500 g in South Africa has risen from 30 percent to 60 percent over the past 10 years.

LESS RISK

Generally the level of physical maturity at birth determines survival rather than weight alone. Babies who can breathe on their own at birth will be at less risk than those who have been on an artificial respirator — the less a premature baby has to be assisted, the better his chances.

However, the smaller the baby when it is born, the greater is his resistance to the effects of low oxygen.

"Time is critical in treating premature babies. Intensive care certainly diminishes the chances of retardation," Dr Bolton said.

With an immature body system, a premature baby starts life with grave disadvantages and is extremely vulnerable. Every part of the body can turn into a problem area.

The lungs may not function properly and hyaline-membrane disease in which the lung collapses can develop. Some babies are born with pneumonia.

VULNERABLE

The baby is extremely vulnerable to infection. Disease in a baby this small can be devastating. Premature babies are also prone to anaemia.

Jaundice is common in pre-term babies because the immature liver cannot excrete toxic wastes which build up in the blood. Brain damage can result.

A premature baby lies connected to drips, tubes, respirators, pumps and alarms in the Newborn Intensive Care Unit at Baragwanath Hospital.

Of an estimated 20,000 babies born each year at Baragwanath, about 3,000 weigh less than 2.5 kg at birth. Of these about 2,500 need to stay in hospital for six to eight weeks and in most cases their mothers stay.

The causes of premature labour are usually unknown but some mothers at risk include those who have had spontaneous abortions, diabetes or malnutrition.

Other risk factors during pregnancy include smoking, drinking, sexual activity, taking drugs or emotional trauma.
Oops! The giant Bara loan that never was

Bara loan row: Horwood's denial
Baragwanath row over foreign funds
Horwood accuses

GERMAN OFFICIAL BLAMED FOR COMEDY OF ERRORS

Mr Owen Horwood, unable to explain.

THE MYSTERY OF A R40-
Million Foreign Loan for Baragwanath Hospital That Appeared and Then Disappeared Earlier This Year Was Solved This Week.

A German Government official has admitted that his mis-translation of a newspaper report led to an almost unbelievable chain of misunderstandings, embarrassment and anger.

A Sunday Express investigation has revealed that the loan was granted to Baragwanath Hospital, not to Baragwanath Hospital, as had been reported. The loan was actually for a hospital in South Africa.

No R40-million foreign loan was given to Baragwanath this year.

The first link in the chain of errors was forged on April 18, when an official in the German National Office for Foreign Trade spotted a Johannesburg newspaper report, headed 'R40m overhauls for Bara,' describing the hospital's plans for a 10-year

agreement as progress and priorities change.

The Provincial Secretary simply passed on the explanation to Baragwanath as to why the full amount had not reached the hospital. Incredibly, his letter provided documentary 'confirmation' of the by now notorious 'Bara loan.'

This week the Minister of Finance, Mr Owen Horwood, was forced to go on the record to stage the unfortunate comedy of errors when he angrily denied the existence of a Baragwanath loan but, like all the other actors who had innocently stumbled into the play, remained unable to explain the accumulation of documentary 'proof.'

In the absence of any explanation, the anguished protests of bankers and officials simply added to the puzzle, not only as to where the mysterious 'loan' had come from but now, equally mysteriously, where it had gone.

"We have definitely made no loans to South Africa this year," a spokesman for Commerzbank in Frankfurt insisted. (The bank's local office had already nervously washed its hands of the whole affair.)

"There has been no loan for Baragwanath hospital this year," the Department of Health confirmed.

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Baragwanath row
over foreign funds
Horwood
accuses
The Star
Rolf Baragwanath loan claim 'untrue'

By MARTIN WELZ
Political Correspondent

THE mystery of a R40-
million foreign loan for
Baragwanath hospital
that appeared suddenly,
then disappeared earlier this
year was solved this
week.

A German Government official has admitted that his
mis-translation of a newspaper article led to an almost
unbelievable chain of misunderstanding, embarrassment
and anger.

A Sunday Express investigation has revealed that
plain bungling by German and South African officials
not only exposed the Minister of Finance, Mr Owen
Horwood, to suspicion and embarrassment, but may
also have seriously damaged South Africa's credibility in
the international money market.

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this year.

The first link in the chain of errors was forged on April
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Johannesburg newspaper
report, headed 'R40m over-allowa
for Bara!', describing the hospi-
tal's plans for a 10-year modernisation
programme which hospital officials estimated at the time,
would cost R60-million.

The official German misinterpreted the report and,
believing that R40-million had
in fact already been
made available, saw an
opportunity for German suppli-
ers of hospital equipment.

He inserted a one-para-
graph item to this effect in
a regular newsletter sent by
department to German
businessmen interested
in foreign trade.

In Frankfurt, a manager of
the Commerz Bank spotted
the item and forwarded it to
a client who manufactures
X-ray and operating theatre
equipment.

The client approached
Baragwanath to enquire if
the hospital was interested
in spending some of its newly-
found wealth on his equipment.

Surprised that a German businessman had heard the
good news before the hospital
itself, Baragwanath chief
superintendent Dr Chris van
den Heever wrote to the Di-
rector of Hospital Services
in Pretoria, Dr Hennie

GERMAN OFFICIAL
BLAMED FOR
COMEDY OF ERRORS

- Mr. Owen Horwood
unable to explain

Groove, inquiring about the
loan and asking that the
hospital be consulted on how
the money was to be spent.

About this stage, it is
believed, the Commerz Bank
was involved.

Dr van den Heever's letter
was, of course, the first that,
Dr Groove had heard of the
matter. He asked the Pro-
vincial Secretary, Mr W G
Steyn, about it. Mr Steyn,
in turn, phoned the Depart-
ment of Finance.

There, Mr E H Dedumon,
appearance without question-
ing that a loan had in
fact been raised for Barag-
wanath this year, explained
that while a R40-million loan
might have been raised men-
tioning Baragwanath as des-
ination, this did not neces-
sarily mean that the full
amount would be made
available for the hospital.

Mr Arnold Peasey, deputy
director-general of the De-
partment of Finance, said
this week: "Not only is it
standard procedure but it is
explicitly stated in most
loan agreements that the
total amount of a loan may
be disbursements..."

The Provincial Secretary
also conceded that the
unnatural speed with which
the loan was processed was...

The Provincial Secretary
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sisted. "The bank's local
office had already massively
washed its hands of the
whole affair.

"There has been no loan for
Baragwanath hospital this
year," the Department of
Finance insisted. (Mr Hor-
wood was by now refusing
to talk to the Press).

But suspicions that money
might have been borrowed
ostensibly for black hospi-
tals and then diverted by the
Government for other pur-
poses sent ripples of anxiety
through the ranks of Euro-
pean bankers involved in the
loaning deals for South Africa.

In the past year they had
had to face at least two
major disinvestment cam-
paigns launched by the an-
ti-apartheid lobby in Ger-
many and Switzerland, in
which they were accused of
financially supporting the
oppression of blacks.

Finally, on Friday, the
representative in South Africa
of the German Depart-
ment of Foreign Trade,
Mr S Breuer, was able to talk
the Sunday Express:
"I have finally got to the
bottom of the saga. Yes, it
was our mistake a mistrans-
lation by an official who has
since retired. I am phoning
Pretoria now to explain.
"Dr van den Heever left on
holiday early on Friday and
could not be reached for
comment."

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Mystery of missing R40-m Bara loan partly resolved

The mystery of the missing millions for Baragwanath Hospital has been partly cleared up. Staff at the hospital claimed there was no loan and neither the German Foreign Trade Bank nor the German Foreign Trade Department had any records of such a loan.

The Ministry of Finance, Mr. Owen Horwood, promptly denied the existence of any loan.

Who was right? After the Minister's denial — and his unbridled attack on the Star for publishing the hospital's claims — the Star published official documents purporting to confirm the existence of the loan. But it now appears that both the Treasury and the Transvaal Provincial Administration were wrong.

Somehow, everyone appears to have been misled by German Foreign Trade Department officials who misread a report put out about Baragwanath's plans for a R40 million upgrade.

One official error, printed in West Germany, returned to South Africa and somehow became an official error, compounded itself, as it went. The details are set out on Page 9.

The matter is now partly cleared up. The questions that remain are:

Did the Treasury or the Transvaal Provincial Administration know of the existence of the loan?

To Page 3, Col 7
The text on this page is not legible due to the quality of the image. It appears to be a continuation of a previous page, possibly containing information or instructions, but the details are not discernible.
Horwood accuses
The Star

To The Star from the Minister of Finance, the Hon Owen Horwood:

"The banner headline on the front page of Monday's Star: 'Government accused of diverting earmarked loan - Baragwanath row over foreign funds' and the report which follows are perfectly disgraceful.

"Your opening paragraph reads: Baragwanath Hospital claims to hold proof that the bulk of a R40 million foreign loan to help finance its vast modernisation programme has been diverted by the Treasury to other projects.

"There never was at any time a R40 million loan nor any question of such a loan being raised.

"Therefore the statement that the Treasury had diverted the proceeds to other projects is a blatant falsehood.

"Tell us who, specifically, at Baragwanath Hospital made this false claim you have published.

"You refer to Commerzbank in Germany, as the bank which provided the R40 million loan.

"Did you check with Commerzbank to obtain the true facts before you published your damaging report?

"I am told that last Friday you telephoned Mr Dednam at the Department of Finance about this fictitious loan and that Mr Dednam informed you that he had no knowledge of any such loan.

"Furthermore that Mr Dednam advised you to speak to Mr Peacey, the Director of Finance in charge of foreign loans, for confirmation.

"Why did you not speak to Mr Peacey who was freely available?

"Worse still, why did you signal your failure to publish Mr Dednam's statement to you that he knew nothing of such a loan?

"The reason is, of course, that had you done so your whole report, and the false allegations it contains would have collapsed.

"This whole story of a R40 million loan is a fabrication, as I, or Dr de Leon, or the Secretary of the Treasury, or Mr Peacey, among others, and Commerzbank could immediately have told you.

"But then, as I say, your sensational, damaging story could never have seen the light of day.

"As things stand you have falsely impugned the integrity of myself as Minister of Finance, of the Treasury, and of the Government.

"You have, in fact, done your best to sabotage the interests of your country by attempting to discredit South Africa in highly sensitive capital markets of the world where our reputation for fair and honourable dealing is universally recognised and our credit rating is of the highest.

"The matter is far too serious to be left where it is — nor will it be.

"The Star will not respond to the Minister's generalised allegations or to his threats but it is happy to answer each of his questions.

"The relevant questions and answers appear above.

"The objective of The Star was clear: to have many of these questions raised publicly when departmental queries had resulted only in creating suspicions.

"We published in the interests of Baragwanath, its community and of South Africa as a whole.

"We are happy to publish anything that sheds further light on this matter.

---

PFP urges Bara probe

from page 1

Mr Horwood said that in 1980 a loan of R250 million had been negotiated with several overseas banks and a considerable portion of the money had been allocated to Baragwanath Hospital.

Over the past three years more than R21 million had been spent on buildings alone at the hospital.

Operating costs to the provincial administration were estimated at R62 million for the current financial year.

He said another R6 million was being spent this year on the construction of several clinics in Soweto to alleviate pressure on the hospital.
Medical row over equipment repairs

QUOTE

‘Firms sell expensive equipment, but then they pull the carpet from under your feet by not providing backup service’

BY TONY SPENCER-SMITH

DOCTORS and biochemists in centres outside the Witwatersrand are having serious problems getting expensive and vital pieces of laboratory equipment repaired.

One Cape Town pathologist who has just won a bitter six-month battle to get a R22,000 gamma-counter fixed, now wants doctors from all over the country to telephone him before they buy such machines, so he can tell them about the service difficulties involved.

Dr John Carter lashed out in an interview this week at Johannesburg-based suppliers of laboratory equipment who failed to provide adequate backup services in places like Cape Town, Durban and Bloemfontein.

He said the position was even worse in smaller centres.

‘Firms come down and sell very expensive equipment, then pull the carpet out from under your feet by not providing a backup service.’

“Our problems with the gamma-counter have meant that doctors, hospitals and patients have sometimes had to wait around for important test results.”

“The flow of medical service was disrupted and some batches of tests have had to be repeated, which involved considerable expense.”

Dr Carter said that the machine was finally fixed: “In October 1980 our firm purchased a multihedged gamma-counter which costs R2,500, and calculated the results using a built-in microprocessor. The time-saving advantages of this system are obvious and in 1980 the machine cost R22,000.

“The suppliers have since moved their offices to Johannesburg and have delegated the maintenance and repairs of these instruments to a Cape Town firm who have admitted to me that they do not have the expertise or the staff to maintain the gamma-counters sold in Cape Town.

“We were given verbal assurance that, no matter what the circumstances, maintenance and repair services would be available at all times after purchasing the instrument. . . .

“Our machine now requires repair, and calls for both the Cape Town and Johannesburg firms have brought no response for over six months. This is a well-known occurrence which has been repeated far too frequently in South Africa.”

“Cross”

Dr Carter told me he had managed to get the machine fixed this month, only after he got “cross” and sent copies of a letter of complaint to the Director of Trade of the Department of Industries, Commerce and Tourism and to all branches of the firm which supplied it, including the head office in Britain.

“Within a week they flew down and fixed it. It is working well now. But the overall situation hasn’t changed.”

Dr Carter said he had communicated numerous fruitless times with the Cape Town firm delegated to do repair work when the supplier moved to Johannesburg.

“They said they did not have the staff or expertise to service these machines. So then we were really in trouble.”

He said the gamma-counter was a highly sophisticated tool to detect minute quantities of hormones and other substances in blood using radioactive isotopes.

“One understands that there is much more demand for expensive equipment like this on the Witwatersrand than elsewhere, but that is not a sufficient excuse.

“We have a large computer here, also from a Johannesburg company, and if anything goes wrong, they’re round in 10 minutes to fix it.”
calling for a 10 percent saving in X-ray departments. (These measures include control of free supply and X-ray department devices, meeting the cost of X-ray department devices.)

No further office supplies should be purchased until the end of the financial year. There is a need for medical supplies, and the Department of Health has been working on a light budget and had to save.
STRINGENT control measures have been introduced at Baragwanath hospital to beat the financial crisis in the Department of Hospital Services.

Doctors at the hospital have described the measures as "bad medicine" and "ludicrous".

But they concede that excessive wastage by some doctors has led to the implementation of the controls. The measures include:

- A 20 percent cutback in routine laboratory tests which could seriously affect the standard of medical care at the hospital.
- A ban on post-mortem examinations which could hamper medical research.
- A restriction on pacemakers to people under the age of 70.

This move was described as "inhuman" by one doctor, who said: "It is a way of dumping the old folk or just leaving them to die."

Earlier this month Dr Chris van den Heever, superintendent of the hospital, circulated a letter to every unit and department head saying he was forced to implement certain measures to cut down on spending.

Dr van den Heever said the financial position of the Department of Hospital Services was extremely serious and no additional funds were made available on next year's budget.

"This places the responsibility on all of us to make do and to cut down in all sectors to stay within our allotted funds," he said.
Bara is adjusting cost-cutting rules

By Pamela Kleinot
Baragwanath Hospital has already revoked the decision to ban post-mortem examinations and chromosome studies used for detecting mongolism in fetuses.

This was disclosed yesterday by the deputy superintendent, Dr S J Cronje, following a report in The Star this week in the stringent control measures introduced at the hospital to reduce spending.

PACEMAKERS

The cutbacks would not affect patients at all. "We will never stop a doctor ordering a laboratory test or X-ray that is in the patient's interest."

Overprescribing was also a major problem at the hospital.

The four-day restriction on antibiotics was confined to outpatients only. The patient was to return after four days to be reassessed, and if necessary more antibiotics will be issued.

Regarding the restriction on pacemakers, Dr Cronje said it was seldom that one would be inserted into a person over the age of 70 so this saving was minimal.

Commenting on the head office instruction that there would be no overtime pay from December 1, Dr Cronje said there had already been a concession for radiographers.

"The idea behind this measure is that nurses, administrative staff and paramedics should be given time off for overtime but our radiography department is so understaffed that we would come to a complete standstill if there was no overtime pay," he said.

"If this measure seriously affects other services we will also have to adjust the situation," he added.
HEALTH + DISEASE
HOSPITALS + CLINICS
1983

JAN. — DEC.
New Entabeni clinic

DURBAN'S Entabeni Hospital has opened a new clinic which caters solely for same-day surgery.

Mr Hector Harmsworth, the managing director of Entabeni, the country's biggest private hospital, said the facility made it possible for patients undergoing minor operations to be admitted and discharged on the same day.

He said the decision whether or not same-day surgery would be performed at the clinic lay entirely in the hands of the doctors and surgeons. They had to be completely satisfied that the patient would be properly cared for at home after the operation.

The clinic would be capable of handling 1,000 cases a month. It would have taken several months for this number of people to have been accommodated under the system where patients stayed overnight.
Bara surgeon cautioned

BY MAURITZ MOOLMAN

A SURGEON, Dr A J Klein, of Northcliff, Johannesburg, was found guilty yesterday of improper conduct by a disciplinary committee of the South African Medical and Dental Council following the death of a man in May 1979.

Mr John Maredi died in the Faar East Rand Hospital, Springs.

He was admitted to the hospital with stab wounds in the neck, but because there was no blood for transfusion, he was transferred to Baragwanath Hospital.

A FER doctor, Dr P J Drotsky, told the committee that Dr Klein had refused to admit Mr Maredi to Baragwanath Hospital.

Because the transfer was done improperly.

Dr Klein also said blood could be obtained at the Boksburg/Beoni Hospital and re-transferred Mr Maredi to the FER.

Dr Klein told the committee that he had been on duty for about 15 hours when he received a telephone call from Dr Drotsky saying the patient had been transferred.

Dr Drotsky had told him that the patient was in a serious condition and was probably bleeding internally.

But Dr Klein said after a proper examination of the patient by him and another doctor they had found his condition stable and there was no reason for immediate operative action or a blood transfusion.

Mr Maredi was returned to the FER where he died four hours later.

Dr Klein was subsequently acquitted on a charge of culpable homicide by a court of law.

The disciplinary committee found that Dr Klein was guilty of improper conduct in that he failed to hospitalise Mr Maredi or give him proper treatment, to place him under observation or to take steps to establish the full extent of the injuries.

Dr Klein was cautioned and reprimanded.
More staff for hospital

ZWELITSHA — Six new interns, including two Ciskeians, started work at Cecelia Makiwane Hospital, Mdantsane, this month.

According to Ciskei's Health Minister, Dr C H J van Aswegen, seven additional medical officers also have joined the hospital staff, bringing the total number of full-time medical staff to 57. 12 of them are specialist consultants.

Dr Van Aswegen said that close on 24,000 patients had been admitted to the hospital last year. Over 6,000 babies were delivered at the hospital and clinics throughout Ciskei while 653,000 outpatients were attended. In Mdantsane, over 78,000 immunisations were carried out.

Meanwhile, Dr Van Aswegen has announced the formation of a sub-committee to promote literacy in Ciskei. He said the committee would assist his department's literacy campaign with advice and information. "This will encourage greater sharing of ideas and decision-making."

The committee comprises the Chief of Psychological Services, Mrs A Z Solomon, social workers, organisers of nursing services, administrative staff and health inspectors. — DDR.
A union clinic

The African Food and Canning Workers Union, and the Food and Canning Workers Union have established their own medical clinic. It is believed to be the first in Africa started by trade unions.

According to the clinic’s medical officer, Dr Dennis Rubel: "In the Seventies it became clear to us that large amounts of money were passing out of the medical benefit fund to private doctors. The idea was mooted to employ a salaried doctor rather than continue with pro rata payments."

The clinic was established two years ago in Paarl under the auspices of the unions’ medical fund — the Fruit and Vegetable Canning Workers Medical Benefit Fund. It treats workers employed by the Langeberg Ko-op canning factories, Dal Josephat and Langeberg Zuiders Paarl.

The clinic staff is responsible to a central committee on which both management and worker representatives sit. Although run on a shoestring, it has a fully stocked dispensary and provides a total non-surgical service, including treatment for chronic diseases such as asthma, heart disease and leg ulcers.

Medicines are bought in bulk and dispensed free to workers. The fund is maintained through weekly deductions from workers’ salaries and contributions by management. These contributions entitle workers to attend the clinic as often as required.

Rubel says: "In other parts of the country the fund is paying between R5-R10 per worker for medicines. In Paarl the cost to the fund is R1.40. So cost savings have been beneficial to fund-members, not only in Paarl, but nationally."

A comparison of medical fund payouts prior to the establishment of the clinic has indicated that as a result of inflation the fund’s medical costs increased by 10% since the clinic opened. In Paarl they decreased by 21% despite medicine consumption by members increasing by 20% over the last year.

There are also benefits for management. Rubel says that "if workers come to the clinic or are attended at the factory, management loses little production time compared to the amount of time wasted waiting at hospitals or for private doctors."

Langeberg’s Paarl personnel manager Danie Lombard agrees: "Most of our workers use the clinic and we are very pleased with it. It offers a good service and is working very well."
Baragwanath 'caused' death

The Bunting family is suing the TPA for R45,000 damages. Mrs Bunting collapsed minutes after an intern, Dr Kali Tricerides, administered an epidural and the supervising registrar, Dr Melien Jerkovic-Andrini, left the room. Dr Tricerides had attempted to resuscitate the patient alone, but vital equipment was missing from the emergency trolley. When Dr D Merrell, principal specialist in gynaecology, arrived, the air tube was pumping oxygen into Mrs Bunting's stomach.

Mr H Sapiere, appearing for the family, argued Mrs Bunting had died as a result of brain damage, precipitated by loss of oxygen to the brain during resuscitation. Baragwanath Hospital "failed in its duties to its patients" because it had not ensured emergency equipment was always available, had allowed interns to administer epidurals and because an alarm resuscitation team was not on hand for emergency cases.

The hospital failed to take adequate precautions against the patient's collapse — a recognised hazard of epidurals — by checking that registrars supervising epidurals were capable of resuscitating patients.

Mrs B Burger, for the TPA, said it was "beyond the reaches of the court" to find Baragwanath Hospital guilty of negligence. The hospital administration was a statutory body and an inquest court could only find individuals negligent.

The court could not find that only an anaesthetist should administer an epidural. Only the Medical Council could determine whether the hospital procedure was correct.

She submitted that the court should find that nobody could be blamed for the death. Judgment was postponed until March 24.
PREGNANT mothers at the Kalafong Hospital near Atteridgeville are being made to sleep two to a single bed. The SOWETAN established yesterday.

Due to the massive and almost insurmountable problem of overcrowding, some mothers who have already given birth but are still experiencing certain complications or who are waiting for their relatives to fetch them are sleeping on the floor of a ward which has been nicknamed “Maraahostel”.

A number of mothers-to-be have also complained of the lack and poor quality of the food provided by the authorities. Others complained of “exorbitant” fees charged at the hospital, following the introduction of a new classification policy which patients are charged according to their salaries. The new policy came into effect in April last year.

The SOWETAN visited the hospital yesterday and met two pregnant mothers on their way to the hospital because they said there was a shortage of food at the hospital.

Most of the women, who did not want their names published for fear of reprisals, said although the food was better during the week, they were given “bad” food at the weekend.

“We eat porridge and spinach for lunch and porridge and soup for supper on Sundays,” they said.

The women who wished to be discharged soon after giving birth, said they were made to sleep two to a single bed.

“It is so uncomfortable to sleep two per single bed. We are just waiting to give birth and be discharged,” they said.

Dr Karp, the hospital’s medical superintendent, yesterday confirmed that they were experiencing some problems and added that there was a massive case of overcrowding at the hospital. Kalafong, she added, was an academic hospital and the overcrowding was due to patients coming from as far away as Malawi, Zimbabwe, Botswana and South West Africa.

The Attendgeville Shiswane Community Council chairman, Mr Joseph Shabalala, yesterday condemned the Government’s system of reclassification and added: “It is an unnecessary practice which should be stopped as soon as possible.”

His condemnation came in the wake of complaints by some patients who claimed they were being charged huge amounts while others were being referred to as private patients and urged to consult their respective private doctors.

One Manzini businessman, Mr Sam Hlongwane, recently paid R300 for the 10 days he spent at the Kalafong Hospital during which time he had to sleep on the floor.
It's got beds, it's got facilities...but it hasn't got electricity

BY DEERRICK LUTHAVI

The Transvaal Provincial Hospital had approached Wrab to install temporary power. "We found it will cost in the region of R60 000 for temporary power.

"We told TPH they would still pay new rates for the permanent power and money for temporary power would be a waste. They told us they will wait for the permanent power," said Mr Du Toit.

Meanwhile workmen are busy putting the finishing touches to another mini hospital in Chiawelo which is also likely to start operating towards the end of the year.

The mini hospitals, which will be bigger than the existing clinics, will help alleviate overcrowding at the Baragwanath Hospital.

Pipeline

They will have operating theatres, physiotherapy and maternity wards, a section for social workers and family planning centres.

Dr Chris van der Heever said plans were in the pipeline to upgrade facilities at four other existing clinics in Soweto to be of the same standard as the mini hospitals.

He said they were soon to move nurses from Baragwanath to the new nurses' home, which is near completion. "We hope to house 1 200 nurses, compared to 400 in the old home.

"We are planning to expand the school of radiography and to extend the theatre block," said Dr Van der Heever.

Standing empty... the new mini hospital at Zola.

Examiners' initials

Examining (in block letters)

ID MICHAEI

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COMICS II

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2. Candidates are not to communicate with other candidates or with any person except the invigilator.

3. No part of an answer book is to be torn out.

4. All answer books must be handed to the commissioner or to an invigilator before leaving the examination.

under the candidate liable to disqualification and to possible exclusion from the University
NYANGAS GATHER TO PLAN A...

MUTI
HOSPITAL
for Soweto

SOUTH Africa's Inyangas are planning a multi-million-rand "muti hospital" in Soweto.

"We want our own hospital because health authorities are reluctant to allow us to treat our patients in hospitals like Baragwanath." Traditional medicine still played a major role in South Africa, he said - thousands of blacks still came to inyangas for muti to take to their sick relatives at Government hospitals.

"We are waiting for the Orderly Movement and Settlement of Black Persons Bill before organizing at full throttle, and keeping to meet the Minister of Health.

Patients

"Our patients include churchmen, lawyers, nurses, teachers and people from all walks of life. They sneak to our surgeries at night after scanning us during the day.

"Once we have this hospital, we believe they'll come openly," said Mr Msibi.

After the April meeting, at Dube Memorial Centre, the association will approach the Soweto Council for land for the hospital.

"Like any other hospital, we will have beds and consulting rooms," said Mr Msibi.

Traders meet over Checkers centre

GCP Reporter

THE SOWETO Chamber of Commerce and Industry meets on Wednesday over the planned Checkers supermarket in Jabulani.

"Soweto traders feel very strongly about a Checkers supermarket in our midst. It's a very serious threat to our small business owners," Chamber president Veli Kraai told GCP.

The meeting will be held at the Dube Club near Maponya Shopping Centre.
Nurses should ‘stick to their communities’

By GARTH KING

DESPITE the fact that nurses of all race groups received the same training, it was “undesirable” to have nurses treating patients not of their race.

This is the opinion of the new head of the University of Port Elizabeth’s Department of Nursing Science, Prof Wilma Kotze.

The former head of the University of Pretoria’s Nursing Science Faculty said in an interview published in an Afrikaans newspaper that that because of the relatively high ratio of white nurses to the white population and the low ratio among “non-whites”, it was clear that more black nurses were needed for black patients.

This was reflected in South African Nursing Association statistics.

In 1970 there was one white nurse for every 146 whites, one black nurse for every 782 blacks and one “coloured” and/or Asian nurse for every 522 people in these groups.

In 1975 there was a white nurse for every 175 whites and among “non-whites”, a nurse for every 1,111.

People of the same background readily understood each other, she said.

A spokesman for Port Elizabeth’s non-racial St Joseph’s Hospital said they experienced few problems although there were isolated incidents stemming from the prejudices of white patients who objected to black care.

“The nurses are all similarly qualified and a nurse is, after all, a nurse whatever her cultural background. Normally things run very smoothly here,” he said.

The chief superintendent of the Provincial Hospital, Dr Leon Cilliers, said he had “no comment” to make.
THE R7,9-MILLION hospital built to serve black patients in the Vaal complex was officially opened by the Director of Hospital Services, Dr H A Grové, in Sebokeng yesterday.

Addressing guests at the ceremony, Dr Grové said the opening of the hospital would herald in a new era when blacks would be treated by other blacks.

He said that, up to 1955, white nursing staff had attended black patients but since then a change had taken place with the establishment of the new hospital.

In this huge project, the operating of the hospital no longer depended only on whites as their contribution had become a minor one, he said.

The hospital has a black staff of 1,191 nursing and general posts and accommodation for 392 resident nurses.

About 13,000 outpatients, 2,995 bed patients, 610 operations and 2,850 ex-ray patients were treated at the hospital since 1982. Patients who cannot be treated there are transferred to other hospitals.
Snake bite victim refused treatment

Post Reporter
A MAN bitten by a snake was refused treatment at Port Elizabeth's Provincial Hospital at the weekend because of apartheid.

But a hospital spokesman said on-duty staff had no knowledge of the incident and said Mr Bert Leman, who brought in Mr Lawrence Nyinacala, must have spoken to someone "not in authority".

Mr Leman was told to drive Mr Nyinacala to the Livingstone Hospital and there he received treatment — but only after a long bureaucratic delay.

They arrived at Livingstone at about 1am on Saturday and Mr Leman was told by staff there that Mr Nyinacala would have to wait for treatment as the doctor who treated IOD (injured on duty) patients was not in. He was expected within half-an-hour.

Mr Nyinacala was bitten by a brownish snake on the face and upper left arm on a Schoenmakerskop Road, smallholding at about 9am.

Mr Leman drove him to a general practitioner's surgery, but the doctor was not available.

He then drove Mr Nyinacala to the casualty department at the Provincial Hospital where he was told Mr Nyinacala could not be treated at a white hospital and would have to be taken to Livingstone.

"I could hardly believe it," said Mr Leman.

At Livingstone, despite the fact that he told officials that Mr Nyinacala needed urgent attention, they were made to fill in forms before they saw a doctor who said that as the patient was IOD he could not treat him. He told them to go through a door where they would find another doctor. But Mr Leman was told by a sister that the IOD doctor would only arrive by 10.30am.

Mr Nyinacala was finally admitted and discharged the next day.

A spokesman for the Livingstone Hospital said today that if a patient was in obvious need of emergency treatment, he would be dealt with immediately.

However, the doctors of patients earning more than a certain amount, who were on medical aid scheme or were IOD patients, would be asked to come to the hospital.

A Provincial Hospital spokesman said it was not acceptable or common practice to turn away anyone who needed emergency treatment. No record of the patient could be found and staff who had been on duty could not remember having seen or heard of the case.

"Mr Leman must have spoken to someone who was not in a position of authority and did not know about the hospital's policy in this regard," he said.
Political Staff

THE Minister of Health, Dr Nak van der Merwe, has expressed concern at allegations of bribery and malpractice at high level in the medical profession.

His comments came as a row continued over gifts — such as television sets and free holiday trips — with which pharmaceutical companies are alleged to have bribed doctors in positions of influence or authority.

Dr van der Merwe said in an interview today: “I am worried about any such allegations of bribery.

“If it is true it is very serious. If it is not true it is also very serious because some eminent people are being ostracised without any foundation.”

He added: “I will be very sorry if the allegations should be true but I believe none of my people (officials in the Department of Health) is involved.

Any proof

“If there were any possible proof that anyone in my department was involved, I would look into it very closely. If not, it would be a case for the Medical Council to go into.”

The official Opposition has called for an urgent and immediate commission of inquiry into the allegations.

Dr Marius Barnard, Progressive Federal Party Health spokesman, said rumours of the questionable acceptance of gifts had been talked about in medical circles for years.

“But I want to warn that the tendering service for drugs and equipment that hospitals leaves itself open to abuse as well. Reports so far have been selective.

“I think the matter is so serious as to call for an immediate and urgent commission of inquiry into allegations of bribery and the misuse of positions affecting medical services.”

Open to abuse

Internal | External
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(2) | (3)
14 | 17

Dr Barnard...“rumours for years”.

Dr Nak van der Merwe...“worried”.

Objectionable

“ ‘In my opinion the abuse of medical personnel in taking presents in any form from drug companies is totally objectionable.

“There are occasions where these funds are used for purposes like overseas study and for attending conferences, which is something different.

“When this sort of donation is declared, and they receive the approval of someone senior, like the professor in a medical school, it serves a purpose,” Dr Barnard said.

3. No part of an answer book is to be torn out.

4. All answer books must be handed to the commissioner or to an invigilator before leaving the examination.

Under the candidate liable to disqualification and to possible exclusion from the University
Inquiry on hospital 'gifts'

Own Correspondent

PRETORIA. — The Administrator of the Transvaal, Mr Willem Cruywagen, has appointed a commission of inquiry into allegations that senior provincial hospital service officials accepted gifts.

He announced in the Provincial Council yesterday that the actions of the officials — the Director of Hospital Services, Dr Hennie Grove, his deputy, Dr Scheepers, and the chairman of the provincial council, Mr B D T Boshoff.

He had taken the step — an unusual one in the Transvaal, he said — after accusations and insinuations in the council and by the mass media that officials of the Department of Hospital Services received gifts and favours from a company or companies which could have led to them being favoured in the award of tenders for medical provisions.

He had decided to appoint the commission not because such a request came from members of the council but because of his unshakeable faith in the integrity of the officials.

"The insinuations which bordered on character assassination and the way in which the proud record of clean administration in the Province had been sullied, could not be left there," he said.

Some of the allegations are that senior officials were helped to buy televisions sets, cars and helped to go on overseas trips.
Business, 1989, 125, 000

EXCLUSIVE

Of Shepherds—The And the Wife Went on an

foreign trip. But was denied

business expenses. The

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A DIRECTION OF COMMUNITY

and William Utting

by William Utting

WELZ and William Utting

HIS CONTRIBUTION TO THE

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by William Utting
CMC takes up security issue

EAST LONDON — The medical superintendent of Frere Hospital, Dr R. M. Newbery, met the chairman of the Coloured Management Committee, Mr F. N. Barlow, yesterday to discuss a complaint about checks on parcels carried by coloured and black hospital staff.

Mr Barlow said the meeting, which was also attended by the East London representative of the Department of Coloured Affairs, Mr J. Maritz, followed an incident on Tuesday when Mr Barlow was a witness at the hospital to the searches being conducted.

Mr Barlow said men opened bags carried by women.

Mr Barlow said the CMC was told that the parcels of all employees, regardless of colour, were checked by security staff in terms of the Hospital Ordinance. They were also told that future checks would not take place in view of the public.

He said the CMC had a good working relationship with Dr Newbery and yesterday’s talks were held in a good spirit.

In a statement issued after the meeting Dr Newbery said: “Frere Hospital had an unpleasant incident on Monday, February 14, involving a confrontation between one of our coloured professional staff and the security guards on duty at the time.”

As a result a full inquiry had been held and certain measures would be implemented that he hoped would avoid similar incidents in future, Dr Newbery said.

“I deeply regret the incident and will apologise to the parties concerned,” he said. — DDR
Mr. M. S. BARNARD asked the Minister of Foreign Affairs and Information:

Whether the application by the Government of Ciskei for financial aid for medical facilities, as referred to in his reply to Question No. 4 on 19 May 1982, has been approved; if not, when is a decision expected; if so, (a) when was it approved; (b) what was the amount granted and (c) what were the terms of the agreement?

BRUARY 1983

The MINISTER OF FOREIGN AFFAIRS AND INFORMATION:

No. The Government of Ciskei has indicated that they are busy compiling a comprehensive health plan on the basis of which the priority of projects will be established. On completion thereof the South African Government will again be approached to assist with specific projects.

The R.S.A. has also offered technical assistance and advice with the compilation of the plan. Ciskei has not yet indicated whether they will make use of the offer.

(a), (b) and (c) fall away
Hospital gas and safety

AT LEAST 10 healthy patients had died because of anaesthetic equipment failure in the last three years in South Africa, according to Professor D G Moyes of the Department of Anaesthetics at the University of the Witwatersrand.

In a letter to the SA Medical Journal, Prof Moyes says there are no regulations for installation of pipelines for medical gases, nor for the manufacture or maintenance of anaesthetic equipment.

"Equipment failure can kill a patient in less than 60 seconds, and the vast majority of anaesthetic machines do nothing to warn of or prevent this situation," he says.

"The cost of adapting existing machines to provide safety is relatively small and, viewed over the expected lifetime of a machine, amounts to a few cents per case."

The same issue of the journal concludes that "the chance of an accident caused by machine failure has multiplied, as has the chance of an accident because of operator error."

The article recommends properly trained and certified technologists to warm up, check, set up and calibrate the monitoring equipment.

If the anaesthetist has to do this, it points out, an hour is added to the "induction time" of the anaesthetic, reducing the productivity of a specialist in a field that has required about 12 years' training.

The article also calls for more skilled help for the anaesthetist, especially during induction of or recovery from anaesthesia, and sometimes during critical phases of surgery.

Domb arrest
Mums-to-be tell of sleeping two to a bed

PREGNANT WOMEN at the Benoni-Boksburg hospital's maternity ward are being made to sleep two to a bed — while some wards are standing empty, a SOWETAN investigation revealed yesterday.

The situation at the hospital is similar to that experienced by mothers-to-be at Kalafong Hospital near Atteridgeville. The maternity wards are overcrowded and one woman claimed that some of them had to sleep "three to a single bed", while others claimed they slept on the floor.

One woman who had just been discharged, and who preferred to remain anonymous, said stout women were made to sleep with slender ones probably in a desperate bid to make them "comfortable". Some of the women are also discharged earlier than they should be as more cases come in.

Most expectant mothers also complained of the lack of and poor quality of the food provided by the hospital. They said the food was insufficient for people in their state of health. In the mornings they eat soft porridge and a slice of bread; on Wednesday, lunch consisted of a piece of fish, baked beans and potatoes, no porridge, bread or rice; and for supper they had tea and a slice of bread with peanut butter.

The introduction of a reclassification policy in which a patient is charged according to income has also met with protests. Some patients say they paid exorbitant fees but were still treated "shamefully" by the hospital. The new policy came into effect in most hospitals in April last year.

The doctor in charge of the hospital (the superintendent has resigned and the acting superintendent is on leave) Dr SF Mynhardt, when told of the claims said, "I think this is all wrong. But let the women put their complaints in writing and then sign, we will then investigate. It had not come to my knowledge, but as I say we will investigate.

The women also said there were only six beds in the delivery ward. They said they did not want that more than six women gave birth in the same time. In the meantime 30 new wards are standing empty and the hospital authorities earlier said this was because of a shortage of staff.

REES TI

THE former general secretary of the South African Council of Churches (SACCO), Mr John Rees, appeared briefly in the Rand Supreme Court yesterday where he requested a postponement to prepare his defence against charges of fraud.

The postponement to April 11 was granted by Mr Justice Irvine Steyn who extended Mr Rees' bail to R10,000 and ordered that he remain in the country until the trial.

This is to warn the residents of Zola, Emdeni, Moletsane, Orlando West, White City Jabavu, Meadowlands, West and East Rand that they are in a flood warning area. 

WARNING

This is to warn the residents of Zola, Emdeni, Moletsane, Orlando West, White City Jabavu, Meadowlands West and East Rand that they are in a flood warning area.
No complaints over ‘gifts’ to doctors

SA medical group won’t order probe

By PAT SIDLEY

THE British General Medical Council (GMC) is inquiring into relationships between doctors and the pharmaceutical industry in the wake of the recent Oraflex (Oopen) scandal.

The South African Medical and Dental Council — equivalent of the GMC — is not investigating the problem despite allegations by the Sunday Express that doctors in the public service had received gifts from a pharmaceutical company.

A spokesman for the SA Medical and Dental Council said yesterday the council had not received a complaint on which it could act and although it could take action without a complaint, this was not contemplated.

The spokesman said, however, that if new directions were taken by the British GMC, his council would look at the proposals with a view to possibly modifying existing rules.

The deputy registrar of the British GMC, Mr Robert Gray, told the Rand Daily Mail yesterday that the Standards Committee (a committee which governs the ethical behaviour of British doctors) was looking into relations between the medical profession and the pharmaceutical industry.

It had met once, would be doing so again and would then make any recommendations to the full council in May.

He said the current guidelines were “rather limited”. They covered dishonesty and improper financial transactions as well as doctors prescribing medicines for commercial purposes when the doctors had a financial interest in the pharmaceutical company.

British doctors working in hospitals were also currently required to declare their interests to hospital authorities if they were connected with any firm supplying hospital equipment.

Mr Nico Prinsloo, registrar of the SA Medical and Dental Council, said yesterday that according to the council’s rules, South African doctors were not allowed to encourage the preferential use of medicines if they received valuable gifts in return.

They could also not trade in medicines — beyond dispensing to their own patients.

SA doctors are not prohibited from holding shares in pharmaceutical companies provided they are public companies (more than 50 shareholders).

The apparent reluctance of the SA Medical and Dental Council to investigate the allegations of corruption in the medical profession had a mixed reception from doctors yesterday.

A spokesman for the Medical Association of South Africa (Masa) said the matter would be taken up by Masa.

A doctor who cannot be named for ethical reasons said he believed the further the council stayed from doctors, unless there had been gross neglect of a patient, the better.

New turn in faulty drip bags row

THE chairman of the Medicines Control Council (MCC), Professor Peter Folb, will seek permission “from the appropriate authorities” to make a full disclosure of the events leading to the withdrawal of intravenous drip bags found to have fungus growing in them.

This follows disclosures in the Sunday Express that a subsidiary of SA Druggists supplied the faulty drip bags to hospitals, but that they were only withdrawn by the MCC eight months after the first complaints were made.

Prof Folb had told the Express that, in terms of the law, he was unable in terms of the law to disclose the details.

Yesterday he told the Rand Daily Mail that under the Medicines and Related Substances Act of 1983 he was unable to disclose any information from a (drug company’s) dossier.

But in view of the fact that the MCC now had a “cloud of suspicion” over it, he was examining the possibility through the appropriate channels of making a full disclosure.

Prof Folb said the MCC was responsible to the people of South Africa and not to any other authority.

He would not allow it to have a cloud of suspicion hanging over its activities.

Referring to allegations that a staff member of the council had received a TV set at a discount from SA Druggists, he said he did not know if the man had committed a crime.

“What goes on in the MCC is my business,” he said, by which he meant he was responsible for the behaviour of staff of the MCC and would look into the matter.
Probes reveals senior official got gifts from firm

Pietermaritzburg Bureau

A SENIOR official in Natal’s Department of Hospital Services received certain gifts from a pharmaceuticals company, a departmental investigation has revealed.

However, there was no evidence to suggest that the company concerned had received any advantage or preferential treatment, the Administrator of Natal, Mr Stoffel Botha, said in the Provincial Council yesterday.

The investigation, headed by the Acting Provincial Secretary, Mr W R Bezuidenhout, was the result of reports in the Sunday Press two weeks ago.

‘I would like to emphasise that the officer concerned was in no position to influence the award of any tender,’ Mr Botha told the council. The official was not named.

The investigation also had served to confirm that the interests of the Natal Provincial Administration in the acceptance of tenders were adequately safeguarded.

‘The NPA had suffered no loss in this case, except the damage to its image by virtue of the publicity accorded to the matter.’

He said the matter of disciplinary action in terms of the Public Service Act would be pursued.
Dorfling is appointed to hospital board

By JIMMY MATYU

ONE of the two Port Elizabeth city councillors instrumental in forming two branches of the Conservative Party locally, Mr Danie G Dorfling, has been appointed to the Dora Ngoena Hospital Board.

Mr Dorfling, an elder of the Westpark NG Kerk, will represent the Port Elizabeth City Council.

In May last year he succeeded in barring a coloured church choir from singing at an Algoa Park church service.

The hospital's Medical Superintendent, Dr J A Hanratty, said the board's main functions included advising him about problems connected with the hospital, raising funds for amenities for both staff and patients, and to be a link between the public and the hospital.

The chairman of the board is Dr Jannie Wessels, who is also chairman of the East Cape Administration Board and former Eastern Cape Regional Medical Superintendent of the Cape Hospital Services Department.

Other members of the board are Mr J P Alberts, the vice-chairman, who represents the Dias Divisional Council, Mrs E M Coetzee and Mr F J Fourie, both of whom represent the Department of Development and Co-operation, and Mr J C K Erasmus, who also represents the East Cape Administration Board.

The Port Elizabeth Community Council is represented by Mr A E M Nondumo and Mrs N Nguna. Dr P P S Nyoka represents the Medical Association and Dr H E van Zijl represents the Provincial Council.
Incomes don't match 'dream'

Staff Reporter

The planners of Mitchells Plain were caught "with their pants down" when no provincial medical services were provided because of lack of foresight on the income level of the township's future residents, the MPC for Green Point, Dr John Sonnenberg said yesterday.

The City Council runs two thriving poly clinics, with more to come, as well as four satellite clinics.

By comparison, the Provincial Hospitals' Department is running three day-hospitals in converted houses which only came into operation some months ago.

Dr Sonnenberg said this "deplorable foot-dragging", since residents started moving in in 1976, was because the department had been under the impression that Mitchells Plain would consist entirely of middle-income families owning their own homes, thus falling outside the income bracket for day-hospital services.

The impression of a utopian dream of a coloured Constantia of a quarter of a million people was reinforced by the construction of the first 5 000 houses for home ownership, he said.

No medical planning took place at all. Only afterwards, when Mitchells Plain began developing as a mixture of home-owners and low-income tenants, did work begin.

Dr Sonnenberg said Mitchells Plain needed a hospital with 24-hour care facilities. Although he had heard that a private hospital was being built, most people living east of the railway line were in the sub-economic group earning less than R150 a month.

What made the lack of health facilities worse was the township's inaccessibility, with Victoria Hospital about 20 km away and the Red Cross Hospital 27 km.

He said there were 20 000 families living in Mitchells Plain already, with 600 new families moving in each month. Most of them had been forced to settle there in terms of the Group Areas and Slums Acts.

"If these people had the vote, would it have been possible for a situation to develop for a population treble the size of Somerset West and the Strand to be denied the health and hospital facilities to which they are entitled? The answer is obvious."
PRETORIA

Canned health-care

Some members of Pretoria’s medical profession have joined forces to build a R17m sectional title medical centre on the border of the Pretoria CBD and Arcadia. The project, on a 3,688 m² site near the junction of Schoeman and Du Toit streets, will provide a wide range of health care services.

Realtor project manager Norman Nel says an existing 6,000 m² building on the site will be incorporated into the structure to provide parking at a cost saving on the project of roughly R450/m². The site, bought from Martin Jonker Motors for R1,8m, is well located for quick access to motorways and both business and residential areas.

According to Nel, eight floors will be built around the existing structure to provide 12,000 m². Nel, who is also handling the project’s sectional title sales, says response to the project has been overwhelming. Although final plans, including a rooftop Helipad, still have to be approved by the council, the space has already been oversubscribed.

The advantages to medical practitioners, radiologists, anaesthetists and pathologists of being in the new centre will be savings of roughly 40% on overheads over 20 years, says Nel. Besides, security of tenure — which is important for doctors who depend on goodwill built up over time — will be guaranteed.

In terms of viabilities, buyers will be paying R1,000/m² (cost price). A centralised accounting computer and secretarial service will be extras but should increase efficiency. Pretoria rentals have increased 15-fold in the last decade, says Nel, and by pegging repayments which have no escalations over twenty years there will be significant long-term savings in rentals alone.

Project finance for development costs has still to be finalised but, says Nel, short term bridging finance will be put up by an institution on condition that occupants sign an agreement to buy the space at cost on completion.

As Nel points out, other professionals who rely on technological aids could follow the same suit and develop purpose-built offices. The obvious operating advantages and reduced overheads should certainly be a strong deciding factor for those who are looking ahead.
Medicines council ‘acted appropriately’

MCC chief denies ‘drip’ bag charges

By PAT SIDLEY
Consumer Mail

THE Medicines Control Council (MCC) had “acted appropriately”, concerning the finding of contaminated intravenous fluid units at hospitals, the MCC chairman, Professor Peter Folb, has said.

Prof Folb was commenting on the apparent delay between the finding of the contaminated units and their withdrawal by the MCC.

Complaints were received about fungus in the “drip” bags, manufactured by Labethica, a subsidiary of SA Druggists, in November 1978.

Labethica was told in July 1979 to stop producing the bags.

The statement from Prof Folb said: “The council was informed on November 17 that six units for large volume intravenous administration at Westerhuis Hospital, Transvaal, were contaminated.

“On 20 and 21 November 1978 a detailed inspection by the inspectorate of the council of ... Labethica revealed several defects in production which the council ordered to be rectified as a matter of urgency.”

The company undertook to stop production of the defective systems.

“Between November 1978 and July 1979 there was further consultation between Labethica and the MCC, and the council was assured in writing in December 1978 that its specifications of quality control at the manufacturing plant of Labethica had been met, and that the sterility and good quality of its products were guaranteed.

“The council satisfied itself as far as was possible at that time that a more widespread public health problem did not exist. The council, through its inspectorate, subsequently maintained a watchful brief on the accuracy of these assurances.”

The council received no further complaints until June 27, 1979, and then on July 6, when it received reports that contaminated units had been found at other hospitals in South Africa.

“An order was issued by the chairman of the council on July 9, 1979, for immediate cessation of all production at Labethica, and for a telegram to be sent to the directors of all hospitals in the Republic and SWA, and to all other persons or institutions who may have been in possession of stocks, with instruction for stocks to be frozen.

“On July 13, 1979, an extra-ordinary meeting of the executive committee of the council was called to discuss the matter, and the company was instructed to cease all production, and to destroy such stocks.

“I have reviewed the entire record in the light of unsubstantiated questions raised regarding this case. I have satisfied myself beyond doubt that the MCC acted appropriately and urgently at all stages in this matter, and that its penalties were correct.”

Prof Folb said the actions of the registrar of medicines and his staff “were beyond reproach”.

Early this week, the Rand Daily Mail reported that a further batch of contaminated “drip” bags was found at Baragwanath Hospital in 1980.

Prof Folb could not be contacted yesterday concerning the incident.
FAVOURS, GIFTS FOR HOSPITAL ADVISERS

By MARTIN WELZ, WILMAR UTTING and ARLENE GETZ

TWO provincial officials have been found to have received regular payments from the Alumina group of medical supply companies at times when they were giving advice on official purchases of medical supplies and equipment.

In the Transvaal, Mr Stan Cooper, chief surgical equipment technician until his retirement last year, received a retainer and a commission from a surgical equipment company.

At the time he was advising the Transvaal Department of Hospital Services on its equipment.

And in the Cape, Mr Jack Bechoff, a former chief radiographer at Tygerberg Hospital who was also an adviser to the State Tender Board, has admitted that he received regular gifts and favours from the major supplier of X-ray film and equipment to South

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The face of Iron Man contestant Tim Cornish — his first place was in doubt the agony of the event.

Cornish is king in the Iron M

MEET South Africa's Iron Man — Pretoria's 53-year-old Tim Cornish who beat 295 entrants including four women — to win the 58km run and Daily Mail Newspaper Iron Man Triathlon yesterday.

Cornish won the grueling test of endurance — canoeing, cycling and running — and held in blistering Transvaal heat — in 5:43:20.

But his win was not without drama. As he finished in front of a large crowd at a Sandton hotel, a complainant marshalled assistants who, it was said in the brief.

The o.
The payments made to officials

A former executive of Surgicare, a company in Mr. Isaac Kaye's Alumina group, said that in 1979 Mr. Cooper had been a frequent visitor to the company's Johannesburg offices, where he collected a monthly retainer of R100.

The Sunday Express was subsequently able to trace documentary evidence of at least six payments made by the company to Mr. Cooper while he was still a provincial official in Pretoria.

Five of the payments to Mr. Cooper, made either by cheque or in cash, were for R100. The amounts were variously described in company documents as charges for advertising, entertainment, consulting fees and sundries.

A sixth payment in September 1976, for R500, was paid for "Purchases, Mark V11 Velt".

The R100 payments were made on August 15, August 29, October 13, November 17, and December 3, 1979.

Mr. Cooper refused to discuss the issue this week, saying he had "no comment".

According to Mr. A. Byrne, liaison officer for the provincial secretary, officials of the provincial administration were forbidden to accept outside employment without the permission of the Administrator.

Should they receive payment in cash or kind without this permission they were obliged to pay the cash or equivalent value in cash into the provincial coffers.

Mr. Byrne said there was no record of any application by Mr. Cooper for permission to accept an after-hours job. The policy of the administration would have been to refuse such an application unless there were special circumstances, in which case the application would have been considered by a special provincial committee.

"I can see no special circumstances in this case," Mr. Byrne said.

Mr. Jack Boshoff, chief radiographer at Tygerberg Hospital until 1978, and thereafter chief radiographer to the SWA administration in Windhoek, admitted this week that Continental Ethicals, another company in the Alumina group, had:
- Paid various bills on his behalf.
- Made him gifts of liquor and cigars.
- Sponsored his attendance at radiological congresses where he promoted its products.
- Paid his airfare to attend a relative's funeral.

Mr. Boshoff, who retired last year to live in Bellville, Cape, said he had had no influence in the granting of tenders or his hospital's buying policy.

He admitted, however, that he had done 'trials' on the company's X-ray film and equipment, and that his reports had been submitted to the hospital authorities responsible for evaluating multi-million rand tenders.

He said he had not been paid for those trials and that they had been done with the permission of his head of department at Tygerberg, Professor Jee Muller. (The Sunday Express reported a fortnight ago that Professor Muller admitted he was given expensive imported Italian chandeliers by a company in the Alumina group. A former director in the group said Professor Muller was "sympathetic" and helped obtain introductions to all the hospital staff responsible for the use and selection of X-ray film.)

Shortly after the trials conducted by Mr. Boshoff, Continental Ethicals succeeded in obtaining the total Cape Provincial tender for the supply of X-ray film.

In Namibia, Mr. Boshoff was responsible for the evaluation of equipment to be bought for the massive new Windhoek Hospital, completed last year.

Mr. Boshoff said he was not prepared to discuss over the phone the circumstances of the gifts he had received from the company.
on Kaveh Gift List

By ANNE STRICK

In Sister Mary's gift list for Sister Mary's birthday, she requested a variety of items. She mentioned a book that she wanted to read, a set of candles for a special ceremony, a painting by her favorite artist, and a beautiful scarf for colder weather. Sister Mary also included a small token of appreciation for her monastery, a set of rosaries for the novices, and a pen and paper for future correspondences.

The list was filled with thoughtful gifts that reflected Sister Mary's interests and her dedication to her religious life. She was looking forward to celebrating her birthday with her community and enjoying the gifts that had been thoughtfully selected for her.
THIS WAY, PLEASE... THE CORRIDOR leads to the underground...
A nightmare story of pain and suffering

AN unmarried woman told this week of her six-month nightmare of pain and suffering after having an abortion at the Lesotho hospital.

"I consulted friends who said the had heard of Mafeteng," said the 26-year-old woman.

"They recommended the procedure as being quite safe.

"When I reached Mafeteng I asked to see the matron and a person called Dr. Rudolph.

"The matron claimed she did not know a Dr. Rudolph but said that the local doctors could help me.

"The doctor herself was blase about it all - almost a cavalier attitude.

Screamed

"She did not scrubs at all - one would think she would do, or should do, in this situation - she wasn't even wearing a surgical mask.

"The abortion procedure started at 5pm that day last September. I was all over in 15 minutes later.

"I screamed my head off as she used the vacuum method.

"She did everything so fast - even the local anaesthetic wasn't allowed to take effect. I was 10 weeks pregnant.

"After the abortion, the doctor gave me penicillin and told me I was a coward.

"My medical practitioner has taken over my treatment and this week I went for blood tests.

"Six months of pain have gone by since I went to Le- sotho to have an abortion.

"I regret the whole thing totally.

Pumped

"They pumped me full of antibiotics. A week later I was again in a lot of pain.

"My gynaecologist diagnosed a low-grade infection. The treatment seemed to work for about two weeks.

"But three weeks ago the pains started again.

Admitted

The senior doctor on duty - a Dutch practitioner who has since returned to Holland - admitted performing the abortion.

He said many women crossed the border to have illegal abortions.

They had started going to Mafeteng after a clinic at Teyateyanele Hospital had been exposed more than two years ago.

A Teyateyanele doctor, suspended from duty by the Lesotho Government, now works as a general practitioner at the Queen Elizabeth II Hospital in Maseru.

The new medical superintendent at Mafeteng Hospital, Dr. A. Ackua, this week denied all knowledge of the abortions and asked how long the racket had been going on.

When it covered more than 18 months, Dr. Ackua claimed: "I have never heard about this.

"I have been in Lesotho, at this hospital, for three months.

Dr. Ackua said he would comment further only to two weeks ago medical authorities in Lesotho, South Africa or Britain.

He then referred the Sunday Times to the Lesotho Permanent Secretary for Health, Mr. Thomas Thavane, who was unavailable for comment.

Dr. Ackua's colleagues at the hospital include two Dutch doctors and a Mosotho woman doctor, named by a Johannesburg woman who had an abortion.

The woman doctor was not available for comment.
Daveyton sick of hospital shortages

'Untreated'

THE DAVEYTON Community Council is to ask the director of hospital services, Dr Hennie Grove, to extend the local clinic in order to help reduce the overcrowding crisis at the nearby Boksburg-Benoni hospital.

The Council's chairman, Mr Tom Boya, said that his council also intended asking the director to convert the clinic into a day hospital.

Residents complain that the hospital is too far away from their township and there is overcrowding there.

There have been complaints that male patients at the hospital are made to sleep on the floor because of the shortage of beds and pregnant women in the maternity wards are made to sleep two to a bed. Thirty new wards at the hospital are said to be standing empty and authorities blame this on severe staff shortages.

Some patients at the hospital have said they pay exorbitant fees for services but get "shabby treatment".

Mr Boya said there was a site reserved for a hospital in Daveyton but
How many hospital beds were (a) available and (b) needed for White patients in South Africa as at the latest specified date for which figures are available?

The MINISTER OF HEALTH AND WELFARE:

(a) 27 205 (Psychiatric beds for long term patients and TB, mine and industrial beds are excluded);

(b) calculated according to the figures of the 1980 census:
   9 056 beds calculated at 2 beds per 1 000 of the population; 18 112 beds calculated at 4 beds per 1 000 of the population.

The norm applied for the provision of beds allows for —
   2 general beds per 1 000 of the population, if all preventative measures are taken and adequate provision exists for primary health care;
   lacking these basic facilities, 4 general beds per 1 000 of the population.

Some of the beds for Whites are interchangeable with those for non-Whites.

Hospital beds

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

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

The MINISTER OF HEALTH AND WELFARE:

(a) Records are only kept in categories of Whites and non-Whites. 43 925 beds are available (Psychiatric beds for long term patients and TB, mine and industrial beds are excluded);

(b) calculated according to the figures of the 1980 census: 40 716 beds calcu-
HOW DOCTORS BEG FOR CASH

See you at Wanderers!

TAKE a Sunday Express with you to the Currie Cup match today and double your fun!

See Page 38

BY WILMAR UTTING
and MARTIN WELZ

MEDICAL supply companies this week produced files of letters to prove they are put under intense pressure by doctors, medical academics and even students to make gifts.

Among the examples given to the Sunday Express were:

- A request to medical equipment supply companies in January by Mr J W Bryan, a surgeon at Natal's Addington Hospital, for money to help him attend a series of medical congresses.
- The congresses ranged from Cape Town to New Mexico, and included a "festival" surgical congress in Edinburgh scheduled to coincide with the Edinburgh Festival.
- Professor Neil Goodwin, chief anesthetist at Addington hospital and at the University of Natal, asked Labethica, a subsidiary of SA Druggists, to pay the costs of a trip to America in 1976. (Full report — Page 5)
- A 23-year-old student at the University of Cape Town appealed to medical supply companies for sponsorship of his six-week training course overseas, promising to promote the company's products "once I have qualified." (Full report — Page 5)

Questioned about Mr Bryan's letter, the head of the Department of Surgery at the University of Natal, Professor L W Baker, said: "I do not approve of this practice. I do not believe it is common at this university. It will not happen again.

Mr Bryan said: "If the companies help us, good and well. If not, there are no hard feelings."

To Page 2
Protest over his resignation

With students pleading with

By AARON GEFFEN

Victory

sound to a

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

(1) What are the latest population figures for Onverwacht;

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

(3) how many (a) hospitals, (b) hospital
beds and (c) community health
centres are there at Onverwacht;

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

(5) whether Onverwacht has a water-
borne sewerage system; if not, why not?

The MINISTER OF CO-OPERATION
AND DEVELOPMENT:

(1) 140 000.

(2) (a) 6;
   (b) 1;
   (c) 38;
   (d) 1.

(3) (a) Nil;

(b) Nil;
(c) 3.
(4) 800.
(5) No, but the installation thereof is in
   process.
It is Government policy that patients be nursed by nurses belonging to the same population group.
Mercury Reporter

A DURBAN hospital has come under fire from a local doctor, a senior health official, and members of the public who allege patients have been overcharged.

This follows a Mercury report this week in which private hospitals stated they had ‘nothing to hide’ and were quite prepared to cooperate with medical aid schemes which had called for doctors to check their patients’ bills to counter any possible overcharging.

Mr Ulrich Ender of Durban claimed he had been overcharged by 634 percent by St Augustine’s Hospital and had taken the matter up with the Representative of Medical Aid Schemes who is investigating the complaint.

A senior health official in the Natal Provincial Administration to whom Mr Ender complained, said the matter was not the concern of either provincial or state health departments. However, he said in a letter to Mr Ender that there was ‘clear evidence of overcharging and of double charging’ in the accounts of both Mr Ender and his wife.

Pills

He added this was not the first case that had come to our ears from this source, but it is the first to be backed up with such comprehensive documentary evidence.

Mr Ender claims he was charged for pills and dressings he never had and that his bill of R21.60 should have been R2.94.

‘I could only discover this because I specifically asked for an itemised account to be sent to me and not directly to the medical aid as is the usual practice,’ Mr Ender said.

Aerosol

Another complaint came from a Durban anaesthetist who also contacted the Mercury yesterday. The specialist, who was present during his daughter’s minor operation at St Augustine’s Hospital, described his R130.78 account as ‘totally unreasonable’.

‘I was charged for items not used and charged an excessive amount for the anaesthetic. After I queried the R38.23 charged for the anaesthetic it was reduced to R5. Other items I queried were cancelled,’ the doctor said.

He added that he had been charged R2.50 for a single squirt of a plastic spray.

‘The aerosol can must contain at least 100 such squirts. When I queried the price I was told by St Augustine’s that they charged R2.50 automatically whether they used one squirt or the whole can. This means the hospital makes a vast amount of money on that one item,’ the doctor said.

The manager of St Augustine’s, Mr L Goldman, said yesterday he was open to any inquiry into patient’s bills.

‘Mr Ender’s accounts have all been verified and we consider it a very fair account,’ Mr Goldman said.

He said he could not discuss the anaesthetist’s case because he did not recall the details offhand.
An old man lay dying under a guava tree and a woman was giving birth in a driveway.

By Kenen Dowe
Holland: Maties too close to govt

Staff Reporter

TWENTY Stellenbosch students were barred from visiting Holland this week because their university was "closely bound to the South African Government", the Dutch Minister of Foreign Affairs, Mr Hans van den Broek, said this week.

The students had asked the Dutch Ministry of Agriculture whether they could visit a forestry project on reclaimed land, but had been told they would not be welcome, the Dutch Consul-General Mr W. Roosdorp, said yesterday.

He added that the Dutch Government wanted to cut all scientific and cultural contact with South Africa.

Tourists and people travelling to Holland on business trips or for family reasons were still welcome to go there, said Mr Roosdorp.

"Every South African must apply for a visa," he said. This rule came into effect on January 1 this year. Mr Roosdorp added that the 20 students had not yet been refused visas.

Mr Van den Broek indicated that visas for the 20 students would be refused.

Leading article, page 8
POVERTY AND HEALTH SERVICES

Planning and providing health services for a country’s people is supposedly a humane task. Yet if we relate the services that exist in South Africa to the patterns of poverty and relative affluence, we see that it is the Inverse Care Law which operates. Inequalities in the allocation of resources (income, food, housing, etc.) extend to inequalities in the allocation of health services.

INVERSE CARE LAW
Those with the greatest health needs (both because of their socio-economic predicament and their greater population size) have fewer and inferior health services.

HOW MUCH?
If one looks at how much is spent on health services in South Africa, without even looking at how, and for whom, the finance is allocated, it is clear that the health of its citizens is by no means a top priority for the state:

- The percentage of GNP spent on health declined from 4.2 percent to 3.4 percent last year – less than a third of the percentage spent in America, Germany and Sweden.

- While only 7 percent of government expenditure went to health services, 16.9 percent went to defence.

- Only 2.8 percent of the health budget is spent on preventive medicine. Thousands die unnecessarily and prematurely every year from infective and other preventable diseases.

FOR WHO?
But a breakdown of who benefits from the health services provided reveals far more about the inequalities between groups. Firstly there are broad urban/rural differences:

- 53 percent of the white population of South Africa live in areas where the ratio of doctors to population is 1:1 900 or better.

- One third of the total population live in the “homelands” (mainly blacks), where there is one doctor for every 49 200 people.

WHERE?
Then, there are differences in distribution of services between social class and race groups. Let us look at the metropolitan area of Cape Town as an example, as this is the environment we live in. Cape Town has perhaps the best health services in the country, but the basic trends of the rest of the country still prevail.

In South Africa statistics are not kept according to social class, but on the whole, race categories correspond with class, with the majority of blacks being working class and living in African or Coloured Group Areas. It is thus possible to infer from a map showing location of hospitals in Cape Town, that those at the lower end of the Poverty/Affluence scale, are those who have no hospitals in their areas. All the hospitals, both private and provincial, with the exception of one convalescent and one orthopaedic hospital, are located within white Group Areas (see attached map).

This has important consequences for the nature of health care in Coloured and African areas since provincial hospitals provide the main source of treatment for:

1. Trauma (accidents, emergencies, casualty). The need for this type of facility is particularly great in these areas because of the high crime rate.

2. After-hours services for the working population. It is only really general practitioners and provincial hospitals which provide some form of medical care outside working
hours. Table One gives some idea of the areas of highest density of doctors. As one might expect (by now) the areas with few GP’s coincide largely with areas where there are no provincial hospitals, creating problems of access to after-hours care.

**TABLE I: GENERAL PRACTITIONERS**

<table>
<thead>
<tr>
<th>Areas with most GP’s</th>
<th>Belville</th>
<th>Claremont</th>
<th>Sea Point</th>
<th>Wynberg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belville</td>
<td>31</td>
<td>35</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>52</td>
<td>27</td>
<td>32</td>
<td></td>
</tr>
</tbody>
</table>
| Guguletu (3 big sections), Crossroads, New Crossroads, the transit camp and Philippa. The hospital opens by 8.00 am and sometimes by 10.00 in the morning it has taken in as many patients as it can handle in a day. Then crowds of people are turned away and the hospital doors closed. There are no GP’s in Guguletu. Certain areas, like Mitchell’s Plain and Bonteheuwel have no doctor at all. It is clear that the lower your position on the socio-economic ladder, the more second-rate the health care provided will be.

Preventive clinics (for things like TB, family planning, VD, etc. and run by the local authorities – City and District Councils) are fairly well-distributed throughout Cape Town. Such services are particularly important for the working class, who usually live in poor and overcrowded conditions where things like TB and VD spread more easily. In fact, what is spent on preventative health is small, as figures in Table 2 show.

**TABLE II: AMOUNTS SPENDED ON HEALTH – CAPE TOWN 1980**

<table>
<thead>
<tr>
<th>Curative General hospitals (14)</th>
<th>R166,472,773</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day hospitals</td>
<td>R7,052,309</td>
</tr>
<tr>
<td>Preventive City Council clinics</td>
<td>R8,262,306</td>
</tr>
<tr>
<td>Divisional Council clinics</td>
<td>R2,535,666</td>
</tr>
<tr>
<td>Curative 94 percent</td>
<td></td>
</tr>
<tr>
<td>Preventive 6 percent</td>
<td></td>
</tr>
</tbody>
</table>
Kalafong leader condemns hospital for exploitation

By ALINAH DUBE

KALAFONG hospital authorities were yesterday condemned for turning the place into a training centre for white medical students and for exploiting the black community.

Addressing a public meeting attended by more than 300 residents, the chairman of the local community council, Mr Joe Tshabalala, said the entrance to the hospital had been closed to the public, to force black people to buy from a cafe run by a white man.

"The hospital was built with the aim to make black people guinea pigs to teach white students," said Mr Tshabalala. He called on residents to boycott the shop inside the hospital grounds.

Mr Tshabalala was supported by angry students who said certain patients were favoured at Kalafong. They said others were often turned away without being treated and were told to consult private doctors.

Mr Tshabalala told the meeting that his council would not approve increased rent tariffs because the area's finances were controlled by the Central Transvaal Administration Board.

"We are regarded by residents as puppets and stooges. We are called idiots because we are blank as far as our finances are concerned but we are not kept informed," he said.

Mr Tshabalala said the procedure of the council's projects having to be approved by the Minister retarded progress.
Hospitals plan major expansions

St Augustine's defends its fee system

Mar 16 1993

[Report on hospital expansions and fee systems, mentioning St Augustine's Hospital's fee system defended by its manager.]
Province sells Cabinet approval for R170 million Cato Manor project
Hospital refuses woman op over bill

By Eddy Andriés

A 78-YEAR-OLD corner transplant patient, already prepared for the operating theatre, was wheeled out of Entabeni Hospital moments before her operation because she had not paid an outstanding account, it was revealed yesterday.

The woman, from Pietermaritzburg, was forced to borrow R10 from a hospital sister and travel by taxi to Addington Hospital, where the operation was carried out successfully the same day.

Her ophthalmic surgeon said yesterday that cervices used for transplants were scarce and could not be kept more than 24 hours.

Those available for the pensioner had been delivered in Cape Town and flown to Durban the previous night.

Mr Allistair King, financial manager of Entabeni Hospital, said the inconvenience caused to the patient was regretted.

"But it was felt not to be in her interest or ours if she were to incur further debt," he said.

Because her account reflected an amount owing, she should not have been admitted in the first place, he added.

The incident took place on March 1.

The woman said that although she had owed R177 for a previous, unsuccessful, cataract operation, she had undertaken — with the hospital's consent — to pay off R50 a month and had not been in arrears.

She would have paid the R177 had she been asked to do so.

Mr King confirmed the patient had paid her bills regularly and had not been behind in instalments.

"Embarrassing. We arranged her transfer to Addington so the operation could be carried out without delay," he said.

The patient declared: "Imagine how embarrassing it was for me to have to borrow enough to catch a taxi... being a stranger in town, not knowing who to turn to."

"What's more, I received a bill for spending the previous night as a patient and was charged for each little item used — for every pill, dressing, eyepad and needle. I was even charged 85c for sterile water."
How Kaye's firm gave Munnik a poll boost

By MARTIN WELZ and WILMAR UTTING

SOON after his appointment as Minister of Health in 1979, Dr Lapa Munnik was helped to his first election victory by a major supplier of medical equipment to the State and Provincial Administrations.

The company, CE Electro Medical, was founded by Mr Isaac Kaye and was taken over by SA Druggists in 1976. Mr Kaye remained a director of SA Druggists until last year.

The Sunday Express reported earlier that the company had provided assistance to two unsuccessful National Party election campaigns in Bryanston on instructions from Mr Kaye in 1977 and again in 1981. A candidate, Mr Gertie Bornman, confirmed that Mr Kaye was a "substantial" contributor to Nat funds.

The Sunday Express has now established that salesmen of CE Electro Medical's Cape Town office were instructed by their company to "sweep" the streets of Durbanville in company cars to take Nat voters to the polls to vote for Dr Munnik on November 7, 1979.

He was elected MP in the by-election.

Some of the officials who helped get votes for Dr Munnik said they had no interest in politics and were not even South African citizens.

In August 1979 Dr Munnik resigned as Administrator of the Cape to accept appointment to the Cabinet as Minister of Health, Welfare and Pensions.

This week Dr Munnik said that when he read recent Sunday Express reports on the Mr Kaye's company's gift-giving strategies he recalled that Mr Kaye had telephoned him to offer "10 or 15 cars" to assist with transporting Nat voters to the polls.

Dr Munnik said he had met both Mr Kaye and another director associated with Mr Kaye, Mr David Tabatznik. "I met them in formal dealings with the province and later with the Department of Health when I visited mental hospitals and TB hospitals run on behalf of the State by Mr Tabatznik. "But they are not personal friends," he said.

Asked if he did not think it could be compromising for a Minister of Health to accept election assistance from a medical company, Dr Munnik replied: "Certainly not. In an election you take any help you can get. It is common practice for companies to offer assistance at elections. But I cannot recall whether we accepted the offer. I think probably not, since such help is generally more trouble than it is worth. The drivers don't know the constituency and you have to find a guide for each car."

But a number of staff members clearly recall salesmen being instructed to drive company cars to collect Nat voters on that day. Mr John Norton, at the time area manager for CE Electro Medical, said: "We went knocking from door to door. I found it very strange, as a British citizen with no interest in politics, to be beating up support for a Nat," he said.

CE's Cape regional manager, Mr Eddie Ladegaard, this week said he believed Mr Norton's recollections were "accurate."

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WARNING

1. No books, notes, pieces of paper or other material may be brought into the examination room unless candidates are so instructed.

2. Candidates are not to communicate with other candidates or with any person except the invigilator.

3. No part of an answer book is to be torn out.

4. All answer books must be handed to the commissioner or to an invigilator before leaving the examination.

To disqualification and to possible exclusion from diversity.
Measles crisis in PE area could crowd the hospitals

By SHARON LI GREEN

With a measles crisis on the horizon, the Livingstone Hospital, which is "normally very full," is expected to become even more crowded now that it and other provincial hospitals have to keep their own infectious disease cases for isolation instead of sending them to IFD hospitals.

This is the result of government legislation.

Previously, the Livingstone Hospital sent its IFD cases to the Algoa Chest Hospital, a private institution which accepted both black and coloured patients.

According to a spokesman for the Algoa Chest Hospital, this came to an end in March 1973, after an instruction by the State Health Department.

The hospital now concentrates on tuberculosis cases.

This is in accordance with the New Public Health Act of 1972, according to the city's Medical Officer of Health, Dr J N Sher.

This legislation says provincial hospitals are now responsible for their own IFD cases.

Dr Sher said that almost 90% of the notified cases for Port Elizabeth - 716 for this year and 304 blacks and coloureds last year - emanated from the Livingstone Hospital, which fell under the Cape Provincial Administration.

The Medical Superintendent of Livingstone Hospital, Dr F J Clarke, gave the number of measles cases admitted for the past three months as 125.

There were 28 cases admitted in January, 34 in February and 63 in March. Last month, between 15% and 25% of them had died, he said.

He said all measles cases were serious and were isolated as far as possible. When he was asked whether there was adequate isolation space for measles cases at the Livingstone Hospital, he said the hospital was "normally very full."

Dr Sher said if any hospital did not have sufficient facilities to cope with the complications of measles, then a higher death rate could be expected.

The Emiplweni Hospital, a state hospital, continues to accept IFD cases but only black cases - according to its Medical Superintendent, Dr A Schumann.

The Evening Post visited the paediatrics wards of the Livingstone Hospital and saw a large number of infants who had gastroenteritis and measles with other diseases.

Roughly 70% of the infants were said to have gastroenteritis, while about 25% had measles and measles with either gastroenteritis or broncho-pneumonia or both, and others had measles with another disease.

The Medical Superintendent of the Port Elizabeth Provincial Hospital, Dr Leon Cilliers, told the Evening Post that they had few measles cases.

He said measles used to be a recurring epidemic disease, but with modern treatment this was no longer so.

For the past six months, the hospital had looked after its own IFD cases, whereas previously very sick IFD cases had been sent to the Elizabeth Donkin, which had an infectious disease wing, he said.
4. Mr. E. K. MOORCROFT asked the Minister of Health and Welfare:

Whether it is the intention of his Department to close the Kowie Hospital, Port Alfred, if so, (a) when, (b) where will the present patients be accommodated and (c) what is to become of the present site and buildings?

The MINISTER OF HEALTH AND WELFARE:

No, (a), (b) and (c) full away.
695. Dr. M. S. BARNARD asked the Minister of Health and Welfare:

What amount was spent by the Government on subsidizing prescription drugs in the 1981-82 financial year?

The MINISTER OF HEALTH AND WELFARE:

R24 901 818; this amount covers the expenditure in respect of all the medicine furnished by the Department.
TZANEEN — Dr Mamphela Ramphele, who has shepherded the sprawling rural settlement of Lenyenye through illness for the past five years, has given the community a new shepherd.

But he is not quite ready to join his mother in tending her human flock. He is still lying in an incubator in Dr Ramphele’s house.

The new arrival — Mulusi — arrived two months early. Looking healthy and radiant as ever, Dr Ramphele was allowed to leave the hospital to be a doctor, a nurse and mother of the young boy at her home.

Before Dr Ramphele came to Lenyenye she was based in King William’s Town running a private clinic under the auspices of the Black Community Programme, and was also a member of the Black Peoples’ Convention.

Banned

After the turbulent 1976 and 1977 era, she was banned and banished to Lenyenye, where she set up many community projects.

Today, an impressive building — Ithuseng Community Health Centre — shines like a beacon in the midst of matchbox houses.

Dr Mohuba said: “All this was started by Dr Ramphele. The community we serve is one of the many apathetic and dehumanised ones in the country. It has been an uphill struggle for us to get where we are today, and we are still a long way from our goals.”

Last year, 35294 patients were treated at Ithuseng by one doctor, two nurses and four assistants.

The community contributed towards the establishment of Ithuseng by collecting stones for the foundation, making decorations and digging the sewerage.

A few streets away is the Government-run Lenyenye clinic housed in a matchbox house and run by two nurses.

There is no room for patients in the clinic and they are forced to sit outside.

Seriously ill patients are taken to Ithuseng for examination by a doctor.
By Vilmar Utting

A COMPANY which supplied the high-priced Sandton Clinic with surgical products added 10% to the price to cover the cost of commissions paid to the clinic's manager.

Some of the cost, but not all, was passed on to patients.

The clinic's director and major shareholder, Mr. Gustav Pansegrouw, reacted with shock when told his manager, Mr. Farnol Abelson, had received commissions of up to R1,000 a month from a company called Surgicare.

An investigation of Surgicare's records, and interviews with former employees, showed that payments to Mr. Abelson were calculated against orders placed by the clinic. According to the records, Mr. Abelson received more than R3,000 in a period of little over a year.

Mr. Abelson would not speak to the Sunday Express, but his legal adviser, Mr. Leon Seligson, relayed Mr. Abelson's explanation.

Mr. Abelson, he said, admitted receiving commissions, but denied knowing they were for orders placed for the Sandton Clinic. He had been shocked to learn of this and had offered to repay the total amount to the clinic.

He had been approached originally, he said, by Mr. Peter Goldberg (then South African Delegates' executive in charge of Surgicare). Mr. Goldberg had offered Mr. Abelson commissions if he would recommend Surgicare to customers in the hospital supply field.

Payments had then arrived from Surgicare, but because no statement was attached, Mr. Abelson assumed they represented the commissions referred to by Mr. Goldberg. He had not dealt with the company since 1981.

The company was subsequently closed down by SAD.

Reacting to this explanation, Mr. Pansegrouw said, "Now I don't know what to do. I must accept this explanation and retain Mr. Abelson as clinic manager. He has worked hard and certainly knows the business."

Mr. Pansegrouw said even if Sandton Clinic had been overcharged by 10% this did not mean the load cost would have been passed on to patients. The clinic would have borne the loss where tariffs were fixed by the state, he said.

But he admitted that items such as a hip prosthesis, supplied direct to a patient undergoing an operation at the clinic, would have been charged to the patient at the buying price plus the clinic's percentage.

The records submitted to Mr. Pansegrouw show that between November 1979 and February 1981, cheques for a total of more than R3,000 were made out to Mr. Abelson, Sandton clinic.

The cheques were either cashed, or detailed as 'commission', or uncashed, and detailed on the cheque voucher as "miscellaneous".

All payments to Mr. Abelson were approved by the company's managing director, Mr. Bill Kennedy. The amounts vary between less than R100 and more than R1,000.

Sandton clinic was only one of several hospitals that were recorded in Surgicare's records as being routinely charged excessive commissions to cover the cost of commissions paid to hospital officials.

A senior Surgicare employee at the time has told the Sunday Express that it had been "acceptable practice" to 'buy business' with gifts and kickbacks.

In 1980 a memo was sent to Surgicare's bookkeepers by the company accountant, Mr. Les Herz, directing them with "immediate effect" to run two invoice books. One was to reflect regular sales and prices. The other book would reflect "exceptional" sales to a number of hospitals where commission was paid to staff.

In this book products would be charged at the regular price plus 10%.

This memorandum was immediately followed by a second, in August that year, advising that in future 'exceptional sales' would be charged at the regular price plus 10%.

Mr. Kennedy refused to discuss any matter with the Sunday Express. A message left for Mr. Peter Goldberg at his freight company was not answered.
Patients evicted from hospital — claim

By JIMMY MATYU

THIRTY patients at the Jose Pearson tuberculosis centre in Bethelsdorp say they were evicted when they tried to complain to the hospital authorities about an assault by the police.

They claimed that the matron, a Mrs Terblanche, demanded to know the "ringleaders".

She then asked them to delegate their committee to meet her, but some committee members refused.

The patients said Dr J van Rensburg, the Santa secretary, accused of them of "making a political issue out of the whole matter" and, with the matron, gave them until 1 pm to leave.

Mrs Terblanche refused today to talk to the Press and referred inquiries to Dr Van Rensburg.

He denied that the patients were ejected.

"They are talking nonsense," he said.

"They walked out of the centre. They think this is a political institution and if they want to walk out then they can do so."

Dr Van Rensburg said he would not take any of them back.

The trouble apparently began on Sunday when a nurse found a patient smoking dagga.

"We watched in shock as the two policemen beat the man before dragging him, bleeding, to their van and taking him away," the spokesman said.

The police liaison officer for the Eastern Cape, Major Gerrie van Rooyen, said the patient was removed at the request of the matron because he had refused to leave. He resisted and the police had to use a certain amount of force to remove him.
THIRTY patients at the Jose Pearson Tuberculosis Centre in Bethelsdorp say they were evicted when they tried to complain to hospital authorities about an alleged police assault on a dagga smoker.

The South African Tuberculosis Association secretary, Dr J van Rensburg, denied the patients were evicted.

"They are talking nonsense," he said. "They walked out of the centre. They think this is a political institution and if they want to walk out then they can do so."

The trouble apparently began on Sunday when a nurse found a patient smoking dagga. The incident was reported to the matron and the police called in.

"Two policemen beat the man before dragging him, bleeding, to their van and taking him away," one of the patients said.

"As there was no longer any evidence of the dagga we thought the matter would be forgotten and the police would merely warn him," he said.

The police liaison officer for the Eastern Cape, Major Gennie van Rooyen, said the patient was removed at the request of the matron because he had refused to leave when he was ordered out.

"He resisted and the police had to use a certain amount of force to remove him."

Major Van Rooyen said the man had not been arrested and was allowed to go home. — Sapa.
Unhappy TB patients quit

Own Correspondent

PORT ELIZABETH — The superintendent of the Jose Pearson Tuberculosis Centre, Dr J.J. van Rensburg, has refused to readmit 30 patients who walked out because they took a complaint to a Progressive Federal Party MPC.

Dr Van Rensburg said he would have to be "sacked" before the patients were readmitted.

The patients said they walked out because they were unhappy with the way another patient, who had been caught smoking dagga, had been forcibly removed by police.

Dr Van Rensburg said the man had been caught smoking dagga last week and had been reprimanded by a sister.

"After this he became aggressive and so he was discharged. He then threatened the African staff in the matron's office, so much so that they had to call the police. When the police arrived some time later to remove him, he resisted and they had to do it by force."

According to Dr Van Rensburg, the patients had then telephoned the matron at home, demanding that she come back to deal with their grievances. They then called other patients into the dining room and decided to start a hunger strike.

He said the 30 patients at the hospital on Tuesday had denied they had political motives, yet they had approached Mrs Molly Blackburn, PFP MPC for Walmer, instead of going to the authorities.

"They later asked to be readmitted and I refused because we have such a long waiting list."

Dr Van Rensburg said the patients who had left stood "a good chance" of becoming reinfected. This was "their own problem."
Bridging the health gap

The FM spoke to Wits Professor of Community Health, John Gear, in Gxanskelu where his department is carrying out a pilot health project.

FM: What are the major problems of rural health care?

Gear: The health of rural people depends on two factors. Firstly, the broader issues of housing, education, water and poverty. Secondly, the provision of an adequate health care service.

Common problems facing the health care system are malnutrition, childhood diseases, problems associated with mothers and children rather than the problems of middle-aged productive men. This disease pattern is peculiar to rural areas because of the population structure resulting from the migrant labour system and influx control. Other problems are inadequate infrastructure, distances and the scarcity of health professionals.

Is a restructuring and decentralisation of existing facilities the answer?

Yes, but only if the system isn’t overpressive. A health care system can be either oppressive or liberating. An oppressive system means that people are expected to do what the health care system dictates, whereas a participatory and liberating system is developmental and the community controls decision-making.

How should resources be re-allocated?

It is widely accepted that hospital services should be decentralised, but the level of decentralisation is debatable. Many people believe a number of health centres functioning as sophisticated mini-hospitals are the solution and that the idea of very simple clinics at village level should be abandoned. I think both are required.

If we’re trying to provide at least a minimum level of care for as many people as possible, then the local clinic must take precedence over the health centre. A clinic staffed by perhaps one highly trained nurse, supported by a traditionally trained nurse, and by two partially trained nurses, could run a very acceptable service for a population of about 10,000 people.

It’s better to put 15 nurses in 15 villages rather than in one sophisticated centre. Staff can be trained relatively easily through centralised training programmes. Community health workers, usually women with limited education, but with supplementary training in community health work, backed up by grassroots health workers who can refer patients to a hospital, are very effective.

What are the basic health essentials at village level?

The preventive services are the most important in terms of maximum benefits for minimum input. This means ensuring there is someone with health skills in every village, that vaccines are available, that there are facilities to ensure that people who need minimal care have access to that either by providing transport to a more central point or by decentralising our traditional health service.

Where does the high technology hospital fit into this model?

The provision of high-level nodes is not justified unless an adequate basic health infrastructure exists at village level. Higher order skills and services are required when these basic needs are met.

The State’s National Health Services Facilities Plan, which identifies various levels of health care delivery, acknowledges this. The first level is provision of basic amenities such as food, water, housing; whereas only the fourth, fifth and sixth levels require more sophisticated equipment and buildings.

What can be done about the inequitable spread of health benefits between urban and rural areas?

Inequality in SA is perhaps more an urban/rural differential than a black/white differential, so attention must be focused on rural areas. The health care of urban blacks is still inferior to that of urban whites but it is possible to gain access to care. In many rural areas, this is impossible because of financial constraints or distances.

The reasons for this are primarily bureaucratic. Goodwill is being obstructed and hamstrung by bureaucratic inertia. The medical and nursing profession is also to blame. I think every qualified doctor should do two compulsory years of rural service.

How does a health programme deal with the poverty factor?

Depending on how malnutrition is defined, the reality is that between 20% and 30% of children in SA’s rural areas are malnourished. Poverty is the crux.

In rural areas, there is financial poverty, but also the poverty of land and water — particularly as a result of this year’s drought. There are also political causes of poverty which are largely outside the ambit of health professionals. We can only tackle part of the problem.

Our responsibility is to ensure a more equitable distribution of health resources and where possible to reduce the effects of poverty through the provision of immunisation and potable water, for a start. However, we have a strong moral obligation to challenge the political predisposing factors to poverty and cannot, as health professionals, regard this as beyond our concern.
A section of some of the British instruments which came from Pakistan.

Surgical tools beat import ban

For SA hospitals
chapel instruments
name stamped on
British company's
Another Fanie loan mystery

By JEAN LE MAY, Political Reporter

A R37 400 hydro-electric plant on the farm of the Minister of Manpower, Mr Fanie Botha, was paid for by the Njelele Irrigation Board with a State loan in 1967 — a year before Mr Botha became Deputy Minister of Water Affairs.

The plant was never operated and was later dismantled by the Department of Water Affairs.

Four years later, when Mr Botha was Minister of Water Affairs, the Irrigation Board’s entire State loan of R1 800 000 — which included the cost of a canal scheme as well as the useless hydro-electric plant — was subsequently written-off by the Government at Mr Botha’s recommendation.

Mr J P Otto, Director-General of Environment Affairs, confirmed that negotiations for the installation of the hydro-electric plant were conducted by Mr Botha “on the authority of the Njelele Irrigation Board”.

By WILMAR UTTING

CHEAP counterfeit surgical instruments from Pakistan have been stumped with the name of a reputable British manufacturer and sold to South African hospitals as British products.

The sales of thousands of the cheaply-made forceps, scissors, scalpels and probes were discovered by the Sunday Express in its investigation of the medical supply industry. An expert described the instruments as “bottom-line products of inferior size”.

The sales resulted from a deceptive arrangement negotiated in Britain on December 8, 1979, by Mr Bill Kennedy, the chief executive of Surgicare, who claimed at the time to be the biggest supplier of surgical instruments to State and provincial hospitals.

The Government has blacklisted the purchase of Pakistani medical supplies for use in State and provincial hospitals. The use of counterfeit stamps and false tender documents circumvented the ban and enabled Surgicare to undercut prices and win Government tenders.

ClubMedMauritius in Maya

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ClubMedMauritius in Maya
The support for the Employment and Skills Act in the Department of Employment and Skills is not consistent with the provisions of the Act. The Department of Employment and Skills is responsible for the implementation and enforcement of the Act. The Department of Employment and Skills should ensure that the provisions of the Act are implemented and enforced in a consistent manner.

Debbie - May 7, 2021

British - Health campaigns

Minister has praised

Singapore's hospitals

F. C. Primary

M. L. Health

Commissioners
Witness refuses to answer

JOHANNESBURG. — The De Kock Commission of Inquiry into allegations of corruption in the Transvaal Provincial Administration was halted temporarily yesterday when a key witness refused to be cross-examined by a journalist and a retired company director.

Mr. Peter Goldberg, former financial controller of a major group of drug companies whose activities form the focus of the Commission, said through his lawyer he would go to the Supreme Court for an order preventing Mr. Martin Welz, political correspondent of the Sunday Express, and Mr. Ken Diamond, a former company director, from cross-examining him because they had no locus standi.

Mr. Goldberg was prepared to answer questions by the Commission or by the Director of Hospital Services in the Transvaal, Dr. Gerhard Scheepers, and his Deputy, Dr. Heinie Grove, whose activities the Commission is investigating.

Overruled

After the Commissioner, Mr. L. V. de Kock, had overruled an application to this effect by Mr. Goldberg's attorney, Mr. Miranda Barker, she gave notice that her client intended going to the Supreme Court for a ruling. This would take about six weeks.

In his evidence in chief, Mr. Goldberg said he was aware of the practice of paying “sweeteners” (bribes) to doctors in private practice. He had only signed cheques or requisitions and was not personally involved in the nationwide activity, he said.

Mr. Jimmy de Villiers, a former senior employee of Continental Ethical, a company in Mr. Isaac Kaye's Alumina pharmaceutical empire, said he had become aware in 1962 of a “ring” of three firms producing X-ray film.

“They set prices and divided the market between them,” he said. Because his company had had difficulty breaking into the “ring” he and Mr. Isaac Kaye had built a plant near Rustenburg in virtual secrecy.

Mr. De Villiers said his plant was in a position to supply the whole of South Africa's market and had been “able to get a duty imposed on imported film. Because of this the opposition couldn't compete”.

Mr. De Villiers explained how it was possible to sell three months' supply of film to hospitals even after his company had lost a Provincial tender.

Stockpile

The authorities were persuaded that each hospital must carry a three-month stockpile. A notice of this was published by the Province.

As soon as a tender was awarded, even to the opposition, Mr. De Villiers would send his salesmen out and they would say the hospital had to stock up from Continental Ethical Supplies as the existing suppliers, because the new tenderer was not yet geared up to take over.

The company which won the tender would be unable to sell its products for three months.

Mr. De Villiers said it had also been company practice to alter the expiry dates on boxes of X-ray films so that they could be sold after the official expiry date.

Changed dates

“The film was in good condition because we kept it at low temperatures so we changed the date on the boxes.”

Mr. De Villiers said tenders were not simply awarded to the firm offering the lowest price. Quality, availability of service and the preference of hospital staffs were also important.

Therefore it was essential to be “in with the top people” and not get into their bad books.

The Inquiry was adjourned until May 18.
The Health Department's report for this week, shows a significant increase in the number of cases of communicable diseases. According to the report, the number of cases this week is 15% higher compared to last week. The number of hospitalizations also increased by 10% this week.

In response to the increase in cases, the Health Department has issued a series of recommendations to the public. These include washing hands frequently, wearing masks in public places, avoiding crowded places, and practicing social distancing.

The department also recommends vaccines for specific diseases to further reduce the spread of communicable diseases. Vaccination clinics are scheduled for the upcoming weekend. The public is encouraged to contact their local health center for more information on vaccination schedules.

The Department urges everyone to take necessary precautions to protect themselves and others from communicable diseases.
Commission hears of 'threat' to business

Own Correspondent

JOHANNESBURG — A company director told the De Kock Commission of Inquiry into alleged malpractices in the Transvaal Hospital Services that he felt that the Services' Director, Dr Hennie Grové, had threatened him that his business would suffer if he talked about alleged corruption.

Mr Bertram Bratt said that he had left Dr Grové's office with the distinct impression that unless he kept quiet about the allegedly corrupt practices he might lose considerable TPA business.

Misconduct

"I did then, and now do a fair amount of work for them," he said.

The commission is inquiring into alleged misconduct by Dr Grové and his deputy, Dr Gherhard Scheepers, and into the way in which tenders were dealt with by the Hospital Services staff.

"It was common knowledge in the industry that there was underhand work by some companies in Mr Isaac Kaye's Alumina group," Mr Bratt said.

He agreed with the examiner, Mr F E Roets, that he had told a colleague in a tape-recorded phone conversation that he had been blackmailed in front of his own lawyer by Dr Grové.

In other evidence yesterday the commission was told that:

- One of Mr Kaye's companies kept a double set of books to hide commissions paid to influential doctors.
- The company had claimed the commissions as tax relief by putting them down to advertising.

Washing machine

- The managing director of one of the Kaye companies, Mr Bill Kennedy, admitted that he had bought a R499 washing machine for a mission hospital doctor.

He had paid for it with his personal company expenses.

Later Mr Kennedy said that his company had paid "sweeteners" to influential people but had never paid anything to TPA officials.

Invoice

Mr Bratt had had an invoice showing that one of Mr Kaye's companies had paid for a trip to the Greek islands for Dr Grové and his wife.

Subsequently he burnt the invoice, fearing his business might suffer if people talked openly about it.

"You sometimes find it safer in business to shut up ..."

"I believe anyone is honest unless proved otherwise and I felt that the invoice might be an embarrassment to Dr Grové," Mr Bratt said.
Bribery probe told of threats

PRETORIA. — A witness before the De Kock commission of inquiry into alleged malpractices in the Transvaal Hospitals Services said he had twice been threatened with violence and told "to be careful what I said because the people involved were very powerful".

Mr Alan Cornish, whose firm, Cornish Medical Equipment, was taken over by the Alumina Group in 1978, told the commission in Pretoria he had been unhappy because the company was not "being run in a legal manner. Things were going on".

The company tended to get orders by giving gifts and he finally left.

"Violence"

When he was working for the firm in Pretoria, Mr Peter Goldberg, the director, came to see him and said he was unhappy about the situation. But the way Mr Cornish was not cooperating.

Mr Goldberg took him to the bottom of the factory and said if he did not stop making difficul-
ties for the directors, he would "do something about it". He felt it was a threat of violence." Mr Cornish told the commission.

Recently someone had telephoned him with "friendly advice", Mr Cornish said.

"They told me I was involved, I must be careful what I said because the people involved were powerful and my house might get burned down or worse.

Hurt family"

"They would hurt either myself or my family," he said.

Mr Cornish said earlier in his evidence that his company had been defrauded of R10,000 when overdraft facilities were obtained in his name without his consent.

When Mr Goldberg offered him R20,000 for his company, which was worth more, he was forced to sell.

He said in reply to a question by Mr Frans Roets, who is leading evidence, that he knew of money being sent overseas.

An accountant later fired from the company told him he had found a double payment of R500,000 to a company overseas.

Mr Goldberg was also told that regular payments were being made to a Mr Cooper, who was a technical assistant to the Alumina Group.

Mr Goldberg said he had come across no notification of a loan of thousands of rands made to him in the company's books.

He also told of letters querying debts being received from an overseas company.

This had part of a manoeuvre to allow an overseas "legitimate profit". It had not been a proper query.

The hearing will continue in June. — Sapa

Nailed b

PRETORIA. — No one can explain a macabre campaign of attacks on a Vereeniging schoolboy and his girlfriend.

In the latest attack, Natjie Chinner, 17, of Lyttelton, says he was set upon by four men on Monday who drove a 16cm nail through his left hand, pinning him to the ground.

Natjie said yesterday he had been travelling home from a friend on Monday evening.

He was attacked and had teargas sprayed into his face, temporarily blinding him.

They force with somethi

Queen Elizabeth at the Royal Windsor Hotel team of bays, driven by her husband, Pri
Finding a doctor in sprawling Chatsworth to attend to the sick at night is a 'nightmare' experience for many people, according to Chatsworth residents.

And although the giant R K Khan Provincial Hospital is within easy reach, there is only one doctor available in the hospital's out-patients and casualty ward at night and over weekends.

Confirming this yesterday, Dr P K Naidoo, the hospital's deputy medical superintendent, said because of the shortage of doctors they could not have more doctors to man the casualty ward after normal hours.

But, in the event of a major disaster doctors could be brought in from other sections of the hospital and those on standby duty, he said.

Dr Naidoo said about 30 to 40 patients who sought attention in the hospital's casualty ward over weekends were victims of either motor accidents or assaults.

'The doctor on duty has to attend to these patients before seeing others. This is probably the reason for the long delay in receiving treatment,' he said.

Reluctant

Mr Devendra Naidoo, of Silverleng, said there were about 12 doctors living in the Chatsworth complex, but many were reluctant to provide after-hours service.

'My five-year-old niece, Vineshree, took ill shortly before 10 p.m. on Thursday and although there are four doctors living within walking distance of my home, I was unable to reach one.

He said in desperation he took his niece to the R K Khan Hospital, but found a queue of no less than 20 patients waiting for attention.

'Some had been waiting there for three hours and still had not been seen by the doctor,' he said, adding that it was like 'a nightmare experience.'

Dr D Moodiar, secretary of the Durban South Doctors' Guild, said yesterday that they were investigating a new system where doctors living in the same area could, through mutual agreement, provide a service for emergencies at night. Each doctor would take turns for the night duty.
Facilities worth R12m for Livingstone Hospital

Weekend Post Correspondent

CAPE TOWN — The total upgrading of the hospital and the provision of all modern facilities at a cost of R12 million is "the immediate aim" at Livingstone Hospital, Mr Piet Loubeir, MEC in charge of hospitals, said here.

Mr Loubeir added: "Only the inevitable planning process and also to a lesser extent the availability of funds serve to delay this achievement.

"Naturally such a major project must be undertaken in phases, some of which have already been completed."

The completed stages and their costs are: a new link corridor — R82 200, fire escape stairs — R165 500, new elevators and medical gas bank — R408 300, standby emergency power — R45 000.

A new water reservoir is being built, with a new water reticulation system and new steam mains, at a cost of more than R1 million.

Tenders for new electrical substations and the renewal of the electrical reticulation system to cost more than R600 000 were accepted in April.

During January, tenders were accepted for a new nurses' training unit to cost R724 000.

Mr Loubeir said that a start had already been made to obtain full use of existing facilities at Dora Nginza Hospital, in order to accommodate in-patients at that hospital.

Despite present financial cuts, the Province has allocated R1 712 000 for this purpose.

Salaries would absorb R1.5 million of this, while R200 000 would be spent on furniture and equipment to accommodate an additional 200 patients.

"It is trusted that in this manner we can achieve considerable relief of the present very congested conditions at Livingstone Hospital.

"I must also explain that the present accommodation can provide only 160 additional beds and that it is intended to build an additional casualty ward for 40 patients, urgently," Mr Loubeir said.

A ward block was also planned "as an urgent major scheme" for 500 patients at Dora Nginza Hospital.
Medical Reporter

The University of the Witwatersrand's transplantation unit has done more than 500 kidney transplants since the first one was performed in 1966.

Transplants are an established method of treatment for kidney failure but the results are imperfect, says Professor J A "Bert" Myburgh, head of the department of surgery at the University of the Witwatersrand and the Johannesburg Hospital.

In the past decade the unit has achieved a graft survival rate of between 55 and 60 percent using kidneys from cadavers. However, the graft survival rate is over 90 percent in sibling transplants such as from brother to sister who are genetically similar.

The results are not as good in parent to child transplants which are 70 to 75 percent successful.

The major graft loss usually occurs in the first year of the transplant.

Lifelong immuno-suppressive drug therapy has been the standard treatment used to prevent organ rejection but these drugs do not always work and in some instances the side-effects can be lethal.

Professor Myburgh said there had for many years been a search for better methods of controlling rejection. A variety of methods had been devised for manipulating rejection or the immune response.

The transplantation research unit was established by the Medical Research Council and the Wits University Council to look at various methods of controlling rejection in organ transplants.

Irradiation therapy had given the most encouraging results by far in baboons. It produced a state of tolerance so that the body would accept the graft, said Professor Myburgh.

The use of irradiation therapy was prompted by the observation that people receiving this treatment for Hodgkin's disease had important alterations in immune response.

Professor Myburgh's research team had for the past five years focused on total lymphoid irradiation in baboons which have a similar immune response to man's.

"We have produced a tolerance for up to four years for kidney and liver transplants in baboons without using immuno-suppressive drugs. "It is the only method which has achieved the degree of effectiveness," he said.

Professor Myburgh said irradiation had potential hazards and although a safe and effective level had been worked out for baboons there was a "big difference between a healthy baboon and a sick patient suffering from kidney failure."

However, his team had reached the stage where this therapy could be given to patients, he said.

Irradiation therapy - which involves exposure to radiation rays - is used to treat certain categories of Hodgkin's disease, a malignant disorder of the lymphoid system.

The longest surviving transplants in the world had total body irradiation in France in the early 1950s. But once immuno-suppressive drugs became available the method was abandoned, said Professor Myburgh.

Interest in the possible use of irradiation therapy in transplantation was revived in the late 1970s when Stanford University in the United States began using it in mice and rats with good results.

Professor Myburgh's research team modified this method in baboons.

Total lymphoid irradiation may offer new hope for liver transplants which have been less successful than kidney transplants.

Professor Myburgh said liver transplants had poorer results for two reasons: the procedure was much more complicated and there was no means of artificial support as in dialysis for kidney transplant patients.

"I have hopes that if our method of total lymphoid irradiation has a measure of success then one can offer liver transplants at an earlier stage," he said.
By BRAN STUART

The Argus, Monday, June 6, 1983

'Brutal' doctors rapped by hospitals chief

PART-TIMERS

Loulou said doctors were the worst of the staff in the medical profession. She said junior doctors were often denied the opportunity to learn and develop.

"Doctors are the worst of the medical profession," Loulou said. "They are often denied the opportunity to learn and develop."
Officials tampered with tenders

By GEOFFREY ALLEN

TRANSGAAL Provincial Administration officials illegally tampered with medical supplies' tenders after they had been publicly opened and read out and were "sub judice".

The tenders, made in 1976, were for X-ray film.

These allegations — made yesterday at the De Kock Commission of Inquiry in Pretoria by the examiner, Dr Franz Roets, were confirmed by Dr Gerhard Scheper, Deputy Director General of Hospital Services.

The commission is investigating alleged misconduct by Dr Bennie Grove, Director of Hospital Services, and Dr Scheper.

Other allegations confirmed by Dr Scheper yesterday were that:

• The company had been allowed to submit its price list after it had been opened by rivals;
• The price list had been slipped into the tender after rival tenders had been officially opened;
• An unknown TPA official had written a figure into the tender submitted by Mr Isaac Kaye's Alumni Group of companies once it had been opened and was supposedly sacrosanct in the Hospital Services tender department;
• Between the opening of the tenders and the addition of the price list, Dr Scheper had phoned an Alumni official, Mr Gerald Pienaar, to ask where the prices were;
• Even though the Alumni prices were up to R6 more expensive than five rival tenders, the Alumni tender was accepted.

Asked why he had contacted Mr Pienaar, Dr Scheper said: "We have the right, if there is some misunderstanding, to contact the firm."

In this case," replied Mr Roets, "there were no prices to start with so there was no question of a misunderstanding."

"I phoned to ask where the prices were," Dr Scheper said.

Mr Roets said that the Alumni tender should have been thrown out in terms of the Tender Board regulations. Instead, it won the contract.

The commissioner ordered that it be established whose handwriting was on the altered document.

Dr Scheper was closely cross-examined on the five star trip he and his wife made to Europe in late 1978 at the expense of the Israel Tourist Board and various private firms.

His version was that Professor (now a doctor in private practice) Malcolm Funksten and he were invited to go on the trip. He had told Dr Grove and the people making the invitation that Prof Funksten was leaving the TPA and University of Witwatersrand Medical School to go into private practice and that the TPA would therefore not benefit from his going on the trip. Instead it was suggested that he should take his wife.

Dr Funksten told the commission that no one had mentioned the invitation to him and that he had had no intention of resigning before he handed in his resignation nearly two years later. He said no one had told him to go into private practice in 1978 because at that time he did not wish to.

"I was very happy in my job," he said.

Dr Scheper admitted giving Mr Isaac Kaye, former managing director of Alumni, post-dated cheques to cover the purchase price of a TV set which was bought through the group for him.

Dr Scheper then launched a virulent attack on the Sunday Express newspaper which published the expose of TPA corruption.

"I say these allegations were vague and farcical...sinister and fanciful...the one thing that all the witnesses supporting the Express have in common is that they are aggrieved."

Dr Scheper said that it was a political plot against the Government's attempt to produce locally made drugs and other materials to make the country independent from, and immune to, possible boycotts from abroad.
Hospital funds not fully spent

Post Correspondent
CAPE TOWN — Only 40% of the funds set aside for Livingstone Hospital during the past two years were spent there, Mrs Molly Blackburn (PPF, Walmer) told the Provincial Council yesterday.

Mrs Blackburn said there was a "desperate need for physical upliftment at the hospital" and she was "puzzled and dismayed" at the discrepancy between allocation and spending.

For the 1980-81 financial year, R1.68 million had been budgeted, but the auditor's report showed that only R483 000 had been spent. In the following year R2.3 million was set aside, but only R353 636 was spent.

During 1981 and 1982, R64 000 and R44 000 were set aside for the Provincial Hospital, but the money had not been spent.

This year R209 000 had been set aside for the casualty department of the Provincial Hospital.

"The time for action is now," she said.
Why should he not hang?

Judge asks A.A. counsel

Defendant's legal advisor, A.A. counsel, has asked the court to consider a plea of not guilty. The defendant, a top businessman in London, has been charged with fraud. The case has caused a great deal of public interest and has been closely followed in the media. The court will hear the case on Monday.
BLOEMFONTEIN — Four of the coloured nurses recently recruited to ease the crucial nursing shortage in Bloemfontein's white hospital have walked out of their jobs and attempted to persuade them to return have failed.

It is understood that remarks passed by white nurses working in the same ward — the intensive care unit of the Universitas Hospital — caused the walk-out on Tuesday.

Shortage

Fifty-two coloured women, 46 of whom have no qualifications and are being trained as nursing assistants were signed up last month for ward duty in Universitas and national hospitals in a move by the Free State Hospital Services to alleviate a shortage of about 500 nurses.

The nurses who left Universitas Hospital on Tuesday were all fully qualified State-registered nurses formally employed at the Felenomi Hospital (for blacks).

Remarks

The MEC for Hospital Services, Mr Humphrey Simes, said yesterday "one or two remarks" had made the nurses unhappy. Senior hospital staff had approached the nurses to persuade them to return but were unsuccessful, he said.

"The nurses who left still have their jobs," he said. "If they don't want to work at Universitas or national hospitals they can return to Felenomi Hospital and there is no question of steps being taken against them."

Mr Simes said more coloured nurses would be recruited and that staff would be accepted from as far afield as Durban, Cape Town and Port Elizabeth.
Questions Waiting for Alimina's ex-boss

Your Official

Mr. chatman's direction of Industrial Economic Intelligence.

Nobody can

Sheepers

Prube me

Now Govt. observers step into the Medical Scandal Probe

NOW GOVERNMENT OFFICIALS

BY LAUREN COBRA

A call to the ex-boss of the medical industry

The medical industry's ex-boss, Alimina, was married to the same man who was once a powerful figure in the industry. After his retirement, he was replaced by a new boss, who was soon suspected of corruption.

The government's interest in the medical industry has increased in recent years. Although the ex-boss has already been released from prison, the government is still monitoring the industry to ensure that there is no corruption.

The government has already taken some measures to control the medical industry. These include making changes to the laws that regulate the industry and setting up a new board to oversee it.

However, some argue that these measures are not enough. They believe that a new boss should be appointed to the medical industry, who will be able to clean up the corruption that has been going on for so long.

Some of the questions that are now waiting for Alimina's ex-boss include:

1. Will the new boss be able to control the medical industry and prevent corruption?
2. Will the government's measures be enough to control corruption in the medical industry?
3. Will the new boss be able to bring about a change in the industry?
Questions Waiting for Aluminums' Ex-Poss

...
Part of the crowd at last night's University of the Western Cape mid-year graduation ceremony. 150 people received degrees and 46 were awarded diplomas.

**Hospital delay slammed**

Weekend Argus Reporter

MEDICAL services in the "new cities" of Khayelitsha and Mitchell's Plain were hopelessly inadequate, Professor Richard van der Ross, rector of the University of the Western Cape, said last night.

Speaking at the UWC mid-year graduation ceremony, Professor van der Ross said the coloured community continued to be served in large areas with minimal health services.

"It is bad enough that about 300 000 coloured people in Mitchell's Plain are without a general hospital. It is worse to learn that no such hospital is planned.

**Epidemics strike**

"A new city of 300 000 at Khayelitsha has already started. It is quite incomprehensible that the hospital at Guguletu-Hedeveld is still being delayed.

"Must we wait until epidemics strike these new concentrations of people? Must people be expected to travel from the False Bay coast to Groote Schuur?"

The answer, he said, was to complete the Guguletu-Hedeveld hospital without delay as a teaching hospital for the UWC medical faculty. This the Cabinet had decided to open 10 years ago as "a matter of urgency".

"Such a move would also facilitate the building of our long overdue dental hospital," Professor van der Ross said.

The dental faculty currently treated more than 1000 patients at Tygerberg Hospital, operated a maxillo-facial and oral surgery unit at Groote Schuur and ran a mobile dental clinic in several townships.

"By 1984 our dental and para-medical services will be scattered between the Groote Schuur, Tygerberg and Conradie hospitals, with ambulances screaming along Peninsula roads to carry patients needless miles.

Jacqueline Dawn Adriaan receives a BA (honours) degree in Afrikaans and Nederlands.

Dr Izak Jacobus van Zyl receives a Doctor of Theology degree from the rector and vice-chancellor, Professor Richard van der Ross.
Millions to be spent on twin town hospitals

By WINNIE GRAHAM Property Reporter

TWO major developments in Sandton and Randburg will provide residents with an additional 570 hospital beds in the next few years. Both are multi-million rand.

A 204-bed clinic is planned for Morningside, Sandton, and a 250-bed hospital for Olivedale, Randburg. An additional 116 beds for medical and surgical patients will also become available when extensions to the Sandton Clinic are completed by next March.

The Morningside Clinic — still in the early stages of planning — will be built near the Holiday Inn at an estimated cost of R15-million. The hospital will serve surgical, medical and maternity patients. Facilities will be available for convalescents. There will also be doctors’ rooms in the complex.

Building is expected to start in September and the clinic will probably open in March, 1983.

The Randburg Hospital — its planning is still in the embryonic stage — will incorporate several novel features, including a community health centre and a preventive medicine section. Also a multimillion project, the hospital will fulfill a long-felt need in the area.

A total of 250 beds will be provided in the first phase, with an extra 100 in the next stage.

The extensions to the Sandton Clinic, which are underway, will cost about R2 000 000. Initially, provision will be made for medical and surgical patients, with additional suites for doctors provided later.

The building of the two hospitals, with the extensions to the already heavily-used Sandton Clinic, will be a major boon to the people of the two towns.
The steadily rising tide threatens to drown Baragwanath

A SCHEME by the Transvaal Provincial Administration to withdraw specialist doctors from Soweto clinics has backfired.

Patients have been streaming to the overcrowded Baragwanath Hospital to skirt what they feel is a second-rate medical service offered by the clinics.

In 1981, the TPA's Hospital Services attempted to stem the flow to Soweto's overcrowded hospital by using the clinics as filters through which only the most serious cases would pass.

But specialists were barred from working at the clinics because, the TPA felt, they would be needed at the hospital to attend to the serious cases.

The TPA's strategy included an attempt to integrate primary health care into community life, which involved promoting the general practitioner as the main dispenser of health and the clinic as a fount of medical care.

The scheme, however, has backfired.

Doctors at Baragwanath say patients have lost confidence in the medical service being offered at the township's eight clinics, which are administered by Baragwanath, and are heading for the hospital itself in increasing numbers.

Admission figures to the hospital have risen sharply since April, while the attendance figures at the clinics have plummeted.

From April to December 1982, attendance figures at the clinics plunged by an average 17% a month, while the admissions to Baragwanath climbed by a steady average of 10% a month over the same period.

The number of admissions to Baragwanath could have been even higher if two new hospitals, the Hillbrow Hospital and Sebokeng Hospital near Vereeniging, had not opened around April 1982.

Professor Harry Stein, head of Baragwanath's Department of Paediatrics, said there was a disturbing increase in the number of stillborn babies at the hospital.

He said the number of perinatal deaths, that is, babies who are stillborn because of antenatal or delivery complications, has climbed steadily in the last six months from 35 per 1,000 to 41.6 per 1,000.

Because of the vulnerability of children, perinatal deaths are regarded internationally as a valuable index of the effectiveness of medical care in general.

Some doctors believe the present crisis is partly due to the 100% increase in patient fees from R1 to R2 per visit, which came into effect last April.

This has put medical care out of the reach of thousands of patients suffering from chronic diseases, who require frequent checks at clinics.

But most doctors blame the TPA's Hospital Services.

Professor Stein believes many of the perinatal deaths could have been averted if there were specialists at the clinics who were better able to diagnose and manage maternity cases.

The superintendent of Baragwanath, Dr Chris van den Heever, said some of the reasons for the drop-off in clinic attendance included last April's fee increase as well as the opening around the same time of the Hillbrow Hospital and the Sebokeng Hospital.
16-year delay on hospital ‘a disgrace’

Medical Reporter
IT IS an “absolute disgrace” that the Guguletu-Heideveld Hospital has still not been built 16 years after it was first mooted.

Dr John Sonnenberg, chief health spokesman for the PFP in the Provincial Council, said there was a “desperately urgent” need for the hospital which has been on the drawing board since 1967.

SPEECH
Dr Sonnenberg was reacting to a speech by Dr Richard van der Ross, rector of the University of the Western Cape, in which he said the Guguletu-Heideveld Hospital “must be proceeded with without delay as a teaching hospital” for the medical faculty of UWC.

Dr Sonnenberg said when he asked why the Heideveld-Guguletu Hospital had not been built he was told the council was waiting for the UWC medical school to be built.

Dr R L M Kotze, director of hospital services in the Cape, said it was up to the “higher education authorities” to decide whether the hospital would be adapted as a teaching hospital.

“Money will then be the next thing needed to build the hospital. If it is going to be a teaching hospital, the treasury will be asked for special funds. If not, the money will come directly from the province.”

Asked about the shortage of medical facilities at Mitchell’s Plain, Dr Kotze said a high priority was the building of a large day hospital in the area, but this would depend on finances being available.

He said the hospital services department was also planning health facilities for Khayelitsha.
Bleak financial year ahead for Transvalers

THE Provincial Council budget session, which closed in the Durban Roaded on Pretoria last week, had little for the comfort of Transvalers. 

Chocks included a huge increase in penalties for contraventions of the Road Traffic Ordinance and the inevitability — it may be introduced next year — of parents being compelled to contribute substantially to the education of their children.

The session opened with a blistering attack by the Leader of the Opposition FPP, Mr Douglas Gibson, on successive executive committees.

He claimed they had been bad rulers, bad planners and downright wasters of public money.

He attacked planning blunders which, he said, cost taxpayers tens of millions of rand in fruitless spending.

He said the Johannesburg Hospital was a monument to bad planning as well as to white greed.

Half the hospital's 2,000 beds were empty, while black patients had to be accommodated on ward floors at the Baragwanath Hospital.

The session was peppered with acrimonious and angry exchanges between the Conservative Party's eight councillors and the big National Party majority in the council.

Backdrop to the session was the Government's proposed constitutional changes, and the threat these held for the provincial council system.

The FPP Opposition claimed the Government had six years ago to choose provincial councils of their powers and to undermine and remove the functions granted them by Union.

In terms of the proposals, FPP leader Douglas Gibson said the provinces would be emasculated and all power grabbed by the Government under an executive president with dictatorial authority — beyond even the reach of a court.

The proposals were repeatedly attacked during the session by the Conservative Party as well as the FPP, for very different reasons.

The Conservative Party's objection was that the proposals would be the thin edge of the wedge for total integration, while the FPP saw them as being chiefly designed to entrench apartheid and the National Party agenda.

The proposals' principal members indicated were a facade which should blind no one to the Government's real intentions — ... to perpetuate white rule and privilege at the expense of increased racial polarisation, black isolation and provocation.

JOEL MERVIS .... attack on SABC "bias" in news reporting.

By GERARD REILLY, Pretoria Bureau.

Where in all the world, one wondered Conservative Party member asked, would you find a country where the lauding party was eager to surrender political control and power?

Conservative Party members were of the inevitable confusion and conflict which would follow the implementation of the new dispensation.

The Nationalists countered with what has become the stock response — the "move-in-the-right-direction" argument.

However, at least one subject got the unanimous support of all parties — war was declared on reckless driving.

Punishing new penalties aimed at disciplining the province's motorists into a more responsible use of roads, and to slow the rising road death toll, would be introduced next April, it was announced.

Fines of up to R3,000 (or three years' jail, or both) will be imposed.

Rockless driving will carry a maximum penalty of R2,000 (or two years', or both).

Still penalties are also promised for other road offenses, such as forged driving licences or roadworthy certificates.

Announcing the penalties, the MEC in charge of road traffic, Mr Daan Kirstein, said the current penalties had failed to keep pace with the falling value of money. Each year they became less severe because of inflation.

They had also failed as a deterrent to bad and dangerous road behaviour.

The end of the era of free education at provincial schools was also foreshadowed during the session.

The MEC in charge of education, Mr Fanie Schoeman, announced that the Education Ordinance would be amended next year to make provision for compulsory financial contributions by parents to the education of their children.

He warned, however, that the issue should not become a political football and should not be dragged into the political arena.

The costs of providing and maintaining schools and colleges of education and paying the province's 26,000 teacher corps were stressed.

Other costs, too, had become prohibitive and beyond the means of the province, unless the current inadequate Government subsidy to the province.

The chronic English-speaking teacher crisis was highlighted by the FPP's education spokesman, Mr Peter Nixon.

Only one in seven teachers at the education colleges, he said, were English-speaking.

The crisis came into focus when it was realised that, for every three Afrikaans-speaking pupils, there was one English-speaking pupil.

Statistics showed a steady decline in the number of English-speaking teachers. Mr Schoeman said that from 1969, English-speaking teachers declined from 19.7% of the total to 16.5%.

In the same period, English-speaking pupils increased from 29% of the total to 32.5%.

A particular aspect of the English-speaking teacher crisis, it was emphasised, was the sharp and continuing decline in the number of men students at the province's two colleges of education.

Concerned at the budget debate, the SABC was slammed for "blatant and unashamed bias" in its presentation of television and radio news.

Of the hysteresis generated by the recent series of by-elections and by the constitutional reform plans, the SABC had over-reached itself as a blatant propagandist for the National Party, the MFC for Edenvale, Mr Joel Mervis, claimed.

The alarming aspect was that television and radio were easily able to deceive the public.

The news staff of the SABC, Mr Mervis said, was packed almost entirely with dyed-in-the-wool supporters of the National Party and being biased in favour of the Government was a way of life.

A more balanced treatment of the news, he claimed, could only come from a more balanced staff and a realisation that all South Africans paid for the SABC and not just the supporters of the National Party.

Attacked, too, was the headmaster of a Johannesburg school who sent out a circular through his pupils to parents asking them to inform on coloureds and Indians living illegally in the Hillbrow area.

The FPP MPC for Hillbrow, Mr Max Neppe, condemned the circular and warned parents, who had used the pupils to propagate an injustifiable Group Areas Act and encouraged them and their parents to become agents of the Government.
Mr. F. K. MOORCROFT asked the Minister of Health and Welfare:

Whether there are any (a) clinics, (b) doctors, (c) nurses and (d) community health workers in the Black township of Port Alfred, if so, how many in each case?

The MINISTER OF HEALTH AND WELFARE:

(a) 1;
(b) 1;
(c) 1; and
(d) none; community health workers are presently being trained by the Department of Health and Welfare.
SUPER DENIES IT

Montsisi 'kicked out' of hospital

By MONO BADELA

DAN Sechaba Montsisi, former leader of the banned Soweto Students' Representative Council (SSRC), recently released from a four-year imprisonment on Robben Island, yesterday alleged that he was ‘kicked out’ of the Natalspruit Hospital.

Montsisi, who was admitted for a knee operation on June 14 after an injury sustained while playing soccer on Robben Island, claimed that he was thrown out after protesting to the matron, Mrs W du Plessis against what he called ‘appalling conditions’.

The matron, he alleged, called him a ‘prisoner’ and accused him of being an agitator.

NO CRUTCHES

But Dr A F Chemaly, the superintendent of the hospital, yesterday denied this and said Montsisi had been discharged at the insistence of his private doctor, Dr A L Orford.

Montsisi, who said he was not given crutches when he left and was not provided transport home although he was still unable to walk, claimed that patients, especially from Ward 21, were made to wear soiled and dirty pyjamas for two weeks.

The hospital, he said, was plagued with hordes of cockroaches which ‘invaded our lockers at night’.

TERRIBLE NOISE

The patients, he alleged, could not sleep at night because of the ‘terrible noise’ caused by the heating system. The food, too, left much to be desired.

He said that complaints were met with arrogance.

Dr Chemaly said the hospital was short of linen because of the financial crisis in the country which resulted in the hospital budget being cut drastically.

“We have to skimp here and there to make ends meet. At the moment we are experiencing overcrowding,” he said.

AGITATOR

He said the heating system would be fixed and as for cockroaches, “even five star hotels do have them”.

Asked about the matron’s allegations, Dr Chemaly explained that Montsisi was “a deputy of Tsitsi Mashinini during the Soweto riots.

“You could see that the man is an agitator and a troublemaker,” he said.
THE lack of medical and dental facilities in the black community was highlighted last week by Professor Richard van der Ross, Rector of the University of the Western Cape.

At the university's graduation ceremony on Friday, Professor van der Ross said the facilities for Mitchell's Plain and Khayalitsha were hopelessly inadequate.

He said a general hospital was desperately needed to cater for Mitchell's Plain's 300,000 residents and the 300,000 people who will eventually live in the new township Khayalitsha.

MINIMUM

"Our community continues to be served in large areas with minimum health services. It is bad enough that some 300,000 Mitchell's Plain residents are without a general hospital. It is worse to learn that no such hospital is planned," he said.

Professor van der Ross called on the Government to give the go-ahead for a hospital to be built at Guguletu or Heideveld.

EPIDEMICS

"Must we wait until epidemics strike? Must people be expected to travel from the Groote Schuur Hospital?"

He said the Guguletu/Heideveld hospital could be used as a teaching hospital for the medical faculty at UWC.

At the oath-taking and prize-giving ceremony for 15 final-year dental students on Wednesday, Professor van der Ross said that only about 20 of the more than 1,000 dentists were black.

"This raises the question: What do people in the black community do when they need dental care?" he asked.

ENSURE

"We must ensure that medical and dental services are in reach of all, not only those in the cities who can afford them."

"Should we not, as a university, go out into the townships and recruit people as future dentists, and bring them through high school and university?"

He said UWC ran a dental clinic at Crossroads and a mobile township clinic.

"We may introduce an internship for qualified dentists, requiring them to do practical field experience in areas where dental services are not normally available, before entering private practice," he said.

Mr Mervyn Raymond Meyer (B Cur) is passed by Professor Richard van der Ross at the graduation ceremony of the University of the Western Cape.

Shirley Anne Jephta walks off with her Bachelor of Arts degree at the University of the Western Cape's graduation ceremony on Friday night.
Poor will die at home, says Azapo of new hospital rule

The new hospital ruling in the Transvaal that outpatients must pay bills in full before treatment will result in poor people staying away and dying at home, Azapo claimed today.

The health secretariat spokesman of the Azanian People's Organisation, Mr Abu-Baker Asvat, was commenting on the new payment policy announced by the Director of Hospitals, Dr Hennie Grove.

The policy is that inpatients, to whom a day tariff is applicable, must pay a deposit on admission. Where a non-recurrent tariff applied, as with outpatients, the patient will be expected to pay the full amount on admission. A patient will not be refused treatment if he cannot pay - but will be expected to arrange payment as soon as possible.

The ruling would increase hardship in the townships, particularly among "people who are battling to make ends meet and who are living a hand to mouth existence," Dr Asvat said.

Health services should be the duty of the State - available to one and all and free of charge, he said.

Mr Isaac Mogase of the Soweto Civic Association said the ruling was "a terrible situation".

Mr Tom Manthatha of the Soweto Committee of Ten said the ruling was "ugly and inhuman".

People attacked in the street or involved in serious car accidents were not likely to have cash on them when taken to hospital, he said.

"The ruling is a horrifying idea. The Government is responsible for the health of its citizens," he said.
By JANE

KHAYELITSHA HEALTH SERVICE, INADEQUATE

2 The Cape Times, Thursday, July 2, 1983
Health costs may be out of reach of most
AMBULANCES have become a vital extension of medical services and are no longer there for “scoop and ride” purposes, says an emergency services chief.

Delivering a paper at the 54th congress of the Medical Association of South African in Cape Town today, Dr Alan MacMahon, director of the Peninsula’s Emergency Services Centre, said that while the ambulance service still had a long way to go, it had improved radically in the past 10 years.

He said it would continue to improve but that it needed the support of the public and the medical profession for it to reach its full potential.

Treatment

He said ambulances were no longer designed only for transport but for pre-hospital emergency treatment and staff were trained to deal with emergencies.

Dr MacMahon said a possible way to bring the ambulance services and the medical profession closer together was to give medical students and nurses an opportunity to work in the ambulance field “to see what it’s like on the outside”.

Cases

Dr MacMahon also emphasised that emergency cases should be separated from transport cases to speed up the service.

In many cases, he said, ambulances were only ferrying people who had no other means of transport to hospital.

He also called for more use of air transportation particularly in view of the relatively new concept of regional hospitalisation.

See page 4.
New fees: bitter pill for patients

By Sue Leemann
Pretoria Bureau

Patients at the Johannesburg Hospital were thrown into confusion this week when they learnt they would have to dig deeper into their pockets to pay for treatment.

One recent new ruling requires all patients to pay deposits ranging up to R175, either on admission or at the start of being treated as out-patients.

Some of the more costly items now being charged to private patients include heart valves at up to R2,000 as well as cardiac pacemakers.

The new ruling is part of a major savings drive by the Transvaal Hospital Services, and means private out-patients will be billed for their medication while in-patients in the private category now have to pay for prosthetics.

One example of patients having to pay more is the unmarried out-patient who earns more than R2,500 a year and is therefore classified as private. That person will no longer receive medication for his R13 consultation fee. Instead, he or she will be issued with a prescription which they must pay to have filled at a private pharmacy.

This also applies to a man with a wife and two children whose family income exceeds R6,250 a year.

Private in-patients will also suffer from the new ruling. They used to be charged between R20 and R35 a day for the whole spectrum of treatment and medical appliances, but must now bear the cost of prostheses such as heart valves and cardiac pacemakers, as well as orthopaedic and cosmetic appliances.

The MEC for Hospital Services, Mr Daan Kirstein, said the system of deposits paid by patients was now being enforced to counteract the problem of unsettled hospital bills. The Province wrote off more than R1-million annually in unpaid accounts, he said.

This man is desperate

Mr Eric Vermaak of Crown Gardens is one of the people who feels the effects of the new provincial hospital rulings most keenly.

Mr Vermaak, who underwent a kidney transplant at the Johannesburg Hospital three months ago, is battling to pay for vital anti-rejection drugs which will now cost him more than R300 a month.

His wife Pat told The Star this week that the situation was becoming desperate. "These drugs keep him alive, but we cannot afford to pay for them. Our medical aid partly reimburses us, but not immediately, so we have to battle to make ends meet in the meantime. The chemist is prepared to give us credit, but this is limited. This is a desperate situation for someone literally married to a hospital."

A spokesman for the Johannesburg Hospital said Mr Vermaak could apply for reclassification, giving details of his expenses and income. He could even take his case as far as the Hospital Board.
Bara gets praise for treatment

By ELLIOT TSHINGWALA

HUNDREDS of thousands of casualty cases and outpatients were treated at Baragwanath Hospital last year, Miss I O'Mahony, the hospital's matron-in-chief said last week.

Speaking at the graduation ceremony for more than 200 student nurses held at the Harriet Shezi Hall, Miss O'Mahony, quoting figures from an article written by the director of hospitals, said 172 727 people were treated at the hospital.

During the same period 26 452 babies were

Zola.

She also heaped praise on Dr P Beukes, for the part he took in the various projects undertaken by the hospital. Passes she said, were as high as 100 percent in some subjects. The average pass was 78.5 percent for all the students. This had never been achieved at the hospital and should be considered a milestone in the history of the hospital.

The main speaker, Mr M M Masapeci, rector of the Soweto Teachers Training College, said the standard of training and sophisticated machinery at Bara ranked among the best in the world. Mr Masapeci, who with his nurse wife has visited several hospitals in Europe and Britain, said they had been met with praise and admiration wherever they went. It was easy for South African nurses to get jobs overseas because of their training, he said.

Prizes and award were conferred on 11 graduates for above average skill, compassion and good human relations.

The world renowned Baragwanath choir rendered music.
THE Transvaal Executive Committee of the Department of Hospital Services, has decided that in-patients to whom a daily tariff is applicable will have to pay a deposit of between R20 and R175 on admission to all provincial hospitals.

A directive from the Director of Hospital Services, Dr Hennie Grove, said the advance payments expected from in-patients to whom a non-recurrent amount applies, will range between R5 and R35. It will be expected of out-patients, including emergency cases, to pay an amount ranging between R2 and R13 before treatment.

The directive said: "In cases where a non-recurrent tariff applies, as for out-patient treatment, the patient will be expected to pay the full amount on admission. In this way an effort is made to counteract the increase in the amount of patient fees which must annually be written off as irrecoverable."

**INCOME**

Dr Grove said a patient is classified in a specific tariff group on the basis of the family's total income and the number of persons constituting the family. The deposit or non-recurrent amount payable by the patient will therefore depend on the tariff group into which he has been classified.

Persons who are aware that they will be admitted to a provincial hospital, are consequently advised to establish beforehand at the hospital what amount they will be required to pay on admission.

According to the system envisaged, at least a part of the account, if not the full account, will be collected from potential defaulters. The cost and administrative work attached to the recovery of the debts should also decrease considerably.

"The public may however, rest assured that a patient will not be refused treatment if he is unable to pay the required amount, but such a person will nevertheless be expected to make the necessary arrangements for payment of the amount as soon as possible," Dr Grove said.

Meanwhile the Baragwanath Hospital superintendent, Dr Chris van der Heever, has requested that all patients visiting the hospital should bring their reference books with them and if they belong to a medical aid scheme then the patient should bring his or her membership card to the hospital.
Azapo says new health tariffs will cause suffering

By JOSHUA RABOROKO

including emergency cases, to pay an amount ranging between R2 and R13 before treatment.

Dr Grove has also said that a patient is classified in a specific tariff group on the basis of the family's total income and the number of persons constituting the family.

In the statement Azapo says that the decision was taken without considering the untold suffering it would cause to all concerned.

MONITOR

However, the statement says Azapo will monitor this decision and keep the public informed about its consequences.

"The standpoint of the organisation is that health services are a basic right which should be available to all free of charge," the statement says.

Meanwhile patients at Baragwanath Hospital have been asked to bring reference books or medical aid membership cards to the hospital.

This scheme, according to sources, is likely to bring about a lot of inconveniences to people who might get ill while not in possession of their documents or money.
Hospital Refusal: Hunt boy dies...
Hospital scandal shock

A SERIOUSLY injured black boy who fell from a moving truck was refused admittance to Northdale Hospital on Monday and died as a result of his injuries in Durban's Wentworth Hospital the next day.

The dead boy was Zulinkosi Lindedu (9), the son of a farm labourer employed by a Mr Naidoo of Karachi Road, Northdale.

Mr Naidoo owns a farm in the Albert Falls area. As he drove away from the farm on Monday morning, Zulinkosi climbed on the back of the bakkie's canopy without Mr Naidoo's knowledge.

About 50 metres down the road, he tried to jump from the bakkie but fell off. Mr Naidoo drove on, unaware of what had happened. When he returned to the farm about 15 minutes later, he found the injured boy lying on the gravel road.

Mr Naidoo drove Zulinkosi to the nearby Northdale Hospital. On arrival, Zulinkosi was examined by Dr K Devraj, who told Mr Naidoo the boy was not critical and could be taken to Edendale Hospital.

"Northdale Hospital's policy is that black patients are sent to Edendale if they are in a stable condition," said Dr Devraj. "The boy seemed stable to me. He had lacerations, but there was no evidence of any fracture. If it had been my decision, though, I would have treated him here."

Mr Naidoo did not know the way to Edendale and asked Dr Devraj to call an ambulance. The doctor declined and instead gave Mr Naidoo directions to the hospital.

Mr Naidoo called Wentworth on Tuesday night and was told that the boy had died at about 6.15 pm that evening.

A spokesman for Wentworth Hospital's neuro-surgical ward refused to comment on the incident.
Boy's death not due to negligence of hospital staff.

Pietermaritzburg Bureau

The investigation by the Department of Hospital Services into the death of a nine-year-old boy last week has revealed that there was no negligence on the part of any hospital staff.

Zulinkosi Linda died at Wentworth Hospital last week after being taken to Northdale Hospital and referred to Edendale Hospital from where he was sent to Wentworth.

The boy had fallen from a truck and had suffered brain injuries.

The assistant director of hospital services, Dr Charles Roper said yesterday, no one could be blamed for the boy's death and that he probably would have died in any event.

"We took statements from the doctor who examined the boy at Northdale and from the nursing staff who were present, and it appears that the boy was fully conscious when he arrived at the hospital.

'He appeared to have only a scratch on his head and was referred to Edendale Hospital. By the time he reached Edendale his condition had deteriorated and he was sent to Wentworth for treatment.

'Brain injuries are extremely difficult to diagnose and we are satisfied there was no negligence involved.'

Dr Roper emphasised that the policy of the Province was to treat and if necessary admit any patient at Provincial hospitals if their condition was serious.

'It is tragic that a young child has died but we are satisfied that it was the result of the injuries he sustained and not from lack of treatment.'
Gift or benefit ‘is not an offence’

Grové is completely exonerated

By GEOFFREY ALLEN and GERALD REILLY

DR HENNIE GROVÉ, the Transvaal Director of Hospital Services, has been completely exonerated of all allegations of corruption in his Department and of alleged misconduct by himself.

His deputy, Dr Gherhard Schepers, was found to have made an error of judgment in accepting an extension to an overseas trip paid for by a private company.

And he was found to have acted against the interests of the Province by taking his wife on an extended official tour in Europe.

Although the De Kock Commission into alleged misconduct by the two doctors found that Dr Grové and Dr Schepers had benefited from an offer by the Alumina Development Corporation (formerly the dominant supplier of medical equipment and drugs to the TPA), or one of its subsidiaries, to buy TV sets at cost price, neither man had committed an offence.

In the report released in Pretoria yesterday, the commission said: "The pere se handing over of a gift or a benefit did not constitute an offence. Moreover, the TPA had not been prejudiced, it added.

In only one instance was it found that the Alumina Group won any advantage from its dealings with the TPA — when a letter was sent out from the Administration's boardline purporting to be the allocation to various companies of hospitals they were to supply in terms of a new tender.

Subsequently it was discovered that the tender had not yet been awarded and that therefore the allocation was wrong.

Meanwhile, some companies had been able to provide three months' stockpiles of goods to the hospitals before the correct allocations were sent out.

The commission made two recommendations:

1. That the ordinance governing Provincial commissioners of the Transvaal should be widened to give the commissioners more power. The Commissioner, Mr Lorens de Kock, said his scope to investigate the allegations fully had been limited and that the matter had been discussed with the chief legal advisor of the Province and the relevant ordinance was being reviewed.

2. That the Province should lay down strict guidelines on exactly when and under what circumstances officials were allowed to receive presents or advantages from supplying companies.

The Administrator of the Transvaal, Mr W A Cruywagen, commented last night: "It is to be regretted that officials of the Administration have been subjected to unnecessary suspicion and have had to endure such a degree of humiliation. I am satisfied that no offence has been committed.

"I and the members of the Executive Committee have full confidence in both officials and also in the system followed in respect of tenders, not only in the Department of Hospital Services, but also in the Transvaal Provincial Administration as a whole, and we are further satisfied that, as is evident from the report, the Administration has not in any way been prejudiced and that the possibility of irregularities in the handling and acceptance of tenders has been ruled out."

Dr Grové said last night he was still considering the report.

But an apparently ebullient Dr Schepers insisted on first turning on his desk tape recorder, and then declined any comment.

Mr Ken Owen, editor of the Sunday Express newspaper, which published many of the allegations against the doctors, said: "We are still studying the report. However we are reassured by the main finding that the Provincial officials were not influenced by the favours they received."

The leader of the Progressive Federal Party in the Provincial Council, Mr Douglas Grison, said the report removed the cloud of suspicion that hung over the province.
INVESTIGATIONS into allegations that two Addington Hospital doctors solicited funds from medical supply companies to attend medical congresses overseas were not complete, according to the Natal Director of Hospital Services, Dr Johan Vorster.

He would say no more as the matter was 'embarrassing'.

On Wednesday the Director of Provincial Hospital Services in the Transvaal, Dr Hennie Grove, was exonerated of all allegations of corruption in his department.

His deputy, Dr Gerhard Schepers, was found to have made an error of judgement by accepting an extension to an overseas trip paid for by a private company and to have acted against the interests of the province by taking his wife on an extended official tour.

However, the De Kock Commission found that neither man had committed an offence.
Hospital
probe to
be held

By HELENE ZAMPEAKIS

THE Transvaal Provincial Administration will conduct an intensive investigation into conditions at Soweto's Baragwanath Hospital, where facilities are being strained to breaking point by overcrowding and understaffing.

This assurance was given yesterday by Dr. Sampie Cronje, deputy superintendent at the hospital.

He said he had met yesterday afternoon with Dr. H. van Wyk, senior deputy director of hospital services for the province, and Professor Leo Schamroth, head of Baragwanath's department of medicine.

"Our discussions — a preliminary step — were fruitful," he said. "A deeper investigation will begin next week."

He indicated that more details may be made available next week.

The investigation follows allegations that overcrowding and a severe shortage of medical staff had brought the hospital to breaking point.
Mamelodi Maternity Home is to close soon

By SAM MASERO

The Mamelodi Maternity Home, which has served the township's community for 26 years, will close in September, its work being taken over by the local hospital.

The maternity home was built by the Women's League of the NGK 26 years ago, according to the home's committee chairman, Mrs S Marais.

She said since the Transvaal Provincial Administration had built the Mamelodi Hospital, it was no longer necessary for the home to continue.

Mrs Marais said the building would be used by the NGK in Africa for conferences, training ministers, deacons and elders, and by the church's women's league for their work.

A function marking the closure of the maternity home will be held on September 20.

One of the features of the home, Mrs Marais said, was that there were weekly visits by church ladies who brought cakes for the patients and presents for the babies.

Mrs Marais said every child born at the institution had been given a Bible in its own language as a present.

The matron of the maternity home, Mrs I. Malam, said thousands of babies had been born at the institution.

She said she did not have a complete list of all babies born there, but between 1967 and 1969 more than 2,000 babies were delivered annually, and thereafter more than 1,000 babies had been delivered.

"We have been happy here, and blacks and whites have been working happily together," she said.
OVERCROWDING ... the floor's her bed, but she's lucky not to have been turned away from Bayawan.

Beds for 40 patients, the floor for 50 others

A CRITICALLY ill woman is slumped in a chair, moaning softly. A medication drip is propped up above the chair, but her bed is empty. A crucial medical and drugs history - is missing.

Next to her, a woman rests in a cot. She has her head in her hands. She is "URGENT" stayed in red to her forehead. She is not lucky to have a bed. But she is lucky because her condition is diagnosed acute.

On the floor next to the bed, a young man is prambling. He is clothed in red, a blanket around his shoulders. He is cold and complains repeatedly that he sleeps little but not.

These women are patients in Ward 12 of the Department of Psychiatry at Bayawan Hospital, which was visited with the full cooperation of the hospital authorities.

The patients share the designated 40-bed ward with 89 patients in each ward. The overcrowding and shortage of medical staff in the department has reached "breaking point," the associates have said.

And while the problem is receiving some attention, it will take much more to ease the strain.

The department of medicine also has to cope with an average of 60 psychiatric patients at any one time, with about five of those patients in each ward.

There are no special facilities in the hospital for psychiatric cases. They are simply "transferred out" to various wards, a nursing sister says.

The doctors administer drugs and, if a patient's condition deteriorates, they are referred to St John's Hospital.

Four times a week a clinical psychologist attends to patients in the entire department.

At times it has been necessary to tie psychiatric patients to a bed to prevent them from throwing out.

Sometimes they become wild and chase the nurses," a sister laughs. But she adds earnestly, "It is very hard for us. We must always have a smile for the patients.

Because there are too few beds, the dazed, drugged psychiatric patients are kept in the hospital grounds.

Nursing staff have learned to pin notices to the gowns of psychiatric patients saying "RETURN TO WARD 12.

Referring to the "URGENT" stays that are stuck to the forehead of critically ill patients, a doctor says: "We have to do that. It's the only way we can indicate the urgency of a case.

There just are not enough doctors and too many patients to do things any other way.

Doctors are sceptical about measures taken so far to relieve the strain. Yesterday, four military doctors started work in the department.

Ideally, there should be seven housemen in each ward. But each ward now has only four housemen.

The hospital authorities also hope to move an extra 27 beds into departmental wards.

"It is just a drip in the ocean, because the ward can't accommodate the overflow of patients in a single ward," a doctor says.

During the day the patients move outside to give doctors greater freedom of movement within the ward. You can see them sitting on the lawn or leaning against a wall with a drip propped up above them on a chair.

They should carry their bedsteads with them, but they are often lost in the confusion of constant movement.
"Sometimes I haven't been able to find out what medication a patient was receiving. People are not being treated properly here," an angry doctor said.

When the sun goes down and the chill of the night air drives patients back into the cramped wards, more than half prepare to sleep on the floor.

They are handed three blankets — two to keep out the cold from the floor and one to cover themselves.

A woman who could not sleep for four nights "from the cold" was administered sleeping tablets.

This is when doctors and nurses attending the sick must step over bodies which pack the spaces between and under the beds.

The wards are cold at night, the nurses say.
Let blacks use Jo'burg Hospital beds — PFP

By GERALD REILLY
Pretoria Bureau

UNUSED beds in the Johannesburg Hospital should be thrown open to black patients to relieve the chaos in the grossly overcrowded Baragwanath Hospital.

This was said by the Progressive Federal Party spokesman on hospitals in the provincial council, Mrs Irene Menell, yesterday.

"We are in a state of emergency as far as black hospital accommodation is concerned, and drastic action is called for."

She said there were about 850 empty beds in Johannesburg Hospital — an expensive set-up as overheads had to be met whether beds were being used or not.

Even if all the hospital beds were made available and the hospital had the necessary nursing staff, bed occupancy would be something less than 60%.

And that expense in turn "locked" other facilities badly needed by patients who had access only to overcrowded facilities, she added.

"To say that black patients must be excluded from using these beds because one day, some time around the year 2000, white patients would need the beds, and so in the meantime they must be kept out of use, is a ridiculous argument."

But it was the argument used by the authorities, Mrs Menell said.

Mrs Menell said according to the member of the Executive Council in charge of hospitals, Mr Danie Kirsten, during 1983 Baragwanath admitted 1,213 private patients, Kalafong 2,494, Hillbrow 362, and Tembisa 1,785 — a total of 5,763 private patients at just four hospitals.

It would make sense, she said, to open up some of the unused beds in white hospitals to accommodate this category of patient. "Keep them as separate as you like, bring in black staff to nurse them, seal them off in any way the authorities wish, but if the congestion is made an immediate demand would be met."

"Because eventually regardless of immediate policy, regardless of who belongs, and group self determination, we will have to share more and separate less. It is absolutely inevitable," Mrs Menell said.

Making surplus beds in white hospitals available was one of the strategies that could be used to relieve the tremendous pressure on black hospitals.

There was not one black hospital that was less than 100% full in the Transvaal. Bad and unintelligent planning by the provincial hospital authorities had resulted in a big surplus of beds in white hospitals, and a critical shortage of beds for blacks.

"We have overbuilt white accommodation, and grossly underbuilt black accommodation."

The crisis could be relieved further by the provision of facilities for patients in need of lower level care — including convalescents. At present this type of patient was aggravating the problems at Baragwanath.

In Soweto itself there was a need for at least double the number of beds available.

"The population of Soweto must now be around the two million mark, and needed urgently are three community hospitals each with an 800-bed capacity."

With this expansion would have to go an intensification in the training of black doctors, nurses, and paramedical personnel, Mrs Menell said.
All being done to relieve Bara situation

1 200-bed hospital is planned for Soweto

By GERALD REILLY and GEOFFREY ALLEN

THE Transvaal Provincial Administration is doing everything in its power to extend hospital and health care facilities in Soweto, the MEC in charge of hospital services, Mr Danie Kirstein, said in Pretoria yesterday.

"Within the limits of available funds — and they are very limited — all that can be done is being done to relieve the situation."

Mr Kirstein said staffing was a major hurdle in the way of hospital development.

Asked why the Johannesburg hospital's 650 empty beds could not be used to take the overflow from Baragwanath Hospital, Mr Kirstein said:

"The 650 beds in this hospital are empty because we have not got the staff."

If we could staff the hospital fully, the hospital would be fully utilised by white patients."

The executive committee had approved the building of a 1 200-bed hospital in Soweto. Planning of the hospital had been delayed because of a shortage of funds, but the project was receiving the highest priority.

Fully-fledged community health centres were also on the programme. One was already in use in Soweto and another would be commissioned towards the end of the year.

The centres have day beds and maternity facilities.

Three further health centres were at the planning stage.

Five wards at Leratong Hospital, near Krugersdorp, with 203 beds were now being built to take some of the load off Baragwanath Hospital.

On this year's estimates R31-million had been provided for various health services, some of which had reached an advanced stage.

Mr Kirstein also said 724 beds had been set aside for the use of blacks at the Hillbrow Hospital.

Dr J Nach, superintendent of the Hillbrow Hospital, which caters for blacks, said the hospital had a 96% occupancy.

"To average that figure you in fact have a 110% occupancy."

"It may seem from time to time that we have empty beds, but that is because we are preparing to take in more patients."

"It often happens that two patients will use the same bed on the same day," he said. "There is no way that we could take in the overflow from Baragwanath."
A MULTINATIONAL pharmaceutical company has called for an investigation of the awarding of contracts totalling R1-million by the Transvaal Department of Hospital Services.

The company claims the deals will cost the taxpayer more than R300 000 — the amount it says was overpaid by the province.

The multinational, Maybaker, of Port Elizabeth, part of the giant French-owned drugs empire, Rhône-Poulenc, has challenged the awarding of contracts for X-ray film chemicals to a fledgling Johannesburg company whose quoted prices for the chemicals were up to 78% more than those of Maybaker.

Mr Stanley Anderson, chief executive of Maybaker, confirmed he had written to Mr Daan Kirstein, MEC in charge of Transvaal Hospital Services, asking for an investigation, “so that we can be quite certain tests were carried out which showed that our products were inferior to those of the successful tenderer.”

The successful tenderer, Mr Bill Sykes, managing director of X-Ray Imaging Services, said: “The better

Mr Sykes was formerly managing director of CGF, a subsidiary of the Alumina group of companies headed by Mr Isaac Kaye, and subsequently taken over by South African Drugists.

The company was dissolved in 1981 and it launched X-Ray Imaging.

In a letter last week Maybaker asked Mr Kirstein to investigate the company’s failure to get a satisfactory answer from Mr Hennie Grové, director of the Transvaal Department of Hospital Services.

It referred to a tender published on October 13. Maybaker tendered for products, including developer-replenisher and fixer-hardener that made 200 of working solution.

The company quoted a R13.50 for a 20l container of developer and R8.10 for the same amount of fixer.

When the tenders were opened in public on November 12, the company wrote that the quoted prices were not read out because of the length of the list of items. However, two weeks later, a clerk in the department, Mr J J Gerber, supplied prices to Maybaker. The company representative noted that X-Ray Imaging had quoted R13.50 for the developer and R8.10 for the fixer.

However, when the department published the results of the tender on May 10, these showed that X-Ray Imaging had been awarded the contracts at R20.35 for the developer and R14.25 for the fixer.

Maybaker pointed out to Mr Kirstein that X-Ray Imaging were not producers of the chemicals, but merchants who purchased the concentrates and merely mixed the solution to the required strength.

According to the letter, X-Ray Imaging had used Ciba-Geigy chemistry, but were instructed by the Department of Hospital Services to prepare the solutions from the Kodak chemical.

Maybaker listed the province’s financial loss because of the tender awards. X-Ray imaging would be paid R998 790 by the province for supplying 29 146 l of developer (R502 169) and 28 179 l of fixer (R496 621).

Maybaker’s total quote for the same amounts were R431 687 for developer and R251 075 for fixer.

The additional cost to the taxpayer was R311 588.

Two telegrams from Maybaker to Dr Grové in June, seeking an explanation about the quality of their products, and asking for advice, were answered by an acting director, Dr P Hauptfleisch, who wrote a standard letter, referring inquiries to Dr Gerrit Scheper, deputy director and refusing to give reasons for non-acceptance of the tenders.

“Rest assured,” Dr Hauptfleisch wrote, “all tenders are treated equally.”

However, when the samples of their products, which had been submitted for testing, were returned to Maybaker, in accordance with standard procedure, it became apparent that they had not been tested.

“We are at a loss to understand how a panel of experts drawn from various hospitals were in a position to adjudicate on factors such as quality and suitability,” the company wrote to Mr Kirstein.

It also pointed out that according to State policy, provided quality is satisfactory, preference should be given to locally-produced materials.

Asked for comment, Mr Kirstein said: “I can’t remember a letter like that. The best person to speak to is probably Dr Hauptfleisch.” (Dr Hauptfleisch had already referred inquiries to Dr Grové.)

“Do remember that one of the MECs mentioned the issue to me but that is all.”

Mr Kirstein said he was not familiar with the name Maybaker.

Dr Grové said he was unable to comment. He referred all inquiries to Mr Kirstein.
Stabbing: Doctors ask for protection

SOME doctors working at day hospitals and clinics in the crime-ridden areas of the Cape Flats have called for better protection, after a doctor was stabbed in Manenberg last week.

Two men stabbed a doctor on the staff of the Cape Town City Council’s health department in the back twice and robbed him of cash and two credit cards last Monday.

Speaking from his home last night, the doctor said he and some of his colleagues felt more should be done to protect doctors in certain areas.

“I realize the police are understaffed and have many problems, but I called them immediately after the stabbing, and by 4:30 pm, when I had already been driven to hospital and stitched, they had not put in an appearance,” he said.
SA's health services 'are badly planned'

By Pamela Kleinot, Medical Reporter

While most South Africans do not have adequate access to basic health care, a highly sophisticated haemodialysis programme is run at the Johannesburg Hospital costing R24,000 a year per patient.

Professor John Gear, head of the department of community health at the University of the Witwatersrand, said last night that a relatively sophisticated health service was offered at Alexandra Clinic to 80,000 people.

Its annual cost was equal to that needed to keep 20 chronic kidney failure patients alive for one year.

"Such irrational decision-making is the norm rather than the exception in health service planning in South Africa," he said.

Speaking at a lecture entitled "Who is to Live?" at Wits last night, he blamed medical schools for the mal-location of resources in South Africa.

He said students were brought up in an environment of academic excellence which paid little heed to the needs of society.

"We are failing in a fundamental goal and that is to produce graduates who will provide health care and allocate health resources for the people in South Africa," he said.

Professor Gear said only five percent of doctors in South Africa practiced in rural areas — where half the population lived.

Infant mortality rates in rural areas were up to 10 times more than in urban areas. (The IMR, the number of live-born babies dying in their first year of life, is an internationally accepted marker of health care quality.)

"Resources have been under-allocated in these areas," he said.

Professor Gear added that until this year no Wits medical student had had to spend time at a rural hospital.

He said a survey of final-year medical students last year showed that almost 30 percent intended leaving South Africa permanently and a further 30 percent were undecided.

Technological ambition was one of the reasons for wanting to leave.
Law allows patients to refuse treatment

Medical Reporter

South African law allows a person to refuse medical treatment even if it may result in the patient's death or his health deteriorating. Professor S A Strauss of the University of South Africa said last night.

Speaking on "The right of the patient to refuse medical treatment", he said the recognition of the individual's right to control his own destiny had become more important than ever. Neither a doctor nor a court of law had the right to override the will of a patient.

"It is inconceivable that a doctor can claim any legal basis for forcing a patient diagnosed to be suffering from cancer to undergo chemotherapy or X-ray treatment against his (the patient's) will, where the patient would prefer to take the chance of dying an earlier and even a more painful death," he said.

Although there was usually a complete identity of interest between doctor and patient, there was the occasional clash of interest when the doctor wanted to do what was medically indicated but the patient declined.

He said the motive for refusing medical treatment "should be legally irrelevant — whether it be upon religious grounds, out of fear, or out of a desire to die an early death".

A refusal to undergo medical treatment could not be equated with suicide, he said.
Dept of Health aid sought by Cape divisional councils

Municipal Reporter

THE Association of Divisional Councils of the Cape yesterday decided to ask the Department of Health to provide increased finance to divisional councils bordering on independent homelands for the provision of health services.

Speaking in support of their motion, a Kaffraria divisional councillor, Mr M J Robb, said his council had received several delegations from local farmers objecting strongly to the high increase in the health rate.

He said Kaffraria was sandwiched between Transkei and Ciskei and literally thousands of people from these areas made use of its health facilities.

He said it was impossible to identify those from the independent states and on moral grounds, it was also impossible to turn away sick people.

"It is unfair that the ratepayers foot the bill for health facilities for these people."

Mr S Bekker, a Drakensberg divisional councillor, said his area, which shared a common border with Transkei, was in a similar situation.

"Our ratepayers are under a great burden in providing health facilities for these people and I appeal for help from the Department of Health," he said.

The Cape Provincial Council's MEC for Local Government, Mr H J Kriel, denied that divisional councils had been promised a reduction in rates and the eventual abolition of direct taxation when they accepted amalgamation.

Mr Kriel was responding to a motion at the conference.

Speaking in support of the motion from the Bo-Karoo Divisional Council, that the Provincial Administration fulfill its promise to reduce rates, Mr P Streicher, of Langeberg, said at the time the greatest argument for amalgamation was the promise of lower rates.

Mr Kriel said he was not aware of these promises.

He said he could not see how rates could go down with more effective government and service provided by the amalgamated councils.

"I agree there is high taxation in the Cape, but there is better control over local areas in this province than in any other," he said.

Rates had not increased greatly considering the inflation rate, he said.

It would not be possible to finance divisional councils from other sources of revenue at this stage.

Mr S J Smut, a Midland divisional councillor, was re-elected president of the Association of Divisional Councils.

Mr S Bekker of the Drakensberg Divisional Council was re-elected vice-president. A former president of the association, Mr Robbie de Lange, of Kaffraria, lost his seat on the executive committee.
A racial imbalance in services

The problem::

BY ANNE SACKS

Blacks like it there 'because they get well fed...'

The problem of racial imbalance in hospital services is not new, but it has grown worse in recent years. The proportion of blacks in the population has increased significantly, yet the number of hospital beds available to blacks has not kept pace. The result is that blacks are increasingly being treated in hospitals that are not designed to meet their needs. This has led to a number of problems, including longer wait times, inadequate facilities, and poor patient care. The situation is particularly acute in the South, where the shortage of hospital beds is most severe. The problem is not just one of availability, however. There is also a problem with quality of care. Many hospitals in the South are struggling to provide adequate care for their patients, regardless of race. The result is a system that is not only inefficient, but also inequitable. It is time for the government to take action to address this problem, and to ensure that all Americans have access to quality health care, regardless of race.
... and the solution: Open up J G Strijdom and the South Rand

DR MARIUS Barnard has enthusiastically backed the idea of opening two Johannesburg hospitals to blacks by transferring white patients to the half-empty Johannesburg Hospital.

There is room for another 650 patients in the Johannesburg Hospital which could easily absorb the total of 638 patients from J G Strijdom Hospital in Auckland Park and from South Rand Hospital near Rosettenville.

This would free two hospitals to take the surplus from overcrowded black hospitals, especially Baragwanath.

Dr Barnard, the Progressive Federal Party's spokesman on health, said he would prefer integrated health facilities. But since the government was determined to maintain segregation, he would support a strategy of centralising health care for whites in the R150-million Johannesburg Hospital.

The J G Strijdom has 842 beds and the South Rand, which was originally built for 412 beds, caters for only 296 patients.

The South Rand could serve blacks in the southern part of Johannesburg in the same way that the Hillbrow Hospital serves blacks from the northern part.

Mr Daan Kirstein, MEC in charge of hospitals, said this week the suggestion "involved too much to give an off the cuff answer". He declined to comment further.

Dr Stephanus Wessels, superintendent of J G Strijdom, would not comment. He referred the Sunday Express to the provincial authorities.

One of the problems of such a move would be providing transport for black patients from Soweto, but Dr Barnard said "this could be coped with."

Another problem would be accommodation for black nurses who would need government permission to live in Auckland Park, a white group area. The alternative would be to staff the hospital with coloured nurses from nearby Coronationville.

The J G Strijdom, which opened in 1972, was planned as a teaching hospital for a medical school at the Rand Afrikaans University (RAU). It is currently being used as a teaching hospital for the University of the Witwatersrand.

According to Professor Jan de Lange, the Rector of RAU, the university is still considering when to open its medical faculty.

"When this happens, the agreement is that Witwatersrand will move out to accommodate RAU medical students."

Dr Barnard said hospitals were "for patients and not for colours", but said enthusiastically he would support the idea with all the influence he could bring to bear on the authorities.

Mrs Irene Menell, MPC for Houghton and health spokesman for the FFP in the province, has also backed the idea.

"What is really necessary is the removal of the colour barrier in the provision of health care facilities because segregated facilities make no sense medically or economically."

"But beyond this, the conversion of the J G Strijdom into a hospital for blacks could be one of the strategies to ease the shortage of facilities," she said.

The TPA appears under increasing pressure to ease the overcrowding at Baragwanath. Last week it announced the executive committee had approved the building of a 1 200-bed hospital in Soweto. Plans, however, were being delayed by shortage of funds.

The Transvaal hospital administration has long complained that the shortage of funds was inhibiting the provision of health care facilities, and blamed the money crisis for the erosion of 15-year-old plans to upgrade Baragwanath Hospital.
Whether he has received any representations concerning the conversion of the (a) J. G. Strijdom and (b) Johannesburg General Hospitals into hospitals for Blacks; if so, (a) from whom and (b) what was (i) the purport of the representations and (ii) his response thereto?

The MINISTER OF HEALTH AND WELFARE:

(a) and (b) No;

Dr. M. S. BARNARD: Mr. Speaker, arising out of the hon. the Minister's reply, may I ask him whether, if he should receive such a request, he would study it carefully and grant permission.

The MINISTER: Mr. Speaker, I cannot understand how the hon. member's question can arise out of "no".

Dr. M. S. BARNARD: Mr. Speaker.
King Edward ‘best hospital in the world’

King Edward VIII Hospital is the medical Mecca for blacks and Indians, from as far as Swaziland and Transkei, but more than 85 percent of the 5,000 patients screened daily should not be there.

Kwa Khongela, named by the local people because it is situated in the Durban suburb of Congella, together with Clairwood Hospital, is the biggest in the world.

On a recent whip-around tour — for that is what it can only be called when racing through corridors with medical superintendent, Dr Justin Morfopoulos — hundreds of people could be seen sitting listlessly on benches waiting for attention.

According to Dr Morfopoulos many of the people could be treated at peripheral clinics and should only come to King Edward if referred by a doctor, a clinic or another hospital.

And it was these trivial cases which were congesting the otherwise smooth flow of patients. Almost a million people passed through the gates last year — 5,000 are screened daily — and staff do not leave the hospital until every person who has come to the hospital has been seen.

This is the best hospital I have seen in the world. Doctors are available 24 hours a day, it has the most modern equipment, but there is just not enough space, said Dr Morfopoulos.

Although King Edward has 2,000 beds (originally designed for 700), sometimes more than 600 people have to make do with mattresses on the floor, also often sharing a ward with patients recovering from completely different ailments.

That should not be allowed but there is nothing else we can do.

Dr Morfopoulos does not see the planned R900-million Cato Manor hospital relieving any of the pressures at King Edward.

‘I think they all believe this is the first step to heaven. Ambulances arrive every day from all parts of Natal and buses crammed with patients seeking cures come from as far away as Swaziland,’ said Dr Morfopoulos.

‘King Edward is their Mecca.

King Edward, together with Clairwood Hospital, has the biggest labour ward in the world with 56 beds, whereas five is regarded as standard.

We produce 40,000 babies a year. That’s a city.

‘This is the only teaching hospital in Natal and we are already over the optimal size for a hospital. There is no point in extending because it would not be functional,’ he said.

In the casualty reception, which looks like a battlefield at weekends, has a noticeboard listing more than 30 referral hospitals where ambulances arrive, leave their patients, and return later to collect them.

The laundry looks like a chain of dry cleaning companies — and it should with 30,000 pieces of clothing being handled every day. In the kitchen pots and pans are continually bubbling and it’s food, food, food for those staff who prepare between 10,000 and 13,000 meals a day.
THE Transvaal provincial administration has dismissed a complaint from a pharmaceutical company whose tender to supply the province with X-ray film chemicals was rejected in favour of a more costly supplier.

Maybaker of Port Elizabeth, part of a giant French-owned company, asked for an investigation of the tender award, pointing out that its tender was about R300,000 cheaper than that of X-Ray Imaging Services, the company that won the R1 million contract.

Maybaker wrote to Mr Daan Kirstein, MEC in charge of hospital services, after failing to obtain what it regarded as a satisfactory answer from Dr Hennie Grove, director of hospital services.

Mr Kirstein, responding to a report of Maybaker's complaint, which was published by the Sunday Express last week, told newspapers: "I investigated the matter personally and wish to state categorically that the contract was concluded strictly in accordance with the provincial tender board regulations. "I am satisfied that the award of the tender to the company concerned was made in the best interests of the administration."

He refused to disclose why the more expensive tender was accepted, saying that tender board regulations prevented him from doing so. He said the De Kocks commission of inquiry had found it "virtually impossible" to favour any tenderer.

Mr Kirstein added: "It is to be regretted that the company saw fit to submit the matter to the Press before having received a reply from me."

Mr Kirstein is mistaken in assuming that Maybaker complained to the Press. The Sunday Express obtained its information from an independent source, and Maybaker was subsequently asked for its comment.
Private hospital beds soar up 88% in South Africa

SUNDAY EXPRESS August 21, 1993
Black patients and the MEC

A statement by the Honourable MEC, Mr. Ester Peters, regarding the health care situation in the Western Cape:

"We, as the department of health, are committed to ensure that all patients, regardless of their race, receive quality care. The recent allegations of racial discrimination in our hospitals are unacceptable and we are taking immediate action to address these issues. We have launched an internal investigation to identify the root causes of the problems and to implement appropriate measures to prevent such incidents from occurring again. We are also increasing the number of black nurses and other health care professionals to ensure that our services are representative of the population we serve."

Mr. Peters emphasized the importance of maintaining high standards of care and urged all staff to work together to create a welcoming and respectful environment for all patients.

The statement was met with a mixed response from the public, with some expressing relief at the department's commitment to addressing the issues, while others called for more concrete actions to be taken.

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Another article on the page reads:

"Thousands of black patients are being discriminated against in our hospitals. We are facing a crisis in our health care system where black patients are being treated unfairly."

The article went on to discuss the challenges faced by black patients in accessing quality healthcare, highlighting instances of racism and discrimination.

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A third article mentions a protest by black nurses outside a hospital in Cape Town. The nurses are calling for better working conditions and an end to discrimination.

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A photograph taken at the protest shows a crowd of nurses holding signs and chanting slogans. The atmosphere was described as passionate and determined.
Illness will cost even more
Medical aid subscriptions likely to rise

By GERALD REILLY
Pretoria Bureau

DOCTOR'S fees and private hospital tariffs will rise sharply from the beginning of next month, forcing many medical aid schemes to raise members' subscriptions.

Doctors and dentists' fees are set to rise by 15% and ward charges at private hospitals by 20%.

Medical aid patients also now have to pay for medicine at provincial hospitals. This was at one time part of the total service. A continual increase in the prices of medicines and drugs have also sent the cost of illness spiralling.

The president of the Representative Association of Medical Aid Schemes (RAMS), Mr John Erntzen, said increases in medical and hospital costs would mean aid societies would have to raise subscriptions.

"Some schemes have already decided to increase their subscriptions. Those who don't raise them this year will find they will have to impose substantial increases next year."

Mr Erntzen, who is a member of the tariffs committee of the "central council of medical schemes, said that in the past four years private hospital fees had risen by more than 150%.

However, theatre and other fees were not affected by the increase.

The increase in the total bill for a patient in a private hospital can be as little as 4% or as much as 11%, depending on the length of the patient's stay in the hospital.

Nurses pay, he said, was a big component in private hospital costs. In the past three years nurses had been given three special increases to keep them in line with nurses in provincial hospitals.

"The increase of 20% in ward fees is as reasonable as it could be, taking into account all the circumstances."

Mr Erntzen said, however, he was strongly opposed to the present system of determining tariffs, including those of doctors and dentists.

RAMS had made representations to have the present system reviewed.

(c) he was detained from 17 August 1983 until 23 August 1983;

(2) no; section 42A provides for the receiving into an institution of a person for the purposes of examination and report on the mental condition of the person concerned. Maj.-Gen. Minnaar did not show any sign of mental disorder during his stay at Weskoppies Hospital and therefore did not require any treatment;

(3) Yes;

(a) 23 August 1983.

(b) by order of the Supreme Court of the Transvaal.

Maj.-Gen. Taillifer Minnaar: citizenship

21. Mr. S. S. VAN DER MERWE asked the Minister of Internal Affairs:

(1) Whether Maj.-Gen. Taillifer Minnaar is a South African citizen, if not, what is his nationality;

(2) whether he is in possession of a valid South African passport; if not,

(3) whether he is in possession of a foreign passport; if so, from which country;

(4) whether he has been in the Republic recently; if so, (a) how and (ii) where did he enter the Republic and (b) what travel document did he use?

The DEPUTY MINISTER OF HEALTH AND WELFARE:

(1) Yes;

(a) authorized by the Director-General: Health and Welfare of the request received from the Department of Health and Welfare, Ciskei,

(b) in accordance with the agreement between the RSA and the
Medical aid fees to rise 15 percent

NATAL'S largest medical aid scheme yesterday announced it would be increasing members' contributions from October 1.

The general manager of National Medical Plan, Mr R H Basson, said the scheme's 45 000 members would have to pay about 15 percent more for their medical aid.

In response to a report that some medical aid schemes would not be implementing increases this year, Mr Basson said it depended on each individual scheme's budget and claims rate.

'Some may have budgeted in advance for increases in doctors' and dentists' fees and hospital charges, and others might have waited for the actual increases to be announced before adjusting their rates.

'I know that most of the major schemes throughout the country have increased their premiums as from today,' he said.

The president of the Representative Association of Medical Aid Schemes, Mr J Ernstzen, yesterday said schemes which were not increasing members' contributions this year were in the minority.

'The general picture I have got is that most are looking at increases of between 15 and 20 percent.'

'Those which aren't putting up their prices must have very substantial reserves or they introduced large price hikes at the beginning of the year,' he said.

Mr Ernstzen said those schemes which were able to put off price hikes this year would more than likely increase their premiums at the beginning of 1984.

Fees for doctors and dentists contracted into medical aid schemes go up by 15 percent today while private hospital ward fees rise by 20 percent.
17. Mr. K. M. ANDREW asked the Minister of Co-operation and Development:

(a) What is the (i) nature and (ii) extent of the health services provided at Khayelitsha, (b) how many (i) doctors, (ii) nurses and (iii) community health workers are there at this township and (c) since what date have these services been provided in each case?

The DEPUTY MINISTER OF CO-OPERATION:

(a) (i) Clinic services.

(ii) Nursing services daily by Day Hospital Organization the Child Health Unit of the Red Cross Hospital.

(b) (i) Nil.

(ii) Three nurses.

(iii) Nil.

(c) All services commenced on 16 May 1983. Every endeavour is being made to establish and adequate medical infrastructure in the shortest possible time.
IT'S 11 pm on Friday at Baragwanath Hospital. The place looks like an abattoir.

There's blood everywhere, with people writhing and moaning on stretchers.

Bara's always busy at month-end – and the out-turned pockets of the patients tell you why. Those empty pockets, sticking out like deformed limbs, testify that this is mugging day, and victims have paid in blood and cash.

They have been hacked with pangas, stabbed with knives and beaten senseless with knobkerries.

One of these pay-day victims, an elderly man, was wheeled into Bara at about 9.30 with a huge gash on the back of his head. He'd been mugged outside his house.

"I really don't know what happened," he told me. "I just heard this noise, and the next thing I was on the ground."

As time goes on, more and more of his kind are ferried into Bara's casualty section. They come in ambulances, taxis and cars, that same shocked look on their faces.

At 10.30, three badly injured men arrive in an ambulance, their clothes a bloody mess. They say they were attacked outside a shebeen in Dlamini location while on their way home.

Thirty minutes later taxis bring in a middle-aged man who has been hacked with a panga, and two others who were badly beaten with knobkerries.

A nurse attending to the panga victim says his life is in the balance. "He's lost a lot of blood," she says.

A doctor on duty explains: "This is nothing. We expect more casualties through the night, right until the early hours of Monday morning.

"Most of the victims have been mugged there is just no end to it, especially at the end of the month and at weekends."

While we were speaking came news of another disaster – a car accident not far away. We heard later that seven people died.

Last year about 1 500 people were killed in Soweto. Last weekend, 11 people were killed, seven of whom were found lying in the streets with stab wounds.

And Baragwanath casualty ward is the centre of this terrifying cyclone. Some live, some die – and the next weekend the carnage starts again...
Call to share health facilities

A major contribution towards health for all in the year 2000 would be achieved by a co-ordinated medical and health service in every community in the country, Mr P J Loubser, the MEC for hospitals, said yesterday.

He told the 1983 Hospital Management Conference: "If these communities could share accommodation, equipment and personnel, there would be a considerable saving in operating costs."

Mr Loubser said the real health situation of a country should not be measured by the number of hospitals being built, but rather by the facilities provided, he said.

He also called for the even spreading of all available resources in the health sections.
The soulless hospital gets kind words

Mall Reporter
SOME call it “a soulless concrete monstrosity”, but the State President yesterday referred to the new R165-million Johannesburg Hospital as having an exterior of aesthetically highly-pleasing, face-façade slabs.

“IT is not a group of buildings that can easily be ignored,” Mr Marietje Viljoen said when he officially opened the hospital, which, on December 3, 1978, became an essential part of the lives of many people in Johannesburg and the Southern Transvaal.

“The standing of this hospital in the international medical community is the result of major contributions by generations of professionals. With facilities like these, it is hardly surprising that this hospital has produced and attracted greatly respected academics, researchers and clinicians — men and women whose papers are read and whose voices are heard in the far corners of the world.”

The Administrator of Transvaal, Mr Willem Cruywagen, said there had been much resistance to the hospital, but that criticism had died down.

Today, he said, it is the hub of health activities. The staff of the hospital could very well, like Salvador Dali say, ‘There are some days when I think I am going to die of an overdose of satisfaction.’

Indeed, much had been achieved since the hospital came into existence with the shortage of staff — especially nurses, but also doctors — still prevented the hospital from being used to its full potential.

In 1969 the Johannesburg General Hospital had grown to a capacity of 1,600 beds. In 1968 it was decided that a new hospital would provide the necessary possibilities for expansion.

The Johannesburg Hospital was built with a capacity of 2,000 beds. Until now it could not be used fully. Only 60% of the beds were occupied, due only to staff shortages, said Mr Doan Kirsten, MEC for Hospital Services, yesterday.

Mr Kirsten said staff shortages would not be solved by employing black, coloured or Indian nurses, because shortages also existed at black hospitals.

He said the staff levels at the Johannesburg Hospital had improved in the past year, and he hoped the increases announced for the New Year would boost it even more.

Pretoria man pleads guilty to theft of R49 000

Pretoria Bureau
A PRETORIA man who stole more than R49,000 from 14 companies was sentenced to four years in prison yesterday.

The man, who had pleaded guilty to theft, was sentenced by Judge W. van der Merwe of the Pretoria Regional Court yesterday.

Sentencing will be passed on September 19.

Anton Pieter Veldman, 34, pleaded guilty.

The State alleged he stole R49,087 from companies whose estates had been sequestered or placed under provisional liquidation by the Pretoria Supreme Court.

Veldman said he had committed the offences realising his actions were wrong.

The magistrate warned Veldman to decide whether he would be in a position to repay the money, as this could be taken as a mitigating factor.

Dominees may come under fire

Mall Reporter
NEDERDUITSE Gereformeerde Kerk dominees who backed a statement by 190 clergymen rejecting the Government’s constitutional proposals in Pretoria last week, are expected to come under fire from the Northern Transvaal.

On December 29, he was told to push wheelbarrows, but could not do so and was asked to remain in his car while the warders worked. When he refused, he was taken to the nurse and told to get into bed.

But I felt I could do no more. I then saw Smits assaulting another convict, Barry Bloom,” he said.

“Bloom pleaded with W/O Smits, saying, ‘If you want to kill me, let me say my last prayer.’

W/O Smits then threw Bloom in the water and further assaulted him. When Bloom crawled out of the water, frogs were jumping out of his clothes.

Then two red-haired warders came to me and hit me with their canes.”

Walker confirmed previous evidence that no black warders had taken part in the assault.

Under cross-examination by Mr S. W. Burger, he denied his evidence was a fabrication concocted after talking to other convicts.

There was talk about who killed the three deceased, but I did not see it, therefore I cannot tell this to the court,” he said.

Walker then added: “There are a lot of things going on in prison, things come from the outside.”

The three deceased are Ernest Mahabini, Mayo Khumalo and Mihakanu kana.

Mr Walker, who claims to be an asthma sufferer, told Mr Justice D. O. Venter at the Durban Point Prison the previous day.

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New hospital

for Ciskei

KING WILLIAM'S TOWN — A 250-bed hospital was to be built soon by an Israeli company, the Ciskei Minister of Health and Welfare, Dr C. H. Beukes, said in an interview yesterday.

Building should start next month or in two months' time and should be completed at the end of next year.

He said it would be situated next to the Whittlesea village and would be a prefabricated type in which the constructors were specialists.

About 150 nurses would be employed and the number of doctors would depend on how many were recruited.

Dr Beukes said the recruitment of Israeli doctors was in the pipeline. Three who would be arriving this year would be stationed at Whittlesea.

He said the hospital would be serving people from Hewu, Zwelelinga and Ntubethembu. At present, the people in these areas were served by a little cottage hospital at Thornhill.

Other patients were accommodated at Frontier hospital in Queenstown and those who could not be admitted there came to Cecilia Makiwane hospital at Mdantsane.

At present, Ciskei has five hospitals. They are the Cecilia Makiwane, Mount Coke near Zwelethsha, Nompumelelo at Peddie, Victoria at Alice and St Matthews hospital near Keiskammahoek. — DDT
New mums made to sleep on ward floor

DURBAN. — Mothers who had just given birth sometimes had to sleep on the floor at Addington Hospital, because they were classified coloured and the director of hospital services would not allow them in the “white” ward.

All “coloured” post-natal mothers were recently moved from the “white” wards, back into the overcrowded coloured section of Addington — apparently against the wishes of most of the ward staff.

A memorandum was signed by the majority of the maternity staff, including about 40 nurses and sisters, protesting against moving the coloured patients away from the white wards.

The memorandum said the coloured section was unhygienic. Originally the patients had to be moved out, because there were bugs in the roof and the building had to be fumigated. Sections were badly rusted and not conducive to the health of mothers.

EMERGENCY

There was a faulty lift in the coloured section. It could be a death trap if there was an emergency while a mother was being transported to the theatre.

The coloured section was often badly overcrowded, in which case mothers had to sleep on mattresses put down on the floor, because there were not enough beds.

Obstetrically, it was undesirable to have the labour wards and antenatal section far away from the operating theatre. If there was an emergency in the delivery ward, for example calling for a Caesarian section, the pregnant woman would have to be wheeled to the delivery ward along draughty open corridors.

The coloured delivery ward was far away from the nursery, so new mothers were cut off from their babies.

There was ample room for coloured maternity patients in the white maternity ward.

COMMON

The director of Hospital Services, Dr Vorster said it was not a common occurrence for coloured mothers to have to sleep on the floor, although he was aware that this had happened.

He said there were times when the coloured ward was full, and this was because there could be no control over the number of maternity patients and births.

The senior medical superintendent of Addington Hospital, Dr Margaret Barlow, said the maternity patients were moved back to the old block because repairs had been completed there.

“Management are aware that not all the facilities in the old building — including the surgical block — are ideal. Steps are taken every year to upgrade these facilities within the scope of the maintenance department and the economic climate. For instance, two lifts were renewed last year.

“With regards to patients being wheeled along draughty open corridors, this I’m afraid is a hospital hazard and covers the multi-racial children’s wards, geriatric wards and multi-racial oncology and eye wards.”

DOCUMENT

Dr Vorster said he did not want to comment on the transference of maternity patients. He said he had not seen a document from the staff of the hospital protesting against the move.

Various sections of the hospital were multi-racial and others were not. “That is just a fact of the hospital,” he said.
Department will act on the 'forgotten patients'

By Sheryl Raine, Pretoria Bureau

Although the Department of Health does not normally interfere in the day-to-day operational activities of its institutions, it has now decided to give direct attention to genuine problems at Weskoppies Psychiatric Hospital.

This move, announced by the Chief Director of Psychiatry, Dr P H Henning, follows articles published in The Star on September 7.

Since July this year The Star has received several letters from State President's patients claiming that they had been "forgotten" in the hospital's maximum security ward. They appealed to the newspaper to have the cases publicly reviewed.

One of the 10 patients who wrote to The Star has already had his case reviewed by the Weskoppies Hospital board. Other cases are believed to be in the pipeline for review.

Dr Henning has given his assurance that in terms of departmental policy State President's patients were not forgotten.

Their treatment and procedure for release followed strict legal codes, he said.

COMPLICATED LEGAL POSITION

The legal position of such patients is complicated.

They are not found guilty of any crime and sentenced. They are declared State President's patients and sent for treatment to a psychiatric institution to be released when healthy or sufficiently recovered.

But they may be released only after favourable recommendations from the hospital board, the Attorney-General, a Supreme Court judge and an order from the State President himself.

Reports reaching The Star indicated that the legal proceedings often got bogged down in bureaucracy.

After publication of an interview with Dr Henning in which he stated his department's policy regarding State President's patients, patients from Weskoppies wrote to The Star challenging his statements.

The patients in the maximum security ward complained that the policies were not being properly implemented. They invited Dr Henning to visit their hospital and assess the situation for himself.

Two patients wrote letters to The Star and described conditions and practices at Weskoppies which differed greatly from the recommended conditions and practices stated in the department's policies.

The maximum security ward was supposed to be a place where milieu therapy was administered to patients as well as direct therapeutic sessions with an assigned psychiatrist.

The true atmosphere of the "milieu" of the mental institution ranged from "bitter desperation to hopeless resignation", the patients claimed.

UNFORTUNATE CONSEQUENCES

The social mixture of people in the maximum security ward had unfortunate consequences for sensitive patients.

It was claimed that such patients were incarcerated with criminals, psychopaths, epileptics and others who were seriously mentally ill.

The sensitive patients, instead of recovering, tended to identify with their companions.

The patients challenged the Department of Health's assertion that Weskoppies was able to provide a quality service despite staff shortages.

Furthermore, there was a "considerable amount of inter-departmental and inter-disciplinary disharmony among the psychiatrists, psychologists and nursing staff at the hospital", which confused the patients.

Patients claimed that they were "kept in the dark" about their cases and decisions concerning their future were put off indefinitely or delayed for long periods.

This caused immense frustration and patients became desperate and sometimes aggressive.

In a written reply, Dr Henning said the department did not believe it would be correct to use the Press as a medium for communication between the department and people in its care.

CORRECTLY REPORTED

"However, I wish to assure The Star that what it has reported correctly reflects the official policy of the department and we are now aware of the complaints that this policy is not being properly implemented.

"Although the department does not normally interfere with the day-to-day operational activities of an institution, I have decided to give personal attention to any problems experienced by both the staff and patients in the maximum security ward, and to overcome genuine difficulties.

"The reality of the situation is that there will always be people who will have to be detained in the maximum security ward, who will not like it, and who will agitate against it even when we succeed in overcoming genuine problems."
Full probe ordered into Weskoppies

By Sheryl Raine, Pretoria Bureau

Weskoppies Psychiatric Hospital is being investigated by the Department of Health and Welfare, as well as the SA Police, in the wake of complaints by patients and articles which appeared in The Star.

The Director General of Health, Dr F P Retief, and the Chief Director of Psychiatry, Dr P H Henning, have decided to intervene personally and give attention to the running of the State institution after complaints from State President's patients in the maximum security ward.

The SAP Drug Squad has been asked to investigate allegations of dagga dealing and the illegal sale of home-brewed alcohol at the hospital canteen.

The dagga is allegedly being sold disguised as tobacco.

Patients in ward 11 - the maximum security ward - have again complained in letters to The Star about their treatment.

They have claimed that the therapy they were receiving amounted to "a case of criminal neglect." They also said they saw their psychiatrist only at irregular intervals.

In the letters they complained that "sensitive patients exist in a living hell in ward 11 because they are incarcerated with seriously ill inmates - including both psychopaths and criminals.

Decisions concerning the release of patients or their transfer to open wards is delayed indefinitely. Information concerning the patients' futures is not relayed to them and this causes them to become depressed, desperate and bitter," the letters claimed.

The Star subsequently passed these complaints on to Dr Henning.

The Department of Health has now acknowledged it is aware of complaints that its policies concerning the treatment of State President's patients at Weskoppies were not being properly implemented.

The department will now assess the situation for itself and has expressed its intention to help overcome all genuine problems experienced by staff and patients.

There are 250 State President's patients at Weskoppies, of which about 50 are accommodated in the maximum security ward.

chairman of the Watford Football Club and millionaire singer and pianist, is a funny man. The singing from his ear is a present from Australia.

* Picture by Philip Littleton.
New dental clinic opens in Vosloorus

By Mzikayise Edom

A NEW dental clinic, the first of its kind in the East Rand, has been opened in Vosloorus township in Boksburg.

The clinic was officially opened by Dr L. Matthews, chief director of dental services in South Africa.

The clinic, which consists of a waiting room, an operating room with two dental chairs and an office, will be run on a part-time basis with two dentists working two mornings a week.

At a later stage, it will operate full time. The clinic will be run by the Boksburg Town Council and the Vosloorus Health Clinic.

Equipment, valued at more than R20 000 was donated by Colgate Palmolive in Boksburg. It took the Boksburg Town Council and Colgate Palmolive six months to organise the clinic.

Pensioners and schoolchildren will be treated free at the clinic while other patients will pay a nominal fee of R1 per visit.

According to a spokesperson for Colgate-Palmolive, the company was planning to sponsor more dental clinics in black townships in the near future.
Hospital deposits no longer required

The Transvaal executive committee has decided to exempt members of medical aid schemes from paying deposits on admission to provincial hospitals. The director of hospital services, Dr. Hennie Grove, said in Pretoria yesterday that the system had created practical problems for medical schemes, in particular for those schemes which covered the cost of admission and stays in provincial hospitals.

It would be possible to exclude the patient from paying. Payment could now be made directly to the hospital by medical schemes, he said. This would expedite payment of hospital accounts, combat bad debts more effectively, and facilitate procedures for members of medical aid schemes.

Dr. Grove said it was announced earlier this year that the executive committee had decided that deposits must be paid on admission of in-patients to provincial hospitals to whom the day tariff was applicable.

In cases where a non-recurring tariff applied, as for outpatients treatment, the patient would be expected to pay the full amount on admission.
Wards for Indians and Coloureds

Mercury Reporter

PRIVATE wards and special facilities are to be provided at all provincial hospitals in Natal for fee-paying Indian and coloured patients because of the ever-increasing enrolment of Indian and coloured workers to medical aid societies.

Dr Fred Clarke, MEC in charge of hospitals, said yesterday there was a major demand for these facilities by fee-paying private Indian and coloured patients. But the programme would be long-term.

Dr Clarke said it was also a policy of the Province to provide emergency casualty facilities and emergency ward admissions for Indian and coloured patients at all provincial hospitals.

He said a new R650 000 ward had been provided at the Newcastle hospital. The overall cost of re-development to the hospital would be R22 million, he said.

Dr Clarke said there would be improvements at hospitals in Estcourt, Northdale, Port Shepstone and the C J Crookes Hospital in Scottburgh.

Community health centres would be built in Phoenix, Fosa Settlement in Newlands and at Newlands East.
Call for hospital in Mitchells Plain

IT was sad that the State would be spending a R1-billion to implement the constitutional proposals, when it apparently had no money for a general hospital in Mitchells Plain — its much-vaulted city by the sea.

This was said this week in a statement released by Mrs Theresa Solomon, secretary of the Mitchells Plain Co-ordinating Committee (MPCC), an umbrella body of civic associations in Mitchells Plain.

Mrs Solomon said the lack of a general hospital in Mitchells Plain was a crisis as there were only three day hospitals which catered for 40 people each daily.

POPULATION

"The population of Mitchells Plain is a quarter of a million, which makes it bigger than Bloemfontein, Port Elizabeth and East London. "Survey and interviews conducted in Mitchells Plain by the MPCC prove that the people's feelings are running high, because of a lack of one basic facility.

Some of the comments people made include:

ACCESS

● where we lived before there was easier access to hospitals;
● it's a disgrace that a mental hospital is built before a general one;
● we don't only need a general hospital but a children's one as well;
● a hospital should be a first priority — in white areas all necessary facilities are built first.

Mrs Solomon said that so far this year there had been 1 000 accidents needing ambulances, which took hours to arrive because they had to take people to hospitals far away.

"There are only two ambulances allocated to Mitchells Plain.

AGED

"Our chronically ill, especially the aged are particularly affected, because they have to travel to hospitals outside the area. Besides the inconvenience, the travelling costs are crippling.

"In 1978 the authorities promised a hospital for Mitchells Plain, obviously to lure people to their mini-homeland.

"Once they had achieved their end, all talk of a hospital vanished. Instead, we have three half-day hospitals, each with one doctor catering for 40 patients a day and grossly understaffed.

MATERNITY

"None have any basic facilities, such as cardi-ac, X-rays, theatres and maternity.

"This is inadequate and the MPCC views the problems surrounding the lack of a hospital as a crisis.

"We therefore demand that a start is made to build a fully equipped and properly staffed general hospital as a first priority and the need for a children's and maternity hospital should be tackled with the least delay," she said.
Hospital turns away patients

Pregnant women refused treatment

By LINDA VERGNANI
Weekend Argus Reporter

DOCTORS are concerned because pregnant women referred to the Paarl East Hospital are being turned away.

For three months patients who earn more than R240 a month have been told to consult private doctors or gynaecologists.

The doctors have said that many of the women refused treatment earn under R500 a month and cannot afford private anti-natal care and confinements.

There are also no private doctors in Paarl East willing to do deliveries. As a result, coloured patients have to seek private doctors across the river in the white part of Paarl.

Dr J Jordaan, acting-director of hospital services, said it had always been the administration’s policy to “not compete with doctors in private practice”.

“Only indigents accepted”

“Consequently only indigents — that is persons whose incomes are lower than R240 a month — are normally accepted as outpatients.”

This policy had been in force since 1962 and applied equally to all outpatient departments of provincial hospitals.

The income ceiling was set 21 years ago by the provincial administration and has not been changed since.

Dr Jordaan said that in the absence of a general practitioner willing to attend to the anti-natal care and the confinement the patient could approach the hospital and be attended by the staff.

Investigation promised

Asked why the policy had been applied only in the past three months at Paarl East Hospital, Dr Jordaan promised a “thorough investigation”.

He added, however, that this would take time as Dr R A Rust, the newly appointed regional medical superintendent for the Western Cape and acting medical superintendent of Paarl and Paarl East Hospitals, was away on official business.

A trade union doctor, who may not be named for professional reasons, said he was “extremely concerned” about the consequences of turning pregnant women away from provincial hospitals. He feared they might fail to get anti-natal care.

It was possible that such women might in desperation wait until they were in labour and then go to the provincial hospitals or maternity obstetric units, hoping to be admitted. He felt this would endanger their health and that of their babies.

He knew of one patient who, with her husband, earned R120 a week and who had twice been turned away from the hospital.

“Unnecessary hardship”

Another Paarl East doctor said: “We feel very strongly about this matter. The rule should be changed because it is bringing unnecessary hardship on patients.

“It’s a ludicrous situation. What family doesn’t earn R240 a month nowadays? But if they earn more than that it does not mean they can afford a private doctor or gynaecologist.

“An uncomplicated delivery costs R200 or R300 and a complicated one will cost more.”

Another doctor said about 10 of his patients had been turned away from the hospital in the past three months.

Dr Jordaan said in written replies to Weekend Argus questions that the limitation of R240 a month had been “debated on numerous occasions” with the Medical Association of South Africa.

At the most recent meeting with the Medical Association, in September, it was decided to appoint a joint committee to investigate the possibility of introducing increased differentiated income ceilings for the various urban and rural areas of the Cape Province.”

Support the Mettha Accused

Health Officer

Town's Medical Officer

Milk to Cave

Council's Orders

Milk deepened now.

Not enough.

Mothers need

For her four-month-old child,

that the milk caused endless stomach troubles.
Clinic crisis forces pre-dawn queueing

6.15 - and all's not well

IN the very early hours, every Monday and Wednesday morning, more than 40 women, in different stages of pregnancy, start queueing at the ante-Natal clinic in NY 21, Guguletu. This is one of three such clinics serving the areas of Guguletu, Nyanga, Old Crossroads and New Crossroads.

But the people of Guguletu, Nyanga, Old Crossroads and New Crossroads prefer this clinic to the long and expensive journey to Groote Schuur Hospital. And so from about 4.30 am on each of these days, they walk long distances from their homes to the little clinic which forms part of a row of four attached houses.

And every Monday and Wednesday morning, a number of these women are turned away by nursing staff because the clinic is too small and so is the staff complement.

At present, the first 15 patients who attend for the first time, are treated there. The following 10 patients are referred to Groote Schuur Hospital in two sections of five each and the rest of the people who have queued for treatment are then sent home.

This cut-off system leaves many angry because, they say, people who are in need of treatment are sometimes sent home.

Another reason for the clinic having a cut-off point is that it operates on Mondays and Wednesdays only. On Tuesday and Thursdays, the nursing sisters who run this clinic do duty at one of the other clinics in Old Crossroads.

The people who use this clinic say that something must be done about it soon. They have suggested that the clinic could operate on more days during the week, if extra staff were employed.

These are not the only problems facing pregnant women who are attending the clinic. They leave their homes so early, they have to walk to the clinic because no public transport is available.

When the first patients, hoping to be treated, arrive at the clinic it is about 4.30 in the morning. They have to stand around in the dark until the clinic opens at about 7 am. No seats or cover are provided for the pregnant women.

RAIN

Many people have complained that in rainy weather they have to spend long hours in the rain, while waiting for the clinic to open. Some have taken ill because of this.

A spokesman for the Provincial Administration said that it was planned to enlarge the clinic next year. He referred us to Dr R O Watermeyer, a deputy medical superintendent at the Groote Schuur Hospital, for an answer to our other questions.

Dr Watermeyer was on sick leave at the time of going to press.

PREGNANT women started arriving at the clinic in NY 21 from about 4.30 am on Monday morning.

No facilities such as toilets, seating or even a roof over their heads are provided for the pregnant women as they wait for the clinic to open.

This table shows how they arrived at the locked gates of the clinic.

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Strictly for early birds

The doors of the clinic were opened to the patients at about 6.30 am. Everyone was asked to come in, and the 40 women were divided into several groups. The women who had already attended the clinic were not involved in the divisions, as they had appointments. Those who were attending the clinic for the first time were categorised. Women who had had children by Caesarian Section were referred to Groote Schuur Hospital, as were those who suffered from epilepsy.

Crossroads

Then those who lived in Crossroads were told that they could not be treated. They were told that the Crossroads clinics would be open on Tuesdays and Thursdays. They were told to go to that clinic even though they had spent more than an hour queuing for treatment at the clinic.

The rest were divided into a group of 15, a group of 10 and those left over were told that they would not be treated. They were told to report to the clinic on Wednesday. But those turned away complained that the clinic was full when it was in operation.

Of the two groups, the 15 were treated at the clinic, while the 10 were referred to Groote Schuur in two groups of five.
HEATED controversy has broken out over plans for a new R150-million medical school and 1,000-bed teaching hospital for the University of Natal at Cato Manor to complement the present facility at King Edward VIII Hospital.

Grievances about King Edward have been that the hospital is overcrowded – 'We're fighting a battle there every day, with as many as 49 casual admissions at a time' – and so the atmosphere is not good for training.

Moreover, the Alan Taylor Residence for medical students – none are white – is in Wentworth, 14 km from the hospital, surrounded by an oil refinery and police workshops.

A new residence next to the new hospital, which itself would be only 2 km from the main Howard College campus, is part of the deal offered.

Fait accompli
Medical students, graduates and some faculty members believe the money offered by the State — which could amount to R200 million — would be better spent on primary health care centres in the townships and rural areas.

But Dr Fred Clarke, MEC in charge of hospital services, told a university forum called to discuss the matter that he expected that a new hospital would be built at Cato Manor anyway.

'Our demographical surveys clearly show the need,' he said.

He called the overcrowded King Edward VIII Hospital 'the worst in the country'.

All that remained to be discussed was whether the university wanted the new hospital as a teaching hospital.

His statement was strongly criticised by speakers, who said they had not realised they had come to discuss a fait accompli.

Weak link
Dr K Ginwala, a faculty member, speaking on behalf of the Medical Graduates Association, said she was concerned that alternative ways of spending the money had not been considered.

Nearly 65 percent of patients at King Edward VIII Hospital, the present medical school teaching hospital, were self-referrals and their illnesses had not been ser-
Health services — access for poor is difficult

Medical Reporter

Many of the poorer areas of Cape Town have two or fewer general practitioners and no hospitals, and many working class people have "problems of access" in reaching medical help.

This emerges from a working paper produced by the Southern Africa Labour and Development Research Unit (Saldru) at UCT on Access to Health Services in the Greater Cape Town Area.

The highest concentrations of general practitioners are in the wealthier suburbs such as Bellville, Claremont, Rondebosch, Sea Point and Wynberg.

The poorer areas named in the paper are Bishop Lavis, Fakelton, Guguletu, Langa, Steenberg and Nyanga.

"Problems of access are created since people have to undertake inconvenient journeys to reach general practitioners, adding transport costs to the costs of consultation."

This was also a problem in the case of specialist referrals, since more than 50 percent of the private specialists worked in the city centre, the rest working mainly in other medical centres in the wealthier white suburbs.

Using 1980 figures the paper states that of the Peninsula's 536 private practitioners, 367 are specialists and 151 of these are surgeons.

This concentration was not related to the major health problems in the area — preventable diseases such as gastro-enteritis, pneumonia and under-nutrition among children, and TB among adults — but to areas of maximum profitability.

All of the 22 private hospitals in the metropolitan area of the Peninsula, with the exception of one convalescent home, were in the white areas.

Only one curative clinic, Empilisweni SACLAC clinic, run by church organisations, provided primary health care facilities to a population of about 30,000 people at Crossroads.

Limited access to the services of general practitioners was a problem particularly for workers since general practitioners, apart from provincial hospital casualty departments, provided the only primary health care services available after working hours.

Provincial hospitals, with the exception of one convalescent home and one orthopaedic hospital, were all located in white group areas.

New day hospitals have been opened in three areas in the past three years, but others have been closed. Bontebokkabel closed after the 1976 unrest, and areas with large populations far from the city, such as Mitchell's Plain, have no day hospitals.

"The day hospitals in Langa and Guguletu (two areas with the highest rates of TB and infant mortality) have needed extending for more than four years."

The paper concludes: "What has been found is that areas with the greatest need are areas in which there is least access to health services."
Union set for lab breakthrough

By STEVEN FRIEDMAN
Labour Correspondent

IN WHAT is believed to be a unique development, a central Johannesburg pathologists' laboratory has said it is willing to recognise a black trade union which has been recruiting its workers.

The laboratory's decision follows a recent work stoppage. A second pathologists' laboratory was also hit by a stoppage, but refused to negotiate with the union because it is unregistered.

The union is the Black Health and Allied Workers Union of SA (BHAWUSA). A spokesman for the laboratory yesterday requested that it not be named for fear of contravening SA Medical and Dental Council regulations.

The laboratory employs around 100 workers and the other laboratory to be hit by a stoppage employs about 75.

In a statement released by the union and signed by a representative of the laboratory yesterday, BHAWUSA's president, Mr Thou Komape, announced that an agreement had been reached between the laboratory and the union's shop stewards in talks following the stoppage.

As part of this settlement, the statement said, the laboratory said it was prepared to recognise the union and further negotiations would take place "in due course".

The laboratory also agreed to reinstate eight retrenched workers at the same rate of pay as they were receiving before their dismissal, the statement added.

"The management will endeavour to reinstate workers in the same or similar positions to those which they occupied before, as from Monday, October 31," the statement said.

BHAWUSA is a union which was formed spontaneously by workers at a Johannesburg drug company earlier this year.

It has no links with any existing union federation and has no full-time officials — all officials are full-time workers.

Recently it extended its operations and began recruiting workers at laboratories to which the drug company supplies its products.

A representative of the laboratory said yesterday management had not yet recognised the union, but had indicated that it was willing to do so.

This is believed to be the first time that union recognition talks have been held between doctors and workers employed by the medical profession.
ISTHERE a doctor in the house? This is
a phrase rarely used by labour jour-
nalists in the course of their duties. Until
last week.
The cause of the query was the settle-
ment of a dispute between a Johannes-
burg pathologists' laboratory and the
new Black Health and Allied Workers' 
Union of SA.
The lab, which employs about 100, has
reinstated eight workers after a recent
strike and says it is willing to recognise
BHAUSA.
If it does, this will surely be the first
time the employer side to a recognition
agreement has been a partnership of
doctors.
The story behind the formation of the
union is interesting, BHAUSA is a rare
example of a union formed by spontane-
ous combustion rather than by an organ-
ising campaign run by unionists.
Workers at a Johannesburg drug com-
pany got together and decided to form
the union. Presumably, because the drug
company supplies laboratories, its
workers organized those in a couple of
city labs into BHAUSA.
There has been one other strike by
BHAUSA members at a Johannesburg
lab, but there the doctors/managers re-
fused to negotiate with the union be-
cause it is unregistered.
Whether BHAUSA can turn its
members' enthusiasm into a permanent
union presence remains to be seen.
Burglary suspects caught on the Job

S. M. Mandle

Health services need urgent change - Dr. Barnard

National News 6/1984

January 1984

Effective from 1/1/84

ANNOUNCED WITH EFFECTIVE INCREASES IN THE ORGANIZATION OF SOCIAL SECURITY - D. F. B. (data)

Health services need urgent change - Dr. Barnard

7/6/84
Natal provincial hospitals to reject private patients

Although there was no shortage of staff and hospital beds, the number of private patients was still below capacity. Dr. Fred Clarke, the Provincial Medical Officer in charge of the provincial hospitals, confirmed that they would not be able to treat private patients from provincial hospitals.

Dr. Clarke said that, although the current regulations applied to private hospitals, it was necessary to establish new posts.

This meant that new staff would be needed to treat patients from provincial hospitals.

The bulletin was distributed to all hospitals, where high medical fees are not always covered by medical aid schemes.

Cape Sun

It's not the Cape Sun on a bender!

The Cape Sun reported that South African newspapers were full of stories about the Cape Town "bender," but that the paper here had not been affected. The new edition was rolled out on the 17th of November.

Mr. Karol, the editor, said that he had been assured by the building plans that the building would not leak. He and his family were staying in a hotel in the city until they found a place.

A little

London-Cairo-Cape Town

Aerial Post, Cairo

The Argus, Friday, November 11, 1963

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CITY/NATIONAL
No change in policy on private patients

Pleternartizburg Bureau

THERE has been no recent change in the Natal Provincial Administration’s attitude towards the admission of private patients to provincial hospitals.

This assurance was issued yesterday by the MEC in charge of hospitals, Dr Fred Clarke, in the wake of Press reports suggesting that a new ban on private patients had been imposed from this week.

In an interview with the Mercury, Dr Clarke said no provincial directives had been sent to his hospitals on the admission of private patients and there was certainly no ban on them at any provincial hospital.

Afford

However, the increasing health expectations of the public, particularly among blacks — coupled with the effects of the recession on incomes — were leading to an ever-increasing demand for hospital facilities.

At the same time the Province did not have the money to employ the additional staff needed to meet this greater demand.

As a result patients who were not in urgent need of treatment and who could afford private hospitalisation were being encouraged to make use of these private facilities where they were available.

If they insisted on going to Addington, for example, every effort would be made to accommodate them but they could suffer delays as more serious cases would be given preference.
Natal's hospitals
R6 000 000
in the red

Political Reporter

NATAL provincial hospitals were R6 000 000 in the red and would be in a far worse position by the end of the year unless the Government stepped in fast, according to the MEC in charge of hospitals, Dr Fred Clarke.

He said: The financial position is very serious, more serious than ever before. All hospital posts have been frozen for four months and we won't start any new projects.

The Natal Provincial Administration had asked the Government in September for assistance, without success. It was obvious that urgent representations would have to be made again.

Dr Clarke said hospitals had run into trouble largely because of the rapidly escalating cost of medicines, especially those used for treating cancer.

There were also increased demands on hospital services, particularly from the black communities who were becoming more conscious of the availability of health services.

Patients were streaming over the homeland and independent state borders for treatment.

'We have sent out instructions to everyone to look into every avenue to save money,' he said.

The MEC said that while the position was serious, there was no chance that operating theaters would be closed.

He repeated earlier assurances that there had been no change in the provincial administration's attitude towards the admission of private patients to provincial hospitals.

Difficulties

Reports that a ban had been imposed on private patients were incorrect, but patients not in need of urgent treatment or those who could afford private hospitalisation were being encouraged to make use of private facilities where they were available.

Dr Clarke said the financial difficulties would not affect the new teaching hospital at Cato Manor, which would be specially funded by the Government.

Since September 1, the cost of accommodation at private hospitals has been three times higher than the rate at provincial hospitals.

A day's stay in a general surgical ward costs R55 compared with R15 for the maximum charge in a general ward at Durban's Addington Hospital.

There are only three private hospitals and two private clinics in Durban and no private hospitals in Pietermaritzburg.

A group of Durban doctors and businessmen recently opened a modern private hospital at Isipingo and there are plans to develop a 250-bed multi-racial private hospital at Westville.

In an effort to relieve the enormous pressure on overcrowded provincial hospitals, there are plans to develop a network of simple community health centres.
R6m hospital crisis forecast for Natal

Mail Correspondent

DURBAN. — Natal provincial hospitals are R6-million in the red and will be in a far worse position by the end of the year unless the Government steps in fast, according to the MEC in charge of hospitals, Dr Fred Clarke.

"The financial position is very serious," he said, "more serious than ever before. All hospital posts have been frozen for four months and we won't start any new projects."

The Provincial Administration asked the State Treasury for aid in September. The applications were unsuccessful and it was obvious that further urgent applications would have to be made.

Dr Clarke said hospitals had run into trouble mainly because of rapidly rising costs of medicines, especially those used for treating cancer.

There were also increased demands on hospital services, particularly from the black communities, who were becoming more conscious of the availability of health services.

Patients were streaming over the "homeland" and "independent" state borders for treatment.

"We have sent out instructions to everyone to look into every avenue to save money," he said.

But the MEC said operating theatres would not be allowed to close despite the crisis.

He repeated earlier assurances that there had also been no change in the Provincial Administration's attitude towards the admission of private patients to provincial hospitals.

Reports that a ban had been imposed on private patients were incorrect but patients not in need of urgent treatment or those who could afford private hospitalisation were being encouraged to make use of private facilities where they were available.

Dr Clarke said the financial difficulties would not affect the new teaching hospital at Cato Manor, which would be funded by the State Treasury.

Since September 1 accommodation at private hospitals has been three times higher than the rate at provincial hospitals.

A day's stay in a general surgical ward costs R66 compared with R16 for the maximum charge in a general ward at Addington Hospital in Durban.

There are only three private hospitals and two private clinics in Durban and no private hospitals in Maritzburg.

A group of Durban doctors and businessmen recently opened an ultra modern private hospital at Isipingo and there are plans to develop a 250-bed multi-racial private hospital at Westville.

In an effort to relieve the enormous pressure on overcrowded provincial hospitals, there are plans to develop a network of simple community health centres.
Some hospitals let parents stay over

By ANN PALMER

PARENTS are welcome to sit with their sick children at three major hospitals on the Reef, but facilities for sleeping overnight are only available at two of the hospitals.

A senior spokesman for the Johannesburg Hospital said they had very relaxed visiting hours during the afternoon, once the doctors had completed their rounds.

"In the case of a desperately ill child, there are facilities for the parents to stay overnight."

The spokesman said in the case of minor operations or illness, parents would have to make their own arrangements for staying overnight, but would be able to comfort and feed the child during the day if they so wished.

"In some circumstances, the mother is a better nurse than a nurse."

The superintendent of Baragwanath Hospital, Dr Chris van den Heever, said his hospital was the first on the Rand to make facilities available for parents to stay.

For example, he said, mothers could stay up to five months in hospital to feed and look after premature babies.

The superintendent at the J G Strijdom Hospital, Dr P J Cronje, said they had very relaxed visiting hours during the day and it was possible for the parents to be with their child for most of the day.

However Dr Cronje said the hospital did not have facilities for parents to sleep there overnight.
R18-m Cape hospital set to open

Own Correspondent

CAPE TOWN — A sophisticated R1.5 million catheterisation laboratory — the first of its kind in the world — is one of the special features of Cape Town’s new R18 million City Park Hospital due to open next week.

The laboratory will be used in diagnosing cardiac-related symptoms.

The City Park Hospital in Loop Street, the city’s newest and largest private hospital, will be opened to its first patients on Monday.

Construction of the 200-bed hospital cost about R12 million. A further R6 million was spent on medical equipment.

There are two floors of doctors’ suites and the hospital occupies seven floors of the building, which once served jointly as a car park and a home for Cape Town’s city engineer’s department.

The first of the seven floors houses the administrative section. The next two floors house seven operating theatres, three of which are equipped with special air-conditioning units for orthopaedic and open-heart operations.

Six of these theatres are equipped for orthopaedic, cardio-vascular, neuro, plastic, urological, gynaecological and general surgery, while the seventh will handle minor and outpatient cases.

Also on these two floors are a 10-bed surgical intensive care unit, an isolation unit, two seven-bed surgical high care wards, as well as general and private wards for surgical cases.

In all of these sections nursing staff will be able to monitor the condition of patients through sophisticated electronic equipment.

There is also a seven-bed coronary intensive care unit and a seven-bed coronary high care ward.

There will be more than 50 maternity beds and more than 60 cots with a neo-natal intensive care unit and an obstetric theatre on the 11th and 12th floors.

Most general wards will have between four and six beds. They will be equipped with radios, but not television or telephones.

Patients will have a set menu and will pay between R55 and R90 a day.

The 40 private wards, with bathrooms en suite, will each have a two-channel television, a telephone and a radio, as well as special menus with a wine list. These will cost around R100 a day.

The hospital is now almost fully staffed.

The hospital manager, Mr Alan Matthews, said: “Because of the special facilities and equipment, we have had little trouble recruiting trained staff. We are fully staffed in some sections and, though we could do with more staff in others, we are operational.”

He said there would be no restrictions on admission based on race.

“The hospital will mainly cater for medical aid patients,” said Mr Matthews.

He said there was a need for a modern private hospital in Cape Town.
Argus Correspondent

PRETORIA. — Many patients who are classified as "private" in provincial hospitals cannot afford the treatment, the Medical Association of South Africa (Masa), has said.

"According to current tariffs in Transvaal provincial hospitals, a family of four with an income of R520 a month are classified as private patients," states an article in the supplement to the November 5 edition of the SA Medical Journal.

Hospitalisation for any member of this family would cost them R20 a day.

In all cases the tariff includes only accommodation and nursing. Additional services such as blood transfusions, medicines and bandages are extra, says the article.

Many private patients are also unaware that unless they are emergency cases they may not be treated by provincial hospital staff as it is "not policy to compete with private practitioners".

Visits to casualty departments cost members of medical schemes R14. Patients who are in the same category but who do not belong to medical schemes are charged R10.

The expenditure budget for Transvaal provincial hospitals is R852 million annually, while the income from patients fees amounts to only R50-million, the article says.

About 80 percent of the white population belong to medical schemes, the article says, and by the year 2000 more than 40 percent of the black population will also enjoy these benefits.
Woman burnt during op: hospital probe complete

The office of the Director of Hospital Services in the Cape has investigated the incident in which a Parkwood Estate woman was severely burnt while being treated at Groote Schuur Hospital.

However, according to the Director of Hospital Services; Dr RLM Kotze, the results of the investigation have not yet been handed in.

The woman, Mrs Jane Kock, suffered extensive burns to the lower regions of her body after giving birth to a daughter at Groote Schuur a few weeks ago.

BURNT

According to Mrs Kock, she discovered that her pelvic region was severely burnt and blistered after she awoke after a minor operation.

The hospital staff could not explain what had happened except to say that she was allergic to Lugols Iodine, a solution used to swab women before their babies are delivered.

After being discharged from Groote Schuur Hospital, Mrs Kock had to be treated at a private hospital.

When approached for comment, the hospital authorities declined and said the matter had been referred to the Director of Hospital Services for investigation.

LEGAL ACTION

"Because Mrs Kock intends taking legal action against the hospital, we cannot divulge any information to the press," Dr Kotze said.

Last week, an astonished Mrs Kock told Cape Herald that she received an account of R10 from Groote Schuur Hospital for her period of confinement.

"I was in hospital for about three weeks and expected a rather large account," said Mrs Kock.

The maximum rates for admission to the maternity ward at Groote Schuur Hospital are R25 with daily charges of up to R30.
A SICK SITUATION

THE medical facilities in Mitchells Plain are not enough to make anyone sick. There is no proper hospital in the ever-expanding area and the people living there have a 10,000 to 1 chance of being treated by a doctor when they fall ill.

Twenty general practitioners have the huge responsibility of serving the 200,000 people living in the area.

On average in South Africa, there is one doctor to 1,540 people. But even that is not enough, according to the World Health Organisation, there should be at least one doctor to every 900 people.

The sum total of medical facilities for the thousands of Mitchells Plain residents are two half-day hospitals, two full day hospitals and 20 general practitioners.

CAMPAIGN

But Mitchells Plain people have decided not to take this matter lying down.

Under the banner of the Mitchells Plain Coordinating Committee (MPCC), representing civic organisations in the area, they have started a campaign which promises to be intensive.

Already a petition has been drawn, calling for the immediate establishment of a hospital in or very close to Mitchells Plain.

The petition has been signed by more than 1,000 people in a short space of time but it is expected to blossom over the next few weeks.

In the petition, the MPCC demands a fully-equipped general hospital with adequate staff. They ask that work on "this much-needed facility" start immediately.

SUPPORT

Support has come from local churches, doctors and a doctors' organisation, the National Medical and Dental Association (Namda).

According to MPCC secretary Mrs Teresa Solomon, Mitchells Plain "desperately needs a general hospital".

"Right now, there are no facilities like X-rays, operating theatres, cardiac and maternity units here, and this often causes near-death. "So far, there have been 1,000 road accidents where ambulances were needed but what could people do with only two ambulances serving the whole of Mitchells Plain.

SERVE

"We are not saying that we want a "coloured" hospital. The hospital should serve areas like Guguletu, Crossroads and Khayelitsha as well. "Most of the major hospitals are in white areas..." Dr. Reg Coogan, Cape Town Health.

"The council will help by establishing a midwifery centre where we will have a midwifery urs, and nurses service.

HOSPITALS

A FULLY-fledged general hospital in Mitchells Plain is "definitely needed," said Dr. Reg Coogan, Cape Town Health.

"We can appreciate the value of these practitioners and experience. "The council will help by establishing a midwifery centre where we will have midwifery and other services.

DR. REG COOGAN, Cape Town's Medical Officer of Health
tal necessary — Coogan

General hospital for Mitchells Plain definitely necessary," says Dr Town's Medical Officer of Health Council would try to implement a combined community hospital to help make things easier.

"This project is in an advanced stage of planning and something could appear on the ground sometime next year.

"We are also trying to find accommodation for more general practitioners in Mitchells Plain," said Dr Coogan.

PLANNED

Dr M Jooste, the Provincial Administration's deputy director in charge of hospital planning, is on record as saying that the State has not yet planned a hospital for Mitchells Plain.

Dr Jooste has said that a training hospital would be added to the GF Jooste Hospital in Manenberg and that students from the University of Western Cape would do their medical training there.

Crisis casualty

THE lack of a hospital in Mitchells Plain could so easily mean the difference between life and death, as a Leneteugew woman has found out.

Mrs Lucy Sebastian of 15 Bloubekkie Street, Leneteuge, feared for her life and the life of her baby when she gave birth earlier this year.

Her husband, Martin, was forced to act as midwife on March 28 when she gave birth more than an hour after their first attempt to get hold of professional medical assistance.

Mrs Sebastian gave birth to a 4.5 kilogram son, Warren, 75 minutes after her husband had made the first call for a doctor and an ambulance.

BOOKED

Among those contacted were a doctor whom Mr Sebastian had booked months in advance, the family's house doctor and the ambulance service.

Mrs Sebastian said: "I feel it is totally ridiculous not to have a hospital in a place as big as Mitchells Plain. I am lucky that nothing unfortunate happened at Warren's birth, but anything could have happened if I had been at home all on my own.

"I'm sure many other people have had near-death experiences and this makes the matter even more urgent."
Mdlalose denies ‘collapse’

African Affairs Correspondent

THE KwaZulu Minister of Health and Welfare, Dr Frank Mdlalose, has denied that health services in the homeland have collapsed, as has been claimed by Dr Fred Clarke, MEC in charge of health services in Natal.

Dr Mdlalose said the KwaZulu Government was under severe strain providing personnel and finance.

‘Our funds are inadequate. That is in the hands of Pretoria.

‘KwaZulu gets far less per capita than any other homeland.’

He said the shortage of black doctors was a chronic problem.

There was only one black doctor to every 90,000 patients in South Africa compared with one to every 4,000 white patients.

Referring to Dr Clarke’s contention that hundreds of patients needing specialist treatment were being transferred to Natal’s hospitals from KwaZulu, he said that not even white hospitals such as Lady Smith Hospital or Grey’s Hospital in Pietermaritzburg could provide this type of treatment.

Certain special cases could only be referred to hospitals such as Addington or Wentworth.

Dr Mdlalose made reference to Dr Clarke’s remark that, as a result of staff and money problems, the obstetrics, gynaecology and orthopaedic wards at Edendale Hospital near Pietermaritzburg had been closed.

Emergencies at Edendale were handled immediately, he said.

Dr Mdlalose said there was a growing patient load in KwaZulu.

The birth rate in the homeland was now 3 percent and was increasing.
kwaZulu health breakdown strains Natal hospitals

Own Correspondent

DURBAN — Natal hospitals are under “an incredible strain” because of a breakdown in kwaZulu health services, the MEC in charge of hospitals here said yesterday.

Dr Fred Clarke said hundreds of patients needing specialist treatment were being transferred to Natal and as a result services to local people might have to be cut.

Many provincial hospitals were already full and authorities were considering closing down some wards or theatres and transferring staff to relieve pressure in crisis areas.

A lack of staff and money had closed down the obstetrics, gynaecology and orthopaedic wards at Edendale Hospital, one of the largest in kwaZulu.

The hospital’s superintendent, Dr DJ Lawson, said that only an emergency service was being maintained and most patients were being transferred to Durban’s King Edward VIII Hospital.

Patients needing radiotherapy were being sent to Addington Hospital.

Dr Clarke said health services in Natal and kwaZulu were integrated, despite being separate on a political level.

When kwaZulu standards began to deteriorate, it placed an additional strain on Natal’s already overburdened hospitals.

Some of the busiest departments, like obstetrics and gynaecology, were already beginning “to burst at the seams”.

He said every effort was being made to accommodate the extra patients but it was hoped that kwaZulu would soon be able to sort out its health problems.

Natal’s hospital services were already in a critical condition with a shortfall of 3 600 nurses and a lack of funds, which meant that in the next four months only key positions would be filled.

To relieve the burden, private patients would only be treated in private hospitals, but this was not possible in some cases.

The only solution was to close down some wards at “non-white” hospitals and transfer staff to relieve pressure in crisis areas.

But that was only a temporary solution and would add extra strain on outpatient departments.

Dr Clarke said the only permanent solution would be a massive injection of State funds into hospital services.
By MZIKAYISE EDOM

A NEW hospital, estimated to cost millions of rands, will be erected between KwaThema and Tsakane townships early next year if all goes according to plan.

The hospital, which will accommodate 8 000 patients at a time and also serve thousands of out-patients is expected to be in operation by the end of 1985. So far there is only one small hospital, the Far East Rand Hospital in Springs serving the KwaThema, Duduzo and Tsakane residents.

Dr Dion Olivier, the superintendent of the Far East Rand Hospital yesterday confirmed that if all went according to plan, a new hospital will be erected near Tsakane.

He said: “The present hospital in Springs serving the three townships is small and has inadequate facilities.”

He said: “The new hospital, to be known as Falasong Hospital will be very modern and will have improved facilities like a modern theatre, and an intensive care unit, a facility we do not have at the Far East Rand Hospital.”

Dr Olivier said the opening of the new hospital will not mean that the Far East Rand Hospital will be closed. He said plans were in the pipeline to renovate the Far East Rand. According to Dr Olivier, the Department of Health has been negotiating with the East Rand Administration Board since 1980 for a site to build a new hospital.

He said: “We have finally succeeded in getting a site and we are still waiting for the allocation of funds from the Government so that if all goes well, we can start with the building of the hospital early next year.”
Mail Correspondent
DURBAN. — The Government's new constitution came under fire at the National Medical and Dental Association's annual conference in Durban at the weekend.

Delegates said that as health was regarded as "own affairs" to be considered separately by the white, coloured and Indian chambers of Parliament, it was being fragmented along ethnic lines.

They feared the future of health services would be further racial fragmentation, deterioration of the quality of services, possible collapse of services due to inadequate administrative and financial support and potential loss of medical manpower.

The conference proposed the formation of a national action committee to co-ordinate and implement a campaign to reject the new constitution.

The conference, held at the University of Natal, also rejected forced removals and uprooting of families.

More than 3,500,000 people had been forced to move from their settled areas and a further two million people were at present under threat of removal, delegates heard.

There were "obvious effects" that forced removals had on health and health services, the conference was told.

The gathering decided that the association must "openly and actively" recognise forced removals as a "causative factor" of ill health and suffering in South Africa.

Opening the conference, Dr. Essop Jassat, who heads the Transvaal Indian Congress, said the need for the association was seen more than a year ago because of the concern among doctors and dentists at what he called the "deterioration of the health of our people and the total lack of a national forum to discuss the health needs of this country".

He said the "controversial handling" of the "Steve Biko affair" by the Medical Association of South Africa had also prompted many dissatisfied doctors and dentists to form a separate association.

"Since it (Masa) identifies itself closely with the State, it therefore cannot vigorously take up issues which result from apartheid and racial discrimination and which adversely influence the health of our people."
By Patrick Leeman
African Affairs
Correspondent

THE MEC in charge of hospital services in Natal, Dr Fred Clarke, had been misinformed when he said that Edendale Hospital had closed its general, obstetrics and gynaecological wards.

This was said at Ulundi by Dr Frank Mdhlalose, KwaZulu Minister of Health and Welfare, in an exclusive interview with The Natal Mercury.

'These wards are not closed,' he said.

Dr Clarke had alleged that there had been a breakdown of health services in KwaZulu.

'Patients still get admitted to all our hospitals and still get treatment in all our hospitals,' Dr Mdhlalose said.

'We are coping. We still have well-orientated white and Indian doctors in spite of Dr Clarke's point of view,' he said.

'The KwaZulu minister referred to Dr Clarke's contention that when standards in KwaZulu began to deteriorate it placed an extra strain on the already overburdened hospitals in Natal.

Referring to Dr Clarke's claim that hundreds of patients needing specialist treatment were being transferred to Natal's hospitals from KwaZulu, he said: 'Not a single ward in any of our KwaZulu hospitals has been closed.

'We have financial constraints. The surprising thing is that we survive. It appears that Dr Fred Clarke has problems in his own domain. He would like to project those problems into our area.'

Dr Mdhlalose said the number of qualified and practising African doctors in South Africa was about 200.

There was a ratio of one black doctor to every 90 000 black patients.

On the other hand, there was a ratio in the white community of one doctor to every 4 000 patients.

He said there were only two medical schools for Africans in southern Africa — the Medical School at the University of Natal and the newly established Medical University of Southern Africa.

There was a population growth in the black community of 3 percent a year.

Only 100 doctors were qualifying each year to cater for a black population in South Africa of between 18 million and 20 million.
Natal hospitals face critical staff shortage for Christmas

By Stan Maher

NATAL’S two biggest black hospitals have shut their doors to routine “cold surgery” cases and have stopped doctors’ leave for Christmas, in an effort to cope with an almost impossible treatment situation.

Doctors at Durban’s King Edward Hospital and at Edendale Hospital near Pietermaritzburg, have had their leave frozen for a month from December 15. And theatre doors will be shut except for emergencies.

During the next few weeks the numbers of trauma cases — victims of road accidents, stabblings, assaults and murders — will soar. And the hardpressed orthopaedic surgeons will be working around the clock.

Mercifully, there will be one area of relief: the maternity wards, normally one of the busiest parts of the hospitals, will have a lighter workload.

The two hospitals are the end of the line for patients referred for treatment from all over Natal, said Edendale’s medical superintendent, Dr Derek Lawson.

"King Edward is really the last point of call for patients. There they have so many sleeping between beds that they virtually polish the floors every night," he said, only half in jest.

"We haven’t got to that stage — we couldn’t cope if we did. We’re not coping now."

"We have had to tell hospitals to send us only urgent cases, just as King Edward has. Virtually every hospital has to do this towards the end of the year when we hit a peak. Both of us are closing theatres and wards because doctors’ and nurses’ posts have been frozen, and we just can’t handle the work. There is a severe shortage of money for filling these posts."

The staff shortage is at the crux of Edendale’s problem. Originally designed to serve only its own region, the aging giant now takes cases referred from smaller hospitals all over the province.

"Sometimes I think the other hospitals aren’t pulling their weight," said Dr Lawson. "They could cope with quite a few of the cases but can’t because they have been frozen and we just can’t handle the work."

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The list goes on. The hospital makes do with 389 nursing sisters instead of the 648 it is supposed to have, with 354 staff nurses instead of the 670 it needs. And there are only 516 assistant nurses when the work load calls for 949.

"It has always been like this," Dr Lawson said, "When I was at King Edward I remember asking for 185 nurses to bring us up to strength — we were given six."

But it is in the doctors’ ranks that the pressure is hardest.

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But it is in the doctors’ ranks that the pressure is hardest.

"We are supposed to work a 40-hour week. Some of our staff are putting in working weeks of from 72 to 84 hours," said Dr Lawson.

"Our doctors in maternity have been working virtually around the clock... We have seven operating theatres going flat out."

Only two of the 23 junior specialist posts are filled by permanent staff. "Fortunately we get help from consultants in Pietermaritzburg," said Dr Lawson. "Their help has been invaluable. And so has that of the army doctors doing their national service. I don’t know what we would have done without them."

"Everyone looks to Edendale’s welfare. A lot of specialists have passed through here and there is a lot of goodwill towards the hospital."

Edendale falls under the KwaZulu Government. Its black staff are employed by the homeland, while white doctors are seconded by the Department of State Health. But too many is the bureaucracy involved that even the Departments of Co-operation and Development and of Community Development take an interest in the hospital’s administration.

The pressures involved in running an integrated health service with different levels of political control led to an angry exchange last week between Dr Fred Clarke, director of Natal hospital services and Dr Frank Mdalose, KwaZulu’s Minister of Health and Welfare, whose attitude towards the hospital drew a warm tribute from one doctor there.

Dr Clarke said Natal hospitals were being placed under extra strain because of the deterioration of health services in KwaZulu.

Dr Mdalose replied that KwaZulu was being severely squeezed because of a lack of funds.
Hospital denies patient's charges

Mail Reporter

BARAGWANATH Hospital has denied allegations by a Soweto man that he waited for more than 12 hours at the hospital without receiving treatment after sustaining a hand injury in a car accident on December 13.

When the allegations appeared in the Rand Daily Mail on December 15 a hospital spokesman said the matter was still being investigated.

In a subsequent letter to the RDM, a superintendent Dr P C Arnott, said the patient, Mr Ncedisi Mhambisa, had arrived at the casualty department at 10.45pm on December 13 following a car accident. Mr Mhambisa was seen immediately by a casualty officer who ordered an X-ray of the left hand to be taken. This was done at 11.44pm, says Dr Arnott, and Mr Mhambisa was returned to casualty.

There was no obvious fracture of the hand, but he was referred to the orthopaedic department.

"The specialist was contacted and given the details of the injury and as he was busy with other urgent cases, he felt that this patient's minor injury did not justify being seen immediately."

"At 7am on December 14 the patient was called to be seen, but he did not appear. The patient reappeared at 9.40am, but when called later he was not available."

"The patient was finally seen at 1.45pm and discharged."

The above facts have been obtained from the patient's record card and statements from personnel," the statement concluded.