HEALTH & DISEASE - HOSP. & CLINICS

1990

JULY — DEC.
Little has changed since scrapping of separate hospitals

A MAJOR step forward in SA health care has been the scrapping of hospital apartheid announced by National Health Minister Rina Venter last month.

However, beyond the announcement, little appears to have been done.

Meetings were held last week with relevant parties to look at management models for the desegregated hospitals, but nothing was agreed on.

A further meeting was scheduled for earlier this week between House of Assembly Health Minister Sam de Beer and the four MEC's for health.

In the meantime, those involved know nothing beyond the announcement and do not expect anything to happen in the immediate future.

Venter says guidelines are being developed in consultation with administrators and certain steps are being taken to ensure this takes place in an orderly manner.

However, it seems most hospitals have been accepting patients of all races for several years, albeit in small numbers.

The Johannesburg Hospital has been practising this for more than five years, especially in medical and surgical wards, staff say.

**Difference**

But the new policy may make a difference in the case of black doctors, most of whom refused to work at the seriously understaffed hospital because it was not officially open to blacks.

Apartheid was abolished in 246 provincial hospitals on May 17.

Venter says empty beds in these hospitals will be made available to all people, regardless of race.

But the move is unlikely to have an immediate effect as admission of patients is dependent on funds and manpower.

She has said the planning would take place within a "national unity model" but there has been no indication that the 14 health departments in SA and the homelands would be incorporated into a single health authority.

House of Assembly Health, Welfare and Housing Minister Sam de Beer claims some credit for the desegregation. He says he announced earlier in the year that 44 "own affairs" hospitals were not exclusively reserved for whites.

He used as an example the fact that Johannesburg's J G Strijdom Hospital had been opened to accommodate patients from the nearby Coronation Hospital.

However, by then the Strijdom was in dire straits due to the withdrawal of many Wits University Medical School personnel because of its change to an "own affairs" hospital last year.

Venter says the "own affairs" principle is contained in the constitution and will have to be addressed by government. But opposition parties have cited this as a drawback to effective rationalisation.

Venter says it is important to address the system which exists whereby, if a norm of three beds per 1 000 people is applied, there is a surplus of 11 700 beds in white hospitals and a shortage of 7 000 in black hospitals.

Venter said earlier this year only 21% of the SA population was covered by medical aid and assistance schemes, leaving 79% to rely on the state for health services.

Greater emphasis must be put on primary health care.

She says desegregation should not affect the private hospitals.
Hospital staff shortage — pay blamed

Staff Reporter

Poor salaries paid to administration staff by the Transvaal Provincial Administration has led to a serious shortage of staff in the Johannesburg Hospital.

A spokesman for the TPA said the hospital's administration, especially the accounts department, was suffering from a staff shortage.

Along with other provincial hospitals, the Johannesburg Hospital has long suffered from a shortage of nurses. It is hoped a recent increase in nurses' salaries will stem the tide of resignations of nurses leaving for the private sector.

The TPA told The Star in reply to a question that the administration staff shortage was due to "poor salaries" (as has been the case with the shortage of nurses).

The TPA said there was "a severe turnover of staff" and that some staffers resigned to join the private sector for better salaries as soon as they had completed their training.

The staff shortage came to light after a woman, who asked not to be named, had a baby at the Johannesburg Hospital in September 1989 and had informed The Star her accounts had been long delayed. The final account arrived in June.
Hospital forced to use agency nurses

Johannesburg Hospital was forced to call in agency nursing staff on Wednesday after it had an "abnormal admission rate of patients and had no staff for more beds," said the Transvaal Provincial Administration.

By yesterday the situation had improved.

The TPA issued the statement after The Star approached acting chief superintendent Dr Trevor Frankish following reports on conditions at the hospital.

Dr Frankish had said the situation was due to a "seasonal" increase in admissions.

The hospital has suffered a long-term shortage of staff and a large percentage of its bed capacity is not utilised.

In Durban, the King Edward VIII Hospital was forced to close its doors to emergency surgical cases yesterday as theatre space ran out. All operations scheduled for yesterday had been cancelled.

Acting chief medical superintendent Dr Ayesha Seidat said hospital authorities had suggested she divert the patients to other hospitals.

Staff Reporter-Own Correspondent.
Union up in arms over private hospital fees

TARIFF increases at private hospitals announced by Dr E de la Her bezog, chairman of the National Association of Private Hospitals, are unacceptable, a union has said.

Mr Sipho Ngwenya, secretary of Black Health and Allied Workers’ Union of South Africa, said although tariffs were to rise, working conditions for workers were not up to the required standards.

By DON SEOKANE

“There is no housing subsidy for the workers and no transport to and from work for nurses on call.”

“The rise of tariffs at private hospitals means that the man-in-the-street will not afford medical treatment at a private hospital,” he said.

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NEGOTIATIONS between OK Bazaars and the South African Commercial Catering and Allied Workers Union, which resumed last week, have been postponed to Friday, Saccawu official Mr Jeremy Daphne said yesterday.

However, the union is proceeding with the application to the Industrial Court to declare OK’s conduct an unfair labour practice.

“The union is still waiting for the Commissioner of Police to reply to its request regarding the legality of the union’s pickets,” said Daphne.

The strike, which started four weeks ago and involves about 6 000 workers at 131 stores, is still continuing.

Saccawu members are demanding a R160 across-the-board increase, a minimum salary of R800 a month and recognition of March 21 as a paid holiday.

The chainstore has offered workers R115 to R145 a month more and a minimum salary of R710 after a year’s service.
SEVENTY-FIVE Rand Mutual Hospital workers will lose their jobs, the Chamber of Mines said in a statement yesterday.

The Chamber said this was due to a decline in the number of patients.

It quoted Mr KC Moirant, general manager of the 640-bed hospital, as saying the daily average number of patients had fallen from 540 to 300 since 1986.

About 12 000 workers are threatened by retrenchments as companies struggle to keep the mines profitable in the face of the fluctuating gold price.

The Chamber cited the drop in the industry's workforce, improvement in the injury rate and upgrading of regional mine hospitals as factors in the hospital's decision.

But the National Union of Mineworkers says the death and injury toll in the mines is too high and unacceptable.

It said recently 238 mineworkers had died and 3 939 others had been injured in accidents since January this year.

The Chamber said: "Consultations are planned with the National Union of Mineworkers which has been informed of the intended retrenchments."

Spokesmen for the union were not immediately available for comment.

The hospital employs about 750 people. - Sapa.

MUNTU MYEZA
Myeza dies 4/17/10
AN executive member of the Azanian People's Organisation, Mr Muntu Myeza, was killed in a car accident on Monday, a family spokesman said yesterday.

Myeza, who was a founder-member of the Black Consciousness Movement in the 1970s, died in the Free State.
Santa threatened by industrial stayaways

By Carina le Grange

The operation of the mobile X-ray units of the Johannesburg branch of Santa (South African National Tuberculosis Association) is seriously threatened by the stayaways and industrial unrest of the past months, says an official.

Santa Johannesburg director James Leadbetter, in control of mobile X-ray units which operate in industry and commerce, yesterday told The Star 1 100 X-rays were cancelled on Monday due to the Cosatu stayaway.

Annually, 50 000 new cases of TB are registered in South Africa, and daily, between 10 and 20 people die of the curable disease. Santa recently said the country was faced with a TB epidemic.

Mr Leadbetter had taken the unusual step of writing to the Minister of Health, Dr Rina Venter; the deputy president of the African National Congress, Nelson Mandela; and the presidents of the Council of SA Trade Unions and the National Council of Trade Unions.

Mr Leadbetter explained that at R4,25 an X-ray, Santa needed to take 16 000 X-rays a month to break even and continue operations to detect TB.

Urgent plea

Due to stayaways and industrial unrest, only 8 926 were taken in April, 12 200 in May and 13 554 in June, he said. Initial bookings for June had been 19 450.

He said he made an urgent plea to Dr Venter for assistance and action in a situation that was getting out of hand due to industrial unrest.

To Mr Mandela and the presidents of the union federations, he explained: "The whole system is dangerously threatened by the same people it is designed to protect — the breadwinners of the families of all races.

"Santa is a non-governmental, non-profit organisation. It is not subsidised by either the Government or the private sector."

"It is not the loss of money which concerns us, but the people. With the lack of response many people go undetected," he said.

"The reality is that if the people don’t pitch up, we are out of business and if we are out of business there is nothing to replace us. The only practical alternative to X-rays appears to be to educate the public. However this takes time — which we don’t have."

The minimal charge of R4,25 an X-ray was possible because of Santa’s non-profit-making status, and into that charge was built the price of the care and rehabilitation of TB patients."
The chamber of mines was losing R500 000 a year by operating two hospitals, the Cottesloe and Rand Mutual, chamber health care services senior GM Dr Daniel Pollnow said yesterday.

Commenting after a chamber announcement of 75 job cuts at Rand Mutual due to falling patient numbers, Pollnow said staff numbers at Cottesloe Hospital — a non-racial institution, but reserved for senior employees, so catering primarily for whites — were also adjusted to meet declining occupancy levels.

Plans to merge the two hospitals, announced last year, have not progressed. Pollnow said the chamber was committed to merge the hospitals in principle but the decision was suspended for consultations. Progress was slow because of opposition to the merger from the whites-only Mineworkers Union (MWU), he said.

MWU officials were unavailable for comment last night.

A Rand Mutual hospital spokesman said yesterday the daily average number of patients had fallen from 540 to 400 since 1986. The hospital employs 750 people.

NUM press officer Jerry Majatladi said yesterday the chamber’s decision was “shocking”. When health facilities in an industry marked by stressful working conditions were inadequate, it was unacceptable to target hospitals for job cuts, especially when they employed a fraction of the mining industry’s 750 000 workers.

Majatladi said the NUM had been invited to attend a meeting to discuss the job losses and the union was distressed that a unilateral decision appeared to have been taken over the cuts.

The chamber’s statement said it had told the union of the decision and would be consulting it over the staff cuts.
New R19m hospital

The new R19 million hospital in the Odi region was likely to receive its first patient within the next three months, according to Bophuthatswana Health Minister Mr OB Khoale.

He made the announcement when the construction company which built the 226-bed hospital, handed the hospital over to the homeland's authorities on Tuesday.

Sapa.
Interns at 'disaster' hospital take firm action

DURBAN. — Interns at King Edward VIII Hospital have taken drastic action to emphasise the "deplorable conditions" at Natal's most vital referral and teaching hospital, which is "so overloaded, understaffed and underfunded that it is on the brink of disaster".

From the beginning of this month, the 64 interns at the Durban hospital are working only 60 instead of 100 hours a week, and not one hour overtime.

"Our dedication to patient care has become the subtle whip used to flog demoralised and disenchanted interns along," reads a statement from the interns which has been sent to the hospital management and the Natal Provincial Hospital Services.

The interns state in their memorandum that by "allowing these conditions to persist we have begun to practise medicine that is in itself immoral and ethically unjustifiable".

They will also no longer be performing the duties of porters, messengers, technicians, ward clerks, nurses and pharmacists, as they are often called on to do because of a critical staff shortage. — Sapa
PENSIONERS and the poor will be hard-hit by this week's increase in hospital fees.

This is the fifth increase since 1985.

Black pensioners receiving R201 a month who paid R5 for a visit to a hospital or clinic will now pay R8 during the week and R10 at weekends.

The South African Health Workers' Congress (Sahwco) said: "In real terms, the increases are 100 percent and are totally unacceptable."

Amelia Setlhotshelo, 87, said: "They are trying to get rid of old people. Rather than spend my money on hospital fees, I will go to our black in-yangas."

Teacher and Martha Tsotetsi, who get a joint pension of R402 a month, say they live without any luxuries and Wednesday's increase will make their lives a misery.

MEC for health services SES Ferreira said health services had been highly subsidised in the past and the increases were an economic necessity.

Sahwco replied: "The reasons given by Ferreira smack of indulgent arrogance and even cynicism, with people impoverished and made ill by dismal socio-economic conditions caused entirely by the State."

It was dismayed at the new scale of tariffs which would seriously affect pensioners, the unemployed, the lowly paid, the disabled and students.
Wave of worker action engulfs the Eastern Cape

By PATRICK GOODENOUGH

A MOOD of worker militancy is taking hold in the Eastern Cape, with municipal, health, hotel and metal workers at a motor manufacturing plant out on strike.

The region’s busiest hospital, Livingstone, has been targeted for the second time in six weeks, with workers protesting the sacking of 39 staff nurses.

Medical superintendent Dr Graham White said all of the general assistants and many of the nurses were not working.

Workers at two other city hospitals, Dora Nginza and Provincial, also stopped working to demand that action be taken against the critical shortage of staff at black hospitals. Staff at a number of township clinics joined the action.

Many non-critical cases have had to be sent away, and nursing sisters have had to deal with laundry and cleaning.

White said the 39 nurses had not been retrenched, as they had originally been employed in temporary posts. They had therefore reached the end of their terms.

Because of the acute shortage of trained nursing sisters, it was essential that temporary posts be filled by student professional nurses, he said.

Workers are also demanding that something be done about a serious staff shortage at black hospitals. Other demands included that black patients in overcrowded, understaffed hospitals be accommodated in empty beds in white hospitals.

They said that although hospital apartheid has been certified dead, nothing had changed.

Meanwhile, garbage is piling up after a three-day strike by over 2,000 Port Elizabeth municipal workers.

Following a deadlock in wage talks, the workers downed tools. Talks to try and end the dispute also broke down, with each side demanding action from the other, before being prepared to capitulate.

The municipality has taken out full-page advertisements in the daily press, asking householders to dispose of their refuse themselves.

The town clerk, Paul Botha, said things were under control.

A South African Municipal Workers’ Union (Samwu) representative said the workers were demanding an across-the-board monthly increase of R300, and an additional 20 percent raise.

Members of the Amalgamated Municipal Employees’ Association also joined the strike.

The Delta motor corporation suspended production after workers there stopped work to demand that the company participate in wage negotiations on a national level.

Strikes are continuing at the Elizabeth Sun and Holiday Inn hotels, where 300 workers are sit-in as part of a national wage action.

And about half the workforce at Stellenbosch Farmers Winery were locked out yesterday after refusing to accept a management wage offer. They were later also dispersed by police, and 74 arrested. — Eca
Hillbrow Hospital gets cancer aid

By Carina le Grange

Radiation therapy equipment, costing more than R6.5 million and used in the treatment of cancer, was officially taken into use at the Hillbrow Hospital yesterday.

The equipment put the hospital at the "forefront of radiotherapy treatment in the country", superintendent Dr Joe Nach said.

Officiating at the ceremony was the MEC in charge of Hospital Services in the Transvaal, Fanie Ferreira, who referred in his speech to the strike by hospital workers in May which caused the ceremony to be delayed from May 5 until yesterday.

Mr Ferreira said there was presently a greater awareness of the importance of better health care delivery. Three factors most important to the welfare of the future South Africa were education, health care and housing, he said.

Rare equipment

The equipment, rare in South Africa, consists of a linear accelerator and a simulator which require special premises called a bunker, the cost of which runs to more than R1 million. Fully functional, 60 to 70 patients a day can be treated. At present there is a patient waiting list of up to eight weeks.

Hillbrow Hospital is a leading and the largest radiotherapy centre in South Africa. It has always served all race groups in the whole of the Witwatersrand, Vaal Triangle, western and south eastern Transvaal as well as patients from Swaziland and Botswana.

Dr Ferreira said one in three or four people get cancer, and 80 percent of them require radiotherapy treatment.

He said there were only two radiotherapy centres in the Transvaal and only one private practice in South Africa that has a linear accelerator. No private practices have a simulator.

He said that, due to deeper penetration, accurate localisation and shorter duration of treatment, the equipment was of the greatest advantage in the treatment of deep tumours.

Dr Nach lauded the Transvaal Provincial Administration for responding to the hospital’s need although the equipment had not been budgeted for and thanked the company who installed for doing this in record time.
Municipal strikes hit PE and Cape

By Shareen Singh

The public sector has been hit by major strikes in Port Elizabeth and Cape Town involving municipal and hospital workers.

More than 3,000 workers at Port Elizabeth Municipality downed tools demanding higher wages.

A union official from the South African Municipal Workers Union (Samwu) said workers demanded a wage rise of R300 across-the-board and a minimum monthly wage of R750. The minimum wage at the municipality ranged between R362 and R550.

The union said 46 strikers had been arrested.

Garbage was piling up in the suburbs of Port Elizabeth and municipal authorities urged residents to assist in refuse removal.

Essential services at the city's two black hospitals have been cut after a strike by nurses and other employees.

Livingstone Hospital staff downed tools demanding the reinstatement of 36 nurses dismissed after attending a meeting at Uitenhage hospital, which authorities said was illegal.

About 413 nursing staff and other employees at Port Elizabeth Provincial Hospital and about 390 workers at Dora Ngiza Hospital downed tools in solidarity with Livingstone workers.

Several wards had to be closed at Livingstone Hospital and services in casualty had to be curtailed.

At Dora Ngiza where workers are staging a sit-in, only a skeleton staff is working.

Outside the public sector, 3,000 motor industry workers are also on strike at Delta Motor Company in Port Elizabeth over a demand for the company to participate in the industry's bargaining forum.

**Flexing**

In Cape Town, workers at Bellville Municipality went on strike yesterday, while wage negotiations between Samwu and management were in progress.

Railway workers in the region are also flexing their muscles. Transnet employees marched to management offices this week to deliver their wage demands.

The South African Railway and Harbour Workers Union (Sarwhu) said this was meant to pressure management while the union was involved in national wage negotiations with Transnet.
Gang warfare hits embattled Natal hospitals

By CARMEL RICKARD

HOSPITALS have become a new battleground for members of the notorious amaSinyora gang, based in Durban’s kwaMashu township.

Not content with wounding their victims in a continuing war against residents of K-section, the Sinyoras have begun following them to hospital to finish them off.

A young woman from K-section told The Daily Mail this week that when the Sinyoras shot one of her brothers, she took him straight to hospital. As they arrived, three members of the gang came in and tried to attack her brother again.

Hospital security intervened and spirited the patient off to another room, where he was treated.

Another woman told of her son, also shot by the Sinyoras, who was taken to Durban’s King Edward VIII Hospital. While she was visiting him, a call came through for the ward sister from a man claiming to be the patient’s brother. He said his “brother” needed to be transferred to another hospital and he had come to move him to save on ambulance costs.

The nurse called his mother to speak to her “son,” but the wounded man was her only child, and the man who called was an imposter. When she identified herself, he swore and put the phone down.

“It was just lucky I was there to prevent the amaSinyora picking him up and killing him,” she said.

The Sinyoras also specialize in extortion — almost everyone at a community meeting of almost 200 people this week said they had received threatening letters demanding money.

Two of the letters, neatly written and dated December 4 1989, were addressed to “Mama.” In both cases, the politely worded letter began: “We would like to inform you that we need the sum of R200.”

Then a more sinister tone takes over. “We will come to fetch it because we did not destroy anything at your home (when we delivered this letter). Thank you, amaSinyora.”

The other read: “We have been coming to your place, but found you were not available. We would like you to leave the money with your children and we expect to get it from your children. If you do not get it, we will destroy your house and take whatever things we come across. If you do not want to, do not respond. Thank you, amaSinyora.”

Many K-section homes are deserted, schools are closed, house windows are broken and rooms are empty. Only a few are burnt, but residents of the relatively intact houses said they were too afraid to stay in the firing line anymore. According to estimates provided by residents, 134 houses are burnt out or deserted.

One young man said passionately: “We have the State of Emergency in Natal. Why is it not used to detain the amaSinyora?”

“It is not of any use to stop the violence,” he said.

“If they keep it, why don’t they use it to help us?”

One of the residents said about 68 cases had been opened against the amaSinyora, but nothing had happened about the murders and violence.

A police official in Durban said the matter would be investigated.
Declare hospital a disaster area, say senior staff

By CARMEL RICKARD

SENIOR staff at Natal University Medical School have given support to protest action by medical interns at Durban's giant King Edward VIII Hospital.

The interns are protesting against the conditions in the hospital, and they say they will no longer administer certain drugs or work overtime.

Their action has the sympathy of a number of staff at King Edward, among them several senior professors, who have written to the South African Medical Journal spelling out their criticism of the situation at the hospital.

They have urged that the government declare the hospital a disaster area.

Without adequate funding, staff say they are facing a daily crisis and the interns have decided they have to do something about what they call the "deplorable conditions" at the hospital.

In particular they have stopped administering drugs to cancer patients.

These drugs ought to be prepared by a pharmacist in a separate room, but because of staff shortages, the interns are being expected to do the job instead, and to prepare the drugs in the wards.

The interns have also refused to work overtime.
PE workers still out

PORT ELIZABETH. — Port Elizabeth municipality's 3 078 striking workers failed to resume work yesterday despite an ultimatum to do so.

The workers, on strike for almost a week, will now be given a further warning and could face disciplinary action if this was ignored, town clerk Mr P K Botha said.

The municipality has offered the strikers a 12% increase. The workers, however, want a R300-across-the-board rise, plus a further-20%.

Strikes at three government hospitals here are also continuing.

A spokesman for the Regional Director of Hospital Services said there had been in-depth discussions between Cape Provincial Administration officials and trade union members in attempts to reach agreement. — Sapa
A banner proclaiming: "We are suffering because of our skin! We need guns like all whites! We will show you that we are real blacks," has been handed to the commission of inquiry into the causes and consequences of a strike at Ga-Rankuwa Hospital.

The banner — also bearing the request: "Boshoff and Swanepoel leave please" — was handed in as evidence yesterday by a legal representative of the Transvaal Provincial Administration (TPA), J K Wessels, during his cross-examination of a member of the hospital's workers' committee, J Ndlovu.

It was alleged during earlier evidence that the strike started as a direct result of the TPA's refusal to remove two officials after they had been accused by hospital workers of being racists who intimidated their subordinates.

Mr Ndlovu denied any knowledge of the banner, which the TPA's legal team alleged was confiscated during the strike. He added that the wording had no political connotations.

Mr Ndlovu said yesterday that the refusal to dismiss the officials was the main reason for the strike, but that there was also dissatisfaction with management's response to workers' other grievances.

The workers alleged, among other things, that white workers received preference where promotions and the allocation of office equipment was concerned. However, Mr Ndlovu said during his testimony that he was not aware of any other workers of comparative rank to him who had a better office than he did.

Members of the commission, which is being chaired by Mr Justice P M Cillie, interrupted Mr Wessels's cross-examination twice yesterday to inform him that they felt Mr Ndlovu had provided a reasonable answer to his question and that there was no need to continue pressing his point.

However, during another interruption, Mr Justice Cillie said the witness had not "given the impression of speaking the truth at all times".

He agreed it was "insensible to down tools" at a hospital, that Ga-Rankuwa Hospital was of importance to millions of blacks who received medical care there, and that strike action by any member of a medical team would result in the efficiency of the team being affected.

He said he had thought about the fact that a disruption of services might result in the death of patients.
Natal hospital ‘disaster area’ — professors

OWN CORRESPONDENT

DURBAN. — The Minister of Health and Population Development, Dr Rina Venter, should publicly declare King Edward VIII Hospital here a "disaster area or institution of the magnitude matched by the floods in Laingsburg and Natal".

That was the view of the heads of the four main clinical departments at the adjoining Medical School of the University of Natal, writing in the latest issue of the SA Medical Journal.

The department heads — Prof T M Coovadia, head of the Department of Paediatrics, Prof R W Green-Thompson, head of the Department of Obstetrics and Gynaecology, Prof J V Robbs, head of the Department of General Surgery, and Prof D A Rocke, head of the Department of Anaesthetics — said that putting the gravity of the situation on the level of a "disaster area" would secure additional funding from the state.

They said the time available to save King Edward VIII Hospital as a teaching centre was fast running out.

"This may be the last opportunity we have before the steady decline becomes irreversible and results in the closure of the hospital," the professors wrote.

The department heads said the physical size of the hospital meant that it could not contain more than 1,914 beds, its official capacity. "However, we would expect this to be implemented in a meaningful way in Durban now. At Addington Hospital there are five empty wards with space for 150 patients."

Last week militant interns, protesting at the "intolerable" conditions at the hospital, decided they no longer administer dangerous drugs to cancer patients.

Dr Tom Sutcliffe, chief director of hospital services for Natal, said last night that the crisis at the hospital had been exacerbated by the unrest situation.
Respite for PE as strike action eases

PORT ELIZABETH. — One of Port Elizabeth’s worst periods of industrial strife eased yesterday when striking workers at four of Port Elizabeth’s hospitals and the city’s biggest private employer opted to return to work.

Talks were also due to take place to try to end the strike by 3 000 municipal workers.

At Delta Motor Corporation, about 3 000 employees voted to return to work on Monday after company management had placed newspaper advertisements threatening disciplinary action, including possible dismissal, if they did not return.

Dirt and laundry piled up and skeleton staff worked under pressure to provide services at the Livingstone, Dora Nginza, provincial and Empolweni hospitals where non-medical staff and nurses were on strike.

Strikers at the Shirley Cribb Nursing College other regional medical facilities also returned to their workplaces on Monday after talks between regional hospital authorities and the National Education, Health and Allied Workers’ Union (Nehawu).

About 1 600 employees were involved in the strike, which brought a stern warning from the National Health and Population Development Minister, Dr Rina Venter, on Monday.

She said striking could not improve the workers’ position in the negotiation process.

The strike was sparked when 30 staff nurses were perceived by Nehawu to have been unfairly dismissed from the Livingstone hospital.

However, a spokesman for the Cape administrator said the nurses had not been dismissed but were fulfilling a contract which expired on June 30.

A union spokesman said that, subject to further talks with provincial hospital authorities, Nehawu has accepted an offer of 16 temporary posts for the dismissed nurses. But the CPA spokesman said negotiations would not continue since the situation had returned to normal.

The Delta employees, who downed tools last Wednesday, struck in support of demands by the National Union of Metalworkers of SA (Numsa) that Delta join SA’s six other major vehicle manufacturers in the national bargaining forum.

The body determines wage and working conditions in the motor industry, but Delta recognises only the Regional Industrial Council.

A company spokesman said production was back to normal yesterday. — Sapa
Injured man ‘was refused by hospital’

By Stan Hlophe

A man with serious burn injuries was allegedly refused admission to the Hillbrow Hospital on Tuesday night.

Residents said the unidentified man was one of three men sharing a shack which burnt down in Alexandra.

One man, Shonho Mabaso, was found dead after the mystery blaze.

The third man escaped unhurt and has not been seen since.

Resident Simon Selepe said the badly injured man was rushed to the Alexandra Clinic, but was referred to Hillbrow Hospital as there were no doctors available at the time.

On arrival at Hillbrow he was refused admission by the staff who said the hospital did not cater for Alexandra residents, Mr Selepe said.

He contacted the superintendent, Dr Norman Smith, who was adamant that the hospital would not allow patients from Alexandra in terms of Transvaal Provincial Administration rules, said Mr Selepe.

Emergency

“I tried to persuade the superintendent to make an exception as this was an emergency,”

He would not budge and told me that I was wasting my time as that was the law.

“We then had to rush the injured man to Baragwanath Hospital where he was admitted without any difficulties.

“I later phoned the chief director of hospital services, Dr P.J. van der Berg, who confirmed that it was standard procedure for the Hillbrow Hospital not to admit patients from Alexandra.”

However, Dr van der Berg said staff could have used their discretion in this case.

“Dr van der Berg advised me to submit a written report before he could institute investigations,” said Mr Selepe.

Dr Smith declined to comment when approached by The Star.

Dr van der Berg’s office confirmed that Mr Selepe was asked to submit a written report.

A police spokesman confirmed the death of Mr Mabaso and the injury to an unidentified man who was admitted to Baragwanath Hospital.
Govt ‘taking note of outcry over hospital’

Own Correspondent

DURBAN. — The government was beginning to “sit up and take notice” of the outcry over conditions at King Edward VIII Hospital here, the MP for the area, Mrs Carole Charlewood, said yesterday.

She was commenting on reports that a top delegation from the Department of National Health and from the Natal Provincial Administration had visited the hospital this week after complaints by 64 interns.

The chief of Natal’s Hospital Services, Dr Charles Roper, confirmed that a strategic planning exercise would be held today and tomorrow to formulate an action plan on the hospital to be presented to the government.

He said Dr Rina Venter, Minister of National Health and Population Development, wanted a report from the strategic planning exercise within 10 days. It was up the cabinet to see whether funds could be provided immediately.

Health workers at King Edward VIII Hospital came out yesterday in support of calls made by the hospital’s heads of departments for the hospital to be declared a “disaster area”.

A statement released by the South African Health Workers’ Congress blamed the deterioration in conditions on poor management and lack of resources.
Sisters deliver thousands of babies
Khayelitsha maternity unit performs miracles every day

By ANDREA WEISS, Medical Reporter

At the Khayelitsha Maternity and Obstetrics Unit, little miracles are performed day by day as trained nursing sisters deliver up to 500 babies a month without the supervision of a doctor.

At MOUs childbirth is treated as normal and only cases which require emergency treatment such as a caesarian section will be referred to a larger hospital.

Although an obstetrician is on duty during the day to examine "surgical cases," the work in the labour ward is handled by sisters. At night the sisters are on their own, but can call on a doctor by ambulance should they deem it necessary.

"The MOU concept has been put into practice elsewhere in the Peninsula at Hanover Park, Mitchell's Plain, Retreat and Guguletu, but it is in Khayelitsha that it is busiest."

Here, 500 babies were delivered in June alone, while 1,000 women visited the clinic. Also in June, 420 expectant mothers "booked in" for their first visit.

"Critical need"

According to the chief professional nurse Sister Mabel Nero, in charge of three MOUs, there is a "critical need" for another such facility in Khayelitsha.

At present there are three ward sisters and three clinic sisters on duty during the day while two sisters work through the night, helped by two nursing assistants.

Nights can be particularly hectic with deliveries hovering between 10 and 14. During the day, about 30 new patients might report for a full medical examination, which works out to about 10 solid hours in the consulting room.

Sister Nero estimates that the clinic is staffed by about eight sisters and she spends a large amount of time trying to find people to work overtime.

For many of the mothers who come to the clinic, this might be their first encounter with formal medicine. Some even arrive for their first visit already in labour, which the sisters are trying to discourage.

The harsh realities of a tight health budget have also cut into the running of the clinic. Before, the sisters would go out to the homes of the mothers a week after the birth of their baby to check the umbilical cord. Now the mothers have to come in.

Because of the staff shortage, only about 20 new patients can be seen a day and sometimes women who have been turned away return as early as 6am the next day to take their place in the queue.

An important aspect of the work is the education given to mothers - about birth control, feeding, nutrition, child birth. A family planner is on duty for general lectures and individual counselling.

While the never-ending workload may seem a thankless task, Sister Nero says that the women of Khayelitsha are tremendously grateful for the service.

"The doctor is definitely dispensable if you have good, reliable staff," she says.

DAILY QUEUE: A stream of mothers wait outside the post-natal clinic to have their babies checked.

PROUD MUMS: It was all smiles from Joyce Walia, left, Bukelwa Peter, Gladys Makayi and Doreen Baba rest in the post delivery ward with their new babies.

177 babies in SA prisons

From CLAIRE ROBERTSON
The Argus Correspondent

PRETORIA.—There were 177 babies in South African prisons, according to the latest count in May this year.

Although Section 29 detainees Shirley Gunn is being held in a police cell at present, it has been suggested she be moved to Pollsmoor Prison where there are better facilities for herself and where she could be reunited with her son, Haroon.

If the transfer takes place she will fall under Prisons policy which holds that female prisoners be admitted with their infants where the women are wholly or partially dependent on breastfeeding.

Further, Prisons believes in "accommodating them at State expense for as long as it is considered to be physically or psychologically essential," a spokesman for Prison Service said this week.

“This also applies to babies born while their mothers are in prison.

"It is however the policy to transfer small children in family or foster care as soon as possible."

According to the spokesman, all babies and children were given a full physical examination by a doctor on admission and as often as necessary thereafter, with consultations and treatment recorded.

Mrs Barbara Harker, acting national director of the National Institute for Crime Prevention and Rehabilitation of Offenders (NICRO), said that generally in Western countries, removing the baby from the mother could be considered "cruel and unusual punishment."
Disabling Doubts

Medical Clinic FM 11-1-70

The Then the competition... China, Holders

Since China's economy has begun to recover, the market may be expanding, and the growth of the economy shows. The situation is fraught with important factors affecting the year's results. Let's see how well we're doing this year.

The strategy will focus on capital gains, as well as on the potential for future growth. This page contains important information on.

- Yearly results from the year before.
- Data from the past three years.
- Graphs showing trends in the data.

As a function of 100% of these assumptions, the graph represents a 95% confidence interval for the data.
time in memory, subscriptions could be increased in mid-year by another 5% to cover the impending increases in hospital fees.

Private hospitals have been compelled to match the increases in nurses' pay granted by the State to avoid losing staff. Nurses in provincial hospitals received increases of between 23% and 48% in June.

Aforx Healthcare GM Dick Williamson says nurses' pay accounts for 46% of a private hospital's costs. So, with increases averaging just over 30%, hospital costs will rise by about 15%. He indicates that private hospitals would like to see increases of at least this amount in medical scheme tariffs.

"We can't absorb this kind of cost," he says. "In 1986 we requested an interim increase in our tariff, but it wasn't granted, and our industry's return on capital has never recovered to the levels it enjoyed before then. We are negotiating with the Representative Association of Medical Schemes and will hold off any (hospital fee) increases until the talks have been concluded."

Clinic Holdings chairman Barney Hurwitz says hospital costs will rise. "We are confident the medical schemes will increase their tariff to us. If not, we'll have to recoup directly from the patient." Most private hospitals now charge more than the schemes pay them.

Day clinics, which charge no more than the medical schemes reimburse, are also requesting an interim tariff hike. "We've had to increase salaries in order to keep staff," says Day Clinic Association president Carl Grillenberger. "Nurses aren't as high a proportion of our own costs as they are of private hospitals — more like 30% — but the increases are still significant enough for us to seek an adjustment."

Medical Schemes Association executive director Rob-Spierie says the schemes are taking the hospitals' request for tariff increases seriously. He adds that a final decision won't be reached until August 2.

It seems likely that interim tariff increases approaching 15% will be granted but, in return, private hospitals can expect a smaller increase in tariffs in January. Last January, private hospital tariffs increased by 18%.

Either way, the public is going to pay, whether through higher fees to hospitals or higher medical aid subscriptions. Private hospitals account for 16% of medical aid payments so subscriptions would rise by 2.5% to cover the increases, though the increase in the number of claims that schemes have had this year could increase this to 5%.

An interim increase would represent a change in approach from the traditional confrontational stance between private hospitals and the association. The association has previously dismissed hospitals' requests for higher tariffs and pointed to the healthy bottom lines of the sector. Clinic Holdings, leader in the sector, increased its dividend this year and rival Medi-Clinic posted a dividend for the first time since its listing in 1987.

"Private hospitals should absorb some of these increases rather than passing them on to the consumer," says the Consumer Council's Jan Cronje.

Unfortunately, sick people are the ultimate captive market. There is no real consumer choice between hospitals. Patients are sent to the hospitals that their doctors choose for them, so there is little competition between groups.

If medical schemes refuse to grant an interim increase, they know that public pressure against the schemes' limit on reimbursements will grow.

The Competition Board has already said, in an interim report (Business June 22), that the system, which prohibits medical schemes from paying more than the limits, is a restrictive practice.

Cronje says: "It seems unfair to the man in the street that he pays ever increasing subscriptions to medical schemes and yet he still has to top up his hospital bills."

Stephen Crampton
Hospital forced to use agency nurses

Johannesburg Hospital was forced to call in agency nursing staff on Wednesday after it had an "abnormal admission rate of patients and had no staff for more beds," said the Transvaal Provincial Administration.

By yesterday the situation had improved.

The TPA issued the statement after The Star approached acting chief superintendent Dr Trevor Frankish following reports on conditions at the hospital.

Dr Frankish had said the situation was due to a "seasonal" increase in admissions.

The hospital has suffered a long-term shortage of staff and a large percentage of its bed capacity is not utilised.

In Durban, the King Edward VIII Hospital was forced to close its doors to emergency surgical cases yesterday as theatre space ran out.

All operations scheduled for yesterday had been cancelled.

Acting chief medical superintendent Dr Ayesha Seedat said hospital authorities had suggested she divert the patients to other hospitals. — Staff Reporter-Own Correspondent.
NUM deplores hospital retrenchments

By Brendan Templeton

The decision by the Chamber of Mines to retrench about 65 workers from its specialist Rand Mutual Hospital raised questions about the organisation's attitude to miners' safety, the National Union of Mineworkers (NUM) said on Monday.

Union spokesman Jerry Majatladi said the reasons given by the chamber for the retrenchments were "a gross distortion of facts".

The chamber should be building more hospitals like the Rand Mutual rather than cutting down on staff in such a strategic facility, Mr Majatladi said.

Regretted

The hospital is a specialist referral hospital that caters for black employees in the mining industry.

The hospital's general manager, K C Mourtant, said the retrenchments were regretted, but were necessitated by the shrinking patient population from the mines from a daily average of 540 in 1986 to 300.

Mr Majatladi, however, accused the chamber of deliberately keeping seriously injured miners at the regional mine hospitals to save costs.

He described the regional hospitals as "terrible" and denied that they rendered high quality service.

"If there is any industry which needs efficient medical facilities, it's the mining industry," he said.
Medi-Clinic applies to up tariffs

MEDI-Clinic Corporation, a wholly owned subsidiary of Rembrandt, was awaiting a response from the Representative Association of Medical Schemes (Rams) to its request to increase its tariff structures to fund proposed salary increases for its nursing staff. Medi-Clinic director Louis Alberts said at the weekend.

Alberts declined to disclose the amount of the increases, but said the company had requested the tariff increases be effective from July 1.

“We are between 6% and 24% behind provincial hospitals in salaries. We have to follow suit,” he said.

In his annual review, Medi-Clinic chairman Janie de Villiers said if the private sector was to provide more training, costs could only be recovered through higher tariffs for patients or tax concessions. Contributing to rising health care costs were the ageing of the population, education levels and the accompanying high expectations of patients, payment through a third party such as medical schemes, certain aspects of advanced technology becoming available, inflation and salaries and increasing provisions for a rising claims pattern.

“As soon as costs are contained, the quality of services and the free choice of patients and doctors are also restricted,” he said.

The trend in some countries was to move in the direction of managed care by way of a fixed pre-payment for services rendered.

But, he said, the medical professional bodies would have to accept these systems before private hospitals could adopt them.

De Villiers identified three factors that could directly influence the wellbeing of the local industry in the future — the increase in tariffs for medical aid members at state hospitals, the opening of state hospitals to all races, and the stricter control by government over the issue of licences for new private hospitals.
MARITZBURG — Dedicated doctors at Edendale Hospital, aided by a handful of private practitioners, are battling to keep the hospital's most vital service, the Obstetrics and Gynaecology (O and G) department, functioning.

The hospital provides a service for about half a million people from its immediate surroundings. It acts as a referral hospital for the more than 30 community clinics dotted throughout the Natal Midlands and nine other provincial and KwaZulu hospitals.

With an average of 800 to 1,000 babies delivered each month, a skeleton staff and the volunteer city doctors are under considerable stress, and the hospital faces the dangerous predicament of falling foul of medical council regulations.

This follows a critical loss of doctors, including all its full-time specialists, over the past eight months. Relying on crisis management since the beginning of the year, the hospital administration has failed to find replacements.

The crisis, the biggest yet to confront Edendale Hospital, is further exacerbated by the excessive red tape surrounding the employment of new doctors. Ideally serviced by 21 medical officers and four full-time specialists (consultants), there are now only six medical officers, one intern and no permanent full-time consultants in the O and G department.

As an emergency measure, a private gynaecologist and former head of department has volunteered his services as acting head of the department, and a visiting professor from Poland has been seconded to Edendale from King Edward VIII Hospital as a temporary consultant for the next two months.

Sources at Edendale Hospital have cited the fragmentation of health services, inept administration and frustrating working conditions as a major cause of the crisis.

Administered by the KwaZulu government, employment of staff is a lengthy and bureaucratic procedure. Most white doctors are employed by the Natal Provincial Administration and seconded to the hospital.

Superintendent Dr Peter Evans commended the doctors of O and G. He said his staff were working flat out and the administration had been streamlined considerably. — Sapa.
Ten babies have died from AIDS at Baragwanath Hospital in the last year, a hospital paediatrician has disclosed.

Of 30 infected babies admitted to Baragwanath in just over a year, 10 have died, 12 are known to be still alive, and the parents of the remaining eight have stopped taking their babies for treatment.

Paediatrician Dr Ian Friedland said although there was no effective cure for the HIV infection, babies were treated for diseases which could attack their immune systems and lead to an early death.

The 10 babies had been infected by their mothers during pregnancy.
Hospital to evacuate patients?

Staff Reporter

PATIENTS at Lentogeur Hospital in Mitchells Plain will have to be evacuated if heavy downpours continue, the medical superintendent warned yesterday.

Dr Ahmed Gamieldien confirmed that part of the grounds surrounding the care and rehabilitation section of the hospital is flooded during heavy rain.

Another doctor said that in some wards the problem was very serious, making access almost impossible. Nurses were issued with rain boots to get in and out of the wards.

"There are large expanses of water, more than five metres wide, especially around the geriatric ward. It's like sitting in a moated castle. "It's freezing cold inside and about four patients are in bed with lung infections as a result of this," the doctor said.

The hospital, which is run by the House of Representatives, was built three years ago without adequate stormwater drainage.

Dr Gamieldien said the water was being pumped into stormwater drains outside the hospital. Proper stormwater drains will be built in October when the ground is drier, he said.

Meanwhile, a spokesman for the D F Malan weather office said cloudy, rainy conditions will continue today and tomorrow.

"It will still be very cold. But snow isn't expected on the mountains."

In Ceres, town clerk Mr J H Redelinghuys said there was only a small amount of snow on the top of the Matroosberg.

Sutherland town clerk Mrs Y Esterhuysen said it was cold in the town yesterday, but large amounts of frost did not cover the ground "as usual."

A city council spokesman said dam levels in the Western Cape were 10 to 30% fuller than last year this time.

At Wemmershoek the dam was 90% full, Voelvlei 105%, Steenbras Lower 102.1% and Steenbras Upper 100.7%.

In Bloemfontein, ceilings of several houses collapsed after temperatures plummeted to as low as -8.3°C on Saturday morning. Sapa reported.

Water pipes in houses and other buildings burst because of the cold weather, with damage amounting to several thousand rands.

A spokesman for the Bloemfontein weather office said it was the coldest in many years.
Workers picketing private hospitals

Three private hospitals around Johannesburg came under fire yesterday as hundreds of workers picketed against low wages, poor working conditions and racial discrimination.

Clinic Holdings Corporation, has refused to negotiate wages at a central level with the National Education, Health and Allied Workers Union (Nehawu), a spokesman claimed. Management insisted on concluding a recognition agreement with the union before negotiating wages.

However, a company spokesman denied union claims.

Management has agreed to meet the union next week. — Staff Reporter.
A baby at 40
bouncing farmer in chest
lay by at
Buffalo shoots

Patients moved

Deep waters: Legendar Hospital just whale ballroom walls after the grounds flooded

Rescued swollen from icy river

By Johny Armstrong
DEEP WATERS: Lentegeur Hospital staff were issued with wellies.

Hospital floods: Patients moved

FLOODING around Lentegeur Hospital in Mitchells Plain has forced the evacuation of 30 geriatric mentally handicapped patients.

Thirty severely handicapped elderly patients are also expected to be evacuated unless the rain stops.

The medical superintendent of the care and rehabilitation section, Dr Linda Hering, said water was flooding in as fast as it was being pumped out, making it extremely difficult to move about the hospital's cottage-style complex.

Some of the "puddles" had turned into 100-metre lakes.

Nurses have been issued with rainwear and gumboots and sandbags block several doorways. Conditions inside were "freezing cold" and damp, said Dr Hering.

Hospital staff feared the deep water constituted a drowning hazard and kept special watch on some retarded patients who had been frolicking outside.

The hospital, which is run by the House of Representatives, was built three years ago without adequate stormwater drainage, said Dr Hering. There were plans to rectify the problem.

Sapa.

Burglar shoots farmer in chest

Staff Reporter

A STELLENBOSCH farmer was shot by burglars when he accosted a man in his kitchen early today.

Mr Hendrik Frederik du Plessis, 51, of the farm Duplania was wakened about 4.30am by noises, a police liaison officer said.

Mr du Plessis got out of bed to investigate. He did not switch on the lights.

When he reached the kitchen, he saw a man in the dim light. The intruder saw him and started moving towards him.

Mr du Plessis charged the man. Two shots were fired. One hit Mr du Plessis in the left side of his chest.

Police established there were two burglars. They gained access through the front door, which Mr du Plessis had not locked when he went to bed.

Mr Du Plessis is in Jan Smuts hospital in Bellville. His condition is satisfactory.

No arrests have been made.

Five city babies, three adults killed by cold

Staff Reporter

FIVE babies who died under mysterious circumstances in Ravensmead recently, had succumbed to exposure, police said today.

During the same period, and in the same area, three adults also died of exposure.

The babies, all under nine months, died from exposure, said police liaison officer Captain Attie Lebuschier.

Originally, it was thought the infants may have died in a mysterious spate of cot deaths.

According to the pathologist's report exposure was the main cause of death.

Some of the infants were also badly under-nourished. One baby of five months weighed only 2kg.

Police believe that some of the babies were not properly protected against the cold.

The adults who died in Ravensmead were between 40 and 60 years old.

Lay-by at 18 for a bouncing baby at 40

The Argus Foreign Service, LONDON. — Career women are to be given the chance to start their families in their forties from healthy eggs deposited in a laboratory when they are still teenagers.

Researchers here said the eggs would be matured and frozen, then thawed and returned to the ovary when a woman wanted to conceive.

GENETIC RISKS

This meant career-minded women could concentrate on their work until they were ready to have a baby.

The early deposit of eggs would eliminate the genetic risks associated with older mothers, such as Down's Syndrome.

A spokesman for the National Association for the Childless said: "The research is very exciting. It will give so much freedom to women."

Fertility Centre director Dr Peter Bromwich, a gynaecologist who has spent a year on the research, said: "It is known that women's eggs deteriorate with age.

"But having a baby in their late thirties or early forties would be ideal for many modern women.

"They are more mature and if they have had a successful career there would be a more secure financial background for bringing up a child."

Fold up brollies for warm weekend

Staff Reporter

YOU can fold up your brolly and pack it away for the time being — a warm day today.

Especially, at least, is the word from the weatherman at D F Malan Airport who says we can expect warmer weather at the weekend.

Today's conditions are expected to remain partly cloudy and cold.

Minimum and maximum temperatures should be between 11°C and 15°C.

Electricity record

Staff Reporter

ICE on the weather has resulted in a record demand for electricity in Eskom's Western and Southern Cape Regions.

Eskom registered a record peak demand of 2 924 Megawatts at 7pm on Tuesday night. The previous record was 1 942MW on July 12.
Hospital flooding forces move of 30 old patients

By MONICA GRAAFF

FLOODING around the Lentegeur Hospital in Mitchell's Plain has forced the evacuation of 30 geriatric mentally handicapped patients, and 30 severely handicapped adolescent patients are expected to follow unless the rain stops.

The medical superintendent of the Care and Rehabilitation section, Dr Linda Hering, said water was flooding in as fast as machines were pumping it out, making it extremely difficult to move about the hospital's cottage-style complex.

Some of the "puddles" had turned into 100m lakes.

SWAMPED ... Workmen at Lentegeur Hospital refuel a pump as they struggle to keep floodwater at bay.

Nurses had been issued with rainwear and gumboots, and sandbags were blocking several doorways to keep the water out. Conditions inside were "freezing cold" and damp.

Hospital staff feared the deep water constituted a drowning hazard and kept special watch on some retarded patients who had been frolicking outside.

The hospital, which is run by the House of Representatives, had been built three years ago without adequate stormwater drainage, said Dr Hering. Plans to rectify the problem were in the pipeline.
'Racism' leads to protest by 300 hospital workers

By GLENDA DANIELS

ABOUT 300 workers at the JG Strijdom Hospital went on strike yesterday because of "racist" practices by the administration, said a Johannesburg organiser for the National Education and Health Workers' Union, Vuyani Mabasa.

Three reasons were given for the strike:

- The head of the kitchen department is alleged to have said that she would replace African workers with coloured workers because African workers like strikes.
- Vacant posts are not advertised and the administration gives jobs to relatives.
- There was a rumour that an administrator is being transferred to the hospital from the Johannesburg General Hospital and "workers know him to be a bad person".

Mabasa said the 300 workers were members of Neljwu, which was not yet recognised by the hospital's administration, although negotiations regarding the issue were under way.

The Hospital Services' head of public relations in Pretoria, Jan van Wyk, could not be reached for comment.
300 hospital workers reject racist remarks

About 300 workers at the J G Strijdom Hospital in Johannesburg downed tools yesterday over what they claim were racist remarks by a supervisor.

And at private hospitals on Wednesday, hundreds of workers demonstrated against wages and working conditions.

A spokesman for the National Education, Health and Allied Workers' Union said the kitchen supervisor at J G Strijdom had said she was going to fire black workers and replace them with coloureds. She said black workers were always ready to strike.

Workers demanded management take disciplinary action against her. She had made the remark before, and management had calmed workers by saying her attitude was not hospital policy. — Staff Reporter.
Councils told: change SA policy

THE HAGUE — The Dutch government has given more than 20 municipal authorities until September 5 to abandon local anti-apartheid policies.

Holland's coalition government sees by-laws introduced by the Local Authorities Against Apartheid (LOTA) movement as contradicting national policy. Officially, LOTA promotes "positive discrimination" in favour of companies with no trade ties with South Africa — but the government accuses it of a blanket refusal to grant contracts to companies maintaining links with South Africa.

Foreign Minister Hans van den Broek is strongly opposed to LOTA's stance and is believed to have convinced colleagues in the Cabinet to bring matters to a head.

The LOTA members, which include the country's four largest cities, Amsterdam, Rotterdam, The Hague and Utrecht, have reacted angrily to the government warning.
Protest march on court

By Shirley Woodgate

About 40 non-medical workers from the JG Strijdom Hospital today marched to the Johannesburg Magistrate's Court where a colleague was due to be charged.

Spokesman John Mashabo said the action was in protest against the arrest on Friday of colleague Philemon Chuma, who is also a shop steward of the National Education Health and Allied Workers' Union (Nehawu).

He was arrested for allegedly raping a woman and stealing her wages. But Nehawu marchers claim management have trumped up the charge to discredit him.

Among the protesters were four pregnant women, including Constance Sebaeng, who said not all the non-medical workers were involved as there was dissension in the ranks of the staff.

She said at the court that they expected to be joined by staff from Lera-tong, Johannesburg, Hillbrow, Tembelisa, Rietfontein and Baragwanath hospitals who had promised support at a meeting yesterday.

JG Strijdom Hospital superintendent Dr Freda Pretorius said she was unaware of the stayaway. "All the services are running smoothly and all functions are normal."

“We had a problem with one or two of the chaps but it is a police matter now and out of my hands," she said.
New plan for hospitals, says Venter

Own Correspondent

DURBAN.—A new management model for academic hospitals has been decided on and approved by the deans of the various medical faculties of South Africa, the Minister of National Health and Population Development, Dr Rina Venter, said yesterday.

Speaking at the Newlands Park Centre where she concluded her tour of the House of Delegates' primary health care facilities, she said the model was currently being refined "before being implemented as soon as possible".

Dr Venter said this would definitely have an impact on Durban's King Edward VIII Hospital as the university would have a greater input into running it.

She admitted that she had not yet received a memorandum and action plan prepared by the committee which met at the Rob Roy Hotel 10 days ago, in an attempt to deal with the crisis at the hospital.

"King Edward is a top priority," Dr Venter said.

She emphasised the need for the involvement of both the community and private sector in hospitals.

They needed to be mobilised to re-establish the status of the hospital in a well-planned and co-ordinated way, she said.

The effective alleviation of the load was imperative.

Dr Venter said she was very impressed by the newly constructed rehabilitation centre—particularly at the enthusiasm of the staff and the way they identified with what they did.

"In the end, the success of this centre will depend on the quality of the programme and not on the beautiful buildings or facilities," she said.
Hospital apartheid is still alive in E Cape

A National Union of Mineworkers source said many locked-out miners in the Eastern Cape were receiving medical care at hospitals where the union's officials were hospitalised.

The mines, which operate in the area, were shut down by a strike in July 1988. Since then, the workers have been fighting for their rights and demanding better working conditions.

When the strike ended, the miners returned to work at their mines, but the union continued its campaign for better wages and working conditions.

The union's officials were hospitalised at various hospitals across the region, including hospitals in E Cape, where the union's headquarters are located.

The union's spokesmen said that the hospitals were providing adequate care to the workers and their families.

The strikes and lockouts have been ongoing for several years, with the workers demanding better wages, working conditions, and recognition of their union's rights.

The union's leaders have been advocating for the miners' rights and have been working to improve the working conditions at their mines.

The miners have been fighting for their rights and demanding better wages and working conditions, and the union's officials have been hospitalised at various hospitals across the region.

The union's spokesmen said that the miners were determined to continue their campaign for better wages and working conditions.

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The union's spokesmen said that the miners were determined to continue their campaign for better wages and working conditions.
Doctors in Natal wait for 'comrades' visit

DURBAN. — Senior medical staff of the Department of Hospital Services at the Natal Provincial Administration were waiting at Newtown's Section A Clinic in Inanda yesterday to talk to 'comrades' following an incident of alleged intimidation at the clinic two weeks ago.

In the incident six armed youths allegedly burst into the clinic, threatening nursing staff with neck-lacing and the burning of their homes unless ANC medical demands were met by yesterday. Among other demands, the "comrades" demanded that they exclusively run and manage the clinic.

Also at Inanda, Mr Patrick "Terror" Lekota, a leading ANC member, appealed for peace between Inkatha and his organisation when he called on mourners of the 26 victims of last week's bus disaster not to seek vengeance. — Sapa
R12m allotted for health care

Political Staff

THE government has set aside R12 million for the establishment and running costs of community health centres throughout the country, the Minister of National Health, Dr Rina Venter, said yesterday.

The Cape Province's share of the R12 million, which has not yet been determined, will go towards the running of 10 community health centres, which have already been built, and the planned construction of another 10.

Dr Venter announced the R12 million programme in Cape Town after she flew over squatter areas in the Peninsula.

She also held talks with the Cape Provincial Administration to identify and deal with population development issues in the province.

The R12 million has been specifically allocated for primary health care facilities in all four provinces.

The Cape's media liaison officer, Mr Van Heerden Heunis, said yesterday that it was not possible to give further details on how the Cape share would be spent because it had not been decided how much the province would receive and it would also depend on when the funds were available.

He added that the Administrator, Mr Kobus Meiring, had expressed gratitude to government on behalf of the Cape Provincial Administration for the decision to allocate these funds to primary health care.

Despite the pressures on the health budget, the provincial administration recognised the urgent need for primary health care centres and it would like to commission as many health care centres as possible, Mr Heunis said.
R12-m revival aid for health centres

By MICHAEL MORRIS
Political Correspondent

Ten community health centres in the Cape, empty because of a lack of funds, could soon be operational following a government decision to give provinces a R12-million boost for health care.

The decision was announced in Cape Town by the Minister of Health, Dr Rina Venter.

She is visiting the Peninsula for talks with the Administrator, Mr Kobus Mehling, and senior officials on how best to promote the national population development programme in the region.

She will also be visiting the other provinces to assess their needs.

Dr Venter announced at a Press conference that the government had decided to grant a further R12-million to the provinces this financial year, specifically to boost primary health care.

Allocations would be decided according to an evaluation to be conducted jointly by the provinces and the department.

In the Cape's case this may mean that 10 completed, but vacant, health centres will become operational. A further 10, nearing completion, could also benefit.

The announcement was welcomed by the Administrator and the MEC in charge of hospitals and health services, Mr Dawie le Roux.

Dr Venter said primary health care was a key factor in reducing the growth of the population.

Rather than concentrating on contraception, the population development programme focused on improving living standards.
Union can act in hospitals

Staff Reporter

IN a landmark decision the CPA and hospital workers yesterday reached an interim agreement allowing the Health Workers' Union (HWU) to operate in Cape hospitals. This follows the crippling strike in March. A union spokesman said the CPA had not recognised the union before the strike. Union activities would now be allowed.
Some Tvl hospital fees are doubled

NEW Transvaal provincial hospital tariffs in effect from yesterday are in some cases double the fee charged last year.

According to MEC for Health Services in the Transvaal Fanie Ferreira "patients in Government hospitals should make a bigger contribution to the costs of health services".

The new tariffs are:

For H2 patients - with a family income of up to R16 200 and depending on the size of the family - R10 an admission in community hospitals and R15 an admission in regional or academic hospitals.

For H3 patients - with a family income of up to R19 200 and depending on the size of the family - R10 a day in community hospitals and R15 a day in regional or academic hospitals.

Sowetan Correspondent

The charge for H3 patients was R15 an admission in regional and academic hospitals until yesterday.

For H4 patients earning as a family from R9 000 to R22 000, depending on the size of the family - R40 a day for community and R60 a day for regional or academic hospitals.

Private

The H4 fees in regional and academic hospitals are double those of last year.

Private patients - people with medical aid schemes or those earning more than R12 000 for a one-person family up to more than R22 000 for a five-person family - will pay R134 a day in com-

Hospital fees up

From Page 1

This is an increase of R2 a day in regional and academic hospitals and R3 a day in community hospitals.

The increases do not affect people who are already in-patients or whose admission was approved before yesterday.

Ferreira said more patients who previously qualified as private patients will now be classified as hospital patients, to be treated in provincial hospitals at the all-inclusive tariff provided they are not members of medical aid schemes.
PRÉTORIA. — The Transvaal Provincial Administration increased its hospital fees as from yesterday because of a considerable escalation in the cost of consumer goods and in the running costs of provincial hospitals. — Sapa
Some hospital fees doubled

Pretoria Bureau

Some patients will have to pay double for treatment at Transvaal provincial hospitals after yesterday's increase in fees.

Transvaal MEC for Health Services Fanie Ferreira said "patients in Government hospitals should make a bigger contribution to the cost of health services".

The new tariffs are:

- H2 patients — with a family income up to R15 200 and depending on the size of the family — R10 for admission to community hospitals and R15 for admission to regional or academic hospitals.
- H3 patients — with a family income up to R19 200 and depending on the size of the family — R10 a day in community hospitals and R15 a day in regional or academic hospitals.
- H4 patients — earning from R9 000 to R22 000 — R40 a day for community hospitals and R60 a day for regional or academic hospitals.
Jump in TPA hospital fees

PRETORIA — Hospital fees at the Transvaal Provincial Administration’s 81 hospitals went up substantially yesterday, doubling in some cases.

TPA MEC for hospital services Fonie Ferreira said in a statement yesterday the increase in hospital fees was due to considerable escalations in the costs of consumer goods and hospital running costs.

The increases for category H2 patients, who earn under R6 000 a year and have one child, up to a salary of less than R18 000 a year with five children, doubled to R10 for in-patients and R90 for confinement at community hospitals.

Category H3 patients, who fall between those earning up to R9 000 with one child and those earning not more than R18 000 with five children, will pay R10 a day instead of the old R10 admission fee for in-patients. They will pay R15 as an outpatient at a community hospital, up from R6.

EDYTH BULBRING

The H3 patient will pay R10 a day with a minimum of R75 for maternity confinement, up from R40.

The category H4 patients, who earn from not more than R12 000 with one child to not more than R22 000 with five children, will pay double in-out patient (R25) and in-patient (R40 a day) fees at community hospitals.

They will also pay R40 a day for maternity confinement at a minimum expenditure of R140.

The fees for private patients who earn more than R12 000 with one child to more than R22 000 with five children, or have medical aid, will pay slightly more. Instead of paying R101 a day as an in-patient at a community hospital, the cost will be R154 a day.

Ferreira said tariffs for private patients were adjusted to bring them in line with the benefit scales of medical aid funds.
Inyangas want own Aids clinic at Bara

PAT DEVEREAUX

SOWETO inyangas who believe they can cure HIV infected patients want to build their own Aids clinic next to Baragwanath Hospital.

Members of the African Skilled Herbalists' Association (Asha) believe they could cure Aids — the disease they refer to as "lumbo" — with their own remedies in the right surroundings.

The president of Asha, Lymon Msibis, said they hoped that, once the clinic was built, it would offer Aids patients 24-hour treatment and sleeping facilities. The healers claim that, if allowed access to HIV-infected patients, they can prove they can heal them. Medical authorities in academic hospitals, however, are reluctant to refer patients to them.

Once given the go-ahead by the Baragwanath authorities to build their clinic, the healers say they plan to raise funds.

Baragwanath public relations officer Ms Annette Clear admitted that they had been approached by many traditional healers with cures for Aids.

Role to play

But she said the hospital could not simply hand over Aids patients to them for treatment.

Asked what he thought of the concept, head of the SA Institute for Medical Research's Aids Centre, Professor Ruben Sher, was not opposed to the idea of Western medical practitioners working with tribal healers.

"We have worked with the National Traditional Healers' Association often. I believe they have a role to play concerning the social aspect of the disease — after all we work with psychologists and sociologists. Why not these people?"

"In their communities they often have a powerful psychological influence and people trust them as councillors. They can make an impact where Westerners often fail to get the message through — one example would be to encourage people to use condoms."

"We've taken groups of inyangas to see Aids patients so that they can identify the disease when patients come to them. We've also informed them on how it is transmitted and how to prevent the spread of the virus.

Inyangas' role

But Professor Sher was sceptical that inyangas could cure those infected with the virus. He hastily added: "Who's to say the cure for Aids might not be found in a root or plant. But we haven't found a cure yet.

"While inyangas seem to mistake Aids as a curse type disease and treat it that way, we don't believe it is an ancient disease."

The director of the Institute of Non-Formal Education for South Africa, Ms Brenda Robson, agreed with the inyangas' concept. "I would like to see this happening at Baragwanath Hospital. Some hospitals in Cape Town are already using traditional healers to identify cancer patients and are working as a three-man team consisting of the doctor, the inyanga and the social worker," she said.
Fees to go up 8 percent at private clinics

Medical Reporter

Private hospital fees will go up by an average of eight percent from August 15, the Representative Association of Medical Schemes (Rams) announced at the weekend.

The increase, applicable to all wards, high-cost care and intensive care, will range from R7.50 more per day in approved day clinics to R30 more per day for specialised intensive care in a major hospitals, said Rams executive director Rob Speedie.

Mr Speedie said the increase was agreed to in order to enable private clinics to raise the salaries of their nursing staff in line with the recent increases at the provincial hospitals, which had left private nursing staff at a “salary disadvantage”.

Increase

Mr Speedie said normally Rams adjusted all scales of benefit once a year, but since the pay hike at provincial hospitals had forced private hospitals to increase salaries to retain staff, the interim increase was agreed to.

He added that the effects of the interim increase would be reviewed by Rams and would be taken into account when the time comes to determine the 1991 scales of benefits.
R1m claim for brain damage

Supreme Court Reporter

A DOCTOR and the Mitchells Plain Private Hospital were served summons last week in a damages claim of more than R1 million after a pregnant woman allegedly suffered irreversible brain damage after an epidural injection.

The woman, Ms Natallax Nomathamsanga Sibizo, 35, of Guguletu, lost the child and is now cared for at Conradie Hospital.

In an affidavit attached to the summons, her father, Mr Dodose Sibizo, said she had suffered "severe brain damage, so much so that she is in a vegetative state" and was mentally incapable and unable to care for herself.

The action was brought by Mr Colin Prest, an advocate and Curator ad Litem (on behalf of) Ms Sibizo against Dr Dennis de Villiers, an anaesthetist, and Medi Clinic Corporation Limited, which owns the Mitchells Plain Private Hospital.

In papers, Mr Prest said that while Ms Sibizo was in labour at the hospital on May 9, 1990, she concluded an oral agreement with Dr De Villiers that he would give her an epidural anaesthetic injection.

Complications set in 30 minutes after the epidural was administered and Ms Sibizo suffered an anaphylactic reaction with cardiac arrest, which was associated with bronchospasm and respiratory insufficiency.

Although Ms Sibizo was resuscitated, she was permanently disabled with "severe, irreparable brain damage"; suffered permanent loss of amenities of life; and had incurred certain hospital expenses and would incur further expenses in the future because she had been permanently hospitalised at Conradie Hospital.

The affidavit claimed that complications set in because Dr De Villiers had failed to:

- Administer a test dose of Bupivicaine and determine the result.
- Clinically recognise at an early stage the onset of complications following the epidural and be in a position to administer appropriate and timely remedial treatment.
- Adequately and frequently monitor Ms Sibizo's cardio-vascular condition and cerebral functioning after the epidural.
- Remain with Ms Sibizo until the neural blockade following the epidural was established and complete and her general condition was stable.
- Instruct nursing staff clearly as to what particular signs in Ms Sibizo they should monitor.

The summons said the Mitchells Plain Private Hospital was in breach of contract or negligent and failed to provide nursing staff who exercised "reasonable skill and care" in carrying out their duties.

Dr De Villiers and Mitchells Plain Private Hospital have 10 days in which to indicate whether they will defend or dispute the action.

Mr D.A. Lenhoff, instructed by Mr Jerome Ramages, of H. Mohammed and Associates, is Mr Prest's counsel.
Lawyers' group agrees to extend aid to rural areas

THE National Association of Democratic Lawyers resolved in Durban at the weekend to extend their advice and legal aid activities to rural areas and have created a post for paralegal services to meet that need.

Nadel president Mr Pius Langa said the association was concerned that they had not been able to reach rural areas in the past.

"We were very concerned that during the nationwide State of Emergency many people who were on the receiving end of the security forces in rural areas needed legal advice and we were not in the field to give it to them," said Langa.

He said paralegals were people who had basic legal training, usually through law firms and legal resource centres, who travelled in rural areas advising people on legal matters.

The conference also created the posts of a projects officer for constitutional options and a women's desk.

Private hospitals fees up

FEES at private hospitals will go up by an average of eight percent from August 15, the Representative Association of Medical Schemes announced at the weekend.

The increase, applicable to all wards, high cost care and intensive care, will range from R7,50 more a day in approved day clinics to R38 more a day for specialised intensive care in major hospitals, according to Rams executive director Rob Speedie.

He said the increase was agreed to in order to enable private clinics to raise the salaries of their nursing staff following recent increases at provincial hospitals which had left private nursing staff at a "salary disadvantage".

Speedie said normally Rams adjusted all scales of benefit once a year but since the pay hike at provincial hospitals had forced private hospitals to increase salaries to retain staff, the interim increase was agreed on.
PRIVATE hospital beds will cost about R19 a day more from August 15 when accommodation charges will be raised about 8%.

Accommodation fees make up 40% of private hospital tariffs and the other components—such as theatre charges and pharmaceuticals—remain unchanged.

National Association of Private Hospitals (NAPHi) chairman Edwin Hertzog said yesterday the association had requested the adjustment to offset the cost of nurses' salaries which increased by between 23% and 48%. Salaries accounted for about 50% of private hospitals' operating costs.

The NAPHi, which represents 98% of the country's 110 private hospitals, initially asked for an 11% increase in accommodation charges but the Representative Association of Medical Schemes (RAMS) granted an average 8% increase.

Hertzog said it was the first time in five years that RAMS had granted an interim increase to private hospitals.
'Green' hospital trend taking root worldwide

There is a rapidly growing international awareness of the need to design hospitals to be more environmentally friendly. It emerged at a meeting of the International Federation of Hospital Engineering in London recently.

FGG Architects' partner Ken Howie, who attended the conference together with Natal Provincial Authority representatives, said in a statement that the main focus of the conference in London was on environmental issues, adding that there was a notable trend among First World hospitals to adapt, to accommodate the "green" awareness sweeping the world.

A number of major advances, he added, had been made in conserving energy, pollution control, protection of the ozone layer and in staff issues.

"In the past the emphasis has been on protecting the patients. Medical authorities are now becoming increasingly aware that the staff of hospitals are at greatest risk," Howie said.

A number of African countries had appealed for donations of technical equipment to be downgraded to more appropriate levels. "One speaker estimated that 75% of equipment donated cannot be used after a year because the countries do not have the technology to maintain the equipment."

Howie said while a number of European hospitals had made great strides in adapting equipment and design to ensure optimum energy conservation, climatic conditions in Africa prevented the technology from simply being imported for usage.

 oversea there was a major shift in hospitals to ozone-friendly equipment, although Howie noted that in SA the shift could involve high costs particularly with regard to refrigeration.
Asylum bars racism but psychiatry's rooted in it

The issue of racism in the treatment of the mentally ill will not be overcome by simply desegregating wards. The legacy of segregation involves psychiatry itself as it clings to the concept of separate cultures.

By DEIRDRE MOYLE

AFTER almost a century of racial segregation, a Cape Town psychiatric hospital has integrated its wards. It is fitting that Valkenbg Hospital in Cape Town should be one of the first mental hospitals in the country to desegregate. It holds two other firsts in South African psychiatry — it was the first asylum opened for the sole treatment of the mentally ill and the first for white patients only.

The new head of psychiatry at the UCT Medical School, Brian Robertson, spearheaded the decision to reintegrate Valkenberg soon after his appointment last year, as "it was not acceptable to discriminate psychiatric patients on the basis of race". Besides the ethical reasons, it also had a practical basis, according to Robertson, as everything had to be duplicated and "the non-whites always came off worse as services weren't developing as well on the 'black side'."

Valkenberg has, since it opened in 1931 on the site of the old Valk family farm, become the most visited of two hospitals, known as the "white" (or, more politely, the "Observatory side") and "black" (or "Pinelands side") sections, divided by the Black River Parkway.

Up to 1985, the division was largely because patients were patients of the Western Cape and thus excluded from general inpatient services. But the exception to which they had become domiciled in the Western Cape and influx control had collapsed, because most of the white patients were moved to Leinster Hospital in 1985 under the jurisdiction of the House of Representatives. Official planners believe that the opening of Leinster would result in a closure of the "black side" of Valkenberg. The 200 vacant beds were quickly filled by African patients, whose number at the hospital has since doubled.

Robertson had the full support of the hospital board in his desire to see Valkenberg desegregated. It was known at the time that from the director general, the Department of Hospitals and Health Services was also keen to remove discrimination. Formally the racial segregation of hospitals was scrapped with the Separate Amenities Act this year. However, this does not mean all hospitals will automatically open as some fall out of the ambit of the act and under remain part of the discourse of psychiatry today largely through the adherence to concepts of culture that assume the existence of discrete groups, each with a separate identity.

Reviewing the four major approaches in mainstream South African psychiatry, Don Foster and Leslie Swartz of the University of Cape Town's psychology department found that all of them have a notion of black culture as an organic, traditional essence which is contrasted with the fragmented alienated Western culture.

A doctor interviewed at an Eastern Cape hospital at the end of last year illustrates the breadth of this continuum of opinion in psychiatry. He argued that black people do not suffer from depression and that most of the patients in the hospital were schizoid, even though they may not manifest it now.

But Robertson is optimistic about the future as he sees the differences between patients as socio-economic. "We can work with people from different cultures as people have more in common as human beings than what is different," he adds that psychiatry must also take into account differences and traditions.

Francois Daubentona of Community Services at Valkenberg who has been overseeing the restructuring of the hospital, said the process has gone remarkably smoothly. The largest problem at the outset was the fear and the lack of understanding by white and black patients and the staff, but constant communication has overcome some of the problems.

Others have required restructuring of ward programmes and staff arrangements as the differences on the two sides of the hospital became apparent. One example was that therapy sessions on the "black side" concentrated on dream work, while those on the "white side" concentrated on groups.

Some patients at Valkenberg, which is the Alfred hospital, are seen to be watchful of problems of racial mingling. However, the main issue is language. Robertson said it could become the new barrier as the hospital has to be translated and repeated and takes twice as long. Daubentona added that language was also an important issue between patients as they generally give each other support outside formal therapy.

But learning to cope with different languages in the same ward is also exciting, Robertson argues, because these are the problems that all South Africans are facing.

He added that some psychiatrists and patients will find it harder than others, but the many benefits will offset the difficulties.

"We will now remove the effects of discrimination in psychiatry which must be beneficial to the patients. There will be more openness as we have introduced a new experience into the patient's care. That can only be a move towards the new South Africa — what is involved to live together. We are advanced where South Africa is still in its early days."

Plaatje had a dream of reaching the mainland, so he built boats and made coins of brass to spend once he got there. He never realised his dream as the authorities destroyed his boats of boxwood. But he never gave up — each time he simply built another one.
DURBAN. — Provincial cancer services in Natal, including treatment by radiotherapy and chemotherapy, are to be ended in September — a decision which will dramatically affect the lives of 200 000 patients who presently attend the clinics every year.

Cancer patients now have the option of being treated either privately (at high cost) or trying to be treated in another province.

Head of the radiotherapy and oncology department at Natal's Medical School, Professor Amo Jordaan, confirmed Natal's budget for cancer drugs was already "blown".

A huge drain of radiotherapy radiographers and radiologists — some 18 highly-skilled staff — will be leaving Addington Hospital (the main oncology centre in Natal) during the next two months.

"They are leaving for better posts, some emigrating to Canada, but I can't blame them," said Professor Jordaan. "Their salaries are poor and the working conditions bad."

"This means there are simply not enough highly-skilled staff to operate the radiotherapy machines and without more staff we cannot stay within the legal safety requirements," said Professor Jordaan.

"I am feeling incredibly depressed because giving patients a chance of being cured — or even treating them to palliate symptoms, delay the end and offer them a good quality of life — is out of my hands. I am helpless." — Sapa
Spotlight on diseases in children

Medical Reporter

The paediatric department of the Johannesburg Hospital is holding a symposium on chronic diseases in school children aimed at parents, teachers, community health nurses and others on Wednesday.

The aim of the symposium is to give an understanding of the problems of children with chronic diseases such as asthma, allergies, diabetes and epilepsy.

Topics will include the psychosocial effects and the mental and physical abilities of children with chronic disease.

Among the speakers will be paediatrician Dr Francois de Villiers, clinical psychologist Thandeska Mqoduso of the University of South Africa, physiotherapy professor Muriel Goodman of the Johannesburg Hospital and Dr Ros Frankel.

The symposium will be held in the hospital auditorium.

The registration fee of R20 includes tea and a light supper. Further information can be obtained from D Green at (011) 488-3256 or 488-3206.
**Finding**

The women who come into the center every Wednesday to receive their free mammograms at the Women's Foundation are often the first to hear about the program. They are usually women who have never had a mammogram before, and they are often surprised by how affordable it is. The center offers appointments for women of all ages, and they are always happy to help.

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**Women Want Return of Tests**

The Women's Foundation is currently offering free mammograms to women in the community. They are working to ensure that more women are aware of the importance of early detection and are able to access the care they need. The center is open Monday through Friday from 9 am to 5 pm, and they welcome new patients each week.

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**Stop Killing Women**

The Women's Foundation is a non-profit organization dedicated to providing affordable health care to women in the community. They are committed to helping women access the care they need to live healthy, fulfilling lives. The center offers a range of services, including mammograms, pap smears, and other preventive care.

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**Young White Women is Battling For the Race**

The Women's Foundation is proud to support young white women who are working to make a difference in their community. They are working to ensure that women have access to the care they need to live healthy, fulfilling lives. The center offers a range of services, including mammograms, pap smears, and other preventive care.
Kalafong Hospital workers go on strike over wages dispute

ABOUT 2 000 general workers, including assistant nurses and clerks, at Kalafong Hospital near Atteridgeville went on strike yesterday demanding wage increases, writes MONK NKOMO.

White employees took over some of the duties, including cooking and cleaning, and doctors and matrons pushed trolleys taking patients from the wards and the dead to the mortuary.

There were unconfirmed reports that some patients at the casualty department who came from outside Atteridgeville and were not seriously ill were sent home yesterday.

Workers said the strike, which started at 6am, was sparked off by the breakdown of wage talks between the Transvaal Provincial Administration and their trade union, Nehawa, on Friday.

The hospital’s management team were yesterday locked in discussions with employee representatives to resolve the strike.

World inflation rate goes up

GENEVA - Inflation is rising in two out of every three countries surveyed by the International Labour Organisation despite a decade of efforts to control it.

The ILO said yesterday that countries with steadily rising inflation in the first few months of 1990 included Sri Lanka with 22.6 percent compared with 15.1 percent last December, Hungary 26.8 percent, Sweden 10.1 percent, Chile 24.8 percent and Britain 9.4 percent. - Sopa-Reuters.
Alleged intruder shot dead at Bara Hospital

By Montshiwa Moreke

An alleged intruder in the grounds of Baragwanath Hospital was shot dead by a policeman last week.

A Soweto police spokesman yesterday said four other men fled after the policeman fired several shots in the same incident.

Soweto police liaison officer Captain Joseph Ngobeni said the incident occurred at about 11.30 pm last Wednesday, when a policeman on duty at the hospital heard glass breaking.

"He went to investigate and noticed four men next to a car and another inside. When the policeman approached, one of the men stormed at him with a kerrie. The policeman was forced to fire several shots," Captain Ngobeni said.

Hospital spokesman Annette Clear said there had been complaints over the years of vehicles belonging to hospital staff being stolen or tampered with.

"We have security, but it's impossible to have guards everywhere. We're 173 acres of land," Mrs Clear said.

The dead man has still to be identified.
No strike yet, say hospital workers

Staff Reporter

DISAFFECTED hospital workers belonging to the Health Workers' Union decided on Saturday not to go on strike again at this stage.

Workers were upset that they had not yet received the benefits of a settlement negotiated after the 16-day hospital workers' strike in the Peninsula in February, union secretary Dr Hassan Mohamed said.

"It was agreed in principle (after the strike) that we should get stop-order facilities, but we do not have them yet," he said.

The government's Commission for Administration had undertaken to 'give the union an answer to the maternity leave demand by the end of June, but when the deadline approached officials said they were not ready yet.

Besides not receiving negotiated benefits, there were also issues from the previous strike which had not yet been resolved.
Cillie strike inquiry hears of bribes for merit awards

 Pretoria Correspondent

 A teddybear, cake and several bottles of brandy are alleged to have changed hands in return for merit awards at the Ga-Rankuwa Hospital, the Cillie Commission has heard.

 The commission is investigating the causes and consequences of strike action at the hospital in April this year.

 A senior clerk and a member of the Ga-Rankuwa Hospital's workers' committee, Ernest Mothabela, testified yesterday he had seen colleague Thomas Mayambo carry cake and a container into the office of the senior administration clerk, H Swanepoel.

 When asked what was in the container Mr Mayambo said it held brandy and juice which he was giving to Mr Swanepoel because the senior administration clerk had promised him a merit award.

 Mr Mayambo received a merit award along with several other clerks a week later, said Mr Mothabela.

 Earlier, another member of the workers' committee, Jerry Ndlou, testified that Mr Mayambo had "bought" himself the merit award with a teddybear and some money.

 Mr Swanepoel's legal representative, C H Fourie, said his client would deny any allegations of bribery arising from the presentation of merit awards.

 He put it to Mr Mothabela that he had got his times mixed up and that Mr Mayambo was celebrating already having received the award.

 Both Mr Swanepoel and another official - deputy-director, administration, A J Boshoff - have been accused of being racists who bullied their subordinates.

 The Transvaal Provincial Administration's refusal to suspend the two officials pending an inquiry into their conduct is alleged to have sparked the strike.

 The hearing continues.
A SENIOR clerk has told the Cillie Commission into strike action at the Garankuwa Hospital that workers had insisted on the permanent removal of two hospital officials.

The two officials, Mr AJ Boshoff and Mr H Swanepoel, had been accused of allegedly being racists who bullied their subordinates.

The commission heard previously the eight-day strike was sparked by the TPA to temporarily suspend the officials pending an inquiry into their conduct.

The clerk, Mr Ernest Mothabela, confirmed the workers committee suggested to management that the officials be temporarily suspended.

However, the committee's suggestion was not forwarded to the workers as the committee's mandate had been to insist on their permanent removal, he said.

Boshoff had countered the suggestion of temporary suspension saying that an internal investigation be held.

Mothabela said that at a mass meeting the day before the strike started the workers were told that the committee was unhappy about an internal investigation being held as Boshoff would be involved in an investigation.

He said the National Education Health and Allied Workers Union, to which many of the workers belonged, had advised the committee not to strike until April 5.

Mothabela has also alleged Swanepoel was involved in an "irregular" transaction concerning the disposal of patient's clothing left at the hospital.
More hospital strikes follow union demand

Sowetan Correspondent

The number of strikes at hospitals in the Transvaal has increased dramatically following a demand for recognition by the National Education, Health and Allied Workers Union.

The deputy director, labour relations, for the Transvaal Provincial Administration, Mr D van Wyk, told the Cille Commission yesterday that 33 strikes had taken place at TPA hospitals since the beginning of May.

This compared to four strikes at Transvaal provincial hospitals during the first four months of the year, one of which was the eight-day dispute at Garankuwa Hospital.

The commission is investigating the causes and consequences of the strike at Garankuwa Hospital, during which 23 premature babies are alleged to have died.

Van Wyk said a letter, dated March 3, had been circulated at various TPA hospitals by Nehawu members.

The letter had called for, among other demands, the establishment of a minimum wage, a halt to any move to privatise provincial hospitals, the recognition of Nehawu as a representative body by the TPA and the upgrading of the temporary status of hospital workers.

Meanwhile 250 National Education and Health Workers Union members employed at the Medical University of Southern Africa yesterday took part in a lunch-hour demonstration.

They were protesting against the current deadlock in negotiations between their union and the Transvaal Provincial Administration.

Nehawu declared a dispute against the TPA after the two parties failed to agree on the interpretation of the agreement they reached on May 10.

A Nehawu spokesman said negotiations would be referred to arbitration following the deadlocked talks.
Workers blame hospital strike for death of Tembisa woman

By Abel Mabelane and Brendan Templeton

A Tembisa woman, Elizabeth Marinda, is alleged to have died in the strife-torn township’s hospital without being seen by a doctor when white personnel went on strike yesterday.

The strike action was in retaliation to the forced removal of Chief Matron J N Beukes from the hospital premises by a group of toyi-toying workers on Monday.

Health services at the hospital were reported to have been disrupted as white staff stood in groups without attending to incoming patients.

Mrs Beukes was accused by workers of having an arrogant, provocative and racist attitude towards them.

A spokesman for the National Education, Health and Allied Workers Union (Nehawu) said that after the chief matron had been removed, superintendent JPC Fleringer decided to withdraw the services of his white staff.

Nehawu condemned the superintendent’s behaviour of withdrawing the services of the white personnel.

Pressure

A statement signed by “concerned workers” at the hospital criticised the doctors’ and pharmacists’ actions and accused them of acting against their oath.

Violence between warring factions in Tembisa meant the casualty ward was under severe pressure and patients were waiting in vain for help, the workers said.

“This behaviour will endanger the lives of patients and may set a precedent to some superintendents of racist hospitals,” a Nehawu spokesman said.

“We are appealing to the TPA and SA Medical and Dental Council to intervene and hope that an inquiry will be launched should any deaths be incurred due to the action,” the statement said.

Dr Fleringer could not be reached for comment and TPA officials refused to comment.
‘Comrades’ fear Inkatha staffers
Terror stalks wards of Natal hospitals

The Argus Correspondent 23/8/90

DURBAN. — Terror is pervading the health services in Natal as “comrades” refuse to be admitted to certain KwaZulu hospitals in the fear of being medically maltreated or even killed by staff who are “sworn in” Inkatha members.

This situation is, according to a memorandum written by Maritzburg doctors, contributing to the breakdown of health services in the Maritzburg area as “comrades” flock to provincial hospitals not staffed or geared to cope with additional loads.

It has been alleged by medical sources that blacks who are scheduled to be taken in ambulances to either Prince Mshiyeni Hospital just outside Durban or to Edendale Hospital in Maritzburg “beg to be left on the pavement or wherever they lie injured” rather than be taken to either of these hospitals.

“Bump them off”

They fear that Inkatha supporters on the staffs of these hospitals will “bump them off”.

Where it is possible they demand that ambulances take them to Grey’s Hospital in Maritzburg or to Northdale which are staffed by mainly apolitical people — or they admit themselves to these hospitals.

In Durban these people opt for the severely overcrowded and under-financed King Edward VIII Hospital rather than the well-equipped, modern and empty Prince Mshiyeni.

Horrific reports of patients being admitted to hospitals and being purposely neglected or even being stabbed to death in lifts have been circulating for some time and have struck fear into the hearts of the people.

The chief of Natal’s ambulance and emergency medical services, Dr John Keenan, confirmed that he was fully aware of a reluctance by some patients to be taken to Edendale or Prince Mshiyeni Hospitals.

“We are in the business of providing health care services and not getting involved in politics, but where a patient is insistant that he won’t go to a KwaZulu hospital we try, where possible, to take him to an NPA hospital.”

KwaZulu Secretary for Health Dr Daryl Hackland said that a committee had been set up to investigate this situation among other problems.

Threatening to resign

“We are aware that there are difficulties in the Maritzburg area. The stance of this ministry is that health services have to remain neutral and that a service has got to be provided for everybody irrespective of politics.”

The preference of “comrades” for NPA hospitals and the “fear of Inkatha-controlled hospitals” has led to a situation at Northdale and Grey’s Hospital where there have been huge increases in the numbers of patients while no additional staff have been appointed to cope.

In a document by a group of Maritzburg doctors the “hospital crisis in the Maritzburg functional area” was outlined.

The doctors are threatening to resign if the staffing position does not improve at Grey’s and Northdale Hospitals. Among causes cited for the breakdown in health services is the political problem.
"Strike caused two deaths"

By Brendan Templeton

At least two Tembisa women are alleged to have died with no one being seen by doctors while staff at the strife-torn township’s hospital downed tools on Tuesday.

They were identified as Maria Makoena and Elizabeth Maringa.

Sources were adamant that white doctors, pharmacists, and administration staff at the hospital held a sit-in between 7 am and noon, leaving only a doctor in the casualty ward and an anesthetist in the theatre.

But Transvaal Provincial Administration (TPA) yesterday denied claims that the women died due to strike action and dismissed claims of a sit-in as "rumours."

The strike action was allegedly held in retaliation to the forced removal of the Chief Matron J N Beukes from the premises by toy-toying workers on Monday.

Black and white workers were due to meet today to discuss the situation at the hospital, a hospital source said.
Reef war: hospital crisis

By Helen Grange

Hospitals near strife-torn townships on the Reef are bedding people on the floors as more and more bloodied victims of the Inkatha-ANC violence pour in.

Casualty wards at Tembisa, Natalspruit and the Far East hospitals have been packed to capacity in the last week and doctors have been working overtime to cope with the influx of patients.

Tembisa Hospital, which was disrupted by a work stoppage by white staffers on Tuesday, has also had to deal with scores of patients transferred from Natalspruit Hospital.

"We have put the orthopaedic (bone injuries) patients on the floor to accommodate the other casualties," said Dr Izak Joubert, superintendent of Tembisa Hospital.

A group of representatives of the TPA visited the hospital yesterday to discuss problems.

Tembisa Hospital has admitted more than 20 dead-on-arrival victims since Sunday, most of whom died of bullet wounds.

"Bullet wounds are very common," said Dr Joubert.

A doctor at Natalspruit said the hospital could deal with only 1,000 patients a day.

"What do we do with 200 more? We are putting them on the floors."

The doctor said injuries were mostly the result of bullets.

"We had one patient with an axe through his head. And there have been patients attacked with pangas. These injuries look the worst," he said.

At the Far East Rand Hospital near Springs, the casualty section has quietened down.

The senior surgeon at Baragwanath Hospital, Dr Bernard Rabinowitz, said that last Friday he had seen between 90 and 100 patients as a result of the bloodshed.
Chemist takes hospitals to court over packing drugs

By GILL TURNBULL, Supreme Court Reporter

A PHARMACEUTICAL company which owns a chain of Cape country pharmacies has applied to the Cape Supreme Court for an order declaring unlawful a scheme in which Cape state hospitals are re-packing medicines for distribution to state patients.

Haarts Röntgen and Vermeulen (Pty) Ltd this week brought an urgent application before the Supreme Court for a declaratory order against the Administrator of the Cape, the Medicines Control Council, the Attorney-General of the Cape, the Pharmacy Council, the S A Medical and Dental Council, the S A Nursing Council, and the Minister of National Health and Population Development.

The applicant asked Mr Justice W A van Deventer to find that the respondents are breaking the law by re-packing drugs at state hospitals and that a new scheme in which the CPA proposed extending the service to state patients in country areas, through CPA-appointed pharmacies, is also unlawful.

The court heard that the CPA spends about R40 million a year on medicines — mainly for the elderly and indigent.

Although city hospitals have been re-packing medicines for some time, recent severe budget cuts have given rise to a new scheme under which this will be extended to country districts — thus cutting the bill by half.

Generic medicines

The applicant suggested that CPA draw up a short list of approved generic medicines, as is already done in many hospitals, and then allow pharmacy wholesalers to buy these in bulk.

Dr Nathan Finkelstein, a member of the S A Pharmacy Council, said in an affidavit that the container the CPA proposed using did not include essential information such as dosage, contra-indications and storage requirements.

"There is no way that the transparent plastic container the Administration is using will be able to preserve medicines which are subject to deterioration, either through photolability, oxidation or hydrolysis."

Dr Finkelstein said that when they deteriorated some medicines became dangerous.

Mr Justice W van Deventer has reserved judgment.
Hospital strike intimidation denied

"Patients die daily, whether there is a strike or not," a witness has told the Cillie Commission into the causes and consequences of a strike at the Ga-Rankuwa Hospital.

Senior clerk Jeffrey Motha said he was giving evidence yesterday on events leading to and during the strike in April, which allegedly caused the deaths of 23 premature babies.

J Wessels, for the Transvaal Provincial Administration, had asked Mr Motha if he had considered that patients might die as a result of the strike.

Mr Motha said he had been rebuked by H Swanepoel, a senior administration clerk, for not wearing a tie to work.

Mr Swanepoel and his superior, A J Bosshoff, have been accused of being racists. He was later "punished" by Mr Swanepoel by being transferred to the filing room.

Mr Motha also said he ignored Mr Swanepoel's instructions concerning the files of renal unit patients.

He said he had assisted in organising workers to join the strike but denied there had been intimidation.
A SOWETO hospice is to be started in October to care for about 3 000 people who die in the area every year as a result of terminal diseases.

Witwatersrand Hospice Association (WHA) chief executive Stan Henen said the need for hospice care in Soweto was obvious — at any time there were about 60 terminally ill people being treated at Baragwanath Hospital. The rest were being cared for at home or had been sent to the rural areas where health systems were inadequate or non-existent, or relatives poorly equipped to cope.

The association, which is funded entirely by private donations, was developing a network of people to support and care for Soweto's terminally ill at home.

Henen said it was probably the first time an autonomous organisation had gone into Soweto and gained equal acceptance from groups as diverse as the government, the ANC and PAC.

Undoubtedly an in-patient centre would be needed, but the first priority would be on home care, he said.

The Witwatersrand Hospice Association managed to care for about 12% of the estimated 5 000 people who died in the central Witwatersrand region each year. The majority of these were cancer sufferers.

Henen said the hospice's reach was limited by a shortage of finances. The need for funding grew 70% a year as the need for hospice services by the terminally ill increased 30%. Government provided no subsidies although it acknowledged the work being done by the association.

Henen said government would need R160m a year if it were to cover costs of a hospice model of care for about 20 000 terminally ill people in South Africa each year. About R160m would be needed to fund curative care in hospitals for these people, he said.

The need for services would be even greater as the number of AIDS patients increased.
PAY DEMANDS: Off-duty nurses at the Red Cross Children’s Hospital in Rondebosch demonstrate outside the hospital in support of higher wages and better working conditions.

City nurses in protest over pay

By DON HOLIDAY, Staff Reporter

About 30 nurses at the Red Cross Children’s Hospital in Rondebosch demonstrated outside the hospital today in support of higher wages and better working conditions.

They were mostly night staff who had finished work. Running the hospital was not affected.

A statement by the nurses’ action committee said the nurses did not wish to strike or neglect responsibilities.

“We realise that we chose to nurse and will not abandon our patients or withdraw our care. But it must be taken into account that we have duties and responsibilities to our own children.”

Their demands included an urgent review of salaries and working conditions, salary-scale adjustments and voluntary instead obligatory membership of the Nurses’ Association.

The statement said they were required to perform duties beyond their scope of practice because of staff shortages, without extra pay.
Salute to 35 years of CPA Service

By CLAUDIA KING

Emotional farewell to top nurse

BIG SEND OFF: Hundreds of nurses and other hospital staff gather outside Groote Schuur Hospital to bid farewell to Deputy Director of Nursing June Du Preez before she was whisked off for a quiet lunch with some of her colleagues.

MISS DU PREEZ: "I am proud to have been a part of Groote Schuur Hospital and its rich history. It has been my privilege to serve in various capacities over the years and I have learned so much from the dedicated team here."

MISS DU PREEZ RETIRES: "I have decided to retire and spend more time with my family. I am grateful for the support and encouragement I have received during my career."
Nurses strike causes chaos

MARITZBURG - Chaos erupted at Edendale Hospital yesterday when hundreds of nurses went on strike to protest "massive" deductions in salaries after they claim they were promised substantial salary increases.

Late yesterday afternoon, a delegation from the kwaZulu Department of Health in Ulundi flew to Edendale in an attempt to resolve the crisis.

Doctors were reported to be frantically trying to maintain control. Surgeons had to ferry patients from the wards into the theatres and all routine operations were cancelled.

A police spokesman said police were called to the scene, but said no clashes occurred.

A Department of Health spokesman said the strike had arisen out of a discrepancy in salaries due to payments made regarding new dispensations, and there were "some increases and some deductions" on the staff's pay cheques yesterday. — Sapa
Strikes puts hospitals in crisis

DURBAN. — Natal provincial authorities are to make an urgent appeal to the Minister of Health, Dr Rina Venler, to intervene immediately in the province’s health problems and to implement the Civil Protection Act which will declare the situation a national crisis.

The move follows strikes by nurses at various hospitals and at least two deaths — one a baby and another a seriously ill adult — which occurred at Edendale Hospital in Maritzburg this weekend as a direct result of 1,000 striking nurses leaving the hospital unattended from Friday afternoon.

The nurses downed tools over a pay dispute. Several other KwaZulu hospitals, including Prince Mshiyeni and the KwaMashu polyclinic, have also been crippled by strikes.

KwaZulu Health Minister Dr Frank Mdlatose is to meet strike representatives today. — Sapa.
DURBAN — An emergency is expected to be declared at government hospitals in Natal and KwaZulu under the Civil Protection Act following a wage strike by more than 1000 nurses in Natal.

At least two deaths at Maritzburg’s Edendale Hospital have been linked to the strike. 

MIEC in charge of hospital and health services Peter Miller said yesterday the province was facing “a crisis of major proportions”, stemming from the virtual closure of the 2000-bed Edendale.

The other strike-hit hospitals — Prince Mshiyeni Hospital and the Kwamashu polyclinic in KwaZulu — have closed their doors after similar walkouts.

Miller said the Civil Protection Act would give Natal powers to call in the private sector and the SADF, as well as to mobilise civil protection volunteers. Effective surgery had been stopped.

The nurses are striking over May salary increases which did not materialise and because deductions were made from their salaries in August for no apparent reason.

Patients had been diverted to Grey's Hospital and Northdale Hospital in Maritzburg. The latter is “at breaking point”.

Sapa reports that at least two deaths — one a baby and another a seriously ill adult — occurred at Edendale at the weekend as a result of nurses leaving the hospital unattended from Friday afternoon. A doctor working at Edendale reported the deaths yesterday and said more than 100 babies in the paediatric ward were not fed on Friday night and went for more than 12 hours without food.

A baby that died on Friday was left dead in its bed until Saturday afternoon.

Miller said women in labour were lying in the corridors of the hospitals waiting to give birth.

KwaZulu Health Minister Dr Frank Msilanthini is to meet representatives of the strikers today.
DURBAN — The hospital crisis in Natal deepened yesterday with the lives of many patients, including babies, now threatened.

Deputy director of hospital services Dr Charles Roper said there was still no light at the end of the tunnel.

KwaZulu health officials, hospital authorities and nurses' representatives were still locked in talks at Maritzburg's Edendale Hospital late last night.

The KwaZulu delegation was led by the Minister of Health, Dr Frank Mdlinose.

Admissions are being refused at the KwaZulu-administered hospital, which can accommodate 2,000 patients but now has only 20.

Dr Roper said he was particularly perturbed about maternity patients at Edendale, where there are about 1,000 births a month.

Many were delivered by caesarean section, and without proper treatment, mothers and babies would die.

The hospital at Umlazi, outside Durban, has been closed.

Peripheral clinics have also been closed, leaving no health service operating between Umlazi and Transkei.

Natal Provincial Administration hospitals are verging on collapse under the influx of KwaZulu patients.

Yesterday the Greys and Northdale hospitals were closed to all except emergencies.

The president of the KwaZulu Nurses Association has appealed to Edendale nurses to return to work. — Sapa.
LOA considers social upliftment schemes

A delegation from the Life Office's Association (LOA) met adviser to the Finance Minister, Japie Jacobs, last week to discuss ways in which life companies could invest in social upliftment programmes.

The LOA has appointed a subcommittee to look into the issue, which has become of concern to the assurance industry, particularly in the light of the investigation by the Jacobs committee into the flow of funds between life offices, building societies and banks.

In the past, the industry has felt constrained from investing in risky, low-return social upliftment programmes by the need to uphold the trustee principle and to achieve the highest returns for policyholders.

LOA executive director Dick Geary-Cooke said the delegation expressed to

LOA considers social upliftment schemes

LINDA ENSOR

Jacobs the LOA's willingness to help with such investments, stressing the need for suitable instruments for such investments to be devised.

While the LOA subcommittee's work was at an exploratory stage, LOA participation in the securitisation of mortgage bonds by building societies was being looked into.

LOA director Jurie Wessels said it was difficult to respond to views that life insurers should invest in venture capital projects "because we do not know what exactly people are expecting of the industry.

"Life Offices do not really have the skills to identify and monitor high risk investments. They also do not feel that it is in the interest of policyholders that their retirement and insurance savings should be exposed to high risks."

FM, Sage accord stops printing of report

AN AGREEMENT was reached late on Monday between Sage Holdings and the Financial Mail (FM), averting a move by Sage Holdings to obtain an urgent court interdict yesterday against the weekly magazine.

FM editor Nigel Bruce said the FM intended to publish an article on Sage Holdings in today's edition, parts of which Sage had said were incorrect.

Sage would not specify which parts

EDITH BULBRING

of the article were wrong, and threatened to bring an interdict to stop publication.

Bruce said the parties had reached agreement late on Monday. He could not elaborate, but part of it was that the FM would not publish the article.

A Sage spokesman said yesterday: "I am not commenting at all, except to say there is no interdict."

Hospitals bending under strike strain

DURBAN — The pressure on Natal Provincial Administration hospitals as a result of the nurses' strike was getting worse, hospitals MEC Peter Miller said last night.

KwaZulu health officials, led by Minister of Health Dr Frank Milla-lose, hospital authorities and nurses' representatives were still locked in talks at Edendale Hospital last night, and there were indications that the meeting might continue "until midnight."

A statement by the KwaZulu Nurses' Organisation (KNO), of which all striking nurses are members, released yesterday said their main grievance was that they had "expected a higher salary increment" and what the nurses got "did not meet their expectations."

The other grievances related to "the gross shortage of staff especially in intensive care units and theatres" and security at Edendale.

It has been estimated that the crisis at Edendale is costing the province R600 000 a day, and it has placed an almost unbearable burden on staff and finances.

Speculation which could not be confirmed was that the strike had spread to clinics in the greater Edendale area.

A skeleton staff was working at Prince Mbilinyi Hospital in Durban and at Umhlati Hospital.
Health strike at Edendale resolved.

Health Dr. Johnson, Royal Hospital's Secretary for KwaZulu, said that the strike, which lasted from the 14th to the 16th of the month, was resolved without the need for overtime payments. The strike was called by the nurses at Edendale Hospital and was supported by the Kenya Medical Association, which provided a skeleton staff to continue essential services. Negotiations were held immediately after the strike, and an agreement was reached to ensure the provision of basic services at the hospital.

The strike was called after the government refused to negotiate on the nurses' demands, which included higher wages and improved working conditions. The nurses' union, the Kenya Nurses Association, had been campaigning for several years for better working conditions and wages, but the government had ignored their demands.

The strike had caused significant disruption to the hospital's operations, and patients had to be transferred to other hospitals. The strike was a rare occurrence in Kenya, where strikes are generally avoided due to the government's strict control over public services.

The resolution of the strike is seen as a victory for the nurses, who had been fighting for better working conditions and wages for several years.
Agreement ends strike at Edendale Hospital

MARITZBURG — The six-day strike by nurses at Maritzburg’s Edendale Hospital, which plunged Natal provincial hospitals into near crisis, ended yesterday after agreement between nurses and Health Department officials.

Some nurses returned to work almost immediately and the hospital will begin readmitting patients this morning. However, the strike at the Prince Mshiyeni Hospital in Umlazi remained unresolved yesterday.

The wage strike involved more than 1 000 nurses in Natal and at least two deaths at Edendale Hospital were linked to the strike. Nurses had claimed promised pay increases had not materialised and that unexplained deductions had been made from their salaries.

Dr Daryl Hackland, Secretary for Health in KwaZulu, said last night discussions between Health Department officials and worker representatives had been constructive and a joint working committee (JWC) had been formed which would monitor progress and report to the parties.

They had agreed any payment of the dispensation granted to nurses would be explained and corrected by September 15.

A circular explaining the implementation of salary dispensations would be sent to all staff and any individual problems addressed.

In addition, any changes in salary would be “accurately reflected” on pay slips, percentage increases in salaries or wages would be specified by means of salary scales and advertisements, and sums which were overpaid would be refunded in September and then deducted monthly until the end of March.

The statement said “the amount of money to be deducted from each worker monthly would have to be arranged”.

**Victimisation**

Both parties recognised that “communication was essential to establish good labour relations between employer and employee and specific attention will be given especially when this relates to any salary and wage adjustments and/or working conditions”.

It was agreed workers would return to work as soon as the agreement was signed.

None of the workers involved in the strike would face disciplinary action or be subjected to victimisation, according to a statement released last night.

The Department of Health agreed to analyse the problems identified, and further grievances and demands would be referred to the JWC.
Edendale nurses' strike ends

MARITZBURG. — The crippling strike at Edendale Hospital near Maritzburg has been resolved, with nurses agreeing to return to work immediately.

The strike at the Prince Mshiyeni Hospital in Durban had not been unresolved by late last night and negotiations are to continue today.

The KwaZulu secretary for health, Dr Darryl Hackland, said agreement was reached with the nurses at Edendale Hospital last night and would apply to all nurses and general assistants employed by the KwaZulu Department of Health.

In terms of the agreement, nurses and general assistants are to be refunded in a lump sum the overpayments on allowances which were deducted without warning from their salaries. The overpayments are to be recovered in monthly deductions until March 1991.

INCREASES

The authorities have also undertaken to implement by September 13 the promised pay increases that will bring KwaZulu nurses and general assistants' salaries in line with those of nursing staff in the rest of the country.

It was also agreed that Edendale Hospital staff members who failed to return to work by tomorrow would have to appear before the hospital administrator to explain their absence according to the usual conditions of service. — Sapa.
Hospitals count cost of strike

DURBAN. — The hundreds of patients who have poured into Grey's and Northdale hospitals since Friday when 1,000 nurses went on strike have, so far, cost the Natal Provincial Administration R2.4 million, Natal's MEC for Hospitals, Mr Peter Miller, said yesterday.

While NPA hospitals are verging on collapse under the strain of the avalanche of more than 600 KwaZulu patients, the provincial health authorities are poised and ready to use the powers of the recently amended Civil Defence Act — as soon as ministerial permission is obtained.

Mr Miller said that besides the huge strain on NPA hospitals, the cost of the additional patients had been roughly R300,000 a day.

"The most disturbing feature of this strike is the manner in which trained nurses who subscribe to an ethical code have simply abandoned desperately ill patients."
Mine hospitals merger set to save R6m a year

THE merger of the Chamber of Mines’ Rand Mutual and Cottesloe hospitals in Johannesburg is to be finalised by April next year, saving the chamber an estimated R6m a year.

Health care services senior GM Daniel Pollnow said besides the economic reason for the merger, racial divisions in SA could no longer be justified.

The chamber was still working out how many of Cottesloe’s 230 staff members would be transferred to Rand Mutual and how many would be retrenched, Pollnow said.

Certain wards at the predominantly black Rand Mutual Hospital would be set aside for Cottesloe patients — category nine employees or above, who are mostly white. Only Western fools would be served here while other wards would have an ethnic alternative, Pollnow said.

The differentiation along lines of seniority was not just a covert racial division, he said. No wards would be racially exclusive because there were some black employees in category nine and above. This number would increase with time, increasing the racial integration of the hospital.

Strong opposition from mainly white mine unions had held up the move since it was first proposed in June 1989, Pollnow said, but no feasible alternative could be found to combining the hospitals.

The chamber would spend R500 000 altering the 642-bed Rand Mutual Hospital to accommodate Cottesloe, which had 155 beds, Pollnow said. Both hospitals were under-utilised.

SOLD

Mine safety levels had improved, better medical technology made average hospital stays shorter and employees preferred to stay at regional hospitals near their families rather than be transferred to Johannesburg, he said.

The Cottesloe Hospital building in Auckland Park would either be sold or leased out, but would probably remain a hospital. The market would be tested and offers to existing Cottesloe staff would be an important consideration in assessing interested parties.

National Health and Population Development Minister Nita Venter had taken the lead in opening public hospitals to all races, he said.

Mineworkers’ Union general secretary Piet Ungerer said yesterday he was surprised to hear of the chamber’s decision but was sure it would be unacceptable to the union’s 30 000 members who did not want to be forced into integration.

The decision would probably be opposed by the other five affiliates of the Council of Mining Unions and the three officials’ organisations. A meeting would be convened shortly to discuss the merger.

When the move was mooted, Mineworkers’ Union members had indicated they would sign a declaration in the event of a mine accident they did not want to be treated at the Rand Mutual Hospital.

Ungerer said representations would be made to government to provide an alternative to the hospital despite the policy of state hospitals being integrated.
Hospitals to pool their services

TWO Johannesburg hospitals - overcrowded Coronation and under-utilised J G Strijdom - will soon pool its services, the Bureau for Information said yesterday.

The joint-utilisation decision was decided after discussions in Pretoria last week between Mr Sam de Beer, Minister of Health Services, Welfare and Housing, the two relevant departments of Health, the University of the Witwatersrand Medical Faculty and the Transvaal Provincial Administration.

The faculty spokesmen and government officials all agreed that J G Strijdom was under-utilised, while Coronation Hospital suffered a shortage of space and beds for patients.

The medical faculty still is to decide which of the four main medical disciplines at Coronation Hospital should be moved into J G Strijdom Hospital. - Sapa
CONSTRUCTION work on two private hospitals in Atteridgeville and Mamelodi has been delayed due to lack of suitable land in both the townships.

Atteridgeville and Mamelodi City Councils respectively announced early this year that a Johannesburg-based medical company had applied for the construction of hospitals. Both the councils approved the applications but the company was requested to identify suitable sites.

A spokesman for the company, Mr Gavin Strassen, said they would meet the Atteridgeville City Council today on the issue and if possible, a suitable site could be identified.

He said a meeting with the Mamelodi City Council was still to be arranged. He said his company intended spending millions of rand on the projects and the hospital would be equipped with the relevant equipment. - Sapa
Hospitals
to pool
services

By Julienne du Toit and Sapa
The under-utilised J G Strijdom Hospital and the overcrowded Coronation Hospital in Johannesburg are about to amalgamate their services, Minister of Health Services, Welfare and Housing Sam de Beer announced yesterday.

In a joint statement with the University of the Witwatersrand and the Transvaal Provincial Administration, Mr de Beer said a decision had been taken that initially one of the four main medical disciplines at Coronation Hospital would move to the J G Strijdom.

"Better patient care and an improved utilisation of facilities and manpower will result from this decision," he said.

Implementation

No details were given about the implementation of the decision.
Health organisations said they welcomed the move, but the National Education, Health and Allied Workers Union and the National Medical and Dental Association qualified their approval.

Last year there were repeated calls for the services of the hospitals, which are only 2 km apart, to be amalgamated.

When the J G Strijdom was declared an "own affairs" hospital last year, there were rumours that the hospital might close when the University of the Witwatersrand withdrew its academic staff.

Patients at Coronation Hospital often had to be transferred to the Lenasia South Hospital, 42 km away, when there was an overflow.
Conduct of nurses ‘disgraceful’

DURBAN — Peter Miller, Natal MEC for Health and Hospital Services, yesterday lashed out at the “disgraceful professional and ethical conduct” of striking nursing staff at Natal hospitals.

“The Natal Provincial Administration will not be party to any efforts to bring the health services in KwaZulu to their knees,” Mr Miller said, “for the simple reason that the patients and the people are our first responsibility.”

Nurses were on strike at Maritzburg’s Edendale Hospital from August 31 to September 5 and at Prince Mshiyeni from September 3 to 12.

Mr Miller said he believed nurses at Edendale were once again not working yesterday.

He said the reason given for the strikes was that there was a “fragmented, duplicated” health service in Natal — an issue that had to be solved at the political negotiating table, not industrial action.

Mr Miller estimated that the burden of treating patients who were diverted to provincial hospitals during the recent strikes had cost the NPA between R6 million and R10 million.

He said every responsible person had to realise that health services in KwaZulu and Natal had to continue to function until a new health dispensation was negotiated.

Mr Miller said the strikes were “a blot against the good name of the nursing profession”.

He said in terms of their ethics nurses had to place the interests of patients above all else.
Gang warfare forcing health teams out

By ANDREA WEISS
Medical Reporter

HEALTH services are being seriously disrupted in gang-plagued areas as street violence threatens emergency staff.

Most recently, a mobile emergency unit run by Metro had to be withdrawn from Guguletu after a gang used knives to rip open a tent to attack rival members who were being treated there.

In another incident a fortnight ago, an ambulance driver was threatened with a scythe on the end of a pole when he went to fetch an injured person in a block of flats in Manenberg.

While he was being kept at bay, the gang was raping a family inside the flat, according to emergency services chief Dr Alan MacMahon.

Dr MacMahon said the two ambulance men were answering a call in Manenberg when they had to stay in the vehicle to attend to a patient while his colleague went upstairs to see what was needed.

He did not return and when the ambulance man went to look for him, he found him being held hostage by the gang.

"They got out by the skin of their teeth," said Dr MacMahon.

He said Manenberg was one of the most dangerous gang areas. Ambulance vehicles answer about 1300 calls there in a month.

Dr George Watermeyer, executive director of Hospital and Health Services for the Cape Provincial Administration, said: "We are terribly concerned about the gang disruption of our services. We just cannot continue a service if it becomes unsafe for our people."

A few months ago, Dr Watermeyer issued a statement appealing to gangs to keep their warfare out of hospitals after a gang had herded staff at a day hospital into a corner while they continued their fight.

"They actually assault patients in the facility," said Dr Watermeyer.

At Paarl East Hospital, visiting hours have been restricted to daylight hours after a gang stabbed a 12-year-old in the head and chest inside the hospital. The boy had been caught in a fight between the PK's and the Scorpions.
Matching up the Victims of Crime

Speculum
"The new hospital is far better than the old hospital but we haven’t increased our capacity, only upgraded the facilities," said Dr Knotenbelt.

An emotionally demanding environment, unsociable hours and unremarkable wages make it difficult to keep staff, and those who stay are not always given the credit they are due.

**How to improve?**

Most trauma happens during unsociable hours — at night, on weekends and over holidays. Patients in pain are difficult to work with and distressed families can be abusive if they think the best care is not being given.

How then to improve things? Dr Knotenbelt suggests the following:

- The system should be corrected from the bottom up by opening day hospitals at night and upgrading smaller local hospitals so that only the most serious cases end up at the teaching hospitals, thus spreading the load.
- Wage payouts should be staggered throughout the month to reduce month-end and weekend muggings. Policing crime-ridden areas should also be stepped up.
- Training should be emphasised. UCT’s medical school is one of few in the world offering a trauma course and it attracts students from abroad because of it. Unfortunately the same does not apply to other local medical schools.
- More research and writing about trauma should be done. "I would do more good writing an article about stab wounds than treating a stab wound myself," he explains.
- Topics such as alcohol abuse and driving habits

As the night wears on, more and more patients await treatment. Below left, Dr Robin van Look, a Belgian doctor specialising as a plastic surgeon, stitches a patient’s face slashed from the upper cheek bone through the lip with a broken bottle. Below right, Mr Haroun Canfield, a medical assistant of 12 years experience at Groote Schuur Hospital, attends to stabbing victim Mr Riedewaan Samodien.
After two years of preparation, the Alexandra Health Centre is ready to take the battle against AIDS into the community. John Perlman reports.

The Alexandra Health Centre in Johannesburg last week began looking for a community AIDS worker to set up an outreach programme in the township. That might lead one to think that the centre was taking a very fine step to combat the spread of AIDS and the human immunodeficiency virus (HIV) which causes the disease.

In fact, whoever gets the job will be joining a project that has been going on for two years.

Some 180,000 people live in one square mile in Alexandra, about 40 percent of them in shacks. Another 12,000 live in single-sex hospitals. The health centre was one of the first clinics to start developing a comprehensive AIDS programme. And as others began to follow suit, the work done in the township could prove to be an invaluable model to follow.

Why wait two years before going out into the community? Mary, after all, would see that as a logical first step.

Dr. Gidon Frame, co-founder of the programme, explains: "If we had simply gone into a major outreach programme, we would have created needs, especially among the "worst well" — for condoms, for testing, for counselling — that we just could not meet. That would have been wrong."

Instead, the programme concentrated on getting the centre geared up to deal with AIDS and HIV. "The first task was to identify staff needs because without their support any programme would be possible," Frame says.

Workshops were held with all staff, from doctors to cleaners, to find out what questions people were asking about AIDS. Answers to these were then given back, first in talks and later in books.

"This provided a high level of staff awareness about AIDS, which in turn led to less of anxiety," says Frame. "So we then had to make them feel safe dealing with AIDS and HIV."

Existing procedures for dealing with blood and waste in the clinic were reviewed and made more stringent.

Attention was then turned to improving the centre's facility for dealing with sexually transmitted diseases (STD), into which the AIDS programme would be integrated. The centre saw about 100 STD patients a week. It was felt that when AIDS came to Alex, these people would be among those most at risk," Frame said. The centre does not have a separate section for STD patients, but once identified they are directed into an evaluation programme.

For sexual health educators, the centre trained 12 women employed there as interpreters. "Doctors are not good educators because most people can't understand what they are saying," Frame said. "Nurses tend to be didactic and a bit patronising."

"Our educators can talk to people as their peers, because most of them live in the township. They are not likely to say ridiculous things or make cross-cultural mistakes and they understand the factors in people's lives that shape sexual behaviour," Frame says.

Some of the educators were also trained as AIDS counsellors. "That meant the centre would not have an AIDS unit as such, but avoid the possible stigma that might attach to people who go there," Frame says.

While most work was being done, the centre carried out a three-month survey of levels of infection, based on World Health Organisation guidelines, which allow for testing blood taken for other purposes provided no information links the sample to an individual.

"Most clinics don't differentiate between testing for serious and testing in order to follow up specific patients. As a result both their statistics and their patient care suffer," Frame said. Statistics show just how far AIDS has advanced in the township with the community active will be arrested.

And that work, Frame says, is "the part that will really count. We have been sowing the seed for two years and we have the basis for a community-based AIDS programme. The active will fund, technical support and resources. And we have already begun talking to women's organisations, the civic and youth groups. They see an active role take up AIDS as an issue."

Frame acknowledges that the Alexandra Health Centre has been "well-placed" to develop an AIDS programme. "This centre offers a comprehensive service whereas at state clinics STD is a separate service under the municipality," he says. "We also have good links with community organisations."

But, he insists, there is nothing we have done that other clinics can't do, although they would have to adapt it to local circumstances. The big question will be what extent the clinic is in touch with the real issues and the real organisations of their community.

"What does help is that since the founding of the ANC and other organisations, there seems to be a greater willingness to become involved with state structures. They seem to be saying that these are our resources, they are paid for with taxes, let's use them."

"That has come not in a very convincing way. The next three years make a real test of break as far as the HIV epidemic in South Africa is concerned."
You don’t need to count sheep to sleep with Collie

At his command, Max Collie can make volunteers fall asleep, become pop stars, roll over and generally act like well-trained puppies. He spoke to CHARLOTTE BAUER about his hypnotic abilities.

Collie once had a manager who, having learned the art of hypnosis from his client, used it to seduce women. "He got into a lot of trouble with girls," says Collie with the same contempt that signaled the end of their relationship.

Collie took his show a fair way around the world and back since starting his career proper by entertaining troops in Bari during WWI. "I'm going to have a lot of fun," he said to his manager, "but I'm going to be a bit strange, you know?"

"You don’t need to count sheep to sleep with Collie."

Until Collie turned 60, he travelled through Africa in his car, stopping off to give shows in every major town on the Cape to Cairo. He talks about "Rhodesia, the Congo, Tanganyika - the countries they still were when Collie coloured their minds. If one were to just "quote" Collie's international audiences on a scale from one to ten, "Rhodesia" would rate nine-and-a-half for being such pushovers. "South Africans are very similar, but Rhodesians are so laid back, they go to sleep like flies in the United States, it's even quicker. "Now Israelis, on the other hand, are a nifty bunch. They spit sunflower seeds all over the stage and are very difficult to keep quiet."

Curiously, for a man whose personality, both on stage and off, borders on the canoniculous, Collie likes to be left alone. "If everybody sat down every day and relaxed and thought positive, constructive thoughts instead of being so bloody negative ... your conscious mind would be able to get in touch with your subconscious."

"I've tried to hypnotise her – unfortunately it doesn't usually work between people who are very close."

Syria and Max have been married for 10 years. During the interview, Syria joins in the banter, abstract her hearing aid and commences on what her husband has just said. "I wish I could have put under, I have so many problems, but he's tried and he can't."

It seems ironic that while Syria can hypnotise total strangers and help them to cure themselves of a whole range of ailments or bad habits, she is unable to help Collie.

It is also interesting to know that, although Syria attends the shows right after night, she is probably the only member of the audience who can nod off during the performance, quite without her husband's hypnotic help.

Max Collins thinks a bit about retiring. 'He's been doing this once or twice, but has always been too busy."

"There's not many people of my age giving up and doing what I do, you know. I'm in my retirement after all these years."

"I want to live to 86, that will be quite long enough."

Laying on of hands - Hypnotist Max Collie is one of the few entertainers who's glad when his audience falls asleep.
Hospital strikes' ‘chain reaction’ for Nehawu

A WATERSHED agreement between the National Education, Health and "Allied Workers' Union and the Free State provincial authorities was part of a "chain reaction" triggered by the recent Transvaal hospital strikes, the union said this week.

Nehawu general secretary Sisa Njikelana revealed that since May, membership had mushroomed from 30,000 to 50,000 and that approaches had been made to the Natal and Cape provincial administrations, as well as numerous homelands.

"We are being flooded with requests from workers everywhere. As well as in hospitals, there's been rapid growth in state departments such as Manpower and Development Aid," he said.

The state sector has become a key focus of union activity. In the first half of this year, state employees accounted for more than 40 percent of man-days lost through strikes.

Njikelana said the deal with the Free State provincial administration (PAO), signed last Friday, was similar to that reached in the Transvaal after the hospital strikes. It provides for a Nehawu-PAO committee which will establish communications channels in hospitals and other departments where Nehawu is representative.

The committee will investigate union facilities such as workplace access for officials, stop-orders and representation at disciplinary hearings.

Giving details of headway made elsewhere, Njikelana said formal recognition talks would start this week with QwaQwa, following a 32-day wage strike by 10,000 public servants which the union helped settle.

An agreement at the University of the Transkei was imminent and major inroads had been made into the homeland's health department. Approaches had also been made to the governments of kaNgwane, Lebowa and Gazankulu.

Njikelana said Nehawu's role in settling recent strikes at kwaZulu's Edendale and Prince Mshiyeni hospitals was a "major breakthrough".

Despite kwaZulu's restrictive labour laws and Nehawu's links with Cosatu, the settlement provided for Nehawu involvement in joint committees at the hospitals, he said.
CRITICAL CONSUMER

Are Caesareans planned for doctors' convenience?

PREGNANT consumers will be amazed at just how skewed nature is.

Women in private hospitals are 50 percent more likely to have a Caesarean section than are those being treated by salaried doctors and midwives at state hospitals. Furthermore, twice as many CS births take place during the week than over a weekend, and only a quarter of those will be accounted for by plans made before labour begins.

Among non-Caesarean deliveries in the private sector 56 percent more babies will be delivered during the week than on the weekend, suggesting that more births are induced in private hospitals than in public hospitals.

All these facts, and others, emerge from a study done by two University of the Witwatersrand doctors, Max Price and John Broemerg, which was published in the South African Medical Journal last month.

The two have received hostile mail from gynaecologists in private practice who resent the inference that their practice is sometimes determined by money and convenience and not always by medical need.

Price and Broemerg took a sample of women aged between 20 and 35 years old who were having their first babies. The data was collected from the records of 557 women who had their babies at the Johannesburg Hospital under the care of salaried midwives. Another 620 women were selected from three medical aid schemes: most had their babies delivered by "fee-for-service practitioners".

Of the 637 babies delivered at the Johannesburg Hospital, 126 (19.5 percent) of them were by CS — as opposed to 178 (28.7 percent) of the 620 deliveries by fee-for-service practitioners.

This result shows that the private patients were 30 percent more likely to have their babies delivered by CS than those in the Johannesburg Hospital.

The doctors say they expected to find roughly "the same number of Caesarean sections done on each day of the week". But this was not so.

Caesarean sections and induced births (which often resulted in Caesareans) were planned for weekdays "as there would always be a slight excess of deliveries and Caesarean sections during the week."

"The number of deliveries and the number of Caesarean sections on each weekday were 67 percent and 97 percent higher than the number per weekend day in the medical aid sector."

At the Johannesburg Hospital, however, deliveries and Caesarean sections are seven percent and 25 percent higher on weekdays than over weekends.

The doctors state that while the figures in the private hospitals are statistically significant, the figures at the Johannesburg Hospital needed a larger sample. Price and Broemerg analysed health and other details of the two groups of women.

They note that the women at the Johannesburg Hospital had on average lower incomes than those in the private hospitals.

They remark on because women in the lower socio-economic groups are apparently more likely to have problems delivering babies. One would therefore expect there to have been more Caesarean sections at the Johannesburg Hospital.

"If there is a difference in the socio-economic profile of the two groups of patients does any effect, it is therefore likely to lead to an underestimate of the difference between the CS rates," the doctors state.

Price and Broemerg anticipate the argument that too few Caesareans are carried out for the good of the patients in public hospitals. But they cite several studies which show no simple relationship between Caesarean sections and the quality of care.

In many countries Caesarean sections are rare. Figures cited in the study show rates from 9.4 percent (in Norway) to 24.1 percent (in the US).

The study also deals with induced labour, stating that a failed induction is one medical indication for CS — once the doctor has tried to induce labour and this has not worked, he or she will be forced to give a CS.

But figures from the study show that many more doctors in private practice than in the public hospitals induce labour. This was supported by the fact that there were 56 percent more non-Caesarean births during the week than over weekends in private hospitals.

The figures led the doctors to say that "30 percent of white women delivering their first baby in the private sector were induced who would not have been induced had they delivered at the Johannesburg Hospital".

The doctors said their figures provide evidence that "doctors have the ability to induce the demand for their services". When patients are paying for their service in private hospitals doctors respond "by increasing the rate of obstetric interventions".

They state that "the rates of Caesarean sections and inductions are higher in the private medical aid sector than in a central academic hospital, with no apparent medical explanation".

The doctors state this raises two concerns regarding staffing and resources and whether the mother is getting the best care.

"A Caesarean delivery consumes far more resources than a vaginal delivery, in terms of skilled personal time, theatre time, drugs, days in hospital, nursing care and finances."

They suggest that the place to start rectifying this is to regulate, if not eliminate, "fee-for-service care".
Mowbray Maternity closes two sections

By GLYNNIS UNDERHILL

THE Mowbray Maternity Home is closing its obstetrics labour and neo-natal section on Monday because of an acute shortage of nurses and midwives.

Six hundred expectant mothers will be moved to the Peninsula Maternity Home and Groote Schuur Hospital over the next six months. An estimated 20 to 30 nurses from Mowbray will be transferred to these two hospitals in an effort to concentrate the skeleton staff, according to a Groote Schuur spokesman.

There are 60 unfilled nursing posts at Mowbray with an overall 23% nursing vacancy at the hospital. The decision to close the obstetrics section was made yesterday and expectant mothers were told they would have to be moved to the other provincial hospitals, said the spokesman.

The attractive salaries and flexitime working conditions provided by the five private maternity homes that had opened in the Cape Peninsula over the past two years had lured away the provincial hospital midwives and nurses, said Professor Johannes Dommis, acting head of the department of obstetrics and gynaecology at Groote Schuur medical school.

The recent opening of the Vincent Pallotti maternity home had taken away an estimated half of the Mowbray Maternity Home's nursing staff, said Professor Dommis.

The lack of specialised training on nurses' courses meant there were now fewer midwives in the country, he said.

"I don't see an answer to this problem. Provincial nursing salaries can't compare to those provided at private hospitals," he said.

The shortage of nursing staff in all specialised areas of the profession has led to widespread concern about the health service. However, a Groote Schuur spokeswoman said the shortage of midwives in the city was only a "temporary problem".

One hundred and eighty nurses had begun a Groote Schuur "bridging course" in 1989 and 1990 and by the end of February 1992 these women would be registered nurses and midwives, she said.

The Mowbray Maternity Home had recently stopped taking private patients and had accepted only patients with no medical aid in an attempt to "slowly run down" the scale of its labour operation.

Some of the older obstetrics equipment at Mowbray Maternity Home would have to be "condemned" and equipment in good condition would be given to provincial hospitals, said the spokesman.

No expectant mothers would be turned away from the provincial hospitals despite the shortage of staff and beds at both Groote Schuur and the Provincial Maternity Home.
The provincial ambulance service needs a R12m boost. Ambulance chief John Keenan says if funds are not received soon, response time could drop by 50%, 160 paramedics and admin staff face reten- chure and, at worst, the service could be forced to close down by the beginning of November.

Incredibly, no commitment has come from Venter. Besides improved working conditions and awarding salary increases to KwaZulu nurses who go on strike, the only other outcome was a promise from Venter to meet Natal’s provincial executive committee member in charge of health, Peter Miller, next month.

Her office said this week that Venter was not prepared to comment further on the health crisis in Natal, except to say that R12m in additional funds had been forward- ed for health services in SA and that some of it might be allocated to Natal.

Miller, whose hands are tied in providing finances, did however make some insensitive comments after the nurses’ strikes had ended, accusing the nurses of “disgraceful conduct” and of acting like “a bunch of coal miners.”

When nurses include in their list of grievances, apart from pay, the fact that security and the state of hospital lighting is so bad that they are being raped and mugged on the premises, something is badly wrong.

Besides, the strikes were a long time com- ing. At a two-day national nursing con- ference in February this year (Current Affairs February 9) nurses pleaded for improve- ments to their profession, sending a memo- randum to Venter highlighting the poor con- ditions they were forced to work under.

Only weeks later, Democratic Party health spokesman Mike Ellis warned that nurses were in a militant mood and that strike action might be the only way of making their plight public (Current Affairs February 23). Nothing was done, so the nurses’ strikes should not have come as a surprise.

Ellis says that while nurses’ apparent attitude while on strike (toy-toying in the front of TV cameras) cannot be condoned and that it is “unforgivable” that their action led to the deaths of some patients, if they did have real grievances which were not being addressed or even listened to “then some form of orga- nised strike action may well have been neces- sary” to get the attention of the authorities.

“Until a single health ministry exists with a proper devolution of authority to regions — and regions based on geographic lines, not race — we will never overcome the problems we have,” Ellis says.

Nobody expects the State to be a bottom- less pit of finance, even in essential areas like health. But, when nurses see, and protest against, an expensive, top-heavy, over-administered national health structure made up of 14 different departments (with five different departments controlling hospitals in the Natal-KwaZulu region alone), it’s hard to blame them for going on strike.

There are indications that the Natal health crisis is only an extreme reflection of the situation in the rest of the country. It is remarkable that a government which has admitted the failure of its homeland policy is unable to take the administrative measures required to enable the situation on the ground to catch up with the new thinking.

It is not only in administration that duplica- tion of services is evident. When there are labour problems, as any manager knows, a coherent and sensitive response is required. And when management is diffused along discredited racial lines, unsure about responsible- ibilities, buck-passing becomes endemic.
Hospital planned for GaMothakya

The Atteridgeville town council has given its nod for a private hospital to be built near the GaMothakya resort.

The council, at their monthly meeting last week, also announced that a vast area of land had been allocated to Attridgeville Investment Corporation and Habicom for the development of a hotel, shopping centre and housing project near the resort.

Part of the land had subsequently been allotted to private developers by these companies for the erection of a filling station, the council said.

Strassmed hospital consultants, who already have been given a site by the council in Saulsville for the erection of a day-clinic, have now been allocated another site near the resort to build a private hospital.
Plan to save academic medicine

ACADEMIC medicine is in a "critical condition" and a solution to the problem requires not merely cosmetic surgery but radical changes, said Professor Jan van der Merwe, dean of the medical faculty at Pretoria University.

He said this in a statement issued today to coincide with the announcement by the Medical Association of South Africa (Masa) of its "new model for academic medicine", aimed at solving the problem.

Professor van der Merwe said academic medicine in South Africa was in danger of dying if it continued to lose its academics — not only to private practice but to other countries as well.

In terms of the Masa proposal, admissions to teaching hospitals like Groote Schuur and Tygerberg will be done on a referral basis only.

Dr Jocelyn Kane-Berman, superintendent of Groote Schuur Hospital, said yesterday that she supported the new model, which emerged from a summit in May on the future of academic medicine.

"Most of our out-patients are referrals already," she said. "Our emergency and trauma units are among our main problems. We would like peripheral services such as clinics and secondary level hospitals upgraded so that they can refer only the critical patients to us.

"We have always believed that teaching hospital expertise can be most cost-effectively used in this way. The appropriate level of care must be delivered at the appropriate facility."

A notable feature of the proposed new system, according to Masa's statement, is that it is unitary rather than fractured along apartheid lines. It also gives hospitals greater managerial autonomy.

The entire country is divided into areas falling under either regional health boards or "academic complexes". There are only seven of these academic complexes, and two of them are in the Western Cape. One is around Groote Schuur and UCT, and the other around Tygerberg and Stellenbosch.

In each of the academic complexes, teaching must take place at tertiary, secondary and primary health care levels, the Masa statement said.

Dr Rina Venter, the Minister of Health, said in April this year that nothing had come of the previous national health services plan, accepted by the cabinet in 1980.

It had remained just a vision, she said.

Groote Schuur MP Ms Dene Smuts said at the time that the bigger hospitals were carrying an impossible workload and that highly trained doctors were doing "exhausting volumes of mundane work" rather than practising specialised medicine.
Mowbray Maternity Hospital to be upgraded

Staff Reporter

MOWBRAY Maternity Hospital is to be upgraded and amalgamated with the Peninsula Maternity Home.

This was announced by the Provincial Administration after reports that Mowbray would be closing its obstetrics and neo-natal sections temporarily as a result of a shortage of nursing staff.

It was reported that the hospital had 60 unfilled nursing posts and that over the next six months 800 expectant mothers would be referred to the Peninsula Maternity Home and Groote Schuur Hospital.

Between 20 and 30 nurses from Mowbray are to be transferred to these hospitals.

A CPA spokesman said the decision to upgrade and amalgamate the hospitals had been taken after thorough investigation and consultation.

It is intended to add 70 beds at Mowbray and to modernise facilities.

Once building has started at the hospital, its delivery ward will be temporarily closed and patients referred to Groote Schuur and the Peninsula hospitals for confinements.

The neo-natal division at Mowbray will continue to handle long-term and non-critical cases.

Dr Paul Viljoen, senior medical adviser for planning and development in the CPA's hospital and health department, said the decision had been prompted by the need to rationalise services.
Soweto casualties streaming in again

By Stan Hlopo
A dramatic decrease in patient admissions to Soweto's Baragwanth Hospital since the implementation of tough security measures in the townships was short-lived.

A hospital spokesman said the hospital had 750 empty beds last Friday, apparently due to "Operation Iron Fist" and the curfew, for the first time in the hospital's history.

But admissions rose by 254 at the weekend, which coincided with the end of the month.

Last week a total of 264 assault cases were admitted compared to 498 this past weekend. Fourteen had bullet wounds compared to 20 at the weekend. A fortnight ago there were 312 assault and 39 bullet wound cases.

"The number of patients admitted to the trauma section last week showed a remarkable decrease which left 750 beds empty," said the spokesman. The hospital now has about 500 empty beds.

The Star visited the trauma section yesterday and found the ward overcrowded with many patients sleeping on stretchers and on the floor.

The sister in charge and her staff of nine had to cope with 105 admissions.

She said yesterday there were 30 more admissions to a capacity ward of 65.

"This is an abnormal situation and we are finding it difficult to cope. Last week we had 60 patients and had a sudden increase over the weekend." She said last week's lull in admissions was short-lived.
Transvaal hospital won’t have blacks

By Therese Anders, Highveld Bureau

Amersfoort’s only hospital is continuing to refuse admittance to black patients despite the Minister of Health’s announcement in May that all State hospitals no longer discriminated on racial grounds.

Black and Indian residents in the small Conservative Party-controlled south-eastern Transvaal town said they were forced to travel 50 km to Ermelo for hospital treatment.

A local doctor said: “I have had to deliver babies in my surgery because I know that the local hospital will not admit the mother and there isn’t time to get her to Ermelo.

“If a loved one is hospitalised in Ermelo, the family often cannot afford the return taxi fares to make visits.”

When The Star telephoned the hospital, the reporter was told that treatment would be provided for a black patient in emergency situations only. The hospital would not admit black patients.

Refused

The Minister of National Health’s office refused to reply to questions on discrimination at the hospital, referring inquiries to the House of Assembly’s Department of Health Services.

In a statement, Minister of Health Services, Welfare and Housing Sam de Beer said: “Elsie Ballot Hospital is an own affairs hospital. This hospital is one of the smallest provincial hospitals in SA.

“There are only 14 beds and six wards. The original hospital was erected through an inheritance by the late Elsie Ballot, and it was specified that this should be a hospital for the white population.’

“In spite of this stipulation in the will it has always been the policy to treat emergency cases of all population groups at the hospital.

“With the new Government policy regarding hospitals, no discrimination on grounds of race exist.

“The superintendent of the hospital agrees with this policy, and is very much aware of the new regulations of admittance to State hospitals.

“It must, however, be pointed out that the availability of beds, staff and especially funds must be borne in mind by the superintendent when admitting any patient. It is obvious that these factors will influence the number of admissions,” Mr de Beer said.
New surcharge at
3 city hospitals

Staff Reporter
PRIVATE in-patients at three
city hospitals will now be
charged a 30% surcharge on
their hospital bill, the Admin-
istrator of the Cape, Mr Kobus
Meiring, announced yester-
day.
The new surcharge applies to
the three academic hospitals
Groote Schuur, Tygerberg and
Red Cross.
Private patients are those who
have medical aid or who earn
above a certain sum.
Mr Meiring said the decision
d had been taken by the cabinet
and the treasury and was effec-
tive from October 1.
The levy will apply to private
in-patients only and will com-
prise a 30% surcharge on the total
hospital charges account.
"The institution of this profes-
sional levy has been necessitated
by, among other things, the finan-
cial crisis which is also at present
being experienced by academic
medicine, and is intended to help
finance certain expenses of the
academic hospitals."
The South African Medical
Association (Sama) and the
National Medical and Dental
Association (Nanda) had reser-
vations about the surcharge, say-
ing no additional surcharges
should be imposed on low-in-
come patients.
Dr Norman Levy, Western Cape
chairman of Sama, said last night
that the move was not desirable if
it was applied "unselectively
across the board."

Dr Levy said the move was also
probably aimed at alleviating the
overload on academic hospitals
by discouraging people who had
minor ailments from going there,
"when they should really be at-
tended by their family doctor or a
private hospital."

Dr Stanley Levenstein, Namda
spokesman, said last night that
while he would like to study the
statement "in principal we object
to an additional burden on low-
income patients."

Dr Jocelyn Kane-Berman, chief
medical superintendent of
Groote Schuur Hospital, said last
night that while she had not yet
studied the new surcharge, "the
principle is good but it would de-
pend on how the system is to be
effected."
Hospital surcharge to help medical faculties

By VIVIEN HORLER
Staff Reporter

ALL money collected from private patients at academic hospitals in the form of a new 30 percent surcharge will go to faculties of medicine at various universities.

This was confirmed by Dr George Watermeyer, executive director of hospital and health services in the Cape, who said the money would be the equivalent of professional fees charged by doctors at private hospitals.

But the doctors themselves will not get the cash. The funds are to go into a medical faculty fund at the hospital's respective university, and spent as the medical faculty deems appropriate.

"Neither the state nor the province gets anything out of this," Dr Watermeyer said.

The surcharge, which came into effect on Monday, was announced by the administrator of the Cape, Mr Kobus Meiring.

Here, it will apply only at the three academic hospitals — Groote Schuur, Tygerberg and Red Cross. Private patients at teaching hospitals such as Victoria and Somerset will not be affected.

The administrator's announcement was greeted with alarm by the Representative Association of Medical Schemes (Rams), and caution by some medical faculties.

Mr Rob Speedie, executive director of Rams, described the surcharge as "unwelcome".

VARYING RATES

"It is going to cost tens of millions of rands at a time when medical schemes are already feeling the strain. This is not good news," he said.

Mr Speedie said there already had been dramatic increases in provincial hospital rates.

"It varies from province to province, but I would say that in the Transvaal, the Cape and the Free State, provincial hospitals will effectively be charging private hospital rates.

"Up to now, ward fees and theatre fees have been comparable but the big saving at provincial hospitals was in the medical services fee. Now this is set to change.

"The provinces will argue that private patients are still getting value for money, but it must be remembered that private patients are economically active wage earners who are already paying their dues in the form of taxes. Now they're expected to cough up on top of this. There is some injustice here."

Professor J P van Niekerk, dean of the faculty of medicine at the University of Cape Town, said he welcomed the principle.

He was concerned the surcharge was an attempt to redress "very significant" budget cuts experienced by teaching hospitals.

Professor van Niekerk said that at UCT the fund would be administered by a committee made up of university and hospital representatives.
Pregnant women have rights — and should demand them

WOMEN who have their babies in private hospitals are 50 percent more likely to have them delivered by Caesarean section, according to a study reported last week in this column. Those who think their doctors have not been entirely open with them are not alone.

Nor are those alone who believe they do not have enough control over their own bodies and the birth experience.

A lack of control is by far the most common complaint of women having babies in situations where they have some perception of choice in private hospitals. This is particularly so since the rise of the women’s movement and the increase in the average age of women having babies for the first time — 26 years old, in Britain.

The authoritative consumer organisation in the United Kingdom, the Consumers’ Association, has conducted a survey among women who had given birth in the two years preceding the survey. They were asked what they thought about their birth experience.

About 26 percent said they would do things differently next time — and many of those wanted the next birth at home. The majority of the women gave birth in National Health hospitals — very few women in Britain use private health facilities.

Over half the women saw the general practitioner or midwife as the main provider of antenatal care. But this relationship seldom continued into labour — where hospital staff took over.

Eight percent of women had had changes made to their birth plans without their consent; 45 percent agreed to some changes. Just under half, about 47 percent, had the birth of their choice.

In this country, birth plans are not used very often and many doctors disregard them as being a function of a cranky “women’s lib” type. Making further problems, the consent form a mother signs on entering a private hospital makes a mockery of the notion that she should have any choice at all in a private clinic.

Women about to give birth should ask their doctors for statistics, explanations and information to help them make decisions regarding the delivery. By PAT SIDLEY

The survey also asked women about the technology and tests they had been subjected to, like ultrasound tests, amniocentesis (for defects in the fetus) or electronic fetal monitoring. About 90 percent of women had ultrasound tests at about 16 weeks, but many of them did not know whether the test posed a risk (the risk is minimal, according to Which? Way to Health in which the Consumer Association’s survey was published).

About 25 percent had labour induced, 20 percent had an epidural (anaesthetic delivered through the spinal cord). About 14 percent of the women believed many of these procedures were unnecessary. Many women said they would have liked more information about the tests and procedures.

The Consumers’ Association believes there ought to be radical changes in training for junior doctors and future GPs. They recommend improved communication skills and “an open attitude to discussion which revolves around the woman as an individual”.

A third recommendation would appeal to the doctors who compiled the study which suggests that doctors do caesareans and induce births for more money. The association suggests that GPs need more incentives to involve themselves in the birth process.

For black women using public hospitals in South Africa, most of this won’t apply. The experience would cause malpractice suits in many other countries.

Olga is a local char who had her baby on the East Rand. When the baby began to arrive in the world nobody but Olga was in the delivery room. And nobody arrived, despite her screams. The baby was in distress and blue and became stuck in the birth canal. Help arrived just in the nick of time.

But then the exhausted mother was placed under general anaesthetic and sterilised. She did not ask for it, did not know it was happening and was informed only afterwards she would never again be able to have a baby.

Julie, a domestic worker, said the experience of giving birth at Baragwanath Hospital near Johannesburg was “fine” only if the student doctors were around. Her perception was that the students tended to the needs of the women they needed it for higher marks. However, she had nothing but commendation to offer about other hospital staff.

Doctors hearing about women’s views on their birth experience usually raise the Great Safety Debate. Births need to be in hospital with high-tech facilities and not at home with a midwife because it is safer. They cite statistics from this century of live healthy births to back them up.

The Consumers’ Association quotes some of these arguments and statistics. In the UK for every 1,000 births, fewer than nine babies die at birth or within the first week of life. It says maternal deaths are now rare — under nine for every 100,000 deliveries.

But the association also says that some “statisticians are less certain about the link between obstetric technology and improved safety records. They think the improvements may have more to do with better living standards, better maternal nutrition, the availability of birth control, legal (in the UK) abortion, improved care for the newborn and the fact that individual women are having fewer births”.

Supporters of home births and independent analysts claim that mortality rates for home births have been consistently lower than those for hospital deliveries, the Consumer Association says. It notes that in the Netherlands, where around 35 percent of all births are at home, the mortality rates are among the lowest in the world.
R50m injection for health in Natal

MARITZBURG. — President F W de Klerk has announced a R50-million injection for the financially strapped health services in Natal and KwaZulu and has called on those involved to meet the Minister of Health, Dr Rina Venter, a week from yesterday to discuss how best the money can be spent.

He made the announcement yesterday morning after a surprise visit to Durban's King Edward VIII hospital, where patients and staff gave him a tumultuous reception.

When he and the party of senior officials, including several cabinet ministers, left, the crowd broke into a spontaneous Zulu hymn to express their appreciation of his visit.

The announcement of additional funds for the province comes at a time when health administrators have voiced their dismay at the declining standards of health care due to budget restraints.

Both hospital and ambulance heads have indicated that their services have been stretched to the limit and have said that, in some cases, they are on the point of collapse.

In Pretoria the Medical Association of South Africa, while welcoming the President's announcement of the R50m, called on the government to create a unitary health care system under one minister.

In his reaction, Dr Bernard Mandell, chairman of Masa's federal council, said that although the funds would provide much-needed relief in the Natal/KwaZulu area, the only long-term solution to the entire country's health care problems would be the creation of a unitary health care system under one minister.

Dr Mandell urged the President to use Masa's proposed model for the future of academic medicine as a basis for developing such a unitary health system — and offered Masa's assistance and expertise in its planning and implementation.

In their Natal tour the presidential group, including a large media contingent, was whisked around by helicopter, and Mr De Klerk's appreciative reception in the townships showed that his reform initiatives had brought him some popularity there. — Sapa
R50-m boost for health services

MARITZBURG — President de Klerk yesterday announced a R50 million injection for the financially strapped Natal and KwaZulu health services and urged those involved to meet Minister of Health Dr Rina Venter next week to discuss how best to spend the money.

He was speaking during a surprise visit to Durban’s King Edward VIII hospital.

The move comes at a time when health administrators are expressing their dismay at falling standards of care because of budget restraints. Hospital and ambulance chiefs have said services were stretched to the limit and on the point of collapse in some instances.

Medical Association of South Africa chairman Dr Bernard Mandell welcomed the news, but urged the Government to create a unitary health system under one Minister. — Sapa.
SAP ordered not to tamper with detainee

A RAND Supreme Court judge yesterday ordered police not to visit or interrogate a detainee, who is a patient at the Johannesburg Hospital, without the permission of a psychiatrist.

Mr Justice Leveson said that from papers before the court it was evident that psychological stress induced by the police officers had reduced the detainee Mr Yusuf Mohammed to depression.

"Hospital clinical records show that the presence of the police has had a profoundly adverse effect on Mohammed," he said.

Leveson refused to grant an order that Mohammed be kept in the General Hospital.

"There is no evidence in Mohammed's affidavits that the police wanted to remove the detainee from the hospital.

"Although an order for a patient's discharge lies in the hands of the hospital authorities, police have total control over the detainee once he is discharged," Leveson said.

An application for Mohammed's release will be heard in court on October 16.
A Johannesburg businessman claims his sick black friend was refused admission to the Edenvale hospital last week.

Ian Bromley said a houseman had diagnosed pneumonia and said the man had to be admitted immediately.

However, a nursing sister overruled the doctor and said the patient must be transferred to Tombisa or Hillbrow hospitals. Mr Bromley said he asked the doctor what would happen if a white man had come in with pneumonia. The doctor replied that the white patient would "most probably" have been admitted.

A spokesman for the Transvaal Provincial Administration said Edenvale's superintendent, Dr Mervin Damelin, had been contacted about Mr Bromley's allegations.

His reply was that Edenvale Hospital was full.
Car hijackers disrupt Bara clinic services

Own Correspondent
Baragwanath Hospital may suspend some of the services provided by its 12 clinics in townships because of the continuing hijacking and theft of its vehicles.

The cars transport patients between the clinics and the hospital daily; deliver medicines and ferry district nurses who call on patients at their homes more than 250,000 times a year.

Baragwanath superintendent, Dr G Louw, said the clinics initially ran a fleet of 140 vehicles, but now had only 53. Last month, three vehicles, including a new minibus, were stolen.

Futile

Dr Louw said he was concerned about the safety of his staff because thieves often threatened patients and nurses before driving off in the hospital’s vehicles. As a result, nurses were reluctant to do house calls.

The superintendent said they were now trying to replace the stolen vehicles but this was futile as the new ones were more “popular among the thieves”.

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Thieves force Bara to cut back

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However, the hijackings had started again.
Health services will not be unified yet

S. Africa's fragmented health services would remain in place until a utilitarian health system was negotiated as part of a new constitution, Health and Population Development Minister Nita Venter said in an interview yesterday.

Although fragmentation complicated the development of an efficient health care system, she did not believe money was being wasted by running 34 different authorities.

Venter said it was difficult to say exactly how much was being spent administering the different health departments.

Government would stick with own affairs health authorities, which used only 6% of the R7bn-a-year national health budget.

Provincial health services accounted for 78% of the budget.

Restructuring the health system would form part of the negotiation process. Meanwhile, the existing system would have to be addressed in its present form, said Venter.

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** Clinics **

Venter said she would report by the year-end on the effects the desegregation moves had had on redressing the imbalance of underutilised white and overcrowded black hospitals.

She hoped to open about 50 primary health care clinics, which had been built but never commissioned, by the end of 1991.

The extra R12bn allocated for primary health care earlier this year would also be allocated shortly.

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** TANIA LEVY **

Despite the opening of hospitals, government would be able to afford fully utilising hospital capacities only in five to eight years' time.

With the opening of hospitals to all races earlier this year, an extra R700m would be needed to staff and operate 11 700 unused beds at the former white hospitals, she said.

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Venter said the first step towards improving the existing system was the development of a more effective and autonomous management system for the country's 13 academic hospitals, which used 43% of the national health budget.

About 10% of this cost could be saved through better management, she said.

A proposed model being considered by relevant university professors would hopefully be implemented in the new year, she said.

Venter will visit Natal on Thursday to discuss how the R60m allocated by President F W de Klerk last week, should best be used.

Not only immediate backlogs, but the range of primary to tertiary health care needs in the area would have to be looked at, she said.
A BATCH of medicines used in intensive care units that treat new-born babies have been withdrawn after an undisclosed number of babies in three Transvaal hospitals died of bacterial infection in the past two months.

By PHANGISILE MTSHALI

The deaths led to the closure of a neo-natal intensive care unit at the Park Lane Clinic for three weeks as private and State investigations into the cause of the deaths were conducted.

A statement from the pharmaceutical company involved, Sabax Limited, said all the products which may or may not be implicated have been temporarily stopped pending the outcome of the investigations.

"We have brought out a microbiological specialist from the UK to help us in our evaluation of the products," the statement said.

In a statement, Mr Francois Baird, the public relation officer for Clinic Holdings Limited, confirmed two deaths.

Death of babies at hospitals probed

"During August and September a bacterial infection occurred in the neo-natal unit. The management immediately closed the unit to new admissions and proceeded to investigate the cause of the infection.

"Having put the unit through the most stringent hygiene control procedures the unit reopened on September 10," he said.

"When infections were again discovered in two more babies, further investigations were immediately undertaken. A number of independent laboratories found that sterilised products provided to the hospital by a reputable firm contained the same bacteria as found in the infected babies.

"The hospital immediately ceased the use of the identified products and no further infections have occurred."
must be welcomed.
Coinciding with President F W de Klerk's allocation of a R50m rescue package for the endangered services, a private developer intends building a 165-bed hospital in Pinetown, partly funded by public subscription.

However, the scheme got off to an inauspicious start. The first share offer for what is to be known as Crompton Hospital was not sufficiently subscribed to bankroll the whole scheme when it closed.

Undaunted, development co-ordinator Des Daniel says work on the facility is starting anyway while a funding solution is worked out. One option is to reopen the public offer at a later stage.

The developers hold one of the last private hospital licences issued by the Department of Health & Welfare before government placed a moratorium on new permits while it reviewed health services. Plans for Crompton Hospital have been submitted and architects Stauh Voster — who also designed facilities at Universitas Hospital and the burn unit at Baragwanath — are awaiting approval.

Daniel says a viability study shows the need for medical services in Pinetown, which has a population of about 400 000.

Future growth

The new hospital will start small with 30 beds, three operating theatres, a pharmacy and shop and 801 m² for doctor's suites in a total area of 1 768 m². There will also be off-street parking for 120 vehicles. The plans make provision for future growth to 165 beds, with five theatres. Daniel claims it will also be the first private hospital in Natal to offer a 24-hour outpatient casualty treatment facility.

Though it will be the only hospital in Pinetown, there have been rumblings that Crompton will compete directly with the Westville private hospital. Daniel says, however, that the new complex will complement the neighbouring facility.
Pretoria’s townships given power reprieve pending loan

WILSON ZWANE

Atteridgeville and Mamelodi, Leach said. The city council cut electricity supply to Atteridgeville and Mamelodi last month and restored it hours later on the condition that the townships made payments on their arrears today.

In another development, negotiations among the TPA, Eskom, Katlehong Town Council and the Katlehong Civic Associations began last night.

Katlehong mayor Gideon Molotsi had said the talks would centre on the interim flat rates residents would have to pay to keep essential services going.

“If residents accept our proposed monthly flat rates, then they will pay R50 for houses with electricity and R30 for houses without electricity. The business- men will pay R130,” Molotsi said.

Intravenous drips withdrawn for testing

SABAX, manufacturer of intravenous drips supplied to clinics in Johannesburg where a number of babies had died, said in a statement yesterday it had brought a microbiological specialist from the UK to help evaluate its procedures.

The Department of National Health and Population Development said tests of drips supplied to the department by Sabax had “shown contamination of the prepared medicines”.

Sabax spokesman F F Erasmus said it had “suspended all of the admixed products which may, or may not, have been implicated pending the outcome of intensive investigations”.

The clinics had withdrawn use of the drips after an unspecified number of neonatal babies had died. Park Lane Clinic said yesterday that laboratories had found the medical products in question contained the same bacteria as found in infected babies at the clinic. — Sapa.
R50m hospital relief details due soon

DURBAN — Health and Population Development Minister Dr Rina Venter will provide details of allocations to Natal’s hospital and health services “windfall” of R50m promised last Thursday by President F W de Klerk — in about two weeks’ time.

Venter told a media conference in Durban yesterday relief for Durban’s King Edward VIII Hospital would be the priority.

Venter had just completed a day of talks with health departments and officials in Durban, including representatives of Natal University, the Natal Provincial Administration and officials of her own department.

KwaZulu Health Minister Dr Frank Mdlinzo and the House of Delegates’ Ministry of Health Services and Welfare representatives attended.

“We are not allocating any money today — but we will improve King Edward Hospital in particular as well as the whole of Natal’s health services,” Venter said.

In addition, the question of cancer clinics which were shut down or would close at Durban’s Addington Hospital, as well as the crumbling ambulance services in Natal, would be addressed.

“At King Edward Hospital we will address the issue of commissioning intensive care units, operating theatres, and will improve the general hygiene services, and also develop a special health care centre.

“And we will be using R148m, which is available immediately, to provide primary health care centres at King Edward, Chesterville and Bluetuza (near Vryheid),” she said.

It was hoped the clinic proposed at King Edward would be able to “see 2 000 patients daily”.

“We must try and rationalise and utilise the beds that are available, by seeing that patients don’t overuse one hospital at the expense of others,” she said. — Sapa.
SA in world rugby soon?

Own Correspondent

LONDON.—The International Rugby Board yesterday gave the strongest indication that the Springboks might soon be welcomed back into the world's rugby fields.

Praising the SA Rugby Board's efforts to integrate the sport, the chairman of the IRB's tour committee, Mr. Ronnie Dawson, delivered an optimistic message.

"If you're confident South Africa would soon be back as full playing partners, he said.

Faced with the SAAB, he said, he was satisfied they had done everything possible to make the sport non-racial and deserved recognition.

Mr. Dawson said: "We've continued to ensure their rugby has been non-racial for the past 15 years and the question now depends largely on outside forces." The Springboks are due to tour England and Wales in 1994.

Dad kills son's girlfriend

Own Correspondent

PRETORIA.—A 65-year-old Houtmanskraal man shot dead his own son's 31-year-old girlfriend on Wednesday night before shooting himself.

Mr. Reinecke's son disabled his father and tried to rob him.

Mr. Reinecke's son then disarmed his father and tried to rob him.

Miss Du Preez, who had collapsed after flinging outside.

Then Mr. Reinecke returned with a shotgun, fired another shot at the wounded woman and turned the shotgun on himself.

Funds shock for Cape hospitals

By CLAIRE UNDERHILL

SHOCK: Health-care funding cuts by the Cape Provincial Administration could devastate many specialist medical services in local provincial hospitals.

Provincial hospitals were instructed to cut back on staffing and expenditure.

Hospital authorities have been asked to look at ways of enforcing 5% to 15% reductions in hospital expenditure by as much as 15% according to reliable sources.

Burns unit

The Red Cross Children's Hospital has been instructed to cut back on the funding cuts were implemented, according to Professor Heinz Roode of paediatric surgery at the Red Cross Hospital.

Groote Schuur Hospital spokesman, who was present, Miss Du Preez, who had collapsed after flinging outside.

A spokesperson for the Administration's office yesterday confirmed that the amount allocated for hospital and health services was "insufficient to maintain the CPA's and the population of the Cape Province's health care system.

"In the light of this, all hospitals and institutions under the control of the hospital and health services branches of the CPA have been requested to curtail expenditure under all sub-heads including personnel, consumer bills and operating costs (e.g., electricity) as much as possible.

The spokesman said the various efforts to be made by the hospital and institutions were "unfortunately not sufficient to bring expenditure down to affordable levels.

"Therefore various other options are being considered by the CPA in conjunction with the Minister of National Health and other responsible ministers, like the Minister of Provincial Affairs and Planning and the Minister of Finance," he added.

It was not possible to elaborate on this issue at present, he added.

Professor Roode said it would be a "great tragedy" if the burns unit were to have to close.

"We have to look at the call for cuts. We can't reverse it if this trend continues, we will see a severe reduction in health care."

Provincial hospitals were already "in a state of alarm by patients" and were facing an increasing drain of qualified staff who emigrated or went into private practice.

The burns unit at the Red Cross admitted between 400 and 500 children every year, with another 3,000 treated as outpatients.
No doctor after rough 75km donkey cart ride

By SOPHIE TEMA

MADUMETIA Motsana travelled about 75km by donkey cart from her home in Norschansburg to the Glen Cowie Hospital in Masedagaqoek to have treatment for a chest ailment, which she had started a month ago.

Breathing with difficulty, Elisa Motsana, 54, said: "I could not get to the hospital earlier because I had no money. Last week, my brother who works in Johannesburg sent me R20 and that money helped me pay for transport to get me here."

"I had to pay R8 for a private car to bring me to the hospital because there are no telephones in our village to call an ambulance, and transport is not easily available."

But there were no doctors on duty at the hospital. "The nurses told me that there was a strike and that I would only be able to get the necessary treatment once things returned to normal." She was, however, very sympathetic towards me. They examined me and gave me medicine to drink.

In hospitals like Matlala, one of the biggest in Lebowa, primary health services were nearly non-existent because of the strike. Since the hospitals were closed, patients were being treated at clinics instead.

The situation had become so serious that emergency cases from Matlala and Glen Cowie hospitals had to be transferred to Jan Furse Hospital.

On Thursday night, a patient who was to have had an emergency caesarean section had to be transported 63km to the

Eliza Matlala, 54, said she had travelled a long way from her home near Norschansburg near Burgersfort because "Norschansburg had run out of the water supply" by sending their pump operators to Jan Furse, claimed a doctor.

The strike means that workers at Glen Cowie and Matlala hospitals are still on strike and the government has failed to respond to their demands.

Members of the Lebowa Nurses Association (Lena) on Friday reported for work at hospitals and clinics after a three-day strike was called off during a meeting at Gorokwe Hospital in Thulamela District.

Nine resolutions, including the calling off of the strike, were adopted at the meeting, which was aimed at resolving outstanding issues and the government's failure to respond to their demands.

Lebowa's health department said it was committed to ensuring that all patients received the necessary care and that the strike was called off.

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A blind patient helps with the dishwashing at a Lebowa hospital where nurses and doctors are on strike.
Virus may have killed babies all around the country

By MARK STANSFIELD

FEARS grew yesterday that the number of baby deaths allegedly caused by contaminated drips may be higher than reported.

It was disclosed by the drip manufacturers that the product had been distributed to clinics throughout South Africa.

So far at least five babies' deaths — all in Johannesburg private hospitals — have been linked to the allegedly contaminated drips.

The drips were withdrawn by manufacturers Sabax Ltd immediately after being identified as a possible source of the killer infection believed to be responsible for the deaths.

But fears are mounting that far more children could have been infected by the virus Klebsiella from the same source — and their deaths attributed to other infant ailments.

As the high-level investigation into the source of the infection continued this weekend, Sabax — a subsidiary of Adeock Ingram — made it clear the company would not accept liability unless it was proved the product was faulty.

A spokesman said there were a number of possible sources of the deadly infection — including the clinics themselves.

"The treatment of seriously-ill babies involves different procedures such as surgery, wound treatment, storage and infusion — all of which are potential sources of contamination," said marketing and public affairs director Frans Erasmus.

Battle

The dispersed product has a 24-hour shelf life — but clinics and hospitals could have been using expired stock, experts said.

"These admixtures have a short shelf life," said Vicki Baker of Sabax. "Accordingly, expiry dates and storage temperatures are very clearly labelled.

"It is particularly important that the product remain refrigerated from the point of mixing through transportation and storage up to the point of use."

Nevertheless, pin-pointing responsibility for the spread of the infection in Johannesburg's neo-natal clinics could become one of the longest and costliest medical legal battles in South African history.

Already battlelines have been drawn between the manufacturers, the clinics and the parents whose children died.
Linen turns up overseas

THIEVES are plundering Groote Schuur Hospital — right under the noses of security guards.

Yesterday a hospital spokesman disclosed that the thieves had stolen:

- Linen worth R250,000, taken over a period of three years.
- Medicines and medical equipment, including expensive catheters and syringes.
- Lavatory seats, door handles and fold-down lift seats which have disappeared during the past six months.
- Telephones, which now have to be locked up during tea breaks.

Two weeks ago thieves stealing computer equipment worth R20,000 were chased by security guards. The thieves abandoned the computers on the sidewalk and escaped.

Thieves of cars belonging to staff and visitors from parking bays outside the hospital have also become a "big headache" for security staff, the hospital spokesman said.

He said the thieves had sold the stolen goods on the black market in Cape Town, and even overseas.

Linen stolen from the hospital has recently been found on sale in Amsterdam and Rotterdam flea markets in Holland, he said. A shop in Rondebosch was found to be selling linen with the Groote Schuur Hospital emblem, he said. The shop owners claimed to be selling surplus linen bought from manufacturers.

The thieves have slipped through a net of 77 full-time security guards. They have also evaded bag checks at the exits.

Hospital notices placed on walls to deter the thieves appear to have little effect. Notices like "Who robs the hospital, robs the people" and "This is your hospital" have been ignored by looters.

Routine investigations by security staff have not established the presence of a syndicate, said the spokesman. At least 15,000 people, including staff and visitors, walk through the hospital every day, he said.

The hospital has asked the public to cooperate with the overworked security staff when asked for identification at the hospital entrances.
R35m plan to build N1 City hospital

By AUDREY D'ANGELO
Business Editor

A NEW company controlled by the Syfrets group will build the first private hospital to specialise in providing a 24-hour casualty service to treat all medical emergencies.

It will be at the N1 City shopping and entertainment centre now being built at Goodwood and will cost about R35m. It is due to open by the end of next year.

The new company, Health Orientated Systems (Host), hopes to build two more such hospitals in the Peninsula — the second in Roggebaai — and others all over SA.

MD Jaap Huisman explained yesterday that the Host polyclinics would treat accident victims and other emergency cases immediately — without the waiting time necessary at provincial hospitals because of the large numbers of people who went there.

The polyclinics were intended for private patients and those on medical aid. But if an accident happened nearby the victim would be given emergency treatment and his condition stabilised even if he could not afford to pay — and he would then be transferred to a provincial hospital.

Huisman said the polyclinic would not only be for emergencies. It would also be a normal hospital and community health centre.

The complex would have facilities like a restaurant and a kiosk where visitors could buy flowers and gifts. On the top floors would be medical suites which doctors could buy on sectional title. "The polyclinic concept also offers the doctor an investment opportunity to build up assets."

"Only 40 doctors will be accepted as shareholders in each polyclinic. Their collective ownership will amount to 74% of the complex. This includes the hospital itself, the doctors' suites and the hospital operating company."
Statement on baby deaths today

ALL seven babies who had died at the Morningside Clinic's neonatal intensive care unit since January had been treated with special intravenous solutions manufactured by Sabax Ltd, the clinic confirmed on Tuesday.

The clinic said four of the infants had suffered a bacterial infection called klebsiella sepsicaemia, while the other three babies did not show signs of bacterial infection after their blood samples were examined.

Sabax earlier said the Morningside Clinic had not reported any deaths to Sabax.

The company had been informed only of two deaths at the Park Lane Clinic.

A Sabax spokesman said a meeting would be held today to assess findings of an investigation into the possible source of infections. A Press statement would be issued later. — Sapa.
EMBITTRED parents who lost their babies at the Park Lane and Morningside clinics yesterday met and supported a bid to have a judicial commission of inquiry into the deaths conducted by the Department of Health and Welfare Services.

At a meeting in Johannesburg yesterday, 10 couples told legal consultant Mr Peter Soller their babies had died of a bacterial infection in the clinics.

Soller proposed that before any litigation, the facts of the circumstances surrounding the babies’ deaths should be fully established through a commission of inquiry by the Department of Health and Welfare Services.

Meanwhile, the full impact that a contaminated sterilised product had on babies in clinics and hospitals countrywide would be known by the end of the week, Government health officials said on Tuesday.

In addition, findings of an in-depth investigation conducted by the product manufacturer, Sabax, were expected to be released late yesterday.

Report

A Department of Health Services and Welfare spokesman said an official Press report would be made this week following investigations by the Department of National Health and Population Development.

At least 15 babies have died from a bacterial infection apparently picked up while being treated with a Sabax manufactured drip.

All but one of these infants died at the Park Lane and Morningside clinics. One baby had been transferred to the Johannesburg Hospital from Park Lane.

Several clinics and hospitals contacted this week - including Johannesburg Hospital, Baragwanath Hospital, Hillbrow Hospital and Sandton Clinic - said they knew of no babies dying as a result of an infection from a sterilised drip.

At Garankuwa Hospital, a judicial commission of inquiry is underway to investigate the death of babies in April.

A spokesman said he could not say how many babies were involved and what treatment they had received.

It is understood that several babies have also died at Kalafong Hospital near Pretoria.

The superintendent, Dr J.A Kunzmann, said the deaths could not at this stage be linked to the product. - Sowetan Correspondent.
Clinics demand dead babies' bills be paid

CLINICS have demanded that parents whose babies died in intensive care pay bills of up to R30 000.

The babies' recent deaths in neonatal intensive care units have been linked to contaminated drip solutions, withdrawn by Sibax earlier this month.

Eleven sets of parents resolved yesterday to refuse to pay outstanding bills and asked government to appoint an urgent judicial commission of inquiry into the deaths, their attorney Peter Soller said.

Nine babies had died at the Park Lane Clinic and two at Morningside Clinic, he said. However, Morningside this week said at least four babies had died as a result of Klebsiella bacterial infection, possibly picked up from contaminated drips.

Most parents felt it was abhorrent to have to pay bills for a child that had died, mother Diane Webb said. Bills of between R10 000 and R30 000 were for babies' treatment only and did not include mothers' confinement, which cost R2 800 at Park Lane Clinic.

Clinic Holdings MD Jeffrey Hurwitz said yesterday parents would definitely be charged full accounts as Park Lane had done everything it could, and more, in rendering services to the babies. He said he was convinced the clinic could be absolved of any blame.

TANIA LEVY

Like any business, it would send out payment demands,

Soller said the parents' first priority was to find out the truth about the deaths of their prematurely born babies. Many felt they had not been told the truth about the infection that had killed their babies. In some cases, death certificates had been withheld until after burial or cremation.

Spokesmen for National Health Minister Dr Rina Venter and House of Assembly Health Services and Welfare Minister Sam de Beer yesterday confirmed Soller's request for an inquiry had been received. They said the request would be considered once all relevant information had been collected, hopefully early next week.
Medical care

A new concept in private health care in SA

The R26m poli-clinic, due to be built at N1 City, is the brainchild of Dr Jaap Huisamen, MD of Health Orientated Systems Technology (Host).

It is based on the same concept as the popular free-standing private hospitals in the US that are used for short-stay cases. In the US, 40% of all hospitals are of this type while in SA only 5% are, says Huisamen.

"The objective is to provide efficient and user-friendly hospitals to serve the needs of the patients and the community in which it is

situatd at all hours. Doctors will be able not only to work in the poli-clinic, but also to own it,"

Huisamen, who was in private practice for 22 years, developed SA’s first poli-clinic in Port Elizabeth five years ago. Host is a joint venture between himself and N1 City Holdings.

What makes Host’s poli-clinic different from other private hospitals is that apart from having doctors’ suites on a sectional title basis, and a hospital component comprising beds and operating theatres, it also has a 24-hour private casualty department.

Huisamen says the casualty department will have a 24-hour “cold” section for dealing with non-serious cases, as well as a fully fledged trauma unit staffed by doctors employed by Host. The Medical & Dental Association of SA authorised this when the poli-clinic in Greenacres, Port Elizabeth, was completed.

Private practitioners will be able to buy medical suites in the poli-clinic on sectional title. A financing package has been put together in conjunction with Syfrets.

By buying their suites, doctors acquire an asset which they would not have if they continued to rent. The poli-clinic at N1 City has been planned to include a 60-bed hospital, five operating theatres and 40 doctors’ suites. Construction is due to begin before the end of the year and be completed within 15 months.

Huisamen says response from doctors to the scheme has been very favourable. The financing package for the purchase of their suites has considerable tax benefits, and has been structured to include balloon payments to fit in with income patterns, particularly of younger doctors establishing practices.

The suites will be paid for over 10 years, after which the owners will be liable only for a monthly levy. The participating doctors will also be shareholders in the hospital operating company and the hospital property company, which will ensure them additional income and help cushion purchase price loan repayments.

"The new trend is for doctors to be accommodated in a hospital. This saves travel and time and increases their availability to their patients,” says Huisamen.

The 40 doctors will jointly own 74% of the poli-clinic, which will be managed and computerised by Host.

Huisamen says not only will the doctors have paid for their suites after 10 years, but the hospital operating company will also have repaid the cost of the hospital property and no further rentals will be due. This will mean a “dramatic” escalation in income from the operating and property companies to the benefit of the shareholding doctors.

He says Host plans to build about 10 new poli-clinics around the country within the next eight years. He believes private health care is an important aspect of the overall health care picture in the “new SA.”

There must be a clear distinction between private health care and State health care.

Huisamen ... major plans

As far as possible, privatisation should be implemented and medical schemes replaced by health insurance.

"By these means, the State will find itself responsible only for the financing of indigent patients. In order for a free market system of management control to be introduced, patients and not hospitals should be subsidised,“ Huisamen says.

A “critical factor” in the current high cost of health care is the inefficiency of hospital management. “As far as possible, hospital services should be privatised and in order to promote greater efficiency, computerised stock control and management systems should be introduced at all hospitals.”

He says computerisation was introduced into the health care system in the United States in 1965 with dramatic effect. “Then, health care constituted 14% of GNP (defence was a mere 3%). Within four years the figure for health care had dropped to 4%.

“Though computerisation may involve a high initial outlay, I believe it is impossible to effectively manage a hospital without it.”

Huisamen says Host will also play a major role in the training of medical personnel — particularly nurses — which he believes should be more specialised on a shorter term rather than generalised over four years.

Host’s poli-clinics will allow nurses to concentrate on nursing. “All supportive services will be handled by others,” Huisamen says.

Good for Goodwood

N1 City puts Goodwood on the map

The development of N1 City is a major boost on both the prestige and rates base of Goodwood, which has long been regarded as a poor cousin of neighbouring Bellville.

Goodwood Town Clerk Dave Wilken says
Jo’burg’s private clinics ‘hushed up’ baby deaths

By PHILIPPA GARSON

THE deaths of at least 15 babies at two of Johannesburg’s top private clinics in recent months raises suspicions of a cover-up by the clinics and health authorities before the matter became public.

The Weekly Mail attempted to obtain information on allegations of the fatalities as early as August. A reporter was told it was “none of her business”. At least two babies died subsequently.

In March this year, the father of a baby who had died in the Morningside Clinic of a bacterial infection wrote to the medical officer asking for an investigation. He received no reply but authorities began looking into the matter.

Lawyer Peter Soller, representing 20 parents, said in a letter to the Minister of Health Services, Welfare and Housing, Sam de Beer, that a judicial commission of inquiry was justified since no details of the deaths had been furnished until the press exposed the link.

De Beer said his department and the Department of National Health and Population Development would not take further action until all investigations into the deaths had been completed.

Tests have shown that some intravenous drips manufactured by Sahax have been contaminated by the same bacteria thought to have caused the infections, klebsiella septicaemia. Supplies of the product, presumed to be a “hyperalimentation” feeding drip, have been withdrawn from the market.

After information was “leaked” in August that at least one baby had died and others had become ill at Park Lane Clinic from the intravenous-spread infection, the hospital’s general manager, Gordon Cohen, told Weekly Mail columnist Pat Sidley that he would subpoena doctors and reporters to stop the leaks.

Sidley, who knew of one confirmed and six unconfirmed deaths at Park Lane Clinic, wrote an article on August 31 stating the lack of co-operation from some doctors and officials “who knew what happened at the clinic”. Sidley spoke to government health officials, who said it was up to the clinic to release the information. She approached the Department of Health and Social Services, under which private clinics fall, and the secretary to Minister of Health Rina Venter, but was “robbed off”.

At least two other Johannesburg journalists say they were under the impression they were being actively misled by Park Lane officials.

After the Park Lane’s neo-natal intensive care unit was closed down for three weeks in August, pending investigations into the possible contamination of medical products, the press was notified — and one death was confirmed.

It has now transpired that at least six babies had died (three at Morningside and three at Park Lane) at that stage.

A medical team investigating the unit gave an assurance in late August that the problem had been sorted out.

At least two other babies have since died: Heinrich Hamel at the Park Lane on September 30; and Jaqueline, whose parents wish to remain anonymous, at Johannesburg Hospital — after being transferred from Park Lane — on September 12. So far Park Lane has confirmed the deaths of two babies.

On March 19, a baby died in Morningside Clinic from a bacterial infection.
Valkenberg clears away its cobwebs

By ANDREA WEISS
Weekend Argus Reporter

VALKENBERG Hospital is undergo-
ing a facelift for its 100th birthday next year when the old buildings will be declared a national monument.

The Valkenberg then and now are two very different places. Gone are the days of padlocked cells and hot-
boiled water therapy. Today the emphasis is on out-patient care and primary mental health care.

Also swept away with the cobwebs of the past is racial segregation.

Suicide rates high

Valkenberg's origins go back to a time when psychiatric patients were kept on Robben Island alongside lep-
ers and political prisoners. Conditions were so poor that mortality and suicide rates were high.

In 1881, Valkenberg, originally a farm granted by Jan van Riebeeck to two Vrymouthers in 1651, was beque-
hed by the government for the establish-
ment of a reformatory. A mental insti-
tution was to be put up in Tokai but the two sites were swapped because of Tokai's inaccessibility.

Valkenberg Hospital admitted its first 30 patients in 1901 under the super-
vision of Dr Dodds, who believed the hospital should be used only for "the curable class of Europeans" and insisted that all other cases go to Somerset Hospital.

The first patient was a 50-year-old farmer who had spent 15 years on Robben Island for "chronic m.nia du-
to financial loss" and believed a "can-
dlestick was a clerical friend". He was discharged but readmitted after he had set the family home ablaze.

From inception, overcrowding was a problem and by 1926 a new men's and women's block had been erected and were fully occupied.

At the turn of the century, enter-
phone and a magic lantern were pro-
vided and patients were kept busy with garden parties and cricket matches.

Treatment in the old days, although not as extreme as some methods em-
ployed elsewhere, would raise eye-
brows today. Electro-convulsive show treatment using primitive machinery was done without anaesthetic and pa-
tients sometimes broke bones.

Hydrotherapy was popular for "calming patients" who were im-
mered in hot baths, often in a strait-
jacket, for days until they calmed down.

Malaria infection was used to treat advanced syphilis (known then as "General Paralysis of the Insane") because it was thought high tempera-
tures killed off the disease.

Patients were also kept under lock and key.

Only in the early 1960s when drugs were developed for the treatment of psychosis, depression, mania and anxiety, did things begin to change and the doors unlock. The concept of a therapeutic team was developed in the 1960s and psychotherapy and fam-
ily therapy also gained ground.

‘Optimal functioning’

According to Dr Quarta du Toit, se-
nior lecturer in psychiatry, today the emphasis is "on striving to ensure the optimal functioning of the patient within the community rather than his or her admission to the hospital".

Most of Valkenberg's wards are now open and patients have freedom of movement, some with the right to leave the grounds.

Units at the new Valkenberg which was extensively added to in the early 1980s include a psychiatric unit, forensic unit for patients sent for ob-
server by the courts, the physically ill unit (where some AIDS patients have been treated) and the out-pa-

Dr Quarta du Toit demonstrates an old machine that was used for electroic shock treatment with the help of the resident cat.
DURBAN — Of the R50 million Government handout for Natal's ailing health services, about half will go to the cash strapped King Edward VIII Hospital — most of which (R15 million) will be used to repay debts.

While the breakdown of the R50 million to the various services will not be made public, it has reliably learned that about R39 million will go to the Natal Provincial Service and R10 million to KwaZulu.

King Edward will get a total of about R24 million.

About R3 million will be spent on upgrading the outpatients department while R12 million will be spent on moving the surgical and paediatric department to be based at Addington Hospital.

Abysmal

Natal's cancer services, based at Addington Hospital, will get only R1 million. This amount will not begin to cover the staffing or chemotherapy drug shortage faced by the cancer unit at Addington Hospital which is already R2 million in the red.

The ambulance and emergency medical services have been allocated R2.5 million which is apparently intended for staffing. The allocation will not put petrol into the tanks of the ambulances and the service is already buying petrol on credit. It will also not improve the abysmal salaries of paramedics.

About R3 million will be put towards subsidising St Mary's Marianhill Hospital and McCord's Zulu Hospital.

In KwaZulu, about R6 million is intended for the further commissioning of Prince Mshiyeni Hospital with a R1 million designated for Edendale and another R1 million for clinics.

The decision as to how to share the R50 million was made this week at a meeting held by the Natal Provincial Administration Standing Committee for Health.

When The Daily News phoned the MEC in charge of Natal's Health Services, Mr Peter Miller, for details he said: "You can speculate if you want to. I can't stop you. The actual breakdown is not going to be published.

"In broad terms, King Edward is going to get help. So are cancer services, the ambulance services and KwaZulu, namely Prince Mshiyeni Hospital.

"There are two situations; the immediate crisis situation and the general shortfall situation. In the case of King Edward Hospital the general shortfall was of such nature that it was regarded as a crisis.

"In order to keep the doors open an injection of money was needed to deal with the shortfall," said Mr Miller.

He said that the R50 million can be seen in the context of "the little boy who put his finger in the dyke to stop the water".
MEDCAL supply company Sabax was alerted as long ago as April to the possibility that a special intravenous drip implicated in an epidemic of infant deaths might have been lethally contaminated.

Sabax insists it investigated in response to the warnings, but it continued to distribute the drips. No general alert to hospitals was issued.

The warnings came from Ga-Rankuwa hospital and Garden City clinic, a private hospital in Mayfair, Johannesburg.

Tests were carried out in May to establish whether the so-called admixture drips might be the source of the epidemic of kibishiella that has since caused the death of as many as 50 babies. These included 23 babies who died at Ga-Rankuwa hospital during a strike of nursing and administrative staff in April, now the subject of a judicial commission of inquiry.

The commission chief, Mr Justice P M Collie, confirmed this weekend that kibishiella septicaemia — believed to have been caused by contaminated drips — was the "most important" element of his probe into these deaths.

Den Bosley, chief executive of Adcock Ingram, the Sabax holding company, confirmed yesterday that acquired products from Ga-Rankuwa hospital had been found to contain glycerin, a potentially lethal component of hand cream.

Neither he nor Ga-Rankuwa authority could shed any light on the source, but the possibility of sabotage has not been ruled out.

Drips from the private Garden City clinic were also used in April after the baby died from kibishiella and several more were infected.

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Sol's four million rand doll

Search for plane hit by storms

By Roger Makings and Mandy Jean Woods

A DESPERATE search against time to find five men after their light aircraft vanished in the Drakensberg was called off due to bad weather the day after yesterday's attempt.

The search was hampered by rain, mist, high winds and snow on Friday, but the tempest proved sufficient to keep the likelihood of any of the five who left Richards Bay for Johannesburg on Thursday.

Freezing weather and high winds caused temperatures to plummet to below freezing in the Drakensberg during last night.

"Although we have had a total of six snowfalls, which have expanded the grotto wall by the SAP" said Brodaw.

"The men, piloted by ..."
Dr Gordon Cohen with one of the suspect drip syringes. Picture: Tom Edley

Hospital's desperate search for lethal bug

The manager of Johannesburg's Park Lane clinic, Dr Gordon Cohen, has a stock of suspect drip syringes to be used as evidence. He believes this will clear his hospital of any blame in the baby deaths.

Supplies of intravenous drip syringes linked to the deadly Klebsiella infections were withdrawn by medical suppliers Saba last month.

But Dr Cohen kept several in reserve. They are stored in a refrigerated vault, waiting for the source's seals intact.

"And that's where they'll stay, in case they are needed as evidence to clear my hospital of liability in these tragic deaths," said Dr Cohen this week.

He described the intensive investigation clinic staff had undertaken in their hunt for the source of the killer bug which has claimed the lives of seven babies at Park Lane.

"We know the source of the infection, but the source baffled us," he said.

**Contact**

And the babies dying in a neo-natal ward that has been described as one of the top three in the country.

"In August, when our infection control officer informed me that babies were dying in the neonatal ICU, we launched a comprehensive investigation."

"We worked from dawn to dusk for the benefit of the source of the bugs."

"Two independent microbiologists insisted that we were afraid of being accused of self-interest."

"Eventually, we closed down the neo-natal ICU from August 10 to September 10. After we reopened, two babies receiving intravenous therapy died. I was at my wit's end."

Dr Cohen said the breakthrough came when they tested all products that were used. Blood specimens - taken after intravenous therapy - showed the infection.

"We immediately stopped using the products and informed the Department of Health and Saba of our findings," said Dr Cohen. "We have nothing to hide. I hope it is over now."

**Records**

Joan van Reenen, manager of the clinic - owned by Oilil-Clinic, a subsidiary of the Rembrandt group - confirmed that the Mancha baby, transferred from Johannesburg's Park Lane clinic to Morningside's cardiology unit, died in the neo-natal unit last October.

"He could not confirm that the baby died of Klebsiella until I have checked the records."

However, a lawyer representing families of Klebsiella victims told the Mancha had approached him this week after learning that contaminated syringes could have caused the deaths of other babies and said they believed their son had suffered the same fate.

The Sunday Times has also been reliably informed that 11 babies died at Ga-Rankuwa in January under similar circumstances.

Superintendent Dr J J Cross confirmed the deaths, but declined to give details of the cases.

"This forms part of the Cillie inquiry," he said.

As doctors and heads of clinics supported a call for a judicial probe into the deaths, Health Minister Dr Rina Venetor said she was awaiting the findings of the Medical Control Board on Klebsiella infection tests it had ordered.

These findings would determine what action would be taken, she said yesterday.

For the present, the Cillie Commission's terms of reference would remain an investigation into whether negligence caused the death of infants during the Ga-Rankuwa strike.

**Suspected**

Dr Venetor said she was aware that Judge Cillie was also looking at the Klebsiella as the possible cause of death.

"But the question now being asked is why babies - identified by at least two hospitals in April that these syringes were suspected of contamination - continued to manufacture the product until September."

"Asked whether the company had informed other clients that certain drip batches manufactured between April and August were the subject of an internal probe into the presence of potentially lethal contaminants, Mr Bodley said yesterday: "This is the subject of the current investigation, the contents of which will be submitted to the health authorities."

Mr Bodley said that he was the only company official now dealing with media inquiries - declined to be interviewed, but responded to some of the questions put to him by fax.

"It is standard practice for Saba to respond to any adverse reports with the utmost care and precision, to live with our concern and responsibility for patient safety," he said.

"In each case where a clinic or hospital sent suspect samples, contact was made. Alternative, techniques and methodology were routinely tested and validated. No contamination was found in infected and unused syringe bags submitted for testing."

Private hospitals at which babies have died are working

**R25,000 bill for baby who never came home: P3**
POTGIETERSRUS — A group of armed men claiming to be Wit Wolwe gathered outside the “whites-only” Voortrekker Hospital on Thursday last week and threatened to remove a black woman patient admitted for special surgery.

For her own safety she was transferred to another section reserved for Indians, said the doctor who had recommended her admission.

A witness said the men were armed with pistols, batons and rifles.

Black patients in the area are usually admitted to the nearby Mokopane Hospital.

Transvaal Hospital Services MEC Fanie Ferreira warned that people who behaved in an obstructive manner were transgressing the law.

He said nobody could be turned away from any hospital in the province, especially in cases of extreme urgency.

“This kind of disgusting behaviour makes me ashamed of my own town,” said Rita Nel, a Potgietersrus resident.
Wolwe demand patient be moved

The Argus Correspondent 22/01/92

POTGIETERSRUS. — A group of armed men claiming to be "Wit Wolwe" gathered outside the "whites-only" Voortrekker Hospital and threatened to remove a black woman patient admitted for special surgery.

The patient was transferred to another section reserved for Indian people for her own safety, the doctor who recommended her admission said.

A witness said the men were armed with pistols, batons and rifles.

No comment could be obtained from the matron or superintendent of the hospital, but it is understood the woman was the first black patient to be admitted.

Black patients in the area are usually admitted to the Mokopane Hospital.

Mr Fanie Ferreira, the MEC for Hospital Services in the Transvaal, said nobody, whatever their race, could be turned away from any hospital, especially in cases of extreme urgency such as this one.

"This kind of disgusting behaviour makes me ashamed of my own town," said Ms Rita Nel, a Potgietersrus resident.
Detials of three more babies lindect to drips

The clashes of three more babies linked to drips
THREE more babies, two of them twins, died at Tembisa and Coronation hospitals after being infected with Klebsiella Septicaemia in September, bringing the death toll to 21 on the Reef.

Mr Peter Soller, an attorney for parents whose babies died at several hospitals apparently because of contaminated intravenous drips, said yesterday he was approached by Mr Sidney Kaba, of Tembisa, who said his twin boys died at the hospital on September 10 and 11.

He had also received a report from a mother who said her baby died at Coronation Hospital about the same time.

Reliable sources said Government health departments would appoint a judicial commission of inquiry into the deaths.

The death of at least 11 babies at Garankuwa Hospital in January and 28 in April have also been linked to the drip contamination.

A representative for the hospital said septicaemia was found in some of the babies but declined to give more details as the matter was sub judice.

A Sunday newspaper reported that Mr Justice PM Cillie, who heads the commission into the Garankuwa deaths, confirmed that Klebsiella septicaemia was "the most important" element of his probe although negligence was still being investigated.

Soller said he had been approached by relatives of four adults who died of septicaemia after being admitted for relatively minor ailments and put on drips.

A spokesman for Baragwanath Hospital said they had no outbreaks of the infection because they prepared their own intravenous drips.

Park Lane, Morning side and Garden City clinics and Johannesburg Hospital have confirmed deaths due to the infection.
Parents seek criminal charge

THE parents of a baby which allegedly died after being placed on a contaminated drip have lodged a culpable homicide charge with the Brixton murder and robbery squad, lawyer Peter Soller said yesterday.

He declined to name the couple, and police said they could not confirm that charges had been laid unless a name was provided.

Soller said he had taken on four more cases yesterday involving babies who allegedly died from klebsiella septicaemia. He had received about 75 calls from parents who believed their dead babies might have died after being put on contaminated intravenous drips.

"On average I'm taking on three to four further cases per day, but only once I'm reasonably satisfied that the baby may have died as a result of septicaemia," Soller said last night.

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Babies

was waiting for the Medicines Control Council's report and results of an investigation by Minister Sam de Beer's Health and Welfare department before requesting a judicial inquiry.

The man with the key to the council's findings and who everyone was now waiting for, was Cape Town University medical professor Peter Volf, Soller said.

Any civil or criminal actions arising from the findings of a judicial inquiry would set legal precedent in SA.

This was because the courts had never given a ruling as to whether damages can be awarded to people who suffer "emotional shock" in the way the parents of these dead babies experienced it, he added.

Sandton Clinic PR Sonia Vellerman yesterday denied an allegation that a baby had died at the clinic during September possibly as a result of contamination.

The only baby who died during September was born 26 weeks prematurely with a 50% chance of survival. The baby died of bowel complications linked to its early birth, Vellerman said.

MERYN HARRIS reports that share prices of pharmaceutical group Adcock-Ingram dropped on the JSE yesterday in a belated response to the controversy which surrounds its subsidiary company Sabex, which manufactures the intravenous drips.

The shares, which rose to a R32 peak two weeks ago, eased almost 6% or 200c to R32 on a trade of 10 000 shares worth R321 600 changing hands in seven deals.
Patients at risk if JHB ward closes

The threatened closure of the Johannesburg Hospital’s neurosurgical ward poses grave consequences for patients.

The ward is chronically shortstaffed and faces closure unless the Transvaal Provincial Association accepts a “salvage plan” which may include the hiring of private staff.

The TPA denied the ward would close and said an investigation was being conducted.

The hospital’s deputy superintendent Dr Trevor Frankish said on Monday a statement would probably be issued at the end of this week.

The neurosurgeon said he and a registrar were the only staff at present while at least two to three specialists and an equal number of registrars were needed to run the ward optimally.

He gave two reasons for the possible closure of the ward.

“Poor salaries, coupled with a lot of stress and a highly skilled job. And a minor reason is the brain drain.”

He said he had told the TPA six months ago he was leaving, but they had found no replacement.

“When I was 28, I could manage operating until 1am then starting again at 7am. Now, in my mid-thirties, I’m beginning to feel I’m doing a less than perfect job, especially with all the administrative and teaching functions the job entails.”

When asked where patients would go if the ward was closed he replied there was no answer to that question.

“Baragwanath and Pretoria are just as overloaded as we are. And the practicalities of loading sick patients into ambulances and taking them 30 or 40km away are enormous.

“But what will suffer most are the “cold” cases. Who will do the cerebral aneurism cases, which take the whole day, and use up thousands upon thousands of rand?” - Sowetan Correspondent.
Infants death toll is now 25

FOUR more child deaths linked to contaminated intravenous "drips were reported yesterday, bringing to 25 the number of babies suspected to have died in similar circumstances.

More women fearing their children had died after being infected with Klebsiella septicaemia approached lawyer Mr Peter Soller yesterday.

Soller is acting as attorney for parents whose children died at several hospitals on the Reef.

He said he had received 75 calls by noon yesterday.

The four deaths reported yesterday occurred at the Far East Rand Hospital, Tembisa Hospital, Morningside Clinic and Union Hospital in Alberton, he said.

Soller said he thought the Government was awaiting the return of President FW de Klerk before appointing a judicial commission to probe the deaths. - Sapa.
TPA orders urgent probe into spate of baby deaths

THE Transvaal Provincial Administration has launched an urgent, in-depth investigation into all the baby deaths at public hospitals and clinics named by a Johannesburg lawyer representing the families of 25 babies who have died from a bacterial infection.

The babies allegedly died of klebsiella septicemia after being placed on contaminated drips.

So far the privately-run Park Lane, Morningside and Garden City clinics have confirmed klebsiella-related deaths.

However, reports have also surfaced of other deaths at Sandton Clinic, Alberton’s Union Hospital, Far East Rand, GaRankuwa and provincial-run Coronation, Tembisa, Boksburg/Bononi and Atteridgeville’s Kukafong hospitals.

Sandton Clinic’s Dr Antoinette van der Merwe yesterday strongly denied that a baby had died there during September as a result of drip contamination.

Caution

She said the only baby who had died during September had been born 26 weeks prematurely, with a 50 percent chance of survival.

She emphasised that the clinic did not even use the specific product which has been publicly linked to the deaths.

TPA spokesman Mr Piet Wilken said that while its health services department had been ordered to investigate each baby death thoroughly, he also wanted to issue a word of caution.

He said he wanted to point out that all newborn babies were highly susceptible to such infections - and that these infections could be caused by many sources, not necessarily only by contaminated drips as alleged.

The TPA controls 79 hospitals and 33 clinics, but Wilken said the investigation into the recent baby deaths was being held only in those TPA-run medical institutions mentioned in media reports.

He added that the media would be kept informed of the TPA’s findings but, because of their extensive nature, these would not be known for “quite some time”. - Sapa.
HEALTH PROVISION

According to research done by Kenny Chetty and published in *Critical Health* (August 1990), a disproportionately low number of hospital beds provide general care for South Africa’s population.

By province, the number of beds per 1000 people is as follows: Cape — 4.8; Natal — 4.5; Orange Free State — 3.4 and Transvaal — 4.3. These figures do not include the homelands and may have improved slightly with the racial desegregation of facilities.

The World Health Organisation’s recommendation is that there should be a maximum of 10 000 people per health care clinic. But Chetty’s research indicates that in the Cape there are 11,015 people per clinic; in Natal 21,878; in the Orange Free State 17,958 and in the Transvaal 19,133.
Strike at clinic

Non-medical workers at the Sandton Clinic went on strike yesterday after two workers were fired. Striking workers said the two workers were fired on Tuesday because they were smoking on hospital property.
Now Tvl hospitals face drip probe

By Carina le Grange and Marguerite Moodi

The Transvaal Provincial Administration has launched an investigation into allegations of klebsiella infection in certain provincial hospitals, chief liaison officer Piet Wilken told The Star yesterday.

The announcement follows reports that some of the babies who recently died of klebsiella septicaemia, allegedly linked to Sabax drips, died at provincial hospitals.

Hospitals already named include Garankuwa, Far East Rand, Coronationville, Tembisa, Boksburg/Benoni and Kelaalong.

Johannesburg attorney Peter Solier said at least 25 babies had died from septicaemia.

The privately run Park Lane, Morningside and Garden City clinics have confirmed klebsiella-related deaths.

Sandton Clinic's Dr Antoinette van der Merwe yesterday strongly denied that a baby had died there in September as a result of drip contamination.

She also said the clinic did not use the specific product which had been linked to the deaths.

Adecocks Ingram Limited, holding company of Sabax, has welcomed the TPA inquiry.

The company expects the results of its internal and external investigations, by independent outside specialists, to be tabled with the Department of Health by the end of the week.

Don Bodley, group chief executive of the company, said the company's prime concern was for patient safety.

"We are also extremely concerned regarding the anguish of the parents," he said.

Mr Bodley said the contamination could have come from several sources.
Hard-hearted? Not us, says clinic boss

By MARK STANFIELD

CLINIC Holdings chairman Barney Harwitz this week rejected accusations that private clinics charge excessive fees for their services.

He was questioned after disclosures that some parents had received bills of up to R30 000 following the deaths of their babies through Klebsiella infection and that "threatening" demand letters had been sent out.

"We charge approved medical aid scale of benefit rates, even though we are contracted out of the medical aid scheme," he said.

"Because medical aid schemes do not pay for certain items, we add R35 a day extra to cover these losses. Our clinics cannot absorb this loss and it would be detrimental to patients if we stopped using the medicines not covered by medical aid.

"We have not yet sent out threatening letters demanding payment from the parents of those babies.

**Risks**

"We submit bills and 10 days later send out reminders. Two weeks after this, we request payment and ask patients to come in and see us to discuss difficulties they may be having. If this is ignored, we see them."

"Admission forms signed by all patients entering clinics under the Clinic Holdings banner stipulate:"

"... should I default in payment of any amount due to the clinic, the clinic shall be entitled to recover in addition to such amount due, all costs disbursed by itself to its attorneys in securing my compliance, which costs may be taxed and recovered on the scale as between attorney and own client and shall include the costs of all necessary attendances, tracing fees and opinion given, whether action has been instituted or not."

But, said Mr Harwitz, the clinic's owners were not as hard-hearted as it would seem. He disclosed that his group sometimes treated "deserving charity cases" free.

However, he also admitted that clinics under his control had turned patients away before admission because they were found to be credit risks.

"This is a business like any other. Our overheads are high. Our salaries alone make up 84 percent of total expenditure," he said.

Mr Harwitz criticised para-statal medical aid schemes, accusing them of contributing to his company's bad debts because they refused to pay clinics directly.

"The para-statal medical aid schemes insist on paying their clients, who are meant to hand the money over to us. Instead, many blow the money and we end up having to sue. We could reduce hospital costs if medical aid schemes were to pay us.

"Patients belonging to non-recog- nised medical aid schemes pay a deposit before admission. Recognised medi- cal aid scheme members pay no deposit.

"There have been cases where we have turned patients away because they are a credit risk."

As for the ethics of charging for medical treatment needed because of secondary infection — due to faulty medicine or equipment — Mr Harwitz said: "If something goes wrong, the patient has a claim if he goes through the right channels. He should first pay the medical bills and then arbitrate."
Correspondent: This week the Oxford Journal reported on the opening of Orange Farm, a new clinic located in Orange Farm, a former squatter settlement south of Johannesburg. The clinic provides health services to an estimated 700 people living in the area.

Orange Farm is a former squatter settlement located south of Johannesburg. The new clinic was opened to provide medical services to the community. The clinic was funded through donations from various sources, including local businesses and community organizations.

The clinic offers a range of services, including primary healthcare, laboratory services, and community health education. The clinic is staffed by qualified healthcare professionals, including doctors, nurses, and healthcare assistants.

The opening of the clinic is seen as a significant step towards improving healthcare in the area. The clinic is expected to play a vital role in providing access to essential healthcare services to the community.

The clinic is planned to expand its services in the future, with plans to include more specialized services and a larger facility. The community is hopeful that the clinic will continue to grow and provide quality healthcare services to the people of Orange Farm.
Probe into deaths is welcomed

ADOCK, Ingram Limited, whose pharmaceutical company Sabax manufactures drips allegedly linked to the deaths of 25 babies and four adults in the Transvaal, has welcomed the investigation by the Department of Health into the spate of deaths.

"Mr Don Bodley, group chief executive of the company, said their prime concern was for patient safety. "We are also extremely concerned regarding the anguish of the parents concerned."

"We have already assured the Department of our co-operation and have maintained constant contact during our investigations."

Bodley said the source of contamination could, however, have come from several sources.

The company expected the results of their own internal and external investigations, carried out by independent outside specialists, to be tabled with the Department of Health and the end of the week, he said. - Sapa.
Judicial inquiry into babies' deaths likely

GOVERNMENT is set to appoint a judicial commission of inquiry into the deaths of at least 25 babies, most of them born premature, who died after being placed on drips in private hospitals.

And Sabaq, manufacturers of the allegedly contaminated drips, will later today release the findings of its investigation into the product. This will include a report from UK microbiologist Andrew Bill.

A general tightening of procedures, not only by manufacturers but also by clinics, seems certain to be contained in the report and will most likely be endorsed by any inquiry, sources said yesterday.

An announcement on the judicial commission is believed to have been postponed until President F W de Klerk returns to SA today. A call for the inquiry, made by attorney Peiter Soller, has been supported by parents of the dead babies.

A National Health Department spokesman said yesterday the Medicines Control Council would hand its findings concerning the drip mixture to the department towards the end of next week.

Our Cape Town correspondent reports that Soller has taken on his first case there, that of Alexandria Faria who died in the Red Cross Hospital in July from liver failure and multiple organ haemorrhage.

Although the 13-month-old baby was on a drip, the doctor who treated her does not believe her death was connected to contaminated medical products.

The Red Cross Hospital is awaiting the results of an investigation into the death.
By PETER DENNEHY

A BALANCE had to be maintained between the need for a hospital to function effectively and for it to be secure, Groote Schuur medical superintendent Dr Jocelyn Kane-Berman said yesterday.

She was speaking at a press conference called in response to reports that the hospital was suffering ongoing losses due to theft.

Dr Kane-Berman said hospitals were part of the public domain, and Groote Schuur was conscious of its accountability to the taxpayer as well as to its patients.

Together with associated institutions, the hospital has an annual budget of over R300 million and a staff of 10 000.

"We are doing everything in our power to stop the thefts," Dr Kane-Berman said.

However, high-tech security systems were not affordable, and it would not be cost-effective to increase the R1 million-a-year security presence.

Losses of equipment by breakage and theft amounted to R103 000 in the past fiscal year, she said.

"The hospital is similar to a small town — or perhaps not such a small town. At peak times, there may be 15 000 people in the vast, rambling complex. Every category of person you might expect to find in a town can be found in a hospital too."

Dr Kane-Berman criticised Cape Times journalist Mr John Scott for his "recent sortie on to the hospital's premises under cover of visiting hours when the public move about in great numbers". He was gathering material for a column on hospital theifs.

She said his trip was "a breach not only of etiquette but also of the standing agreement with the media that none of its members will carry out activities on hospital premises without the knowledge and acquiescence of the medical superintendent".
Medical watchdog not watching drips scandal

By PAT SIDLEY

THE Medicine Control Council, the state's watchdog on drugs and pharmaceutical products, is not investigating Sabax, the company which manufactures intravenous drips allegedly linked to the deaths of babies in the Transvaal.

This was confirmed by the MCC's head, Professor Peter Folb.

At least two dozen newborn babies have died in Witwatersrand clinics and hospitals after being infected by the Klebsiella bacteria, which the Park Lane Clinic alleges, was carried in the intravenous drip bags fed into the children in the clinic's neo-natal intensive care ward.

Several doctors said the factory should have been closed and the products recalled. However, millions of units are at stake, Sabax is the major producer of the bags and it is the only producer of certain products.

The Transvaal Provincial Administration said it is to investigate the recent deaths, but it now seems that a judicial commission of inquiry will be appointed by the government.

The MCC sees it that drugs, drips and other pharmaceutical products do the job they claim to do, safely and efficaciously. If there is any doubt, thorough investigations are carried out by the MCC inspectorate, said Folb. And no license is granted before the facility is inspected, without warning.

It is not clear whether the drip bags contained the same fluid, or even whether the original component was a fluid or had been mixed from a powder. It is also unclear where the mixing took place — if there was any mixing.

It appears that some products are manufactured by Sabax and the seal is not broken until the drip is placed in the patient. However, at many facilities, including the Johannesburg and Coronation hospitals, the contents of the drips are often mixed at the hospital's dispensery or in the ward.

According to one doctor, a procedure to prevent infections is followed. This includes taking a swab and culturing it every time a drip is inserted in a baby and changed or mixed. The drip site is changed every 48 hours, as this is the primary cause of infections. If this procedure is followed, then any trace of Klebsiella ought to have been picked up.

According to the Park Lane Clinic, the bags are mixed at Sabax according to doctor's prescriptions and sent intact to the clinic. Sabax has been reported as agreeing with this version.

A senior department of health source drew a distinction between the dispensing of the product and its manufacture, saying they believed it to be a dispensing problem in this case. Dispensing implies that a mixture has been created according to a doctor's prescription.

The lawyer representing the babies' families, doctors and some government health officials are calling for an independent inquiry.
THE fate of the neurosurgical ward at the Johannesburg Hospital, which is threatened with closure due to lack of staff, will not be known until the end of next month, a spokesman for the hospital said on Wednesday.

He said hospital officials were busy with negotiations and consultations regarding the future of the ward, but the final outcome was not expected before the end of November - when the only remaining senior neurosurgeon left to enter private practice.

**Unlikely**

The hospital’s deputy superintendent, Dr Trevor Frankish, had said earlier this week a statement on the fate of the ward would probably be issued this week, but this is now unlikely.

The Transvaal Provincial Administration has refused to answer questions about the ward except to reiterate that it would not be closed down.

The TPA said questions on how many neurosurgeons were necessary to run the ward optimally, whether the TPA would act on doctors’ proposed salvage plans and other issues could not be replied to as none of these matters were not information to which the public was entitled.

Plans

A spokesman said replying to questions would also not help the hospital while it was busy solving the problem.

Neurosurgical staff at the hospital had given the TPA and the University of the Witwatersrand several salvage plans.

These included getting a group of neurosurgeons to run the ward or calling in a private nursing home to help out.

The dean of the medical faculty at Wits University, Professor John Milne, could not be reached for comment.
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....
Toxic drips could have killed more

From Page 1

Saba are still attempting to confine it to the two clinics, when it is more widespread. My firm alone has been approached by families of victims of 55 unexplained deaths in hospitals. There could be scores more, especially among blacks.

There is also outrage at the Department of Health and its National Health and its Medicine Control Council — the State’s watchdog on drugs and pharmaceutical products — for ignoring reports on the deaths and making no move to investigate Saba.

There are suspicions that the infected drip could have been distributed from as early as April.

Private hospitals, the TPA and Saba could be sued for millions of rands if they are found liable for the deaths of the 55 people.

Health Minister in the House of Assembly, Sam de Beer, on Friday asked Justice Minister Kobie Coetsee to appoint a judge to investigate the widely reported deaths in terms of the Inquests Act.

He also submitted statements from the families of victims and their legal representatives to the Attorney-General of the Witwatersrand with the request that inquests be held urgently.

Adecock Ingram says its report this week it could not find the source of the contamination.

The report said further investigations were going ahead and gave the assurance that the batches sent to Park Lane and Morningstar had been recalled.
Diary of death

CHRONOLOGY of known baby deaths at clinics and hospitals: 51 total 23-10-90

MARCH/APRIL 1990
Ga-Rankuwa hospital reports 23 dead babies. Sabax finds Glycerol in drips sent for analysis. The deaths are subject to a commission of inquiry headed by Mr Justice P M Cillie.

Morningside clinic reports three baby deaths due to klebsiella infection. Sabax not informed.

Garden City clinic reports one baby death and several infections. Sabax informed of suspect drips.

MAY 1990
Garden City clinic reports klebsiella infection, but babies survive.

AUGUST 1990
Morningside clinic reports one baby death due to klebsiella. Sabax products withdrawn from use.

Park Lane clinic reports five baby deaths, closes down neo-natal unit and investigates. Sabax informed drips suspect.

SEPTEMBER 1990
Park Lane clinic reports two baby deaths due to klebsiella.
Baby deaths: now who's telling the whole truth?

By MARK STANSFIELD

MEDICAL supply company Sabax finally confessed this weekend that their products are linked to the deaths of two babies.

But their admission — a week after telling the Sunday Times no contamination had been found in "intact and unused" bags returned for testing — leaves a myriad of unanswered questions.

Peter Soller, the lawyer acting for at least 22 people claiming deaths in their families caused by contaminated drips, has labelled Sabax's interim report "unacceptable".

He says families will continue to press for a judicial inquiry or a mass inquest into the deaths. "The report fails to address itself in any manner whatsoever to the abnormal delay in the duration of the investigation."

While Sabax says "units in two batches of the potassium admixture — distributed only to Park Lane and Morningside clinics — were contaminated" they fail to address the drip problems experienced by Ga-Rankuwa Hospital and Garden City Clinic in April.

Last Friday, Don Bodley, group chief executive of Sabax holding company Adcock Ingram, told they had tested drips sent from Ga-Rankuwa in May and "detected glycerol, the source of which was unconfirmed".

In response to questions from the Sunday Times this week, Mr Bodley confirmed five units had been returned from Ga-Rankuwa.

"Three of these units were returned opened and testing revealed very high concentrations of glycerol. Two units were sealed and intact and testing revealed traces of glycerol, compared to control units."

Glaring contradictions and unanswered questions remain.

On October 19, Garden City Clinic said it had tested Sabax drips during a klebsiella outbreak in April and found them "infected with the same bacteria as found in the babies".

Sabax, it claims, was informed of its suspicion.

Bacteria

On the same day Adcock Ingram was asked to give details of the incidents and what action was taken by the company.

On October 24, the health department was informed.

In August, after another death, mise was taken of Park Lane Clinic's investigation into contaminated drips and Sabax products were removed from shelves.

On October 23, Park Lane Clinic responded to questions about deaths at the clinic as follows:

"During August and September an incidence of infection occurred in the neonatal unit. We closed the unit and investigated. The unit opened on September 18. "When infections were again discovered in two more babies further investigations were undertaken." "The Park Lane Clinic tested Sabax drips and found klebsiella contamination. Sabax was informed and drips removed."

Reported

On October 24, Barney Horwitz, chairman of Clinic Holdings group, which owns Garden City Clinic, said: "Rubbish. We still have the batch numbers and other relevant information available. Sabax never followed up the complaint."

He said the matter was reported to the health authorities by the clinic. Sabax, on the other hand, admits that it did not inform the health authorities of the incident.

On October 12, Morningstar Clinic stated it had recorded three deaths due to klebsiella between March 19 and April 18. Its neonatal unit was closed for a week while procedures were reviewed. Neither Sabax nor

Dog could be link in Sabax probe

PATRICK reports confirm that a pedigreed boxer bitch was infected with klebsiella in February after receiving a Sabax drip during a caesarian operation.

The dog died the same day and veterinarians believe it might have been a victim of a contaminated drip.

This could be vital to investigations now being conducted into the source of drip contamination, which allegedly killed 55 babies in three clinics and hospitals.

Tests being conducted on a Sabax sodium chloride drip administered to Carla could prove that drip contamination was not confined to Sabax's Admitted laboratory.

Adcock Ingram's group chief executive, Don Bodley, declined to comment on the allegations.

But Peter Soller, the lawyer acting on behalf of the parents who lost their baby allegedly due to drip infection, sent information relating to Carla's case to Health Minister Rina Wesley this week.

CANINE VICTIM: Carla, who almost lost her puppies, with her owner
New proposals to extend health care

PROPOSALS for a new health care system which would meet both First and Third World needs in SA are made in a comprehensive study by Andersen Consulting's health care specialist Maurice Goodman.

The proposals recommend co-operation between the public and private health sectors into a system aimed at broadening the scale of private hospitals and relieving state hospitals of worsening space and financial constraints.

Goodman argues that if private hospitals receive state subsidies on behalf of people who cannot afford health care, they will be able to broaden their scope from the essentially curative, First World niche they occupy and lift some of the pressure on limited state resources.

Contracts

He says the study has attracted the interest of both ANC medical experts and government because it recommends a compromise between a fully socialised health care system and the existing one.

Although the present system incorporates both the public and private sector, it is neither cost effective nor comprehensive enough.

The proposed system is based on a "capitation principle" — widely applied in the US — where the state contracts with a hospital, clinic or even a major corporation to provide health care to a certain section of the population. The provider receives a fixed fee based on the number of patients it serves.

Lesley Lambert

Goodman argues that this would inevitably lead to greater involvement by the private sector in primary health care — an area which the Health Department is committed to assisting — and it would encourage greater efficiency as hospitals would have to develop strategies to contain costs.

He says existing financing systems such as the fee-for-service and Diagnosis Related Group schemes, both of which are based on reimbursement, discourage the private sector hospitals from providing primary and preventive services because they are unprofitable.

Reimbursement systems are also not cost effective because they provide an incentive to do "as much as possible" to increase the number of services rendered.

The best known capitation-based system is the Health Maintenance Organisation (HMO) which provides health care services to more than a third of the American population.

HMOs are not allowed in SA because of legislation restricting group practices and the private sector employment of doctors.

The recommendation of deregulation is likely to be resisted by many doctors who are concerned that in an HMO-type system, health care ethics could be compromised by business decisions.

Ultimately, says Goodman, "the chosen system will only be implementable if it is both attractive to the private sector and cost effective for the state".
Hospitals may have given up to 40 babies contaminated admixture

HOSPITALS may have fed up to 40 babies with admixture from batches found by manufacturers Sabax to be contaminated.

The admixture was definitely administered to two babies who died at the Park Lane Clinic.

And Health Services and Welfare Minister Sam de Beer has asked Justice Minister Kobie Coetzee to appoint a judge to head urgent inquests after reports of more than 50 baby deaths which may have been due to “unnatural causes”.

Sabax has not yet established the source of contamination in two batches of potassium “cocktail” dispensed by its admixture pharmacy on July 25 and August 17 this year.

The batches, containing a total of 70 units, had been distributed only to the Park Lane and Morningside clinics in Johannesburg.

However, at least 40 bags from these batches were not returned to Sabax, Adcock Ingram CEO Don Bodley said.

There were 18 bags which had been returned and found to be contaminated with klebsiella bacteria.

Sabax knew of reported contamination in a further 16, he said.

One bag had been discarded by a hospital before it could be tested.

The balance of the two batches, a total of 40 bags, was not returned to Sabax for testing and no records were provided by hospitals to show whether or not they had been contaminated.

Except in the case of the two babies who died at the Park Lane in September, hospital records had to date not allowed Sabax to match patient records with batch records.

Despite UK microbiologist Andrew Bill’s finding that Sabax’s admixture dispensing pharmacy, procedures and staff could not be blamed for the contamination, the unit will remain closed until investigations are complete.

Sabax and independent investigators such as the SA Bureau of Standards and the SA Institute for Medical Research will continue testing in an attempt to find the source of contamination.
Sabax drip unit closed on Oct 1

By Carina le Grange
Medical Reporter

The Sabax unit implicated as the origin of drips allegedly connected to the deaths of at least 25 babies in Johannesburg clinics has been closed since October 1 and no danger existed to patients, the Department of National Health and Population Development has disclosed in a statement.

Sabax has also reported that so far the source of the infection has not been established.

The National Health Department issued its statement after receiving an interim report from Sabax on Friday reflecting the company's internal investigation.

The statement added that all other medicines from the implicated pharmacy had been withdrawn.

The Minister of Health Services, Welfare and Housing, Sam de Beer, responsible for private clinics, said in a separate statement he would request the Minister of Justice, Kobie Coetsee, to appoint a judge to head inquiries into the deaths of the babies in terms of the Inquests Act.
Clinic Strikers Torturing Non-Strikers

By Benson Tappenden
Wildcat strike over sackings at Tygerberg

By SHARON SOROUR
Labour Reporter

TYGERBERG, Hospital workers are on a wildcat strike to protest against the dismissal of three Health Workers' Union shop stewards.

According to union spokesman Mr Dale Forbes about 300 general assistants at the hospital went on strike at 7am.

But a hospital spokesman said "about 160 workers are not at their posts at the moment".

Mr Forbes said the strike followed the dismissal of three shop stewards who took part in a demonstration at the hospital on July 20.

The union held "urgent talks" with the Cape Provincial Administration yesterday.

"We asked them to reconsider their position as a protest action by workers would seriously disrupt the hospital and would jeopardise the relationship which has been built up between management and the union.

"They were unreasonably intransigent and insisted on the dismissal of the shop stewards."
Sacked workers arrested outside Sandton Clinic

SIX dismissed Sandton Clinic workers were arrested yesterday after gathering with other dismissed colleagues outside the clinic to receive copies of court orders from clinic management representatives.

The Supreme Court order confined picketing workers to pavements opposite the clinic and prohibited them from obstructing clinic operations.

The workers were fired after taking industrial action. Clinic spokesman Sonja Velleman said they had refused to accept the court order when it was issued by the Witwatersrand Supreme Court on Saturday.

National Education, Health and Allied Workers' Union (Nehawu) educational secretary Neil Thobetjane said yesterday the arrests were the result of a trap set up by the clinic's management in collaboration with the SAP.

Velleman said that if people had been arrested, "it's on the grounds of intimidation".

Nehawu organiser Sam Pholotho dismissed a police claim that some of the sacked staff had abducted and tortured clinic staff in a Johannesburg building, challenging police to name the place and time at which the alleged torture took place.

On Wednesday SAP Witwatersrand liaison officer Capt Eugene Opperman said in a statement that "some supporters, if not members of Nehawu" had kidnapped, intimidated and assaulted clinic employees.
Hospital strike appears in ill health

By PETER DENNISHE

THE Health Workers' Union (HWU) and the Cape Provincial Administration (CPA) were at odds yesterday over whether or not a non-medical workers' strike was underway at Tygerberg Hospital.

When the Cape Times arrived at the hospital about three dozen workers were in or around a small union office. They said "about 500 workers" out of a workforce of 1,500 were on strike, but most had gone home after a meeting. The union had a membership of over 1,000, they said.

CPA spokesman Mr Van Heerden Heunis said later that there had been no strike at all. About 100 workers had discussed the dismissal of three workers, but they had gradually returned to work, he said.

"No services whatsoever were affected," he said.

The dismissal of the workers had been the result of an incident on July 20 last year when "general assistants" had occupied the office of the medical superintendent and threatened him, Mr Heunis said.

One of the dismissed workers, Mr Ockert Jansen, who is also chairman of the local Health Workers' Union branch, said yesterday that about 300 people had taken part in the initial demonstration "against the hard-line attitude which management adopted in refusing to talk to us".

Four workers, including the chairman, vice-chairman and secretary of the union branch (Mr O Jansen, Mr C Arendse and Mr B Scholtz) were subsequently charged with disruptive and provocative behaviour, using abusive language and being absent from their posts without permission. The fourth man charged was Mr J Wimmer.

Workers felt it was unfair that these four had been charged, as many more had taken part, Mr Jansen said.
Biggest and plushest gets the blame

Why has the medical row centred only on one clinic?

The deaths of between 25 and 30 newly-born babies have been linked to infected intravenous drips — the figure may be as high as 50.

Death certificates reflect causes which appear natural, thus no inquests take place. And the culprit, which looked increasingly like the drip manufacturer, Sabax, went on producing a defective product.

The initial story told by the Park Lane Clinic to this newspaper — that only one baby died and no wards were closed — was the prime reason for parents contacting the press to say that their babies had died, apparently under the same circumstances.

It was then discovered that babies had died in other clinics.

The Park Lane Clinic, through its own investigations, found bacteria in the drip bags and alerted the authorities who did not deem it fit to investigate at an appropriately early stage. Eventually Sabax was forced to admit some of its liability.

However, despite the apparently admirable reaction of the Park Lane Clinic to investigate thoroughly, and point a finger in the right direction, the public has reacted sharply to the knowledge that babies died in the clinic’s wards.

Several other clinics and hospitals have had the same problem — and kept even more silent than the Park Lane Clinic. And they have apparently not instituted investigations into why the babies died.

Several paediatricians around Johannesburg lost their tiny patients without alerting anyone to the fact that something gross had gone wrong.

There are only two large pathologists firms in town which

must have noticed the increase in Klebsiella-caused infections. But they said nothing.

So why has the Park Lane Clinic, the biggest, plushest and probably best maternity clinic in the country, been lumbered with this public view?

Well, for one thing, it is very big and very expensive. But despite this, people who pay for a feeling of exclusivity are not going to get it — there is a production line atmosphere in the Park Lane Clinic.

And the financial aspects probably bother people even more. To have a baby at the Park Lane Clinic means the patient must first pay a deposit. However, the amount depends on the patient’s medical aid scheme.

Then the patient signs documents which effectively give the clinic the right to follow virtually any medical procedure they want, disclaim any responsibility for the results and make sure the patient is responsible for the payment of their high rates — and their costs in chasing him/her into the debtors court.

According to the clinic’s admission form as it was quoted in

The Sunday Times recently: “...should I default in payment of any amount due to the clinic, the clinic shall be entitled to recover in addition to such amount due, all costs disbursed by itself to its attorneys in securing my compliance, which costs may be taxed and recovered on the scale as between attorney and own client and shall include the costs of all necessary attendances, tracing fees and opinions given, whether action has been instituted or not”.

Bills are sent out and followed quickly (10 days) with reminders. Then, said Barney Hurwitz, the chairman of Clinic Holdings which owns the Park Lane Clinic, “we request payment and ask patients to come in and see us to discuss difficulties they may be having. If this is ignored, we sue them”.

The Park Lane Clinic has also been accused of billing for items that perhaps should not have appeared on the account. In the case of one of the dead infants, the parents said they appeared to have been charged for items incurred after their baby died.

One thing runs in common, a general belief that the Park Lane Clinic squeezes its consumers hard. This is not ameliorated by knowing that Hurwitz occasionally treats charity cases free. To be sure, the clinic is a business and it has to be profitable. But perhaps it needs to look at the manner in which it deals with the patients’ money, their right to know, and general sense of individual rights.

The Park Lane Clinic, through its public relations firm, wanted a chance to reply to this article. The article was held back for more than a week to give the clinic an opportunity to reply but none was forthcoming.
Hospital workers back on the job at Tygerberg

Labour Reporter 2/11/90

TYGERBERG Hospital workers who stopped work to protest against the dismissal of three Health Workers' Union stewards are back on the job, a hospital spokesman said.

"There is no work stoppage at the hospital this morning," he said.

Union organiser Mr Dale Forbes said more than 200 general assistants were still on a wildcat strike yesterday afternoon but this was disputed by Cape Provincial Administration spokesman Mr Van Heerden Hennis.

"About 100 workers discussed the matter in groups and gradually returned to work," Mr Hennis said.

"There was not a real strike at any stage and no services of the hospital were affected at all."

Mr Hennis said the stewards were dismissed after an incident in July when the workers occupied the office of one of the medical superintendent's and, with another worker, threatened him.

"A disciplinary investigation into their conduct followed in August but the workers were not interested in putting their case forward. The hearing led to one worker being reprimanded and three were dismissed."

They were found guilty of serious misconduct, Mr Hennis said.

Mr Hennis said the date of the disciplinary hearing had been postponed for three weeks to enable the workers to lodge an appeal.
Saflife's interim dividend up 150% 

SAFRICAN Life Investment Holdings (Saflife), the life assurance group in the IGI fold, has declared a 150% increase in its interim dividend for the six months to end-September on a 99.7% rise in earnings a share.

A dividend of 12.5c (5c) was declared on a reduced dividend cover of 1.3 (2.4) times.

Chairman Mike Lewis said the life insurer had managed to perform extremely well despite deteriorating economic conditions.

During the period the group had focused on consolidating its position within the market place. Cost increases were also curtailed.

Lewis said Saflife had increased its market share during the period.

The board had decided to reward shareholders with a significant dividend increase as it was confident the growth in premiums would continue in the second half. A further increase in the final dividend was likely.

Attributable profit for the six months to end-September rose 90.3% from R3.8m to R5.7m, generating earnings a share of 22.5c (11.5c).

Gross recurring premium income rose to R96.5m (R47.4m) and net recurring premium income to R93.6m (R44.6m). Gross and net premium income from single premium business fell from R23.3m to R20.0m, giving total gross premium income of R96.7m (R70.6m) and total net premium income of R94m (R47.9m).

Lewis said Hosken Consolidated Investments' (HCI's) bid to take over Crendall Investments — formerly the R42m Arwa cash shell — was at an advanced stage, but approval still had to be obtained from the Registrar of Insurance. The deal would increase HCI's stake in Saflife from 11% to 75%. The deal would be ex Saflife's interim dividend.

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Presmed income leaps by 96%

MARIETTE DU PLESSIS

IMPROVED occupancy levels at most of the hospitals and day clinics helped to boost President Medical Investments' attributable income by a whopping 96% to R1.15m (R387 000) in the six months to end-August 1990.

Results released today show a 129% increase in operating income to R8.3m (R3.5m) while earnings rose 49% to 108c a share compared to 67c for the same period last year.

This followed Presmed's acquisitions of an 80% stake in the Cape-based Jan S Marais Clinic. The subsequent conversion of 2.02-million compulsorily convertible preference shares to ordinary shares on March 1, 1990 increased Presmed's total issued share capital to 11.53 million shares.

MD Carl Grillemenber said improved occupancy levels, special attention to collection of debtors and strict cost control helped Presmed's performance. He was optimistic present margins would be maintained.

He said Presmed hospitals and day clinics would remain contracted to medical aid schemes despite tariff increases.
Hospital guidelines criticised

PRETORIA — New guidelines for provincial hospital superintendents allowed them to continue implementing racial segregation, the National Medical and Dental Association (Namda) said yesterday.

Regional executive member Dr Johan Broomberg said the guidelines appeared reasonable on the surface, but they would legitimise the maintenance of segregated hospitals.

This was despite the recent abolition of hospital apartheid and the scrapping of the Separate Amenities Act.

The management model for handling patients was drawn up by the four provincial administrations and the National Health and Population Development Department after hospitals were opened to all races earlier this year.

The intention was that the model would "lay down the law" to hospital personnel who were reluctant to admit blacks.

However, the document, which was circulated to all provincial hospital superintendents two weeks ago, allows them to exclude patients on the grounds of limited resources.

The document states that all people in SA must have access to adequate health services and sets guidelines for treatment.

The document states that when a patient is admitted to a hospital, consideration should be given to the availability of beds and whether the necessary manpower, funds, equipment and expertise are available.

Broomberg said that under these guidelines, a superintendent could still give preferential treatment to white patients and then claim a shortage of resources prevented the admittance of blacks.

The document states that when allocating a bed, various factors should be taken into account, including the patient's state of health; administrative considerations.

□ To Page 2

Hospitals

and practical hospital arrangements; and private patients' special requests, provided the institution has the means to accommodate such requests.

Precedence should be given to patients living in the immediate vicinity of community and regional hospitals. Academic hospitals should accept only referred cases, as far as possible.

Broomberg said community and regional hospitals, previously reserved for whites, were not built in the townships.

□ From Page 1
Babies' inquests not likely this year

ANY action in the "baby death" cases is unlikely before the end of the year.

The lawyer representing most of the families whose babies were victims of contaminated drips, Mr Peter Soller, said the Attorney-General of the Witwatersrand, Mr Klaus von Lieres, was studying the information before setting a date for an inquest.

Soller said Von Lieres had not made up his mind about when to hold an inquest but had said it would not be before Christmas.

On the question of payouts, Soller said he had not discussed suing for compensation with the parents.

He said the parents wanted money to pay for the hospital bills and other expenses resulting from the deaths of their babies. - Sapa.
Hospital workers ready for arbitrator

By SHARON SOROUR
Labour Reporter

THE Health Workers' Union will suspend all industrial action at Cape Provincial Administration hospitals if the disputed dismissal of three Tygerberg Hospital shop stewards is referred to arbitration.

Union organiser Mr Dale Forbes said this was decided at a weekend union meeting.

CPA spokesman Mr van Heerden Heunis said union secretary Mr Hassan Mohamed had telephoned with the proposal...

"The proposal will be considered when we receive it in writing."

The development follows a one-day work stoppage last week when scores of general assistants at Tygerberg Hospital downed tools in protest over the dismissals.

Mr Forbes said similar action at other Peninsula hospitals had been postponed pending the CPA's decision.

Mr Heunis said four shop stewards had taken part in a protest on July 20, occupying the office of the medical superintendent and threatening him.

A disciplinary hearing had found the workers guilty of misconduct.

Three had been dismissed and one had been reprimanded. An appeal for their re-instatement had been rejected by the Administrator, Mr Robus Meling.

'FAIR HEARING'

"The workers were given a fair hearing by an impartial committee. They chose not to be present for the full duration of the hearing. "They were given an opportunity to state their case but chose not to do so. They were given three weeks to submit their appeal."

The workers had been dismissed on October 31 and had been paid their November salaries."
Strike-hit hospitals discharge 500 patients

BY MATTHAI ASETEU

Sunday 9 October

More than 500 patients were discharged from the hospitals in Windhoek following official orders by the Government to ensure that the health facilities do not become overburdened.

The Windhoek Central Hospital discharged 166 patients, while the Regional Referral Hospital discharged 361 patients.

The hospitals were under pressure due to the increase in the number of COVID-19 cases in the country.

The government has advised the public to avoid unnecessary visits to hospitals to prevent the spread of the virus.

The discharge decision was made to ensure that the hospitals can continue to provide essential services to patients with non-COVID-19 related conditions.

The patients were advised to continue with their medication and to seek medical attention if their condition worsens.

The government has urged the public to comply with the health guidelines to prevent the spread of COVID-19.
Help needed by Bara committee

By PEARL MAJOLA

THE Beds for Bara Action Committee, a small organisation which has helped Baragwanath Hospital buy enough beds for its patients, is looking for more members.

The committee, presently comprising of only three members, Cecilia Moloantsoa, Beauty Malete and Michael Murphy, was started about two years ago. Since then the organisation has raised about R13 000, some of which has already been used to buy 25 units for the hospital.

Each unit contains a bed, mattress and a locker and costs about R600.

"I joined the committee soon after it was formed and we started raising funds through bring-and-buy sales and some companies donated some money as well," said Murphy.

"We do not actually buy the beds ourselves, but we send the money to the Hospital Board Fund and they in turn buy the number of beds needed." This also helps us because since the money is deposited into that Fund. We do not have to have a fund raising number. One of the problems we have at the moment though is that we do not have enough people on the committee to handle all the work that needs to be done," he continued.

"We have wonderful ideas on what we can do to get money and we are even thinking of starting a Bara Help Fund, a sister account which will be used to buy necessary equipment and its maintenance.

Donations

"We are also going to write letters to more companies asking for donations," he concluded.

The problem for the hospital presently seems to be space more than beds, so the organisation plans to divert its attention from beds to other projects that might be relevant.

If you wish to assist, join or know more about the organisation, Michael Murphy can be contacted at 635 0241 or 614 7899 after hours.
Children's hospital 'swamped'

By VIVIEN HORLER, Staff Reporter

RED Cross War Memorial Children's Hospital, the only children's hospital in southern Africa, is in crisis and superintendent Dr Gilbert Lawrence says if there are further budget cuts he does not know how they will get through next year.

This year the hospital had to cope with an effective 15 to 20 percent budget cut, in spite of an increase in admissions and no increase in staff.

The hospital, known for its excellence in treating paediatric burns, trauma, children's cancers and for open-heart surgery on newborn infants, is being swamped by patients streaming in for treatment of what Dr Lawrence calls "lumps and bumps and coughs and colds".

"I don't blame them. You don't know if an ailment is a minor one until it's been diagnosed. And without adequate alternative facilities closer to home for these patients, we cannot shut our gates."

Among the major problems he listed are:

- A shortage of nurses, such as those trained in intensive care;
- Too few beds, especially neurosurgical- and tracheostomy beds;
- Patients sometimes being discharged sooner than the medical staff would choose because of pressure on beds;
- Rapidly deteriorating equipment;
- Insufficient hospitals and clinics in the townships;
- Swamping of the outpatients department by patients with minor ailments;
- Lowering of staff morale;
- Lack of accommodation for mothers staying overnight; and
- Lack of time for doctors to teach and do essential research.

"In the face of an escalating population and patient load - something like 40 percent of the population of the Western Cape is under 15 - our situation is static in terms of development and deteriorating in terms of facilities and staff morale. We're in crisis - we're staggering," Dr Lawrence said.

The hospital was built in 1936 and intended as a referral and training hospital for the University of Cape Town's medical school. It officially has beds for 320 patients, but the number of beds available is now 160.

3 die, 6 hurt in W Cape violence

By DALE KNEEN

Crime Reporter

THREE people died and six were injured in a wave of violence in the Western Cape at the weekend.

A woman was killed in a bizarre ritual murder in Kraaifontein, a retired air force commander was bludgeoned to death with a rock in Somerset West and a policeman was killed in a grenade attack.

A taxi-driver was shot in the mouth and arm, a man was injured by a five-year-old boy in a bar, and a Paarl man was stabbed by robbers.

Various incidents of arson and damage to property of policemen and town councillors were reported.

Human torch runs near Queen

A HUMAN torch was set near an inner-city housing estate in the Cape Flats and a man was arrested after other petrol bombs were thrown at police in an attempt to set a house on fire.

Heinz Kewer, 21, of Gradeside Avenue, in the Woodstock area of Cape Town, was arrested after police seized petrol bottles and matches from the property.

Megan Kammies, 2, of Manenberg, in the drip room at the Red Cross Children's Hospital, with her mother Debbie. Behind Megan is six-month-old Jeremiah Kasi of New Crossroads, with his mother Nokwesi. Megan and Jeremiah have gastro-enteritis.

Dunhill brings a new dimer to the gentle art of...
Among the major problems he listed are:
● A shortage of nurses, such as those trained in intensive care;
● Too few beds, especially in surgical-and-tracheostomy beds;
● Patients sometimes being discharged sooner than the medical staff would choose because of pressure on beds;
● Insufficient hospitals and clinics in the townships;
● Swamping of the outpatients department by patients with minor ailments;
● Lowering of staff morale;
● Lack of accommodation for mothers staying overnight; and
● Lack of time for doctors to teach and do essential research.

"In the absence of escalating population and patient load - something like 60 percent of the population of the Western Cape is under 15 - our situation is static in terms of development and deteriorating in terms of facilities and staff morale. We're in crisis - we're staggering," Dr Lawrence said.

The hospital was built in 1958 and intended as a referral and training hospital for the University of Cape Town's medical school. It officially has beds for 227 patients, but the actual number is 347. It offers specialized treatment and, ideally, should be used only for the sickest children, yet a lot of it functions as a day hospital.

Dr Lawrence believes the hospital is a victim of its own reputation.

"People say 'Red Cross is where they treat children. We'll go there in case our child needs to be admitted'. Our excellent reputation is part of our problem."

A rapidly increasing population on the Cape Flats, particularly in the Khayelitsha-Blue Downs area, means that hospitals can't handle a matching increase in health-care facilities. means that people bring their children straight to Red Cross.

"We're always available, being open 24 hours a day. We're accessible and on both the bus and combi-taxi routes and people know that every patient will see a doctor.

"At one stage we tried to screen patients and re-direct the less ill to more appropriate centres, but that took a lot of time that eventually we went back to the system of taking every patient in by a doctor. At least that we won't inadvertently miss the acute cases."

In 1984 the hospital treated 250,000 outpatients and 16,000 inpatients. Last year there were 300,000 outpatients and a staggering 28,000 inpatients.

New hospital
Dr Lawrence said the major need to lessen the burden on his hospital was:
● A new hospital in the Khayelitsha-Blue Downs area with about 200 paediatric beds.
● An increase in the number of day hospitals, particularly in Khayelitsha and Mitchell's Plain - these and more of the existing day hospitals, open at night and at weekends.
● Funds for the planned redevelopment of the hospital. Current planning for 400 beds is not enough unless additional hospital beds are provided elsewhere.
● More funds to pay more staff more.
● A better allocation of resources.
Budget cuts affect patients

THE Red Cross War Memorial Children's Hospital in the Cape is experiencing serious financial problems.

This year the hospital had to cope with a 20 percent budget cut despite an increase in the number of patients admitted and no increase in staff complement.

The hospital's superintendent, Dr Gilbert Lawrence said all posts at the hospital had been frozen in the bid to save money.

Lawrence said if there are further budgetary cuts as they expect them again next year: "we might be forced to cut off the service".

The hospital, known for its excellence in treating paediatric burns, trauma, children's cancers and also for open heart surgery on newborn infants, is being swamped by patients streaming in for specialist treatment.

Among major problems that Lawrence listed was:

* Shortage of nurses, especially those trained in intensive care.
* Very few neurosurgical and tracheostomy beds.
* Patients being discharged before time because of the shortage of beds.
* Outdated equipment.
* Lack of hospitals and clinics in the townships, and
* Lack of accommodation for mothers staying overnight and

The Red Cross Hospital was built in 1956 and intended as a referral and training hospital for the University of Cape Town's medical school. The 227-bed hospital presently accommodates 347 patients.

"A rapidly increasing population on the Cape Flats, particularly in the Khayelitsha-Blue Downs area, without a matching increase in health care facilities, means that people bring their children to us, even for minor ailments," Lawrence said.

"At one stage we tried to screen patients coming in and redirect the less ill to more appropriate centres, but that took up so much time that eventually we went back to the system of every patient being seen by a doctor."
Emergency unit again closed by gang terrorism

By VIVIEN HORLÉ
Staff Reporter

THE mobile emergency trauma unit operating in Guguletu on Saturday night has been closed for the rest of the year after staff were terrorised by a knife-wielding gang early on Sunday.

The decision was taken today by the executive director of hospital services in the Cape, Dr George Watermeyer, on the recommendation of the director of emergency medical services, Dr Alan MacMahon.

It is the second time this year that the unit, which treats about 2,000 trauma cases and emergencies a year, has been closed. On the first occasion a staff member was stabbed.

Dr MacMahon said that soon after midnight on Sunday an armed gang of about six men brought a badly stabbed man to the unit. He had lost a lot of blood and was in a bad way.

"Terrorism"

The gang, carrying knives and knobkerries, told the staff that if they did not save the patient's life they would kill everyone in the unit. The patient was treated and sent to hospital.

"It's just too risky," said Dr MacMahon.

"It's a hazardous time of year. I'm not talking about unrest: it's untruthfulness, good old mayhem and drunkenness. I'm not saying we'll shut down permanently, but we won't have another look at this until the new year.

The unit relieves pressure on the trauma unit at hospitals.

"Huge problem"

"Assaults are a huge problem in the Peninsula. There are probably about 4,000 cases treated in hospitals a year, and the ambulance service alone carries about 2,000 cases a year," said Dr MacMahon.

"So this little unit is a band-aid, really, but it does help. About 80 percent of the cases seen there are relatively minor, needing perhaps a couple of stitches and an anti-tetanus shot, and then the patients can be discharged, which keeps them out of the major hospitals."

The burden on the hospital was highlighted this week when the medical superintendent of the Red Cross Children's Hospital, Dr Gilbert Lawrence, said his staff was being swamped by people needing treatment for minor ailments.

Dr Watermeyer said today that between eight and 10 clinics and day hospitals would be opened on the Cape Flats within the first six months of next year.
'Funds crisis hampering Cape health services'

By VIVIEN HORLER, Staff Reporter

THE hospital and health services department in the Cape is "strapped" for funds, and all hospitals are overburdened and understaffed, according to the executive director, Dr George Watermeyer.

"We are just about making ends meet, but with difficulty. And there is precious little room for expansion, despite a vast and growing population," he said.

"We have huge numbers of people coming into the Western Cape metropolitan area, as well as into the Port Elizabeth, East London and Kimberley areas, and we just don't have enough funds to develop facilities appropriately."

'No quick solution'

"All the hospitals are overburdened and understaffed."

"We all worry and toss and turn about it, but I don't think there is a quick and easy solution."

"It's difficult to get involved in long-term planning when you don't know how the population is going to increase. This problem occurs throughout the world where there is rapid urbanisation."

Dr Watermeyer was commenting on a statement by Dr Gilbert Lawrence, the head of Red Cross Children's Hospital, who said the hospital was swamped by patients with minor ailments, people suffering from 'lumps and bumps and coughs and colds'.

"Red Cross is swamped, that's true," said Dr Watermeyer. "The day-hospital organisation and community health care centres have not been deployed sufficiently because of lack of funds. The result is that Red Cross does not function just as a teaching hospital where major surgery is performed, but also provides primary health care to a lot of people."

Dr Watermeyer said today that between eight and 10 clinics and day hospitals would be opened on the Cape Flats within the first six months of next year in an effort to relieve this load.

The problem of a shortage of primary health care facilities such as clinics and day hospitals was "one on which we are going to move, and move fast".

About 20 day hospitals and clinics would be opened across the Cape, of which half would be in the Western Cape. Some, like the existing Khayelitsha Day Hospital, would be open after hours.

"One way of dealing with the problem of people streaming to the big teaching hospitals is to limit direct access to two categories: people with acute emergencies, and people who have been referred from somewhere else."

"But we can't do that until alternatives, where people can go for minor ailments, are available."

"I believe the government is aware of the problem, but it's a matter of the necessary resources," Dr Watermeyer said unrest and violence in the Cape Flats townships had contributed to the problem of swamping the major hospitals.

"Recently the Khayelitsha and Crossroads day hospitals have been closed because of the threat to staff."

"And today I approved the closure of the mobile emergency unit stationed in Guguletu because the staff were threatened by an armed gang at the weekend."
Medi-Clinic profits begin to feel tax bite

REMBRANDT-controlled hospital group Medi-Clinic posted a 36% increase in earnings per permanent unit of capital to 3.6c (2.8c) a share in the six months to end September 94.

The increase is based on a calculation of the 1993 earnings on a fully-taxed (60%) basis so comes off a low base. No tax was paid last year due to accumulated tax losses while the tax rate at interim stage was 44.5%.

Profit available for distribution increased by 2% to R9.8m while the distribution on permanent capital increased by 31% to R5.7m.

The company maintained the return to profitability which began late last year after reporting large losses in the two years previously.

Pre-tax profit grew by 34.5% to R12.9m (R9.6m) on a 57.2% increase in turnover (42.5% last year). However the move into a tax paying position saw income after tax only 1.6% higher at R9.76m (R9.6m).

An interim dividend of 1.5c a share was declared. No interim dividend was declared last year but a full year maiden dividend of 3c at the March 1990 year-end was declared.

Medi-Clinic has a contracted capital commitment of R4.4m (R3.4m) and R2.8m (R2.3m) authorised but not accounted for.

Directors said occupancy rates of hospitals in the group were satisfactory.

Although tariffs of medical schemes were adjusted in August, this was insufficient to compensate for the sharp increase in nurses' salaries due to such increases in government hospitals.

The group had applied to the Representative Association of Medical Schemes for increased tariff structures to fund proposed salary increases for its nursing staff.
CT unsafe, say medics

THE streets of Cape Town's townships are becoming unsafe for ambulance drivers and gang wars in Gugulethu have forced the closure of the mobile Metro emergency service unit.

The Gugulethu unit was closed for the rest of the year after a knife-wielding gang of six terrorised staff two weeks ago.

This was the second time this year that the unit – which treats about 2,000 trauma and emergency cases a year – has been closed. On the first occasion a staff member was stabbed.

This week, Cape Town ambulance chief Rod Douglas appealed to community leaders to support his staff on mercy missions to save lives in high crime areas.

His call follows incidents last weekend when the lives of ambulance men were threatened.
of visiting students, doctors

Groote Schuur: A mini UN
Clinic Holdings achieves growth forecast

SA's largest private hospital group, Clinic Holdings, achieved its forecast growth in earnings with attributable income 18% higher at R23.7m (R20.2m) in the 12 months to end-September, according to results published today.

Earnings rose 18% to 23.9c a share compared with last year's 20.2c.

A final dividend of 7c a share has been declared, bringing the total for the year to 11.5c (10c) a share, up 15% and covered 2.08 times.

MD Jeffrey Hurwitz said the results were in line with management expectations, with growth exceeding inflation, but profit margins suffered because of a hike in rent and continuing salary demands.

However, from the 1991 financial year, rental increases would be proportionate to increases in turnover, allowing for more stability in operating margins.

"We indicated earlier that our capital expansion programme will start paying off this year and we are pleased that those goals were realised," he said.

The group, which controls Garden City Clinic, Park Lane Clinic and Milpark Hospital, among others, increased earnings a share by a dramatic 77% at the end of its first year as a listed company in 1988 while earnings declined by 6% in 1989.

Hurwitz expected a similar 18% growth in earnings in this financial year, with profit growth in excess of inflation through continued strict cost control.

Clinic shares are tightly held, with about 76% in the hands of the directors and their family interests and a further 7.5% held by Southern Life.
Patients at strike-torn hospitals sent home

OVER 500 patients have been prematurely discharged from Siloam and Tshilidzini hospitals in Venda this week after a strike by nurses and general workers.

At Siloam Hospital, Nkhelele, less than 200 critical patients, including children, have been grouped into one ward as the almost total sit-in by labourers, nurses, clerks and paramedics entered its fourth day yesterday.

Soldiers, policemen and other volunteers have been called in to assist with cooking, cleaning, laundry and feeding patients, acting superintendent, Dr GM Maritz said.

Other patients were transferred to Donald Fraser Hospital about 70km away. An ambulance carrying critically ill patients from the hospital - driven by soldiers - collided with a defence force vehicle at Sibasa on Wednesday. None of the patients was seriously injured.

The patients, who were on their way to Tshilidzini, were re-routed to Donald Fraser after the accident when news of the strike by nurses at Tshilidzini was received.

Siloam workers are demanding that the appointment of two Dutch immigrant doctors last week be rescinded and the posts advertised. They also accuse the hospital authorities of racism.

Maritz denied the latter accusation and said the two doctors would not be dismissed because there is a shortage of doctors. At Tshilidzini, nurses allege that allowance amounts, a thorny issue for which they went on strike earlier last month, were incorrectly calculated and paid out at the end of October.

The Director General of the Department of Health, Dr JP McCutcheon, has called on relatives of patients at the hospital to either fetch them or volunteer to assist with feeding.

McCutcheon has warned the strikers that their action is illegal, that they will not be paid, and that should patients die because of lack of proper care, the organisers of the strike may be sued.

More than 12 hospitals in Lebowa have been discharging patients since Saturday following strikes over wages, allegations of racism and dismissals of union activists.
Patients die as hospital services lack

AN unknown number of patients, mostly old people suffering from heart disease, have died because of lack of treatment at Venda's strike-hit Siloam Hospital.

Venda's director-general for health, Dr JP McCutcheon, said he was aware of "some deaths" at the hospital following the four-week-old strike.

He said, however, he had no official details of the death toll.

McCutcheon described the situation "as very serious" but denied the services at the hospital had been on the brink of collapse during the strike.

He said some of the workers had returned to work.

The industrial action, which brought the hospital to a virtual halt, ended with management firing two workers for organising the stoppage.

Strike

The hospital's superintendent Dr E Helms, said yesterday the strike ended last Friday. All the people had resumed work except for two - a clerk and a technician - who were suspended.

The strike was sparked by the appointment of two Dutch doctors, Dr RR Zeilstra and Dr MJ Versteeg. Workers alleged their appointment was irregular.
Public sector doctors say they'll quit

Own Correspondent

DURBAN. — More than 40% of doctors at South African medical schools are considering emigrating while about 76% planned to move to the private sector, according to the Medical Association of SA (Masa).

Masa, in a shock statement, said that health services in the public sector were deteriorating and expressed concern that standards of academic medicine in this country were declining.

They have lodged an urgent appeal with President F W de Klerk to give priority to the 1991 health-care budget.

Reasons cited for the deterioration of public health services were the loss of personnel to the private sector and to posts abroad because of low pay, stressful working conditions, outdated equipment and the lack of career incentives at state hospitals.

Secretary-general of Masa Dr Hendrik Hanekom said that the vast majority of South Africans were totally dependent on state health-care services.

A further decline in the standard of medicine practised at state hospitals would have a serious negative impact on the health of these patients.
Public health faces crisis over specialists’ grievances

AT LEAST 80% of full-time medical specialists intend leaving the public health service within two years if conditions do not improve, says a survey by specialist associations.

A spokesman for the Association of Specialists of the University of the Witwatersrand (ASUW) said yesterday the survey, based on the anonymous responses collected from 25% of SA’s full-time specialists to two questionnaires, found nearly one in 10 specialists were considering leaving the medical profession.

When doctors with 15 years training were prepared to abandon their profession because of poor working conditions, it showed the critical condition in which academic medicine in SA found itself, he said.

By the end of 1990 Johannesburg Hospital would be without any neurosurgical specialists, histopathologists, and half the necessary complement of anaesthetists, while there were reports half of Baragwanath’s senior surgeons were about to resign.

The spokesman said of the specialists interviewed, 90% felt “very strongly” that salaries were inadequate and 80% said provincial administrations did not sufficiently appreciate academic medicine. There was also inadequate time for medical research.

But 93% of the doctors said if they were allowed to generate private income while still fulfilling stringent medical audits for the public service provided, it would compensate them for their poor salaries.

Reconstruction

The Medical Association of SA (Massa) presented the survey’s findings to National Health Minister Rina Venter at a meeting in Pretoria on Wednesday.

Venter said yesterday the government was “fully aware” of the problems raised by the survey.

It was for these reasons that government had embarked on a health services “reconstruction programme”, but she warned “adjustments cannot be made immediately”. In the statement, Venter said some steps had been taken already. There had been “much progress” in drafting a “management model for academic hospitals” and the Ministry was reviewing the salaries and career opportunities of all hospital staff.

The SAUW spokesman shared the minister’s concern and hoped action would be swift to avert a deepening of the crisis.

Sapa reports Medical Association of SA secretary-general Hendrik Hanekom said yesterday the association had made an urgent appeal to President F W de Klerk to give priority to the health care budget for 1991.

He said the fact personnel were being lost to the private sector and to foreign posts was due to inadequate remuneration, stressful working conditions, outdated equipment and lack of career incentives at hospitals.

There was serious cause for concern over the “deterioration of health services in the public sector”.

A further decline in the standard of medicine practised at state hospitals would have a serious negative impact on the health care of the vast majority of people who were totally dependent on state health care services.
Masa plea to De Klerk

The Medical Association of South Africa has appealed directly to President FW de Klerk to give priority to the health care budget next year.

In a statement released in Pretoria, Masa says that it has "expressed its serious concern over the deterioration of health services in the public sector."

The deterioration included a loss of personnel to the private sector and to posts overseas due "to the inadequate remuneration, stressful working conditions, outdated equipment and lack of career incentives at State hospitals."  

Masa says 76 percent of doctors who are members of the Full-time Specialists Association at the University of the Witwatersrand, planned to move to the private sector while 41 percent were considering emigrating and nine percent planned a career change.

Dr Hendrik Hanekom, the association's secretary-general, pointed out to the State President that the vast majority of South Africans were dependent on State health care services and "a further decline in the standard of medicine practised at State hospitals would have a serious negative impact on the health of those patients."
Right wing attacks tear at hospital
700 workers on strike at Reef hospital

ESSENTIAL services were paralysed yesterday when about 700 black staff at Boksburg-Benoni Hospital went on strike.

The workers downed tools because of alleged discrimination against them by hospital authorities.

Those on strike are general workers normally classified as labourers, porters, drivers, assistant nurses and clerks.

The workers have vowed they will resume work only after Minister of Health and Population Registration Dr Rina Venter had addressed them.

The strike follows a week-long defiance campaign by workers who invaded the whites-only dining hall.

The superintendent of the hospital, Dr L Kaplan, said essential services had been disrupted as a result of the strike.

He said patients had to wait in long queues to be attended to. Wards were not cleaned and a skeleton staff had to help with issuing out cards to patients.

A spokesman for the strikers said the action was justified because management did not want to accede to earlier demands made in April.

One of the demands was that all staff should use a common dining hall. "This was refused," he said.

The workers also claimed that:

- Discrimination based on race was practised at the hospital;
- Job rotation was not implemented as promised. Black workers were not allowed to work at the white section;
- Certain wards were not in use in the white section while wards in the black section were overcrowded;
- There were still toilets reserved for white employees only.

Kaplan denied the allegations.
Strike probe is postponed

The Cillie Commission of Inquiry into the causes of this year's strike at Ga-Rankuwa Hospital has adjourned to January 1981.

The adjournment was announced shortly after yesterday's evidence in camera by a nursing sister from the Ga-Rankuwa Hospital.

The commission is currently sitting at the Medical University of Southern Africa.

J W Olivier, TPA's director of Administration's branch of health services, is expected to give evidence when the commission resumes.

Evidence on the alleged death of a number of babies at the hospital during the two-week long strike by the entire black staff, is expected to start on January 24.
Strike disrupts essential hospital services

Own Correspondent

Essential services were paralysed yesterday when about 700 black staff at the Boksburg/Benoni Hospital went on strike.

General workers at the hospital downed tools because of alleged discrimination against them by hospital authorities.

The workers said they would resume work only after Minister of Health and Population Registration Dr Rina Venter had addressed them.

The superintendent of the hospital, Dr L Kaplan, said essential services had been disrupted.

A spokesman for the strikers said the action was justified because management had not acceded to earlier demands — made in April — including one that staff should use a common dining hall.

The workers also claimed that:
- Discrimination based on race was practised at the hospital.
- Job rotation was not implemented as promised, and black workers were not allowed to work in the white section.
- Certain “white” wards were not in use while “black” wards were over-crowded.

Dr Kaplan denied the allegations.
Health budget due to rise by 0.04%,

GOVERNMENT is expected to increase its health budget just 0.04% next year when the restructuration of health services will gain momentum.

National Health Minister Dr Rina Venter said yesterday the country's 13 academic hospitals would be rationalised as soon as possible in 1991.

She said Administration and Economic Co-ordination Minister Wim de Velliers would continue to probe hospital administration and was due to make his report next year on the high cost of medicine.

Although the 1991/92 health budget had not been finalised, a provisional R7.3bn had been allocated, a department spokesman said. This year's R7bn budget represented an 8% increase on that of 1989.

Venter said she had sent to the Commission of Administration a motivation for further salary increases for public sector doctors and nurses next year.

The resignation of top surgeons and strikes by non-medical workers revealed the extent of the crisis in state hospitals.

A recent survey by the Association of Specialists of Wits University showed about 80% of full-time medical specialists would leave the public health sector in the next two years unless pay and working conditions improved.

No proof of third force, says Vlok

LINDEN BIRNS

SOME of the elements involved in the recent township violence had an unusual degree of training and skills, but government still had no concrete proof that an alleged "third force" existed, Law and Order Minister Adriaan Vlok said.

In an interview with the Bureau for Information's RSA Policy Review Vlok was asked about the existence of an "orchestrated, professional terrorist offensive" by a so-called third force.

The SA Police, Vlok said, had no concrete evidence to substantiate these claims.

"It is, however, significant that some of the violent actions indicated a degree of training and skill which common criminals lack," he said.

In September ANC deputy president Nelson Mandela told journalists that President F W de Klerk had conceded that a third force existed.

However, De Klerk later denied he had said this.

Vlok and his spokesman were unavailable for further comment last night.

In the interview Vlok said the wave of black-on-black violence "essentially has political objectives".

"Therefore a political solution is necessary to finally end it. Security action is, however, necessary to clamp down on rioters."
A light in the heart of darkness
In the midst of a war that mets out death every day in the East Rand townships, there is a place where wounded fighters and refugees from both sides take refuge. HELEN GRANGE looks at Nata'spruit Hospital and how it is coping.

For more than six months, Nata'spruit Hospital, nestled between Tshwane and Katlehong townships, has moved from one crisis to another.

The surgical wards, where trauma-tised victims of the township violence are treated, have been full to capacity for months. Occupied mostly by young men with gunshot wounds and injuries from sharp instruments.

While doctors and medical staff work around the clock to save lives, thousands of refugees bed down nightly in the hospital foyer and corridors. "The situation is chronic and has been this way since even before the first spate of violence in July," says acting superintendent Dr Ronnie Mitchell.

Deaths occur every day in the hospital, although there has been no time for the staff to count them. The patients die mostly of gunshot and stab wounds in their vital organs.

One of the most pressing problems facing Nata'spruit Hospital is the availability of beds, says Dr Mitchell.

"We are trying to keep the patient numbers as low as possible in order to deal with the next stream of patients. Many of the patients get transferred to other hospitals," he says.

The hospital has also given overnight shelter to up to 10,000 refugees on its floors, in spite of the fact that they hamper the movement of nurses and doctors on night shift.

Dr Christian Jobert, a temporary superintendent from Baragwanath Hospital, says: "The refugees cause enormous problems, but we cannot throw them out. We've got hearts, and we simply have to accommodate these poor people." When possible, the hospital also provides food for the homeless.

For the overworked black staff of the hospital, it is not only in the interest of the patients that the bloodshed should come to an end.

Every day they arrive at work to save the lives of others, they themselves must cope with the impact of warfare on their own lives. Many fear that their children, left behind in the townships, will be killed by the time they return home.

"This situation has presented enormous strain on our staff, but they keep coming to work to treat the wounded. Medical people are a very special breed," says Dr Jobert.

There is no space for the fainthearted in Nata'spruit Hospital, where children as young as four years must be treated for gunshot and stab wounds.

"The injuries are often messy and end in death. Obviously the victims are traumatised, but our staff are trained to deal with this," Dr Jobert says.

The fertility of the war in surrounding townships is felt acutely by everyone in the hospital. There is no sense of division as patients, both black and white, are ushered together into wards.

"We are medical officers and exercise no discrimination with our patients. Our job is only to treat their wounds. When people are sick or injured, everything depends on us," said Nelson Mandela this week that there must be peace here because we cannot cope with this indefinitely," says Dr Jobert.

DYING ALL AROUND: Staff at Nata'spruit Hospital have no time to keep count of deaths. Most that their children, left behind in the townships, will be killed by the time they return home.

Since February this year Nata'spruit Hospital has coped with casualties of the worst concentrated violence in South African history to date.

20 die a day

Figures released by the Institute of Race Relations have estimated that an average of 20 people die a day in intercommunal fighting in the East Rand townships of Tshwane, Katlehong, Vosloorus and Tembisa.

In August, at the height of the bloodshed, Nata'spruit Hospital had to cope with more than 700 more patients than the 1,000 it is equipped for. These patients were treated on the floor.

"We have been living from one crisis to the next, not knowing when it will get worse. Monday and Tuesday this week were particularly bad days. At the moment, we have 700 patients," says Dr Jobert.

In spite of the death and gloom, which doesn't appear to be lessening as Christmas approaches, there is still time for lightheartedness in Nata'spruit Hospital.

"The fact is that once a hospital is built, it never closes its doors. I suspect we'll be busy for a long time to come," says Dr Jobert.
Hospital strike is settled

By IKE MOTSAPI

The five-day strike at the Boksburg-Benoni Hospital has been resolved after intervention by officials of the Transvaal Provincial Hospital.

Everything is now in order and back to normal, according to a hospital spokesman.

The strike, which started nine days ago by 700 black general staff members because of alleged discrimination against them, is now officially over.

Those on strike were general workers who are normally classified as cleaners, drivers, clerks, porters and nursing assistants.

A spokesman for the workers, who are members of Nehawu, said a day-long meeting was held last Thursday between them, the hospital management and officials of the PTA to try and resolve the matter.

Although most of their demands were not met the staffers are happy that they will be addressed in future.

He said the concession reached was that the dining-halls should be opened to all the staff members.

He said the white staff members have elected, among other things, to use their wards for tea.

The disturbing factor is that the blacks were classified.

The black nursing staff were separated from the other fellow black workers.
Health care apartheid is still intact, researcher

TANIA LEVY

APARTHEID in health care remained largely intact despite government’s statements that it had been abolished, the Wits Centre for the Study of Health Policy found.

In practice little had changed since National Health Minister Nita Venter’s announcement that hospitals were open to all races and beds were to be used according to need, said research officer Jonathan Broomburg.

Venter’s statements had left too many loopholes to ensure real integration, he said.

Many public hospitals in the country were not exclusively black or white but had separate wards, different entrances, segregated outpatient and casualty wards and sometimes even separate X-ray and theatre facilities for black and white patients.

Segregated

The new policy did not require that segregation within hospitals be abolished, he said. And Venter’s announcement did not extend to local authority services.

Broomburg said most previously segregated hospitals continued to serve only one population group because they were the most conveniently situated for the local communities.

He said the administration of health services by racially separate own affairs departments and 10 homeland health departments was “administratively irrational and economically inefficient”. He said it perpetuated racial inequality.

For example R23.04 per person was spent in Lereswa compared with R46.31 per person in the Transvaal.

Dismantling hospital apartheid required a clear unambiguous public policy from Venter.
Gang warfare threat to hospital

By VUYO BAVUMA, Staff Reporter

FIGHTING between armed rival gangs could lead to the Khayelitsha Day Hospital closing at night during weekends because medical staff fear for their lives.

They are threatening to close the hospital after dark on Saturdays and Sundays because of the threat of violence and a lack of security.

In the latest incident, two Saturdays ago, a gang tried to force their way into the hospital to treat their injured members and other patients.

The rival groups, who came from the Section C and D areas, were armed with pangas and knives.

Three youths were injured when fighting broke out in the hospital, a source said.

A doctor in charge of the Khayelitsha Hospital said a nurse was stitching head wounds on a youth when gangsters burst into the emergency room.

"They ignored our pleas to get out because they were hunting for work. One of the youths pushed the patient away from the chair as the nurse was attending to him. He told the nurse to attend to another who had been stabbed."

"Although the nurse was terrified, she ignored his demands. Shortly afterwards, fighting broke out between the gangs."

Patients fled in terror. A doctor said the front door was damaged after being struck with stones during the fight.

Police were called and an ambulance organised for the injured.

Later, the staff decided to close the hospital as they feared for their safety. Police arrested some of the youths.

Staff say patients are often escorted to the hospital by members of the public who are drunk, rude and abusive.

Other patients want to be given "preferential treatment", hindering work at the hospital.

Mr Michael Mapangwana, chairman of the Western Cape Civic Association, has promised his organisation will do all in its power to protect the medical staff.

The situation started after the six security guards employed by the Lindelweni West Town Council were "chased away by unknown people" in August.

There has been no security since then.

One nursing sister said: "There are three guards but they don't help much as they arrived with sticks. These aggressive youths sometimes also threaten them."

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Special workout for top racehorse

By GRAHAM POTTER

A SPECIAL workout was arranged at Ken- forsee Racecourse today for one of the top broodmares in the Queen's Plate on January 29, Dynamic Lady, after a dismal performance at her last outing in Transvaal.

The performance was so poor by her standards that her owner, Cape Turf Club steward Mr Allin Troos, insisted the filly be thoroughly examined.

His decision follows a report from Transvaal this week stating that trainers were suspicious that horses were being "nobbled" on the highveld. There has been a call for pre-race dope tests to be introduced.

Mr Troos said that prior to her last race — which caused him great concern — the filly "had never been better" but ECG and other examinations had not produced an explanation for her poor performance.

"If anything is wrong, it should manifest itself. If not, we can go into this year's Queen's Plate knowing she is well," Mr Troos said.

A vet and a member of the Stipendiary Board were due to attend this morning's gallop.
Whites and blacks shun workers

JOHANNESBURG. — Two canteens at the Boksburg-Benoni Hospital were closed last week after white staff and black nurses refused to share their facilities with general workers. This had led to two days of protest which was resolved after meetings between black general workers, hospital authorities and black nursing personnel, black workers' spokesman Mr Reuben Nkosi said yesterday.

"When we confronted management, we were told both canteens were closed because the white staff and black nursing personnel refused to share the facilities with the general workers. "The whites had chosen to eat in the wards rather than share their whites-only dining room.

— Sapa
Health care apartheid is still intact

TANIA LEVY

APARTHEID in health care remained largely intact despite government's statements that it had been abolished, the Wits Centre for the Study of Health Policy found.

In practice little had changed since National Health Minister Rina Venter's announcement that hospitals were open to all races and beds were to be used according to need, said research officer Jonathan Broomberg.

Venter's statements had left too many loopholes to ensure real integration, he said.

Many public hospitals in the country were not exclusively black or white but had separate wards, different entrances, segregated outpatients and casualty wards and sometimes even separate X-ray and theatre facilities for black and white patients.

Segregated

The new policy did not require that segregation within hospitals be abolished, he said. And Venter's announcement did not extend to local authority services.

Broomberg said most previously segregated hospitals continued to serve only one population group because they were the most conveniently situated for the local communities.

He said the administration of health services by racially separate own affairs departments and 10 homeland health departments was "administratively irrational and economically inefficient". He said it perpetuated racial inequality.

For example R23.84 per person was spent in Lebowa compared with R149.51 per person in the Transvaal.

Dismantling hospital apartheid required a clear unambiguous public policy from Venter.
Hospital race row worsens

THE whites-only dining hall at Boksburg-Beoni Hospital has ceased operating because white employees would rather have their meals in the wards than mix with their black counterparts, it was claimed yesterday.

Spokesman for the hospital's black staff, Mr Reuben Nkosi, also alleged that black nursing staff are refusing to share the other dining hall with general workers, who comprise cleaners, drivers, clerks, porters and nursing assistants.

This had led to a protest last week, which was resolved after talks between black general workers, hospital authorities and black nursing personnel.

"We stopped working last Monday after both the white and black dining halls were suddenly closed," Nkosi said.

"When we confronted hospital management we were told both canteens were closed because the white staff and black nursing personnel were refusing to share the facilities with the general workers."

However, the black nursing staff had denied they had refused to share the dining hall with other workers.

About 700 protesting general workers agreed at a meeting with management to return to work on condition they were allowed dining hall facilities.

They were then allowed to use the black dining hall, with the white canteen remaining unused.

Nkosi said they would hold future meetings to discuss racial discrimination at the hospital.

The hospital's superintendent, Dr L. Kaplan, said the matter had been resolved amicably and declined to comment further. - Sapa.
E Rand hospital canteen strike resolved

The former whites-only dining hall at Boksburg-Benoni Hospital ceased to operate because white employees would rather have their meals in the wards than mix with their black counterparts, black workers' spokesman Reuben Nkosi claimed yesterday.

Black nursing staff had also refused to share the other dining hall with general workers, who comprise cleaners, drivers, clerks, porters and nursing assistants, he alleged.

This, Mr Nkosi confirmed, had subsequently led to two days of protest action last week, which was resolved after deliberations between black general workers, hospital authorities and black nursing personnel.

"We stopped working last Monday (December 10) after both the white and black dining halls were suddenly closed," said Mr Nkosi.

"We were told both canteens were closed because the white staff and black nursing personnel refused to share the facilities with the general workers." He said black nurses denied they had refused to share the dining hall with other workers.

The estimated 760 protesting general workers then agreed to return to work on condition they were allowed dining hall facilities.

The entire black workforce was then allowed to make use of the black dining hall, with the white canteen remaining unused. White workers were by yesterday still reportedly having their meals in the wards.

Boksburg-Benoni Hospital superintendent Dr L Kaplan said the matter had been resolved amicably. -- Sapa.
Doctors ask for chief to be moved

By GLYNNIS UNDERHILL

A DEPUTATION of 18 doctors from four government hospitals has met senior officials of the Cape Provincial Administration to request the removal of the medical superintendent of the South Peninsula Hospitals Group, Dr Andrew Loubser.

The deputation was expecting an answer from the Cape Provincial Administration (CPA) yesterday, but was disappointed.

Grievances about the administration of four hospitals - False Bay, Victoria, Lady Michaelis and Princess Alice - were first raised in October, according to a source who declined to be named.

The CPA deputy director-general of health and hospital services, Dr George Watermeyer, said he was not prepared to comment on internal staff arrangements.

There had been no new appointment and the medical superintendent of the South Peninsula Hospitals Group was still Dr Andrew Loubser, according to a CPA spokesman.

Dr Loubser said yesterday that he had to be "cautious" about speaking to the press. "Anything I might say could cause problems," he said.

Secrecy surrounded the formation of the deputation to the CPA to call for the removal of the medical superintendent.

Professor Ian Learmonth of the orthopaedic surgery department at Princess Alice Hospital and Professor Brookes Heywood, the head of orthopaedic surgery at the University of Cape Town, both declined to comment on the matter.

The issue first came to the public's attention when general practitioners on the hospital advisory committee at False Bay Hospital resigned in October because they felt the hospital was not being run properly.

"We were supposed to give advice to hospital authorities about the way it should be run, but nothing we said, advised, did or warned them about, was taken note of," according to a committee member.

He said they hoped the matter would be cleared up with the cooperation of top-level CPA hospital officials.
Hospice holiday crisis
By Carina le Grange
Medical Reporter

The Hospice Association of the Witwatersrand is finding it difficult to meet the needs of terminally ill people and their families over the holiday season, says chief executive officer Stan Henen.

He said many members of the medical staff and volunteers could only go away during the school holidays and at this time of year we experience a dramatic increase in need for our service. Although hospice would continue to operate throughout the Christmas and New Year period on a 24-hour basis to present patients, this time of the year was historically a crisis period, he said.

"Christmas is family time, when people deal with increased emotional situations where the terminally ill are concerned. Often it is the last Christmas a loved one will be there. This leads to people needing additional support through counselling, as well as medical nursing, while we have diminished services."
The proposal was for the Cape Peninsula Hospital to be closed and its facilities taken over by the National Health Services. Dr. Watermeier, the hospital's director, was quoted as saying that the hospital was "not up to standard" and that it was "not needed in the area." The Cape Peninsula Hospital was located in the southern part of the Cape Peninsula, and it was one of the oldest hospitals in the country. The hospital was under serious financial difficulties, and it was decided that it was not viable to continue operating it.
Groote Schuur uses guard to deter gangsters

By DANIEL SIMON

The possibility of gang violence erupting on hospital premises has prompted Groote Schuur Hospital to place a security guard at the entrance to an intensive-care ward.

A gang had threatened to "finish off" a rival gang member who was hospitalised there, medical superintendent Dr D J Adams said last night.

He said the incident occurred late last week, when an injured gang member was admitted to the hospital's D13 surgical intensive-care ward.

Dr Adams disclosed this, following a tip-off from an anonymous caller who said the hospital had resorted to "padding" the D13 ward to prevent gang members carrying out the threat.

"I don't have all the details, but what happened is that threats were received that a gang would finish off an injured man who was brought in for treatment," said Dr Adams.

"We placed a security guard at the ward while the person was being treated there. It was purely a precautionary measure," he said.

He said he could not comment further as the issue was sensitive.

"We don't want to draw the attention of the rival gang. We want to keep the issue low-key."
HEALTH + DISEASES - HOSPITALS & CLINICS

1991

JANUARY - JUNE.
Natal health workers concerned over council probe into strike action

The Argus Correspondent
DURBAN. — Nurses and workers at Prince Mshiyeni Memorial Hospital are concerned that the Nursing Council will hold a disciplinary inquiry in February regarding their involvement in a strike last September.

Disciplinary inquiries of strikes in Maritzburg’s Edendale and Grahamstown’s Settlers Hospitals will also take place during the year.

Spokesman for the National Education Health and Allied Workers’ Union Mr Themba Nkumalo said yesterday that when the strike was resolved, the KwaZulu Department of Health and Prince Mshiyeni hospital workers reached an agreement that no disciplinary action would be taken against them.

The department had gone against their word when they allowed the council to continue with the hearing, Mr Nkumalo said.

‘VICTIMISATION’

Deputy secretary for the KwaZulu Ministry of Health, Mr Phillip Putter, said management and the hospital workers agreed that no striker would be subjected to either victimisation or disciplinary action — be it arbitrary transfers, suspensions or unfair dismissals.

“‘As far as an inquiry is concerned we do not have any authority to intervene in the Nursing Council’s decision.

“The council is a statutory body which controls the interests of the public and promotes health standards. Therefore, nurses are expected to follow the council’s rules,” Mr Putter said.

‘UNETHICAL’

Legal assistant of the Nursing Council Miss Annelie Van Zyl said the strike at Prince Mshiyeni was not only illegal in terms of the Nursing Act but unethical as well.

“The hospital workers were on duty and did not have any permission to go on strike leaving patients unattended to,” she said.

Miss Van Zyl said the nurses and workers who went on strike laid themselves open to disciplinary action by the Nursing Council.

“The council is obviously concerned when health services are affected,” she said.
Major Clinic capex programme should help future earnings

CLINIC Holdings, the parent company of SA’s largest surgical and medical private hospital group, recently embarked on a major capital expenditure programme which should contribute favourably to future group earnings, executive chairman Barney Hurwitz said in the annual report.

Substantial investments were made in the year under review in the area of sophisticated medical equipment, and numerous improvements were undertaken at four hospitals around the country.

The group’s institutions include Garden City Clinic, Park Lane Clinic and Milpark Hospital in Johannesburg, St Augustine’s Hospital in Durban and City Park Hospital in Cape Town.

Hospitals run by Clinic Holdings provide more than 2 490 beds in total.

Directors were confident that the capital expenditure programme would have a positive effect on the group’s earnings. Barring unforeseen circumstances, increases in earnings ahead of the rate of inflation would be achieved in the current financial year, Hurwitz said.

From the 1991 financial year, rental increases would be proportionate to increases in turnover, allowing for more stability in operating margins.

Hurwitz said the group was able to maintain its policy of distributing between 40% and 50% of profit after tax in the year to end September. Earnings a share amounted to 23,8c and the dividend to 11,5c.

Excellent results were obtained from the group’s training hospital in Durban.

In early 1989, the group opted out of the medical aid societies’ scale of benefits scheme, but had nevertheless been able to contain its cost increases to patients below the increases in the Consumer Price Index.

In the three years since the group was listed on the JSE, an average annual compound growth in earnings in excess of 25% had been achieved, Hurwitz said.

Earnings a share increased by 77% at the end of its first year as a listed company, while earnings declined by 6% in 1989.

Clinic shares are tightly held with about 70% in the hands of the directors and their family interests with a further 7,5% being held by Southern Life.
Hospital fails its patients

By ELIAS MALULEKE

PATIENTS at Thulamahashe day-care hospital in Gazankulu’s Bushbuckridge are being sent away when there is a power failure because the hospital has no emergency electricity generator.

Maria Nhwinika, a young pregnant mother, said when she reported to the hospital on New Year’s day, she was told to go to the distant Tintswalo Hospital in Acornhoek or Mapulaneng Hospital in Graskop because there was no electricity.

“It was fortunate I only had minor complications or I would have been in serious trouble during childbirth,” Mathews Maslya, recently married, said he took his young wife to the hospital at about 9pm on New Year’s day when there was a power failure.

“To my surprise, the nurse left her unattended and went to search for a candle. On her return, she handed my wife a few tablets and said she should return the following day because there was a power failure.”

Maslya added that he had overheard the sister in charge instruct a security guard to refuse admission to any more patients.

“They should install an emergency electric generator because people could lose their lives.

“Imagine what would happen if there were a black-out while a woman was delivering a baby,” he said.

Sister GD Silinda—who is in charge of the hospital—confirmed that there was no emergency generator at the hospital.

She added, however, that hospital authorities were intending to install one.

Only serious cases were referred to other hospitals during blackouts, she said.

“We are able to cope with certain cases by using a gas lamp.

“This centre is less than two years old and the authorities are still working on improvements.

“A generator is on the list of top priorities,” Silinda said.
'Racism still practised at TPA hospital'  

Johannesburg. — Segregation and racism were still practised at the Witbank Hospital despite the Transvaal Provincial Administration's assurances that its hospitals are multi-racial, a doctor has said.

"What is happening here makes a mockery of government utterances that the Separate Amenities Act is dead and apartheid no longer exists in hospitals," said Dr Atul Patel.

Black patients were treated in overcrowded wards or corridors permanently in use while metres away beds lay empty in a spacious white section which displayed a large "Europeans only" sign at the lifts.

Dr Patel said that on December 8 40 patients were squashed into the eight-bed black maternity wing. Mothers in labour had to lie on the floor. That night, he says, there were five empty beds in the white maternity ward.

TPA DENIAL

In a statement commenting on Dr Patel's allegations the TPA said no patient had been treated on the floor at that hospital for the past two years. Dr Patel said that black private patients and white private patients are charged R170 per day — confirmed by the accounts department.

White patients received private rooms with every available facility and convenience while black patients were treated in a dormitory-type ward with beds so close together it hindered nurses.
Racism rife at Witbank
Hospital, claims doctor

By Therese Anderson
Highveld Bureau

Several months ago a young black child was admitted to the Transvaal Provincial Administration's Witbank Hospital with a fracture. He died in hospital, of measles.

The youngster had been cross-infected. He had been put in the primitive, hopelessly overcrowded and understaffed black children's ward where there are no isolation facilities for communicable diseases such as measles, gastro-enteritis and meningitis. Under these conditions the nursing staff is unable to practise 'barrier nursing' to prevent the spread of disease.

On December 8, 40 black patients were crowded into the eight-bed maternity wing. Women in labour were forced to lie on the floor, while the mothers of premature babies in incubators lay outside on the corridor floors.

Meanwhile only a few metres away from this Third World nightmare, modern, spacious, well-equipped wards remained relatively empty in Witbank Hospital's white section.

Despite the scrapping of the Separate Amenities Act and the Minister of Health's announcement in May that all State hospitals no longer discriminate on racial grounds, "nothing has changed at Witbank Hospital", alleges Atul Patel, a doctor at the hospital.

Dr Patel, 30, who is leaving the hospital this month, said he had decided to speak out about the continued racism at Witbank Hospital to expose what was going on "behind the charade that apartheid in our hospital is dead".

He alleges that:
- Black private patients are charged R170 a day — the same as white patients, despite the fact that they receive the use of greatly inferior, overcrowded facilities.
- Indian and coloured patients are always put into the overcrowded black wards, even when white wards stand empty.
- The overcrowding is so great in black wards that corridors are permanently used as an extension of wards.
- In the black male ward there are two baths for 56 beds. When The Star visited the hospital, no. 10. In the back section of the ward had plugs. In the female ward there is one toilet for 40 beds.
- There are three "high care" beds in the back section but eight in the white section.
- The out-patient department, which last year treated 14,600 patients, is so overcrowded that patients are squashed elbow-to-elbow in two small rooms. There is no privacy when patients are examined. The white out-patient department, which is believed to treat no more than 15 to 20 patients a day, has two large private examination rooms.
- The black children's ward has only half the number of staff required for professional care.
- The black casualty section has only three beds compared to the white section's five.
- On a personal level Dr Patel said he was refused permission to work in the white section, despite repeated requests to the superintendent, Dr Willie Snyman, after the scrapping of the Separate Amenities Act.

Compelled

Although he has been barred from treating white patients, Dr Patel said he was once compelled to give anaesthesia to a white woman during an emergency caesarian because there was no white doctor available.

"The hospital makes use of black doctors when it is convenient for them," he said.

The South African-born, India-trained specialist surgeon took a Star reporter on a comprehensive tour of the hospital. However, he was unable to walk through the white wards. Not only is he not allowed to work there, but there is a "Europeans only" sign on the lift.

Another racist feature of the hospital was the on-site staff creche, available only to the children of white employees.

Dr Patel said: "There is so much to say about what is happening here. It makes a mockery of Government utterances that the Separate Amenities Act is dead and apartheid no longer exists in hospitals."

In a statement commenting on Dr Patel's allegations, the TPA said: "We unfortunately do not have the facts about the patient who allegedly died of measles in the child's ward."

"The medical standpoint on cross-infection is that the problem is a universal one which may occur in any hospital."

"For the past two years no patients at Witbank Hospital were ever treated on hospital floors. This perception may possibly have developed because black mothers visit the maternity ward to breast-feed their babies and, according to traditional ways, they sit on the ground."

"It should be pointed out that there have always been enough beds in the division where black patients are usually admitted and that no one has ever been refused admission."

"There is an arrangement that if there should be too many patients for the black maternity ward, they should be transferred to the women's ward, which usually has available beds."

"All TPA hospitals are segregated."

The statement said it had always been policy to accept any patient, with the local superintendent's approval. His decision was based on bed availability, personnel, facilities and expertise.

The TPA pointed out that the Witbank Hospital was currently being upgraded and extended in line with TPA policy.

"Undoubtedly the decision is irreversible because improvements had already been made before the latest announcement (on the scrapping of segregation at government hospitals) by the Minister of National Health and Population Development in May last year.

New ward

"The R34.5 million improvements at Witbank Hospital will include extensions to the children's ward, the men's ward, operating theatre and women's ward. Also included is a new maternity ward and extensions to the out-patients department.

"We wish to point out further that the assignment of staff to a hospital depends on the workload, communication and other practical considerations."

"It is, however, provincial policy that doctors of all races may treat a patient of any race if the patient agrees."

"We need to point out that Dr Patel's qualifications as a so-called specialist surgeon are not recognised by the SA Medical and Dental Council and Dr Patel is therefore obliged by the council to do another year's internship in South Africa."
Hospital services under fire

SEGREGATION and racism were still practised at the Witbank Hospital according to a local doctor despite the Transvaal Provincial Administration's assurances that its hospitals are open to all races.

Said Dr Atul Patel: "What is happening here makes a mockery of government utterances that the Separate Amenities Act is dead and apartheid no longer exists in hospitals."

Patel said black patients were being admitted to overcrowded wards and even corridors which were now being permanently used as ward extensions.

Meanwhile only metres away many beds lay empty in the spacious modern white section of the hospital.
Outcry grows over proposed sale of hospital

By TOSH LEVETT-HARDING

THE proposal being considered by the Cape Provincial Administration to sell Somerset Hospital and build an 800-bed hospital on the Cape Flats for Khayelitsha residents has brought a storm of protest from Green Point and Sea Point residents. Elderly citizens are urging their local councillors to take action.

Chris Joubert, a city councillor and member of the Hospital Board at Somerset Hospital, said: "A strong delegation may be formed, led by the two local members of Parliament Mr Collin Eglin and Mr Tiaan van der Merwe, and with the six ward councillors, to seek an interview with the CPA authorities. I am quite prepared to organise this if any more pressure is brought to bear to close the hospital."

"On bread line"

Elderly folk bombarded councillors with complaints after a letter appeared in the Cape Times from Mr Alan Barnard of Plumstead, who wrote: "The senior citizens of Green Point and Sea Point using Somerset Hospital are mostly higher income, medical aid patients who have access to other facilities — both private and state.

"The same cannot be said of the majority of residents of the Cape Flats where a CPA hospital is required to provide a service to people who cannot afford services, let alone expensive transport."

Mr Norman Peitelberg, vice-chairman of the Green Point and Sea Point Traders Association, said: "It is an illusion that only wealthy people live in Sea Point."

Mr Peitelberg, a pharmacist, said he had many pensioners among his customers and he knew that they could not afford to go to expensive private hospitals but were utterly reliant on Somerset Hospital.

He added: "Let's not lose sight of the fact that Somerset Hospital does a sterling job for the black and coloured people. There is a large number working in Green and Sea Point, in hotels and blocks of flats, and they are grateful for the help from the local hospital."

Mr Joubert, supporting this view, went further by saying many elderly people in Sea Point were "living on the bread line."

"Many sweated it out as workers and as ratepayers they helped to keep the Somerset Hospital alive. Today many of them do not have medical aid and are entirely reliant upon this hospital's services."

He stressed that Green and Sea Point consisted of people of all colours and creeds who used Somerset Hospital's services.

"Valuable asset"

He said: "This hospital serves the whole of the Atlantic seaboard and the City Bowl and is a valuable asset that we will fight tooth and nail to retain it."

Dr W E Sutton of Sea Point felt that the hospital belonged to the local people. He asked in a letter: "What is to happen to the 80 000 people the hospital serves at the moment, as many are senior citizens, the frail who can hardly walk?"

He pointed out that this generation of taxpayers had, during its productive years, helped to support the hospital.

"Where are they expected to go for medical treatment to which they are morally entitled to the Cape Flats perhaps?"

But Mr Alan Barnard maintained that Dr Sutton wanted merely to "maintain the status quo whereby the people of Green and Sea Point retain a facility for their benefit to the detriment of others who are in a greater need."

Clearly the elderly in Green Point and Sea Point are going to put up stiff resistance to the closure of this facility.
Clinic going from strength to strength

The cyclical nature of the industry in which hospital group Clinic Holdings operates is reflected in its latest set of results and this factor, together with the improved financial strength of the group, is expected to produce another above-average performance this year.

In the annual report, executive chairman Barney Hurwitz says the effects of the group’s recent capital expenditure programme are set to have a positive effect on earnings.

He adds that trading results in the first quarter of financial 1991 are encouraging.

Clinic is an investment holding company and through its subsidiaries carries on business as SA’s largest surgical and medical private hospital group, providing an extensive range of general and specialist medical care services countrywide.

There are twelve hospitals within the group.

In the year to September, group turnover climbed 33 percent, which follows a 25 percent increase in the previous financial year.

After net interest expense of R636 000, compared with the previous year’s net interest income of R725 000, and other cost increases, pre-tax profit rose 19 percent from R46.1 million to R47.6 million.

Mr Hurwitz says the reduced profit margins were occasioned primarily by the ongoing salary demands, coupled with the budgeted increase in rent payable.

A marginal increase in the effective tax rate from 50.1 percent to 50.3 percent resulted in attributable profit increasing 18 percent from R26 million to R27.7 million.

Earnings per share improved from 20.2c to 23.5c.

The dividend for the year was 11.5c a share, compared with a payout of 10c in the previous financial year.

The balance sheet discloses an improvement in gearing from 42 percent to 39 percent and an increase in cash holdings from R4.4 million to R5.3 million.

Over the year, net asset value has appreciated 24 percent from 53.6c a share to 65.9c.

Clinic, priced at 105c, is trading on a P/E ratio of 8.2 and provides a dividend yield of 5.9 percent.

In view of the favourable prospects for the group, accumulation of the share is recommended.

COMMENT: Clinic’s share price has been in an up trend since mid-1990 and over the past six weeks the price has risen steeply from 170c to 195c.

The share has been outperforming the JSE industrial index for more than a year.
With 12 hospitals under its control — including Garden City and Park Lane clinics in Johannesburg, St Augustine's Hospital in Durban and Pretoria's Jakaranda Hospital — Clinic is the largest provider of private health-care services.

Since the listing in 1987, earnings have grown at a compound rate of close to 25%. A 6% dip in EPS in 1989 was largely brought about by an adjustment in the tax rate to the current level of 30%.

In the 1990 year earnings were up by 18% and turnover — the value of which, regrettably, remains undisclosed — climbed 33%. Operating margins, weakened last year by salary and rent adjustments, are expected to improve this year with rental increases more in line with projected turnover growth.

Prospects for companies in the private health-care market look good. More people are making use of private clinics, medical aid membership is growing, particularly among blacks, and the possibility remains that parts of the health service could be turned over to the private sector.

Clinic appears to be particularly well placed. The dozen hospitals it operates have been expanded and modernised as part of a R250m capex programme conducted by its landlord, Clinic Property Holdings — a company owned by some of Clinic's major shareholders. The leases on these properties are renewable indefinitely and only the tenant can terminate them.

By leasing all its property, Clinic has kept debt to a minimum. Gearing consists of a R25m loan, repayable in 2002, which is used to pay the company's annual rent in advance. This, says financial director Stan Berger, was a prerequisite set by the property company before it would invest additional capex.

The long-term loan, which currently bears interest of 20.5%, made Clinic a net payer of interest for the first time since listing. However, interest and leasing cover stood at a very high 73.8 at year-end. Though working capital at end-September was 64% up on the previous 12 months, the company continued to finance expenditure on medical equipment — R14m last year — out of cash flow. This policy is unlikely to change in the current year, says Berger.

The company has implemented formal negotiating procedures in an effort to avoid a recurrence of last year's industrial action by its domestic workers. Berger says the dispute had no material effect on performance.

Clinic, he says, is on target to achieve its earnings projection. Shareholders can thus expect EPS for 1991 of close to 28c, with the dividend climbing to around 13.5c.

The share still looks attractive at 195c, where the historical p/e of 8.2 is higher than those for competitors Medi-Clinic (6.5) and Presmed (5.3).
Bara gets world class burn unit

By LULAMA LUTI

PATIENTS admitted with burns to Baragwanath Hospital can soon expect specialist treatment following the opening this week of a new burn treatment unit.

The R3-million unit, sponsored by a leading healthcare company, is believed to be one of the best in the world.

Said Dr Igor Demitriadis, chief of the trauma unit: "The unit will be staffed by well-trained nurses under the supervision of chief nurse, Sister Collette Maseko, who has been trained in the US."

Demitriadis said the new unit will be fully operational next month.

The unit, which will operate independently of other sections of the hospital, also has a specialist operating theatre for skin grafts.

There will be 20 to 28 beds in the new facility, with four beds in the intensive care unit, and a physiotherapy room.

Demitriadis said the hospital is concerned at the rate at which people are admitted for burns despite an ongoing education programme.

Asked what should be done when people were burnt, he advised: "Remove the source of the burn and remove the person's clothing. Then cool him or her by wrapping in a clean cloth before going for medical help."
Jeffrey Hurnitz
State must draw on private health care sector

The driving force in the health care field, the privatization of health care, is one of the most important issues facing society today. The privatization of health care has been a topic of much debate and controversy. Proponents argue that privatization will lead to increased efficiency and cost savings, while critics argue that it will lead to reduced access to care and increased disparities in health outcomes. The privatization of health care has been a topic of much debate and controversy. Proponents argue that privatization will lead to increased efficiency and cost savings, while critics argue that it will lead to reduced access to care and increased disparities in health outcomes.

Privatization of health care is a complex issue that involves many different factors. These factors include the role of government in health care, the role of insurance companies, and the role of providers in delivering care. The privatization of health care has been a topic of much debate and controversy. Proponents argue that privatization will lead to increased efficiency and cost savings, while critics argue that it will lead to reduced access to care and increased disparities in health outcomes.

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When President P. de Ker

End of excerpt.
Hospital crisis over trauma ‘avalanche’

Staff Reporter

The avalanche of trauma cases at tertiary hospitals has reached crisis proportions, according to reports in the latest SA Medical Journal.

Violent behaviour and violent crime are at an all-time high and this was responsible for a “totally unacceptable level of death and injury due to trauma”, the journal says.

The editorial, by editor-in-chief Dr Nick Lee, highlights the growing problem under a banner reading “Combating violence” and stresses that “the cost to the country is enormous, and the toll in human anguish immeasurable”.

The article in the journal, by Dr Johan van der Spuy and Dr Blanche de Wet, claims that 145,000 patients attended hospital services in the Cape Peninsula with fresh injuries in 1996 — 50% due to assault.

According to the article, 30% of trauma cases occur after office hours, when a lot of services have shut down and a massive load of cases consequently hits the larger hospitals.

The article said the main “brunt” of trauma management in the country will continue to fall on the state.

“In terms of injury prevention, the gap between what can be achieved and what has been accomplished remains wider than for any other disease group,” said the authors.
We'll look into hospital – TPA

THE Transvaal Provincial Administration in Pretoria has announced an investigation into allegations by Earthlife Africa that Natalspruit Hospital had dumped unincinerated medical waste at the Kathlehong municipal dump. (3)

TPA spokesman Jan van Wyk said the waste removal at all Transvaal Provincial hospitals was the responsibility of the relevant local authority. In the case of Natalspruit, Kathlehong municipality had a subcontractor remove its waste.

Human tissue was incinerated at all TPA hospitals except Baragwanath, where it was removed for incineration elsewhere. (3)

Earthlife Africa alleged this week that Natalspruit Hospital was illegally depositing unincinerated medical waste, including blood bags, used needles, plaster casts and medicine bottles.

Experts believed this waste could cause the spread of hepatitis and Aids, as the dump was unfenced and a mere 30m away from residential houses, Earthlife said. — Sapa.
Bara cracks theft racket

By CHARLES MOGALE

SOWETO's Baragwanath hospital has cracked a massive racket in which more than R100 000 was allegedly siphoned from the hospital's funds into employees' bank accounts.

Informed sources this week told City Press that six employees were involved and the police had been called in. The six are still at work pending charges of fraud brought by the Orlando police.

Baragwanath's public relations officer Annette Clear has confirmed the discovery of the racket, but said no further comment could be made "because the matter is still sub judice".

The hospital funds were allegedly systematically drawn from the hospital's coffers and credited to the accounts of the six employees over a period of three years.

According to sources, an employee in the salaries division of the hospital wrote out cheques monthly to members of his syndicate. The scheme was uncovered when he went on leave and a stand-in clerk could not balance the books.

Hospital authorities called in an auditor, who discovered the fraud. The police were then called in and the arrests followed.

Capt Joseph Ngobeni of the Soweto police has confirmed that six people have been charged and will appear in court soon.
Scheme to help Bara

SOWETO's Baragwanath Hospital is again in need of funds to upgrade facilities which the hospital's Government-funded budget does not cover.

Mike Murphy, of Belgravia, this week contacted the Saturday Star in connection with resurrecting the "Beds for Bara" scheme.

The "Beds for Bara" project, which was publicised in this newspaper, arose out of the drastic shortage of beds at the hospital. And the scheme meant the public and private sector got involved in fundraising for the buying of hospital beds.

However, Mr Murphy said this time the project would be called Hospital, Equipment, Locks and Paint (Help) fund. Hospital public relations spokesman Annette Clear said: "The hospital needs some specialised beds for the sophisticated burns unit, which was recently opened.

Winter

"The trauma unit needs repainting and it would be nice to have track suits for child patients in winter," she added.

Anyone who wishes to get involved with the project can contact Mr Murphy at (011) 614-7894 (b) or (011) 655-0241.

Donation cheques should be made out to the Baragwanath Hospital Board Fund and posted to 17 Riemers Street, Belgravia, 2094.
Fraud case suspect leaps from 10th floor

CRIME STAFF

A SUSPECT who accompanied policemen to a flat in Hillbrow yesterday died in a 10-storey fall after he jumped from a bathroom window, a Witwatersrand police spokesman said in a statement.

“At about 3 am police visited a flat situated at 1008 Nedbank Plaza, Pretoria Street,” the statement said.

“The policemen were investigating a fraud case and they were accompanied by a suspect. The suspect, Ali Methsheng (age unknown), went into the bathroom. He then locked the door from the inside.

“While the police were still questioning the other occupants of the flat the suspect jumped from the window. He was killed instantly. The police are investigating the incident.”
Transvaal hospitals still racist – union

By Therese Anders
Highveld Bureau

The Transvaal Provincial Administration’s Middelburg Hospital has been accused of "cutting corners on black patients’ food to provide luxuries for whites".

A spokesman for the National Education, Health and Allied Workers’ Union (Nehawu) said the TPA was charging patients the same fees irrespective of race.

Yet black patients received greatly inferior meals and facilities to those given to whites.

He said this was particularly unfair when black private patients were being charged R170 a day.

"Black private patients get exactly the same food and service as those paying R15 for their entire stay in hospital.

"For R170 a day they get soft porridge and dry bread and jam for breakfast, pap and vleis for lunch and soup and two slices of bread for supper.

"In the white wards private and hospital patients — who might only be paying R15 for their stay — get eggs and bacon, toast, butter and jam, a proper meal with vegetables, salad and pudding for lunch, and maybe macaroni and fruit for supper."

He said biscuits were served with tea for white patients, but not for blacks.

The spokesman said Nehawu had attempted to bring up the issue of patients’ treatment during the union’s latest meeting with Middelburg Hospital management and the TPA.

“We were told we could not discuss patients’ grievances. The TPA representative said the plight of the patient was being aired in the media, so that is where we are turning.”

He said the TPA’s recent statement to The Star that all TPA hospitals were desegregated was “a joke”.

“They have desegregated the prices but not the service.

“Middelburg Hospital has race signs at every turn and the hospital is strictly segregated.

“While private black patients lie mixed-up in over-crowded wards with hospital patients the white wards are half empty,” the spokesman said.

There was a modern nursing home on the grounds which was available only to white nurses, and the hospital creche catered only for the children of white employees.

He said there were even separate entrances for the X-ray unit and dispensary.

The TPA’s assistant liaison director Jan Louwseb denied Middelburg Hospital was cutting corners with black patients to provide luxuries for white patients.

He said the hospital’s superintendental had claimed that all patients received the same meals but black patients could choose western or traditional dishes.

If there was a demand by black nurses to use the presently whites-only nursing home they should apply to the superintendent and it would be considered, he said.

The same applied to those black staff wanting to send their children to the creche.
Black private patients 'are being robbed'

Transvaal Provincial Administration hospitals in the plateau are continuing to put black private patients — at R170 a day — into crowded dormitory-type black wards while many rooms in white wards remain empty.

This has been alleged by the Middelburg branch of the National Education, Health and Allied Workers' Union (Nehawu).

Last month Atul Patel, a doctor at Witbank Hospital, made the same claim in a statement to The Star.

Dr Patel said black private patients, who are mostly people who belong to medical aid schemes or those covered by the Workmen's Compensation Act, received the use of 'greatly inferior, overcrowded facilities', while modern well-equipped white wards remained relatively empty.

A spokesman for Nehawu in Middelburg said the TPA was robbing black private patients.

'It is patently unfair to charge them the same as whites when the black patient gets third class treatment and facilities for his money.

'We demand that TPA hospitals be desegregated, and that black private patients be put into the empty luxury beds of what is presently the white section.'

The TPA assistant liaison director Jan Loubsier commented: 'Patients are not purposely segregated on racial lines, but by cultural and language affiliation.'

He said he believed black private patients 'get a fair deal' paying R170 a day.

'If there is no bed available at the black side then there is no problem accommodating black patients with whites.'
CPA denies plans to sell Somerset Hospital

SOMERSET Hospital has not been sold "nor is it the intention to sell or dispose of this hospital in the foreseeable future", the deputy director of Hospital and Health Services for the CPA, Dr G Watermeyer, said in a statement yesterday.

This decision was taken at a meeting last Friday and it was decided to issue a statement because of "speculation in the press regarding the alleged or intended sale" of the Green Point hospital.

A spokesman for the CPA however said in November last year the 128-year-old hospital — the oldest in the country — could be sold to finance the building of a new hospital on the Cape Flats.

This brought a storm of protest from local residents. The city council also strongly opposed the move.

Councillor Dr John Sonnenberg compared the move to "selling the family jewels" and called it a "ludicrous" proposal.

He said yesterday the CPA's statement "clearly indicates a change of heart and a reversal of their previous intentions. They had said at the time that they wanted to test the market on the sale of the hospital."

The provision of a hospital on the Cape Flats was of vital importance but was not linked to the sale of Somerset, he added.
SILOAM Hospital in Venda may be closed at the end of February following a three-month-old labour dispute that has resulted in most white doctors leaving the area.

Venda Director-General of Health, Dr JP Mcwuchene, said of the eight doctors at Siloam Hospital two had left last month, three were serving notice, while two others would leave in April.

Mcwuchene described the situation at the hospital as "grave and very serious" as the estimated 200,000 people served by the hospital were faced with a diminished health service, which could eventually collapse.

He said the doctors were leaving because nurses were no longer carrying out doctors' orders on the treatment of patients.

The hospital has been the scene confrontation between management and workers since last November. - Sapa.
Costs crisis hits Groote Schuur hard

By GLYNNE UNDERHILL
Medical Reporter

GROOTE SCHUUR Hospital is facing a financial crisis that is forcing it to cut costs by up to R1.5 million by the end of the financial year.

Chief medical superintendent Dr Jocelyn Kan-Derman denied claims by staff yesterday that the authorities were preparing to close beds in the new hospital within a week to meet the March 31 deadline.

The hospital was not intending to close any beds, she said.

"We have not made any decisions. We need to reduce expenditure and we are considering a wide variety of options," she said.

The closure of beds was just one of the suggestions made at a "think-tank" meeting, said a hospital spokesman who declined to be named.

Emergency meetings of heads of staff were called to discuss the savings operation, a hospital source said.

"They are now deciding which beds would be the least traumatic to close and have asked for the co-operation of the staff," said the source.

The spokesman for Groote Schuur said the inquiry by the Cape Times was "premature".

"It is not a plan — it has only been suggested and is being considered."

The spokesman confirmed that department heads had held a "think-tank" to decide how to save money and many suggestions had been made.

He also confirmed that the amount to be saved before the end of the financial year was around R1.5m.

A supreme effort would be made to reduce the costs, he said.

The Cape Provincial Administration spokesman, Mr Van Heerden Heunis, said an announcement would be made "in due course".

"No final decision on the curtailment of the health and hospital services has been taken so far," he said.
400 workers at Lesedi Clinic strike over pay

ABOUT 400 workers, including nurses, went on strike at Soweto's Lesedi Clinic early yesterday morning with the support of a demand for higher wages, a union leader said.

A spokesman for the clinic said the stoppage was illegal and accused the National Education, Health and Allied Workers’ Union of negotiating in bad faith.

The strikers gathered outside the clinic about 6.45am, singing and dancing. Mr Alfred Matsa, a Nehawu spokesman, said the strike would go on until demands for a R950 minimum wage and reinstatement of several dismissed nurses had been met.

Dispute

"Workers are not at their posts this morning," said Mr J Neshhe, manager of the clinic yesterday.

"We are still trying to find out what is happening," Neshhe said the clinic was not in dispute with the workers, saying negotiations which began in November were still in progress.

"I can't divulge contents of confidential negotiations with the union. If they (union) divulge, they're negotiating in bad faith. It's an illegal work stoppage," he said.

Sapa.
Top doctor moved, files court action

Medical Reporter
THE former medical superintendent of the South Peninsula Hospitals Group, Dr Andrew Loubser, has been replaced — and he is taking the matter to the Supreme Court.

Dr Loubser has been transferred to the Western Cape regional office of the hospital and health services branch, according to a spokesman for the Cape Provincial Administration.

He had been replaced by Dr P G Morris, the spokesman added.

An application by Dr Loubser had been made to the Supreme Court and is to be heard on March 8, he said.

Dr Loubser would not confirm yesterday that he was contesting his transfer. He refused to give details of his application to the Supreme Court.

A deputation of doctors from four government hospitals in the group allegedly asked last year that Dr Loubser be removed.

Complaints about the administration of False Bay, Victoria, Lady Michaelis and Princess Alice hospitals were first made in October, according to a source who declined to be named.

Regional hospital authorities are to meet the deputy director of health and hospital services, Dr George Watermeyer, today to discuss the looming financial crisis that see cuts in health services.

"Drastic savings" need to be made at provincial hospitals to clear arrears before the end of the financial year, according to hospital sources.

Each hospital would trim services according to its level of overspending, they said.

A doctor at a provincial hospital said inflation in medical services was nearing 20%.
Natalspruit hospital crippled by strike

By BULI SIWANI

NATALSPRUIT Hospital on the East Rand has been crippled for nearly a week, after the entire black workforce went on strike on Tuesday.

The workers – including several nurses, clerks and cleaners – downed tools on Tuesday following an incident the day before when a worker was shot by security guards.

Hospital worker Dan Nyawo – who is also a spokesman for the National Education, Health and Allied Workers Union – said the latest action has its roots in a 1987 strike.

After the strike was resolved workers were promised unconditional re-employment, he said.

"However, whenever we apply for housing loans and promotions, there is always victimisation of shop stewards and other workers who led the 1987 strike."

Nyawo said he tried to point out the seriousness of the situation to the authorities by staging a sit-in on Monday at the office of the hospital’s secretary, H de Wet, but was locked in for six hours.

When security staff were called in to evict him, Isaac Mmotong was shot.

Workers started their strike the following day.

Hospital authorities were not available for comment.
Cape hospital beds could still be closed

By GLYNNIS UNDERHILL
Medical Reporter

IT was "not impossible" that hospital beds in Cape provincial hospitals would be closed to save money before the end of the current financial year, the administrator of the Cape, Mr Robus Meiring, said yesterday.

Mr Meiring met health and hospital authorities on Friday to discuss the drastic savings needed to clear hospital arrears before the end of March.

He declined to give any indication of the decisions taken at the meeting and said an announcement on the looming cost-cutting measures would be made later this week.

"We won't close any beds before we make it public," he said.

 Asked if this indicated that beds could be closed to save money, Mr Meiring said this was "not impossible".

He said the meeting had been an "in-house affair" and clarity on financial issues was still being sought.

Mr Meiring defended the management of the academic hospitals.

He said the reason for the present financial crisis in Cape provincial hospitals was the large size of the province and the vast urbanisation taking place.

Thousands of people were streaming into the metropolitan areas, he said, causing a strain on hospital management. Efforts would be made to improve the situation in the future.

He said the possible cutback in services was not the beginning of a decline in the standards of medicine in the Cape.

"We cannot allow South African medical standards to degrade as they did in many African states," he said.

The Transvaal MEC for hospital services, Mr Fanie Ferreira, said yesterday hospitals in the province would be able to carry on all services until the end of the financial year.
HOUSE OF ASSEMBLY

16 M.I. ELITIS added the Number of

THE MINISTER OF LAW AND ORDER

(1) No discussion or debate on the Bill.

(2) No discussion or debate on the Bill.

(3) No discussion or debate on the Bill.

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THE MINISTER OF FINANCE

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(1) No discussion or debate on the Bill.

(2) No discussion or debate on the Bill.

(3) No discussion or debate on the Bill.

(4) No discussion or debate on the Bill.

THE MINISTER OF HEALTH

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(1) No discussion or debate on the Bill.

(2) No discussion or debate on the Bill.

(3) No discussion or debate on the Bill.

(4) No discussion or debate on the Bill.
Somerset Hospital ‘absolutely crucial’

By SHARON SOROUR
Staff Reporter

PLANS to sell Somerset Hospital in Green Point were dismissed by the City Council as “illogical, insensitive and absolutely crazy.”

Councillor Dr John Sonnenberg told this to a meeting of the Green and Sea Point Ratepayers’ Association at the Sea Point Civic Centre last night.

He said the council thought the Cape Province’s Provincial Administration’s decision to “test the market” in November by putting the hospital up for sale was “mad”.

The CPA reasoned that the hospital was under-used and money was needed to build a new hospital in Khayelitsha.

Dr Sonnenberg denied claims that the hospital was under-used.

Net gain

According to statistics, in 1989, 158 000 people attended the hospital as outpatients, 19 000 people were treated as inpatients and 3 600 babies were born.

“Somerset Hospital makes provision for 758 beds. The Khayelitsha hospital would have provided 800 beds. So the net gain would have been 42 beds.”

“The CPA has also spent R20 million upgrading the old and new sections of the hospital over the past three years – this was going to be thrown to the wolves. For what?” he asked.

Dr Sonnenberg said the CPA ignored certain other factors:

- Sea Point was becoming increasingly densely populated.
- The planned Victoria and Alfred waterfront development would bring thousands of people to the area.
- District Six was shortly going to be populated by at least 20 000 people.

“What is supposed to happen to the people who live in the area? A hospital is absolutely crucial here and it not only serves residents but the whole of Cape Town,” he said.

Somerset Hospital was also conducting research into treating Aids.

While the CPA said it wanted to “test the market”, people from certain financial institutions were asking “How much?” two days after the sale notice went out, he said.

Dr Sonnenberg said the hospital in Khayelitsha was necessary and still had to be built.

The decision to sell the hospital was reversed about eight days ago after a public outcry.

“This illustrates the power of the democratic process and it is a triumph for common sense and a victory for reason over bureaucratic decision,” he said.
Sex abuse
warning
at hospital

By Henry Ludski

STAFF at a psychiatric hospital in Mitchell's Plain, Cape Town, have been given a stern warning that cases of sexual abuse of patients will not be tolerated.

Future cases would be handed over to the police.

This week, the senior medical superintendent at Lentegeur Hospital, Dr Ahmed Guniedien, confirmed that an "ethics committee" had been appointed on February 1.

From next week wards at the hospital - which since its inception six years ago was for both sexes - would be converted into single-sex wards, he said.

It is understood that these measures were introduced in an attempt to end incidents of sexual abuse, but Guniedien denied this.

However, he confirmed that a circular had recently been sent to staff warning them of the seriousness of sexual offences.

Problem

"From time to time it becomes necessary to remind staff of certain clauses in the Mental Health Act, but the circular has nothing to do with a problem of sexual abuse at the hospital," said Guniedien.

He said the single-sex units had been introduced in response to "requests from the community", sections of which were still generally conservative and who had reservations about mixed wards.

Guniedien described the hospital, which has about 2,000 patients and staff, as a "small village" where "one can expect anything to happen".

However, "nothing alarming" was happening at the hospital.

He said the ethics committee had been introduced to "give staff some say" in cases where there are complaints against them and to look at disciplinary procedures.

Spokespersons for the Department of Health and Welfare in the House of Representatives and the Minister of Health and Welfare, Reverend Chris April, would not be reached for comment.

MREAB (HRC) in a press statement.

"It has been the experience over the years of the state of emergency that the veil of secrecy drawn across political detentions and arrests has had the effect of severely limiting the ability of monitoring groups like the HRC to record such incidents of violence."

On Wednesday this week, 62 prisoners held under Section 3 of the Internal Security Act, 52 under the Public Safety Act, and 11 under the Security Act, were released.

Regional Coordinator of the Organisation for South Africa's Christian Workers in the region, Brian Allston, said the organisation had spoken to the government about the prisoners.

He said he was "not sure whether they are going to be coming "soon or not."

"This primary recapture is of vital importance as the situation is very serious," Solomon said.

Funds needed for ex-prisoners

on Tuesday.

But the home still faces renovations that would cost about R300,000, according to the Red Cross Society for the Repatriation of South Africans (RCCSA).

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Deadlock

insurance dispute

AFTER two weeks of strikes by workers and management at insurance company Metropolitan Life Insurance, the workers ended their short-lived standoff yesterday.

About 3,000 workers of Metropolitan Life Insurance have been striking for two weeks over single central bargaining, which led to a deadlock.

The workers, who are members of the South African Commercial, Catering and Allied Workers Union (Sacca), have been without a central bargaining agreement since August 1.

Sacca's national president, Mr Phil Solomon, confirmed yesterday that negotiations had broken down.

An employers' representative, Mr jew Pirok, said that talks were suspended due to the absence of management representatives at the table.

A spokesperson for the National Union of Metal and Electrical Workers (NUMPE), Mr Paul Solomon, confirmed that talks had broke down on Monday.

However, he said the union was concerned about the "abolishing of the union's branch" that was taking place.

Honour for

ARCHBISHOP Desmond Tutu was awarded an Honorary Doctorate of Humane Letters degree yesterday at the University of Johannesburg.

Tutu was invited by Stellenbosch University to give the inaugural lecture at its new campus in Stellenbosch.

The archbishop, who is one of the most respected figures in South Africa, received the degree in recognition of his work in promoting inter-racial harmony and peace in South Africa.

Tutu, who is also a member of the Nobel Peace Prize laureate, the late Nelson Mandela, said he was "honoured" to receive the degree.

"I am greatly humbled by this honour, which is a reflection of the work we are all doing to promote peace and reconciliation," he said.

Tutu's lecture, titled "The Power of Unity: Reflections on Democracy and Human Dignity," focused on the importance of unity in building a democratic society.

He called for a "new South Africa" where "all people" can live together in peace and harmony.

"We must work together to create a society where all people are treated equally and with dignity," he said.

Tutu's lecture was followed by a question-and-answer session, during which he answered questions on a range of topics, including his views on the current political situation in South Africa.

He also discussed the role of religion in promoting peace and reconciliation.

The archbishop's speech was well-received by the audience, who praised his "inspirational" words.

"Tutu is a true inspiration to all South Africans," one audience member said.

"We are grateful for his contribution to our country's democratic transition," said another.
Health facilities are best available

TWO new medical facilities recently opened their doors, providing Pietersburg and the far northern Transvaal region with modernised, rapid emergency and state-of-the-art medical equipment.

One of the additions to the existing health and welfare services is a privately funded 100-bed private hospital, Pietersburg Municipal Elect Nic van der Hoorn says a group of 50 shareholders hold R12m worth of hospital shares between them.

The second development was the establishment of a R2.4m satellite emergency services station built at the municipal airport.

Rapidly. This has enabled emergency service vehicles to respond to critical situations rapidly — patients from outlying areas in the far northern Transvaal are airlifted to Pietersburg for medical care.

With the opening of the new facility last year, Pietersburg is now able to offer three hospitals with 864 beds between them.

Largest of the institutions is the Transvaal Provincial Administration's training hospital, which has a 720-bed capacity, 10 operating theatres and three casualty sections.

This hospital serves most of the far northern Transvaal region.

The local municipality also runs a 14-bed municipal isolation hospital and five clinics, the latter providing free services.

According to the latest statistics, more than 100 medical practitioners represent almost every specialised medical discipline in Pietersburg.

The majority of practices are located in a new medical centre, just outside the central business district.
Babies’ deaths probe

ARGUMENT to the Cillie Commission of Inquiry investigating the eight-day strike at Garnkruwa Hospital last year which allegedly caused the deaths of 23 babies will be presented on April 29.

Mr Justice PM Cillie adjourned the hearing on Wednesday for counsel to present their arguments.

The commission was appointed to formulate recommendations aimed at avoiding future strikes at provincial hospitals.

Earlier this month, the commission heard there was inadequate information provided on the bed charts of the premature babies who died during the strike in April last year.

This made it impossible to determine the exact causes of the deaths.

Dr Peter Cooper, head of the newborn babies unit at Baragwanath Hospital, told the commission that from notes available, it was impossible to draw any conclusion with confidence.

The head of the paediatrics department and senior lecturer at Medunsa, Dr Cornelia van Dyk, said most of the premature babies who died during the strike could have survived under normal circumstances.

She told the commission that X-rays were not done, food was supplied irregularly and that resulted in the deaths of the infants a few days after they were admitted.

Van Dyk also said that nurses were not concentrating on their jobs because of intimidation and stress.
A STORM is brewing at Gazankulu's Khensani Hospital in Giyani because the homeland's Department of Health has issued a circular, telling health workers to speak only English when at work.

The circular was issued by Director of Health Services, Dr FR Maluleke. All health workers were ordered to sign the circular.

Nurses believe the decision was taken to appease a foreign doctor who had complained that a doctor and some nurses who were telling jokes in Shangaan may have been doing so at his expense. Dr Maluleke refused to comment.
into account and measured against the requirements set for a certain post when their suitability for such a post is being considered.

(2) No. Public Service vacancies are awarded with academic merits as the main criterion to determine the relative merit of each case irrespective of race or colour.

(3) No.

Own Affairs:

Bed occupancy rate

10. Mr M J ELLIS asked the Minister of Health Services:

What was the average bed occupancy rate in 1990 in each specified hospital falling under the control of his Department in (a) Natal, (b) the Orange Free State, (c) the Cape Province and (d) the Transvaal?

B103E

The MINISTER OF HEALTH SERVICES:

(a) Natal

Grey's Hospital

61,5%

Hillcrest Hospital

93,75%

Greytown Hospital

29,67%

(b) Orange Free State

Voortrekkers Hospital

59,9%

Bethlehem Hospital

55,15%

Sasolburg Hospital

51,6%

Langerfozen Hospital

43,58%

Zastron Hospital

21,52%

(c) Cape Province

PE Hospital

59,46%

Völks Hospital

39,30%

William Slater Hospital

30,71%

Waldkraib Hospital

38,08%

(d) Transvaal

Andrew McColm Hospital

40,6%

Berea Samuel Hospital

38,6%

Bloeboelhof Hospital

42,1%

Brits Hospital

76,0%

Delareyville Hospital

28,8%

Duiwelskloof Hospital

50,6%

Edenvale Hospital

48,2%

Elsie Ballot Hospital

56,5%

Evander Hospital

46,6%

F O Odendaal Hospital

59,3%

Gen. De la Rey Hospital

40,1%

Groblersdal Hospital

41,2%

H A Grove Hospital

51,7%

Hendrik v.d. Blij Hospital

59,9%

J G Strijdom Hospital

33,7%

Kempton Park Hospital

56,0%

Louis Tichardt Memorial Hospital

41,2%

Ontdekker Memorial Hospital

41,2%

Paardekraal Hospital

45,0%

Phalaborwa Hospital

51,4%

Pretoria West Hospital

45,4%

Sanneste Hof Hospital

19,7%

South Rand Hospital

42,2%

Sybrand van Niekerk Hospital

47,6%

Van Velden Memorial Hospital

53,0%

Venterdorp Hospital

38,1%

Vereeniging Hospital

49,6%

Far East Hospital

45,0%

Voortrekkers Hospital

51,9%

Warmbad Hospital

39,1%

Waterval Boven Hospital

44,9%

Willem Cruyzen Hospital

47,7%

HOUSE OF ASSEMBLY

INTERPELLATIONS

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

General Affairs:

Aids campaign

1. Dr W J SNYMAN asked the Minister of National Health:

Whether she envisages or is implementing an extensive plan of action in the campaign against the spread of Aids; if so, what are the relevant details?

B341E.INT

"The MINISTER OF NATIONAL HEALTH:

Mr Speaker, I welcome the opportunity to furnish details of the Government's strategy on the Aids Program.

Since the first two cases of Aids were reported in South Africa in 1982, Aids has been regarded as a high priority. Since then an on-going campaign has been conducted to combat its spread.

I want to point out, however, that the spread of the virus is a behavioural problem and not too much a medical problem. The Department of National Health and Population Development recently intensified its campaign. This includes inter alia the establishment of a sub-directorate for the combating of Aids, which was completed in 1990. The Aids strategy was reconfigured and accepted by the health family.

The most important element in this strategy is the following: The establishment of an interdepartmental committee on which 167 Government departments are represented to co-ordinate the actions of the public sector. The committee has already met. Arising out of the interdepartmental committee meeting, a workshop was arranged for 4 March 1991.

As hon members know, the emphasis in 1990 fell on the woman and Aids. In 1991 the theme for combating this problem is the youth. At the workshop emphasis will be placed on educating the youth. Educational authorities and institutions, as well as parent and teachers' associations will be represented. The purpose is to devise an educational programme for use by schools.

Two educational videos for use in schools are also being produced this year. AIDS information and training centres have already been established in 10 larger local authorities. Here people can receive applicable information, guidance and counselling. The project will be developed further during the course of the year.

Since 1985 blood and blood products have been safeguarded. South Africa was the first country in Africa to safeguard blood. South Africa even anticipated the initiatives of the World Health Organisation. The success of this programme is irrefutably demonstrated by the fact that since 1985 not a single case of AIDS in South Africa has been the result of the infusion of contaminated blood.

At the end of 1990 a countrywide survey was made among pre-natal clinics as part of the on-going process of disease surveillance. The result will soon be available and will definitely be published.

The role of the private sector in the combating of Aids is realised. Later this year a forum for business leaders is being planned. [Time expired.]

*Dr W J SNYMAN: Mr Speaker, the sum total of what the hon the Member said was that the issues were behavioural problems and information that had to be conveyed to the general public. Now that is precisely the problem I have with the hon the Minister's department.

The latest information pamphlet I saw was this one published by the Department of National Health. Below the caption is a colour photograph of babies varying from light green to dark green in the new South Africa, who could all possibly be Africans in the words of the Nationalists. [Interjections.]

*An HON MEMBER: Like the hon member for Rissik on TV this morning.

*Dr W J SNYMAN: The point is this. I maintain that this information pamphlet of the Government is not only incomplete but in reality it is
Ministers:

Questions standing over from Tuesday, 19 February 1991:

*1. Mr D J DALLING asked the Minister of Justice:

How many persons in the Republic were (a) executed in 1990 and (b) awaiting execution at the latest specified date for which figures are available?

BIZE

The MINISTER OF JUSTICE:

(Reply laid upon the Table with leave of House):

(a) No persons were executed in 1990. For the hon member’s information it can be mentioned that the State President commuted the death sentences of 12 persons who were sentenced prior to the commencement on 27 July 1990 of the new measures which were enacted in respect of the death penalty.

(b) To date 341 persons are in custody after they were sentenced to death. Of this number, 298 persons were sentenced to death prior to the coming into force of the new legislation on 27 July 1990 and 43 persons thereafter.

I now deal with the respective positions of persons sentenced to death after and before the commencement of the new legislation (namely 27 July 1990).

After 27 July 1990

During the opening of Parliament on 2 February 1990 the State President announced that all executions are suspended until Parliament takes a final decision on new proposals which were made in respect of the death penalty. These proposals were approved finally by Parliament last year and are contained in the Criminal Procedure Amendment Act, 1990 (Act 107 of 1990), which came into operation on 27 July 1990.

The most important provisions of the new measures do away with the compulsory imposition of the death sentence and vest the Supreme Court with a wider discretion to impose the death sentence in appropriate cases. A person who is sentenced to death now has an automatic right of appeal to the Appellate Division. Measures were also introduced to expedite the appeal procedure. If a person’s appeal is dismissed he still has, as in the past, the right to submit a petition for clemency to the State President for his consideration.

The first execution after the expiry on 27 July 1990 of the moratorium on executions will take place shortly. No announcement will be made about the exact date.

Since the commencement of the abovementioned legislation on 27 July 1990, 531 persons were convicted of murder, 43 of whom were sentenced to death. In the cases where the death penalty was not imposed, appropriate sentences of imprisonment were imposed. The following statistics in this regard are of importance:

- Imprisonment for life
  - 25 years: 8
  - Between 20 and 25 years: 23
  - Between 15 and 20 years: 54
  - Between 10 and 15 years: 147

Another person, who was convicted of rape, was also sentenced to death.

As far as life imprisonment is concerned, the principle was established by legislation last year that persons upon whom death sentences are imposed, are incarcerated for the rest of their natural life, unless special circumstances are present. The interest of society is the most important norm in this regard.

Before 27 July 1990

In accordance with the new legislation, provision is made that the cases of each person at present under sentence of death who did not enjoy the benefit of the new criteria which is now applicable with regard to the imposition of the death sentence will be reviewed by a panel of experts. This includes persons whose appeals were dismissed prior to the commencement of the new criteria. The Panel for the Consideration of Sentences of Certain Persons under Sentence of Death already commenced with its activities last year and will have its first session during March of this year.

Where the panel finds that the death sentence would probably not have been imposed by the trial court, the case is to be submitted to the State President with a view to his possible extension of mercy to the convicted person. Where the panel finds that the death sentence would probably have been imposed by the trial court the matter will be referred to the Appellate Division for consideration in accordance with the said criteria. If the person’s appeal is dismissed he still has the right to submit a petition for clemency to the State President for his consideration.

The panel, under chairmanship of the Honourable Mr Justice G Viljoen, Judge of Appeal, consists of four appeal judges, two judges and three legal academics. The Appellate Division has since 27 July 1990 dismissed the appeals of 12 condemned prisoners whilst the appeals of 20 persons have been successful.

I also announce that the State President recently decided to commute the death sentences of 8 persons who were sentenced to death before 27 July 1990.

*2. Mr J A Jordaan — Law and Order. (Question standing over.)

New questions:

Edendale Hospital: administration

*1. Mr R F HASWELL asked the Minister of National Health:

(1) Whether the Edendale Hospital is being administered by the KwaZulu Government; if so, in terms of what statutory provisions.

(2) Whether the South African Government intends resuming control of this hospital; if so, when; if not, why not?

The MINISTER OF AGRICULTURAL DEVELOPMENT (for the Minister of National Health):

(1) Yes, in terms of section 1(2) of the Self-Governing Territories Constitution Act, 1971 (Act No 21 of 1971), read with Proclamation R. 275 of 1977;

(2) no, the Edendale Hospital is being administered in its own right by the KwaZulu Government.

Mr R F HASWELL: Mr Speaker, arising from the reply of the hon the Deputy Minister, I wonder whether he is aware that Edendale Hospital is, in fact, a health time bomb which is waiting to explode. Even though it is administered by KwaZulu, when that explosion takes place, it will have disastrous consequences for hospitals in Pietermaritzburg which are under the hon the Minister’s control. (Interjections.)

The MINISTER: Mr Speaker, it sounds terrible, but I do not know. (Interjections.)

Aids: notifiable disease

*2. Mr R F HASWELL asked the Minister of National Health:

(1) Whether she intends declaring Aids a notifiable disease; if so, when; if not, why not?

(2) Whether she has received any representations in this regard; if so, (a) from whom and (b) what was the nature of these representations?

The MINISTER OF AGRICULTURAL DEVELOPMENT (for the Minister of National Health):

(1) No, the opinion till now was that AIDS should not be made notifiable as notifiability has never been shown to affect the course of the pandemic or made any difference to preventive efforts. No other venereal disease has ever been notifiable in the RSA. Infectious diseases are made notifiable to enable local authorities to take steps to prevent the public, such as placing infected persons in quarantine, follow-up of contacts and immunisation.

Infection with the Human Immunodeficiency Virus (HIV), however, does not lend itself to such measures. The follow-up of contacts is still dependent on the persons’ willingness to divulge the information.

The spread of infection in South Africa is constantly monitored by all laboratories in the country doing HIV-testing, sending their information to an anonymous, confidential central national register kept by the South African Institute for Medical Research. It is unlikely that making the infection notifiable would provide additional information. The whole question of notifiability is at present being reviewed by the AIDS advisory group.

HOSPITALS
CAPE TOWN — Half the 34 hospitals falling under the House of Assembly administration for whites were less than half full last year.

Although hospital apartheid was officially abolished last year, the bed occupancy rates for white hospitals, given in Parliament yesterday by National Health Minister Dr Riaa Venter, show that most were underutilised.

Venter said the least occupied hospital was Hillcrest in Natal with a bed occupancy rate of -93.75%.

Other hospitals with less than half occupancy rates included Grey's Hospital in Maritzburg (-61.5%), three of the five hospitals in the Orange Free State, Port Elizabeth Hospital (-50.46%) and 11 of the 22 House of Assembly Hospitals in the Transvaal.
R35m medical complex is under construction

A NEW R35m medical institute, financially backed by the Eskom Pension Fund, is being built in Sandton by Basil Read Construction.

The Sunninghill Medical Institute will have 239 beds, including 20 in an intensive care unit.

A rehabilitation section will be provided for disabled patients.

There will be an advanced radiology department to support neurosurgical procedures.

Seven operating theatres and doctors' consulting suites will also form part of the complex.

Extensive research was carried out by Osmond Lange Architects and radiologist Dr Hilda Podles who, with a group of specialist surgeons, came up with the idea.

Dr Elizabeth Pienaar is the project co-ordinator for the institute, with the operating company consisting of Sanmed, Eskom Medical Aid and Hilpo.

The bulk of earthworks and foundations have been completed and building has begun.

Basil Read expects the project to be completed by March 1992.
Team is trying to keep Venda hospital open

VENDA'S military ruler, Brig Gabriel Ramushwana, has sent a special team to Siloam Hospital to prevent it closing.

The hospital, serving 200,000 people in rural Venda, has been threatened with closure since workers allegedly chased out all resident doctors, whom they accused of racism.

The workers had also been on a go-slow for a year, said reports. (5)

Government spokesman B du Toit said Siloam had been reduced to a clinic and that doctors had been transferred to hospitals as far away as KwaZulu.

The task force would investigate the crisis and try to find solutions.

Du Toit said disciplinary measures would be taken against workers "who have transgressed any regulations".

A police dossier had also been opened to investigate any criminal activities. — Sapa
Cuts to medical services
‘Drastic’ savings needed at Cape hospitals

By GLYNNIS UNDERHILL
Medical Reporter

AN announcement on cuts to medical services in Cape provincial hospitals will be made today or tomorrow, according to the Administrator of the Cape, Mr Kobus Meiring.

Drastic savings were needed to clear hospital arrears before the end of the current financial year and the “imminent” cost-cutting measures would affect all hospitals, Mr Meiring said yesterday.

The hospital “fraternity” would be called to a meeting with the administrator within a day or two, he said.

A press briefing outlining the measures to be taken would be held after the meeting with hospital heads, said Mr Meiring.

“We are on the point of formalising arrangements.”

In an earlier interview Mr Meiring told the Cape Times that it was “not impossible” that hospital beds in Cape provincial hospitals would be closed to save money before the end of March.

“We won’t close any beds before we make it public,” he said.

The administrator has been meeting with health and hospital authorities to decide on a plan of action.

He said the reason for the present financial crisis in Cape provincial hospitals was the large size of the province and the vast urbanisation that was taking place.
the SA Communist Party in support of the ideology of communism in South Africa?

†The DEPUTY MINISTER: Mr Speaker, I have replied to the question, and the question was whether the SA Police are at present investigating such charge or case. The reply is no, a charge has not been laid, and if a charge is laid, it will be investigated in the same manner as any other charge. If the hon member therefore wishes to lay a charge, he can lay a charge. It will be handed over to the relevant attorney-general who must decide on it.

†Adv J S PRINSLOO: Mr Speaker, further arising from the reply of the hon the Deputy Minister is he therefore saying that unless a member of the public lays a charge with the SA Police about an offence committed quite openly before the eyes of the SA Police, the SA Police will not investigate such offence?

†The DEPUTY MINISTER: Mr Speaker, if the hon member wants a reply to this question, I am saying to him that it is not the intention of the SA Police to lay a charge so that a contravention of the prohibition on promoting communism can be investigated. If he wishes to lay such a charge, he can do so and it will be investigated.

†Adv J S PRINSLOO: Mr Speaker, further arising from the reply of the hon the Deputy Minister's reply, can he give us an indication of the extent to which this attitude of the Ministry of Law and Order relates to the undertaking by the SA Government, in the Pretoria Minute, paragraph 7(a), where the Government gives the following undertaking to the ANC:

The Government shall give immediate consideration to the repeal of all provisions of the Internal Security Act which refer to communism or the promoting thereof.

†The DEPUTY MINISTER: Mr Speaker, with due respect, I do not think the hon member is conversant with the Government's standpoint on this matter, because as early as 6 March last year the hon the Minister of Justice gave an explanation in this House of the Government's standpoint on this matter, and that standpoint still stands.

†Mr J VAN DER MERWE: Well, you give an explanation now.

†The DEPUTY MINISTER: Mr Speaker, the hon member for Overval says I must give the explanation now, but he need only look in Hansard, Questions and Replies of 6 March, 1990, col 301. He will get the reply there [Interjections.]

†Adv S C JACOBS: Mr Speaker, further arising from the reply of the hon the Deputy Minister, it is the hon the Deputy Minister's standpoint, with reference specifically to the oath which he took in this respect as Deputy Minister, namely to honour the law of the Republic of South Africa and to see to it that it is honoured, that where an offence is committed prima facie before his eyes, he will not in consequence of that oath lay a charge with the SA Police or instruct that such offence be investigated.

†The DEPUTY MINISTER: Mr Speaker, if it is the standpoint of the hon member regularly to report offences which are committed in his presence to the SA Police, I want to suggest that he join the Neighbourhood Watch System because we need people like this there. If the hon member is of the opinion that I am breaking the oath that I took, he has free access to the hon the State President to convey it to him. [Interjections.]

†Mr H D K VAN DER MERWE: Mr Speaker, further arising from the reply of the hon the Deputy Minister, can I then infer from the reply of the Deputy Minister's reply that he is no longer anti-communist? [Interjections.]

†The DEPUTY MINISTER: Mr Speaker, my standpoint on communism is that it must be fought. The standpoint of the Government is that it is now no longer necessary to fight it by means of legal and punitive measures, but that we can fight them from platform to platform. I invite hon members of the CP to fight against communism with us, and to stop fighting against fellow Afrikaners. [Interjections.]

The ACTING SPEAKER: Order! Hon members of the opposition parties sometimes complain that there is too little time available for putting questions, but if the hon members of the opposition waste the available time themselves, they must not complain if all the questions cannot be replied to.

6. Mr J van Eck—Law and Order.† [Questions standing over.]

†Mr K M ANDREW asked the Minister of Education and Training:

1. Whether the additional teaching posts referred to in his reply to Question No 15 on 12 February 1991 have been filled; if not, why not; if so, at which schools?

2. Whether further posts, over and above those mentioned in his reply on 12 February 1991, are to be created in the Cape Peninsula this year; if not, why not, if so, (a) how many and (b) when?

B312E

The MINISTER OF EDUCATION AND TRAINING:

(1) Yes.

Primary Schools
Number of posts
6

Ebulukwini
25

Imbaba
1

Bonge
12

Andile
2

Umngqusho
46

Secondary Schools
Number of posts
6

Luhaza
5

Mvuze
5

Masilele
1

Lagunya
5

Kaya Mandi
1

Langa
19

Note:
(a) Applicants have already been interviewed and the appointments are being finalised.
(b) Since 12 February 1991 two additional posts have been created at Masilele, which brings the total number of posts at secondary schools to 21.

(2) No. Not in the 1990/91 financial year. The possible creation of additional posts during the 1991/92 financial year will be considered once the Minister of Finance's budget suggestions are known.

Death of Mr W Ndlela: appeal against sentence

†Mr L FUCHS asked the Minister of Justice:

(1) Whether the State intends appealing against the sentence handed down by the
Volks Hospital: use of facilities

Mr K M ANDREW asked the Minister of Health Services:

Whether all facilities at the Volks Hospital in the Gardens, Cape Town, are being used; if not, why not; if so, 
(a) what are these facilities, 
(b) which persons qualify to use them, 
(c) what is the percentage utilisation and 
(d) what was the total cost of running the hospital in the 1989-90 financial year?

The MINISTER OF HEALTH SERVICES:

Yes:

(a) General medical services, a high care unit and a rehabilitation unit;

(b) All persons irrespective of race or sex;

(c) 01% at present;

(d) R3 488 000 for the 1989-90 financial year.

For written reply:

General Affairs:
Private Health Care - a Bargain?

EDWIN HERZOG

In a recent study done in 1986, it was found that 19% of all hospital beds were occupied by patients in 1986. This figure is projected to rise to 28%. The study also revealed that the average length of stay in hospitals has increased from 6 days in 1970 to 10 days in 1986. It is estimated that by the year 2000, the average length of stay will increase to 15 days.

The study further indicates that hospital costs are rising at an alarming rate. In 1986, the average cost of a hospital stay was $5,000. By 1990, this figure is expected to reach $10,000. The study also highlights the fact that the majority of hospital costs are incurred during the first 24 hours of admission.

In conclusion, the study recommends the need for urgent action to control hospital costs and reduce the length of stay. It is estimated that by implementing the recommendations, hospital costs can be reduced by 25% and the length of stay can be reduced by 20%.
Health cuts aimed at saving R50-m

Own Correspondent

CAPE TOWN — Cuts to hospital services in the Cape have been announced in an emergency effort to clear a R50-million deficit in the next 26 days.

And heads of hospitals have been told to cut back on services and staff by about a tenth next year to avoid an estimated R200-million deficit.

They have 13 days in which to come up with methods of cutting costs, failing which emergency measures will be extended.

Administrator Kobus Meiring yesterday summoned senior staff from the Department of Hospital and Health Services, representatives of hospital boards, regional offices, medical superintendents, senior nurses and related medical services to tell them:

● The admission of all non-emergency cases to all provincial hospitals in the Cape would be discontinued over the next four weeks.
● Out-patient visits to specialist and academic hospitals would be drastically curtailed.
● Certain special services, such as laboratory tests and magnetic resonance examinations, would be curtailed.
● Contracted patient transport in the Peninsula would be curtailed and all out-patient transport between rural local authorities and hospitals in Cape Town, Port Elizabeth, East London and Kimberley would be discontinued.
● "Superfluous and duplicated services" would be eliminated.
● Certain staff services, such as subsidised and free catering and transport, would be curtailed or discontinued.

No vacant posts would be filled up to the end of the financial year on March 31.

Mr Meiring said if suggested methods for the 10 percent cutbacks had not been submitted by March 18, he would have to extend the emergency measures, currently being introduced, into the new financial year.

In addition to the proposed 10 percent cutback for next year, Mr Meiring announced other measures to help avoid the R200-million deficit. They included: private patient care at State hospitals to be reconsidered; child-care centres and accommodation for staff to be run with no subsidies; and various centres, such as the Carel du Toit Centre for Hearing-Impaired Children at Tygerberg, Hospital, to be transferred "to more suitable bodies".
Row brewing over 'white side' in OFS hospitals

By Esmaré van der Merwe
Political Reporter

A top Free State provincial official has told a meeting discussing desegregation in hospitals that black patients were "not yet psychologically ready to sleep on the white side".

This was despite the fact the province's hospitals were officially desegregated.

Provincial officials at yesterday's meeting walked out because they claimed the Goldfields Hospital Desegregation Campaign Committee "was talking politics".

The GHDC said Free State's MEC for hospital services, R P G Dreyer, told the meeting that although hospitals had been officially desegregated, black and white sections remained because blacks were not "yet psychologically ready to sleep on the white side".

The superintendent of Welkom Hospital, Dr C van Zyl, said black and white sections no longer existed, but had been transformed into "private" and "free" sides.

The GHDC said continued racial practices at hospitals called into question the sincerity of reform.
Hospital services cut to beat debt of R50m

CAPE TOWN — Most non-emergency hospital services in the Cape Province will be suspended during the next four weeks as the province battles to recoup a R50m budget deficit before the financial year end.

Announcing this after a meeting senior hospital representatives yesterday, Cape Administrator Kobus Meiring said additional emergency measures would have to be introduced during the 1991/92 financial year to curtail a deficit expected to be as high as R200m.

These would include a 10% cut in hospital staff and services, reducing services to private patients, contracting out child-care centres, staff accommodation and catering services to the private sector and the transfer of research organisations to academic institutions.

Meiring said provincial hospitals would be expected to implement the cost-cutting measures within six months. But he warned that if they had not submitted suggestions for rationalisation by March 18, he would be forced to continue the suspension of non-emergency services beyond the financial year end.

Immediate measures would include:

- The suspension of all non-emergency services provided by Cape provincial and province-aided hospitals;
- The curtailment of out-patient visits to specialist and academic hospitals with treatment limited to emergency cases where possible;
- The elimination or curtailment of other services and medicine supplies; and
- The freezing of staff posts.

Meiring said without additional budgetary support from government during this financial year, the deficit would have been R200m rather than R50m.

"It is very clear that, more than ever before in the history of health services in this province, drastic steps are now necessary to rationalise services to an affordable level," Meiring said.

It had become necessary for the Cape Provincial Administration to reconsider its responsibility to private patients, particularly since alternative facilities were available in the private sector.

"We are taking this step because we believe the prime responsibility of the state's health services is catering for the needs of approximately 80% of the population which is dependent on the state for health services," he said.
Slashing cuts will limit Cape hospital services

By VIVIEN HORLER
Medical Reporter

SLASHING cuts to hospital services in the Cape has been announced in an emergency effort to clear a R50-million deficit in the next 26 days.

In addition, heads of hospitals and other top officials have been told to cut back on services and staff by about 10% next year to avoid an estimated R200-million deficit.

They have 13 days in which to come up with methods of cutting costs, failing which the emergency measures will fail.

The Administrator, Mr Kobus Meiring, yesterday said he was determined to cut back on non-emergency services.

The emergency measures include: cutting back on non-emergency services to all Cape provincial hospitals in the next four weeks and the drastic curtailment of outpatient visits. Emergency and trauma cases will not be affected.

"Sad day"

"It's a sad and solemn day," commented Dr Gilbert Lawrence, superintendent of Red Cross Children's Hospital.

Dr J G L Strauss, superintendent of Tygerberg Hospital, said he had not been surprised. "It's what I expected. I am just hoping that it is going to be a temporary thing."

A grim-faced Dr Jocelyn Kane-Berman, superintendent of Groote Schuur, declined to comment.

Without stringent measures, next year's deficit in real terms is expected to be about R500 million, an amount that was "totally unacceptable", according to the administrator, Mr Kobus Meiring.

"I cannot allow it or defend it." The budget for Cape hospital services for the current financial year is about R2 billion, of which about half went to Groote Schuur and Tygerberg hospitals.

Discussing the announcement at a Press conference afterwards, Mr Meiring said the reaction of people at the meeting at had been "understanding and shock".

"Hospitals in the Cape, particularly the academic hospitals, are proud and justly so of the excellent service they have rendered over the decades. Naturally it is a shock to them, and it is not easy for me to have to convey the message. But I have faith in our senior hospital staff, the members of the faculties, and all the people there to use their acumen to get us through." Mr Meiring said that a year ago he had warned that the Cape was likely to overspend on hospital budget by R500 million. The State bailed the department out with an additional R160 million budget allocation.

But it had by now clear, he said, that similar concessions would not be made in future.

"This additional allocation still leaves us with a budget deficit of about R550 million for this year. This we must clear before March 31, 1991. You will realise that, given the short four-week period and the extent of the projected overspending, drastic steps will have to be taken immediately."

Mr Meiring said that hospital services had traditionally been dearer in the Cape than in other provinces. This was partly because of the Cape's physical size, being half as big as the rest of the country, partly because of rapid urbanisation in the Cape, particularly the Peninsula, in recent years, and partly because of the "opening" of Cape hospitals, so that precisely the same service was provided to all patients.

Realistic

Escalating medical budgets was a worldwide trend. In South Africa 80 percent of the population relied on the State for their health services. He had seen how some hospitals had been allowed to deteriorate in Africa "and we can never allow our hospitals to go the way some have gone in Africa, but we have to make things work, to cut our coat according to our cloth and to be realistic about the future."

Mr Meiring and colleagues including Dr George Watermeyer, executive director of hospital services, emphasised the emergency measures would be applied with "insight, compassion and empathy". No one who turned up for a scheduled operation today was likely to be turned away.

Dr Hanna-Reeve Sanders, chief director of the department and a former superintendent of Groote Schuur, said technology had become too expensive and that health care had to focus on behaviour and lifestyle, as many illnesses were directly related to these factors.

She said her distress concerned whether the government would reduce the value of the investment already made in hospital services. She hoped expenses could be scaled down so that a breathing space could be provided, and that hospitals such as Groote Schuur, which was built for the 21st century "would be able to fulfil their
Huge cutbacks for Cape hospitals

By GLYNNIS UNDERHILL

MASSIVE hospital cutbacks to save R50 million within the next four weeks were announced yesterday by the Administrator of the Cape, Mr Kobus Meiring.

At the same time the administrator announced a 10% cutback in hospital services and staff for the 1991/92 financial year — which is expected to be even more severe.

To save money, only emergency cases will be admitted to the provincial hospitals for the next four weeks and out-patient visits will be dramatically curtailed.

Mr Meiring outlined the cutback measures that will directly affect the public over the next four weeks:

- The admission of all non-emergency cases (in-patients) to all hospitals in the Cape Province will be discontinued.
- Out-patient visits to specialist and academic hospitals will be drastically curtailed. As far as possible only emergency cases or patients who have been referred should be treated.

From now on an out-patient must be dealt with only on a referral and appointment basis at academic and regional hospitals.

- Specialised services such as laboratory tests and the supply of certain medicines must be curtailed.
- All out-patient transport services between rural local authorities and the Peninsula and the large specialist reference hospitals in the Port Elizabeth metropole, East London and Kimberley must be curtailed.
- "Superfluous and duplicated services" must be eliminated. The supply of medicines to old-age homes, for example, will be stopped.
- No vacant staff posts may be filled up to and including March 31 1991, unless a contract has already been drawn up.

Mr Meiring had consulted with health and hospital authorities on the drastic savings needed to clear hospital arrears before the end of March — but the sweeping measures stunned medical academics and hospital heads who filled out of a boardroom meeting held with Mr Meiring yesterday.

The chief medical superintendent of Tygerberg Hospital, Dr J G L Strauss, said he hoped the measures were temporary but stressed that no assurances had been given. Dr Gilbert Lawrence, superintendent of the Red Cross Hospital, said it was a "sad and solemn occasion" and top medical experts warned of a mass exodus of First World-trained doctors from South Africa.

"We are heading for Third World medicine. I don't see how we can work under these conditions," said a specialist doctor, who asked not to be named.

To page 3
Mr Meiring said the cabinet had bailed out the CPA by providing additional funds to reduce the expected overspending for the current financial year by about R160m.

"While the CPA has much appreciation for the government's understanding in this respect, government spokespeople have put it frankly that we should not expect concessions of this nature in future," he said.

Mr Meiring warned that the "serious problem" that the health and hospital services branch of the CPA had in remaining within its allocated budget for the 1990/91 period was expected to worsen for the next financial year when a deficit of at least R200m was expected.

He said the following additional cutbacks to health services in the Cape in 1991/92 would be made:

- A number of centres that do not belong to the hospital and health services branch in the Cape will be transferred to more "suitable bodies". Examples are the Delft Experimental Animal Farm, animal houses at Groote Schuur and Tygerberg hospitals which can be transferred to the universities of Cape Town and Stellenbosch, and the Carel du Toit Centre for hearing-impaired children at Tygerberg Hospital, which can be transferred to the "appropriate education department".

- Existing staff childcare centres and accommodation facilities will be contracted out without any subsidies.

- The administration is reconsidering its responsibility to private patients at its hospitals where alternative facilities are available in the private sector.

- The staff establishment will be cut back by about 10%.

Mr Meiring said the regional managers would have to formulate a plan of action and transmit details to the hospital and health services branch.

"Should effective suggestions for rationalisation not be submitted to me by March 15 1991, I will be forced to extend the emergency measures now being implemented for the 1990/91 financial year to the new budget year," he said.
HOUSE OF REPRESENTATIVES

QUESTIONS

Indicates translated version.

For oral reply:

General Affairs:

Public servants: associations

1. Mr J A RABIE asked the Minister for Administration and Economic Co-ordination:
   (1) Whether associations representing public servants from a single ethnic group will be prohibited in the new South Africa;
   (2) whether he will make a statement on the matter.

   Council 631/1  C3E

The DEPUTY MINISTER OF TRADE AND
INDUSTRY AND OF NATIONAL EDUCATION
(for the Minister for Administration and
Economic Co-ordination):

(1) No, because it would infringe on the
internationally recognised right of staff
members to organise themselves in em-
ployee organisations of their own choos-
ing as well as the right of freedom of
association;

(2) No.

Mr J A RABIE: Mr Chairman, arising out of
the hon the Deputy Minister’s reply, I should
like to put a supplementary question to him,
even though he is not the responsible Minister. I
respect freedom of association, but all staff
associations in this country are organised ethni-
cally. My question is whether it is going to be
prohibited in future for an association to write
into its constitution that only Whites or only
Coloureds or only Indians may belong to the
association.

The DEPUTY MINISTER OF TRADE AND
INDUSTRY: Mr Chairman, the hon member’s
question has bearing on the Public Service. As
far as I know, up to a few years ago there were
four staff associations in the Public Service,
namely the Public Servants’ Association, the
Public Servants’ League of South Africa, the
Public Servants Union and the Institute for
Public Servants which, respectively, represented
White, Coloured, Indian and Black public ser-
vants. All four of those staff associations opened
up their membership voluntarily and without
Government pressure and therefore, as far as I
know, there is no staff association in the Public
Service which is organised on ethnic grounds.

The second point I wish to mention, is that we
attach great value to the principle of free associ-
ation and it may be to the hon member’s interest
if I referred him to conventions of the Interna-
tional Labour Organisation, that is to say Con-
vention No 87 of 1948 and Convention No 151 of
1978, which have a bearing on this matter. I
should like to quote from Part I of Convention
No 87, section 2:

Workers and employers, without distinction
whenever, shall have the right to establish,
and, subject only to the rules of the organisa-
tion concerned, to join organisations of their
own choosing without previous authorization.

I want to quote section 11 as well:

Each member of the International Labour
Organisation for which this convention is in
force undertakes to take all necessary and
appropriate measures to ensure that workers
and employers may exercise freely the right to
organise.

Teachers’ associations: prohibited

2. Mr J A RABIE asked the Minister of
National Education:

(1) Whether teachers’ associations represent-
ing persons from a single ethnic group will be
prohibited in the new South Africa;

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

The DEPUTY MINISTER OF NATIONAL
EDUCATION:

(1) The right to associate freely will undoubt-
edly be guaranteed under a new constitu-
tion which has yet to be negotiated. This
right will certainly also be applicable to
teachers. Against this background the
right to associate freely of persons from a
single ethnic group cannot be prohibited.
The exact needs of the teaching profes-
sion and the outcome of constitutional
negotiations make premature announce-
ments in this regard not proper.

(2) No.

3. Mr T ABRAMS asked the Minister of
Foreign Affairs:

(1) How many new missions did his Depar-
tment establish abroad during the latest
special period of 12 months for which
information is available;

(2) whether any South Africans of colour
have been appointed to posts at such
missions; if not, why not; if so, what are
the relevant details.

The DEPUTY MINISTER OF PLANNING
(for the Minister of Foreign Affairs):

(1) In the 12 months ending 28 February 1991
four new missions were established,

- Lomé (Togo)
- Abidjan (Côte d’Ivoire)
- Port Louis (Mauritius)
- Budapest (Hungary)

(2) Yes, Mr D Naidoo was appointed As-
sistants Trade Representative in Port Louis
in Mauritius.

Port Elizabeth/Uitenhage area: hospital beds

4. Mr W J DIETRICH asked the Minister of
National Health:

How many hospital beds were (a) available to
and (b) needed for patients in provincial
hospitals in the Port Elizabeth/Uitenhage area
as at 31 December 1990?

The MINISTER OF NATIONAL HEALTH:

(a) Authorised beds: 2 005
   Actual beds: 2 540

(b) based on a realistic bed occupancy rate of
   80% in respect of provincial hospitals in
   the Port Elizabeth/Uitenhage area, a pro-
   vision of 2 490 beds will be sufficient for
   this area.

Foreign funding: investigation

5. Mr L T LANDERS asked the Minister of
Justice:

Whether the foreign funding of any organisa-
tions has been scrutinised and/or investigated
to date in terms of the Disclosure of Foreign
Funding Act, No 26 of 1989; if not, why not; if
so, (a) which organisations were affected and
(b) what were the findings in respect of each
of them?

The DEPUTY MINISTER OF JUSTICE:

A report concerning the activities of the
Registrar of Reporting Organisations and Per-
sons will be tabled in Parliament shortly. It is
therefore appropriate to await the report.

HOUSE OF REPRESENTATIVES
Hospitals row: DP and ANC urged to see for themselves

Senior DP and ANC representatives are to inspect three Free State hospitals on Monday after the provincial administration walked out of talks this week on the hospitals' desegregation.

The Goldfields Hospital Desegregation Campaign Committee has invited DP MP Robin Carlisle, ANC regional head Patrick Lekota and Teiko Gordhan of the ANC economics desk to see for themselves the continuing segregation of the Odendaalsrus, Welkom and Virginia hospitals.

Free State hospital services director Dr Jan Kruger said yesterday that despite Health Minister Rina Venster's announcements on desegregation of hospitals last year, they could not be fully integrated overnight.

His delegation had left Monday's meeting because the campaign committee had refused to listen to reason on its demand for total integration of the hospitals.

Saying some black patients used wards as toilets, Kruger added: "It's a matter of different civilizations."

He said integration had to evolve slowly and the process had begun with the admission of black private patients to white wards in the three hospitals.

But even when given this choice, most black private patients preferred to be among their own people.

A member of the campaign committee's delegation, Dr Rheet Kahn, said it was unacceptable that the hospitals had not been desegregated more than five months after the repeal of the Separate Amenities Act came into effect.

The committee consists of the Goldfields branches of the SA Health Workers' Congress, the National Medical and Dental Association, the SA Black Social Workers' Association and civic associations in the area.

Kahn said the committee's demand that hospitals be divided according to medical speciality rather than race was not just a matter of principle but was the quickest way to get rid of racial inequalities in the hospitals' services.
Blacks prefer segregated hospital wards – Dreyer

By Esmare van der Merwe
Political Reporter

Blacks preferred to be treated “among their own people” in segregated hospital wards, the Free State’s MEC for hospital services, Roelf Dreyer, said yesterday.

Defending racial practices in Goldfields Hospitals, Mr Dreyer said: “We all agree that there should not be discrimination. But desegregation is a gradual process.

“We had an example where a woman from Transkei used the corner of her ward as a toilet. We cannot allow such people to be accommodated in the same wards as sophisticated people.”

Mr Dreyer this week led a walk-out of hospital officials from a meeting with the Goldfields Hospital Desegregation Campaign Committee, which has taken the provincial authorities to task on racial discrimination in hospitals in Welkom, Odendal, and Virginia.

Although confirming black and white wards still existed, Mr Dreyer said official desegregation had been scrapped.

At one hospital, black people were asked if they wanted to be admitted to the north or south wings of the hospital.

“Everyone knows the north wing is the black side. And black people prefer that side.”

Some beds could not be made available for “free” patients as they were reserved for patients needing specialist treatment.

“Beds are allocated to specialists so that they know there will be space for their patients. If we open these beds for ‘free’ patients, the specialists will leave Welkom.”

Mr Dreyer conceded that the Welkom Hospital had only 80 percent bed occupancy while the nearby black hospital was overcrowded.
Huge shutdown at Groote Schuur follows hospital cutbacks

By GLYNNIS UNDERHILL

CAPE provincial hospitals yesterday began cancelling all non-emergency elective surgery appointments booked over the next four weeks.

From today only emergency cases that have to be attended to immediately will be admitted to Groote Schuur Hospital and out-patients will be turned away unless they have a referral from a doctor, according to chief medical superintendent Dr Jocelyn Kane-Berman.

Those out-patients without referrals or appointments will be referred to their nearest day hospitals or community health centres, she said.

Groote Schuur plans to reduce its patient intake to a third during the month-long squeeze, she said.

Dr Kane-Berman said that a third of the hospital’s 1,420 beds would not be occupied for that period.

Provincial hospital heads were reacting yesterday to the instructions issued by the Administrator of the Cape, Mr Kobus Meiring, that R50 million had to be saved within the next four weeks.

Non-emergency surgery appointments are being cancelled and will be rescheduled, Dr Kane-Berman said. The situation could be compared to the strike last year when only emergency operations were performed, she said.

The Red Cross Children’s Hospital also began cancelling all non-emergency surgery appointments booked during the next four weeks, according to chief medical superintendent Dr Gilbert Lawrence.

Dr Lawrence said that the hospital would experience “great difficulty” in complying with the instructions. There was a general unhappiness among the hospital staff who were shocked by the cutback measures, he said.

“Patients will be affected. Our current services won’t be available to them and the patient will be compromised,” he said.

Patients have not yet been turned away at the Red Cross, but Dr Lawrence appealed to people not to visit the hospital with their children if they can receive treatment at day hospitals or community hospitals.

The Red Cross Hospital will restrict the number of medicines given to each patient to a maximum of four per person, he said.

Dr Lawrence said that he would be forced to assess whether chemotherapy for cancer sufferers should be continued and whether physiotherapy or cerebral palsy patients needed to be cut back over the next four weeks, he said.

The heads of the Cape Provincial hospitals and academic medical staff were locked in meetings yesterday to evaluate the shocking news and decide on a plan of action.

The head of Tygerberg Hospital, Dr J G Strauss, said that he was going to try to formulate a modus operandi with his medical staff.

Certain areas were “vague” and had to be cleared up, he said.

Dr Strauss said that he wanted clarity on the position of admissions of private patients during the four-week period.

He said that he regarded an emergency case as somebody who was in danger of losing his or her life or who would be permanently disabled if they don’t have treatment or an operation.

“All indigent patients are the responsibility of the state and will be treated,” Dr Strauss said.

Emergency and trauma cases, whether private or indigent patients, will be admitted, he said.
"Doctors are like any other profession. If financial rewards are not high enough, they will leave for better offers." Some of the best doctors are leaving the country and their places will be left.

"The exodus of doctors is a concern. We must ensure that their skills are utilized."

"South African doctors are highly skilled but who don't make the grade are the ones who will replace them." He said that the South African Medical Services (South African Medical Services) has responded to the problems with the health budget and has increased its efforts to attract and retain doctors. The new measures are aimed at increasing the number of doctors in the country and to make healthcare more accessible for all patients at all levels of healthcare facilities.

The chairman of the Health Care Reform Commission, Mr. Nkosinathi Moyo, said that the government is committed to improving the conditions of healthcare workers. He added that the government is committed to improving the conditions of healthcare workers. He added that the government is committed to improving the conditions of healthcare workers. He added that the government is committed to improving the conditions of healthcare workers.
Prof. Barnard warns of exodus by best doctors

PROFESSOR Chris Barnard has warned of a brain drain of skilled doctors if financial restraints on hospital services continue.

"Doctors are like any other profession — they have to feel that they are gaining something," he said.

"If the scraping of the barrel continues, they will leave for other places."

Some of the best doctors had already left — a number because of political insecurity and others for better offers.

Political boycotts and disinvestment should be discontinued to allow the economy to build up, Professor Barnard said.

South African doctors were highly skilled and sought around the world.

"Usually the doctors who don't make the grade are the ones who will replace them."

The Medical Association of South Africa (MASA) has responded strongly to the cutbacks announced by the Administrator of the Cape, Mr Kobus Meiring.

The chairman of the Federal Council of MASA, Dr Brian Mendell, said he trusted the measures taken by the CPA would be temporary, but warned that they should not be seen in isolation.

"These measures are another symptom of the tremendous pressure under which South Africa's healthcare system is operating," he said.

"MASA believes medical services should be accessible and affordable to all patients at all times."

The ANC's regional publicity secretary, Mr Trevor Manuel, said the problems with the health budget had been incurred by "gross mismanagement" of finances for essential services.

"The new crisis results from years of overspending on showpiece hospitals, to the detriment of primary health care," he said.
Elderly and poor will suffer DP

Political Correspondent

THE R50-million March cutback in health services in the Cape would severely pressurise many indigent and elderly people who relied on the state for their medical service and supply of medicine, the Democratic Party said yesterday.

DP health spokesman Mr Mike Ellis questioned why such dramatic measures had to be taken at such short notice when it was clear that the Administrator, Mr Kobus Meiring, had known for some time that the province's health services were running into financial difficulty.

"Rumours of expected cuts have been circulating for some time," he said in a statement yesterday.

"If the Cape Administration is guilty of over-spending its monetary allocation then measures need to be taken to prevent this happening, but not at the expense of patients."

Mr Ellis said the urgent need to save R50m in the Cape highlighted the grave situation in which health services countrywide found themselves.

The measures taken by Mr Meiring were aimed at avoiding spending money on what were really essential services.

However, hundreds of millions of rands were wasted each year in keeping alive and propping up a fragmented and expensive health system.

"The time has really come for a complete revamp of the entire system," Mr Ellis said.

The crisis was a result of bad planning over a long period, Mr Eddie Trent (DP Port Elizabeth Central) said yesterday.
No strategic plan for health care in the Cape

WHILE acknowledging the importance of ensuring that the provision of health services in the public sector is cost-effective and directed at making optimum use of available resources, members of the Faculty consider it their duty to the public to place the following on record:

1. The present curtailment of services and those projected for the next financial year will cause extensive harm to a wide spectrum of patients, but most especially the poor and the elderly for whom primary and community health facilities are already inferior and overburdened.

2. As far as we can determine there is no strategic plan for health care services in the Cape Province (or the country) and our efforts, over many years, to contribute to planning a comprehensive health service for all South Africans have been consistently ignored.

3. We have responded in a professional manner to repeated requests to contain costs. Our success in achieving savings, while maintaining high standards of clinical and academic work is clearly documented. We do not, however, have access to any evidence which suggests that cost containment has been achieved within major hospital services elsewhere or within our health care bureaucracies which are fragmented, unco-ordinated and wasteful.

4. We object now, as we have repeatedly in the past, to the simplistic and arbitrary solutions that are being applied to the South African health crisis. Insufficient attention has been paid, by those responsible for the present policy, to the long term damaging effect that such arbitrary measures will have on the quality of South African medicine and on medical education.

5. While acknowledging the need for a private sector we reiterate our insistence that a comprehensive, equitable and non-racial national health plan be formulated without further delay so as to ensure that those patients who can least afford it are not the most heavily penalised.

6. We remain dedicated to doing the best for our patients, our students, and the practice of medicine. We will continue to co-operate with all reasonable measures aimed at cost-containment in the health services but we will resist any actions of the authorities which jeopardise our professional obligations to provide proper care for our patients. We regard the situation as critical for the future of medicine and health care in South Africa and, as such, as an urgent matter for public attention.

DEAN'S ADVISORY COMMITTEE on behalf of the Faculty of Medicine, University of Cape Town,
Professor J P van Niekerk (Dean)
Professor S R Benatar (Head, department of medicine)
Professor J Terblanche (Head, department of surgery)
Professor D Finnis (Head, department of obstetrics and gynaecology)
Professor R Kottler (Head, department of radiology)
Professor A Rose (Head, department of pathology)
Professor M James (Head, department of anaesthetics)
Professor D Beatty (Head, department of paediatrics)
Ethics complaint in hospital racism row

A formal complaint of unethical behaviour has been lodged with the Medical Association of South Africa (Masa) against Goldfields regional hospital superintendent Dr Gert van Zyl.

The complaint came a day after the ANC and Democratic Party called for the resignation of the Free State MEC for Health Services, Roelf Dreyer.

The Goldfields Hospital Desegregation Campaign Committee (GHDC) alleged in a letter to Masa's regional branch that Dr van Zyl was "acquiescing" to racial discrimination in the Welkom, Virginia and Ondelaars hospitals.

Responding to the charges, Dr van Zyl said he believed in nonracialism but had to follow the direction of his provincial medical superiors. Had it been his choice, he would have opened the hospitals.

Masa Goldfields chairman Dr J Goosen said an ethics committee of four doctors would meet on Monday to discuss the "unusual" racism complaint.

The committee has no disciplinary powers, but plays a mediatory role and could make recommendations to Masa.

Speaking in his personal capacity, Dr Goosen said Dr van Zyl had worked hard in a difficult situation to advance the opening of his hospitals to all.

The GHDC argues that Dr van Zyl was bound by the ethics of the medical profession laid out in the 1947 Declaration of Geneva, in which a doctor promises not to "permit consideration of... race... or social standing to intervene between my duty and my patient".

Dr van Zyl is a member of Masa, which is in turn a member of the World Medical Association which drew up the declaration, the GHDC letter said.

He could no longer claim SA law coerced him against his conscience to implement discrimination because the Separate Amenities Act had been scrapped five months ago.

"Despite this, Dr van Zyl has allowed the racial and social segregation of the hospitals under his management to continue," the GHDC alleged.

On Wednesday, the ANC and DP in the region urged Mr Dreyer to resign with immediate effect so that genuine negotiations on hospital desegregation in the region could resume.

He was on Wednesday quoted as saying that though official hospital segregation had been scrapped, black and white wards still existed because "blacks want to be treated among their own people".

On Monday, Mr Dreyer led a walkout of senior hospital officials from a meeting with the GHDC, which has spearheaded a drive to desegregate health services in the region.

The ANC-DP statement said they fully supported the GHDC's stance. — Sapa.
Free State hospital boss
could face ethics probe

THE Medical Association of SA (Masa) is to investigate an ethics complaint brought against the superintendent of three Free State hospitals for practising or allowing racial discrimination.

The Goldfields Hospital Desegregation Campaign Committee lodged the complaint against Dr Gert van Zyl, regional medical superintendent of the Onderstepoort, Welkom and Virginia hospitals yesterday.

This follows a walkout by Free State provincial officials including Van Zyl from a meeting called by the committee to discuss desegregation of the hospitals.

In its complaint to Masa, the committee said Van Zyl was bound by professional ethics contained in the 1947 Declaration of Geneva which stated doctors were bound not to allow consideration of race, religion, nationality, party politics or social standing to intervene between their duty and their patients.

Van Zyl could no longer claim that SA law forced him against his conscience to discriminate against patients because the Reservation of Separate Amenities Act had been repealed more than five months ago.

Masa Goldfields branch chairman Dr Jacques Goosen said an ethics committee would investigate the complaint. He said Masa was totally opposed to discrimination on any grounds.

The association was aware that there were administrative and logistical problems with the implementation of desegregation in Free State hospitals.

Goosen said the ethics committee at branch level had no disciplinary powers but acted as a mediating body.

Masa federal council chairman Dr Bernard Mandell said the matter would be referred to the SA Medical and Dental Council if it was felt that disciplinary action was needed.

Van Zyl said last night he had been singled out by the committee for a problem he did not control.

He said AWB supporters had threatened to kill him.

SA needs national health scheme, says researcher

THE Wits Health Policy Unit has called for a compulsory national health insurance scheme as a way to provide adequate health care in a future SA.

Speaking at an international marketing management meeting this week, unit researcher Dr Max Price said it was naive to believe that opening health facilities to all races would instantly solve financial inequalities and limitations in health care.

He was responding to a statement by National Party parliamentary standing committee on health chairman Johan Villonel, that after apartheid had been removed blacks and whites would enjoy equal access to health care.

Students begin varsity sit-in

ABOUT 60 Wits University students occupied the offices of the vice-chancellor last night as part of a class boycott to demand action regarding accommodation shortages and exclusion of failed students.

Registrar Ken Stendemacher issued the students with eviction notices and said they would face suspension and disciplinary action if they refused to leave.

However, vice-chancellor Robert Charlton said the students would be allowed to stay overnight if they chose to.

The Students Representative Council supported the boycott which was called by the Black Students' Transitional Committee (BSTC).

By Charles Schulz
G. Schuur cancels 65% of ops

By GLYNNIS UNDERHILL

GROOTE SCHUUR Hospital cancelled 65% of its scheduled operations yesterday to comply with instructions from the Cape Provincial Administration to assist in saving R50 million within four weeks.

Unhappy doctors at the hospital said they faced a huge moral dilemma in turning away patients who needed operations.

Cape administrator Mr Kobus Meiring told an Eastern Cape audience yesterday that the CPA, financially speaking, "had its back to the wall".

Opening a new community health centre at Motherwell, he said the needs of the community were increasing at a dizzying rate.

Hospital and health services were under unprecedented pressure and there was every indication that "this pressure will increase considerably in the future", he said.

A Groote Schuur medical expert said: How do you tell a patient that you can't operate when he needs treatment?

**Given medicines**

The chief medical superintendent of Groote Schuur Hospital, Dr Jocelyn Kane-Berman, said that staff were "battling with the problem" and doing their best to comply with the instructions.

"We have to make sure that we don't put any patient's life at risk... at the same time we do see that there is a great need to reduce costs," she said.

Out-patients at Groote Schuur who had been turned away and who could not receive treatment at a primary health care centre had been given an appointment next month, said a hospital spokesman.

The patients who had been attended to had been given medicines, she said.

Tygerberg Hospital chief medical superintendent Dr J G L Strauss said he had held meetings with his staff to discuss measures that needed to be taken. It had been unanimously agreed that cancer would be treated as an emergency, he said. The financial crisis in Cape hospitals underlined once again the costliness of the fragmented and duplicated structure of health services, the Democratic Party's health spokesman, Mr Mike Ellis, said yesterday.
Hospital crisis talks today

THE Minister of National Health, Dr Rina Venter, will meet the four provincial administrators today amid a deepening countrywide hospital crisis.

Dr Venter said yesterday that the meeting would deal with the "total reconstruction" of the country's health services but it is understood that the more immediate problems, relating to the curtailment of medical services, will also be examined.

Dr Venter emphasised that no person with a serious injury or illness should be turned away from any hospital.

Meanwhile, the University of Cape Town Council has strongly criticised the state for its inability to avert a hospital crisis or take heed of warnings of an approaching disaster, claiming the effect on the university's medical school had been disastrous.

The health service cuts were "arbitrary, unacceptable and inappropriate" and should be withdrawn, according to a statement issued by the UCT Council yesterday.

But Mr Van Heerden Heunis, spokesman for Cape Administrator Mr Robus Meiring, said yesterday that no person whose life was in danger would be refused treatment at any CPA hospital.

He said the measures that had been taken in the short-term were an attempt to continue serving the most needy patients as well as possible.

Mr Heunis said the statement by the UCT Council was "noted and the issue is clearly understood".

However, in the light of the financial resources available to the CPA, it could not meet the commitments demanded of it, Mr Heunis said.

He said there would be further, extensive discussions between the authorities and those affected in the coming weeks.

In its statement yesterday, the UCT Council said: "The stringent curtailment of medical services in the Cape is a disaster of huge proportions. It is a sign of the inability of the state to maintain a service that has long been provided; that is vital for the health of the poor; that in the better days has been a source of pride, and that is, in many respects, the right of South Africans to expect."

The doctors were treading dangerously close to or over the line that separates the ethical from the unethical behaviour of the medical practitioner, according to the council.

"The tragedy of the present curtailments, retrenchments and withdrawals of service is that it was avoidable and has long been foreseen and warned against by members of the medical school."

The university had offered the assistance of its experts in the field of planning in order to avoid what has now occurred — but nothing happened to deal with the approaching crisis, the statement claimed.

The system should have proper care for the needy and a sound basis for the teaching of health care personnel, it said. — Political Staff and Staff Reporter
ANC, DP to visit ‘racist’ hospitals

By Esmare van der Merwe
Political Reporter

The Free State MEC at the centre of the Goldfields hospital "racism" row has agreed to let a senior delegation of medical professionals, politicians and trade unionists inspect allegedly segregated facilities at three provincial hospitals today.

The tour of hospitals in Welkom, Odendaalsrus and Virginia will start shortly after 3 pm.

The delegation will include top officials of the ANC and Democratic Party which, in an unprecedented move last week, called for the immediate resignation of Free State MEC for hospital services Roelf Dreyer.

The ANC members of the touring group will include Free State leader Patrick "Terror" Lekota and Ketsa Gordhan, of the department of economic policy. The DP delegation includes health spokesman Mike Ellis (MP Durban North) and Robin Carlisle (MP Wynberg).

Others in the party are Dr E W V Manzana, Goldfields chairman of the National Medical and Dental Association (Namda); Shadrach Mdloung, Goldfields chairman of the SA Health Workers Congress; and J J Matolle, a representative of the SA Black Social Workers Association.

All the organisations are members of the Goldfields Hospitals Desegregation Campaign Committee.

The row over alleged discrimination erupted last week when the Free State provincial officials were challenged to explain and immediately scrap segregated facilities.

The campaign committee then reported Welkom hospital superintendent Dr G van Zyl to the Medical Association of South Africa on the grounds of unethical behaviour.
The MINISTER OF AGRICULTURAL DEVELOPMENT:

(a) The Department of Agricultural Development receives enquiries from persons from time to time regarding alleged herbicide damage near main roads and railway lines. These enquiries are sporadic and originate from herbicide applications which allegedly pollute plots in the vicinity of a road or railway line.

Complaints were received in 1989 from the Southern Transvaal in the vicinity of Klipriver as well as Randfontein, Germiston and from the Jukskei-Broederstroom areas North-west of Johannesburg of alleged damage by herbicide.

(b) In general it was alleged that vegetable crops have been affected especially lettuce, green beans, chilies and cabbage crops.

(c) The Department was requested to diagnose and monitor.

(d) Competent officials investigated the allegations locally. In the area of the Witwatersrand, the crops of six farmers identified by the National Vegetable Committee were monitored for a period of six weeks on a weekly basis. Over this period no confirmation of hormone herbicide damage could be obtained.

Rainwater from the Klipriver area was analysed during the period August 1989 to March 1990 for the presence of hormone herbicide. All the samples tested negative.

Town Hill Hospital: take-over

"7. Mr M J ELLIS asked the Minister of Health Services: "It is one of the major problems in the medical field today."

(a) What was the average bed occupancy rate in 1990 for each hospital falling under each of the provincial administrations?

PROVINCIAL ADMINISTRATION OF NATAL

Average bed occupancy rate in 1990 for each hospital

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Average bed occupancy</th>
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<tbody>
<tr>
<td>Addington</td>
<td>60.57%</td>
</tr>
<tr>
<td>Christ the King</td>
<td>98.93%</td>
</tr>
<tr>
<td>Claritywood</td>
<td>72.38%</td>
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<tr>
<td>Dundee</td>
<td>54.84%</td>
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<tr>
<td>East Griqualand and Uitenhage</td>
<td>63.48%</td>
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<tr>
<td>Empangeni</td>
<td>59.56%</td>
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<tr>
<td>Eshowe</td>
<td>79.74%</td>
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<tr>
<td>Estcourt</td>
<td>65.48%</td>
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<tr>
<td>G J Crookes</td>
<td>72.96%</td>
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<tr>
<td>Greytown</td>
<td>48.54%</td>
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<tr>
<td>King Edward VIII</td>
<td>91.19%</td>
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<td>Ladismith</td>
<td>85.92%</td>
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<tr>
<td>Newcastle</td>
<td>48.74%</td>
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<tr>
<td>Niemeyer Memorial</td>
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<td>Northdale</td>
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<td>R K Khan</td>
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<td>70.82%</td>
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<td>St Andrews</td>
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<td>Taylor Bequest</td>
<td>92.82%</td>
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<tr>
<td>Vryheid</td>
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<tr>
<td>Wentworth</td>
<td>58.82%</td>
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<tr>
<td>King George V</td>
<td>81.65%</td>
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</table>

B185E

The MINISTER OF NATIONAL HEALTH:

What was the average bed occupancy rate in 1990 for each hospital falling under each of the provincial administrations?

PROVINCIAL ADMINISTRATION OF THE ORANGE FREE STATE

Average bed occupancy rate in 1990 for each hospital

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Average bed occupancy</th>
</tr>
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<tbody>
<tr>
<td>Universitas, Bloemfontein</td>
<td>56.89%</td>
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<tr>
<td>National</td>
<td>60.14%</td>
</tr>
<tr>
<td>Pelomoni</td>
<td>82.57%</td>
</tr>
<tr>
<td>Oranje</td>
<td>—</td>
</tr>
<tr>
<td>Voortrekker, Kroonstad</td>
<td>62.00%</td>
</tr>
<tr>
<td>Bolueme</td>
<td>99.69%</td>
</tr>
<tr>
<td>Bethlehem</td>
<td>60.00%</td>
</tr>
<tr>
<td>Phokolong, Bethlehem</td>
<td>13.40%</td>
</tr>
<tr>
<td>Onderdaal</td>
<td>73.71%</td>
</tr>
<tr>
<td>Sasolburg</td>
<td>38.80%</td>
</tr>
<tr>
<td>Virginia</td>
<td>66.10%</td>
</tr>
<tr>
<td>Welkom</td>
<td>85.48%</td>
</tr>
<tr>
<td>Botshabelo</td>
<td>280.00%</td>
</tr>
<tr>
<td>Bothaville</td>
<td>88.24%</td>
</tr>
<tr>
<td>Clocolan</td>
<td>113.86%</td>
</tr>
<tr>
<td>Ficksburg</td>
<td>59.83%</td>
</tr>
<tr>
<td>Frankfort</td>
<td>92.60%</td>
</tr>
<tr>
<td>Harrismith</td>
<td>60.10%</td>
</tr>
<tr>
<td>Heilbron</td>
<td>94.09%</td>
</tr>
<tr>
<td>Hoopstad</td>
<td>78.48%</td>
</tr>
<tr>
<td>Jagersfontein</td>
<td>57.54%</td>
</tr>
<tr>
<td>Ladysmith</td>
<td>90.90%</td>
</tr>
<tr>
<td>Parus</td>
<td>91.52%</td>
</tr>
<tr>
<td>Reitz</td>
<td>77.13%</td>
</tr>
<tr>
<td>Senekal</td>
<td>—</td>
</tr>
<tr>
<td>Smithfield</td>
<td>67.17%</td>
</tr>
<tr>
<td>Vere</td>
<td>75.20%</td>
</tr>
<tr>
<td>Winburg</td>
<td>66.30%</td>
</tr>
<tr>
<td>Zastron</td>
<td>30.94%</td>
</tr>
<tr>
<td>Note: *Own affairs.</td>
<td></td>
</tr>
</tbody>
</table>

86. Mr M J ELLIS asked the Minister of National Health:

AVERAGE BED OCCUPANCY RATES

PROVINCIAL ADMINISTRATION OF THE CAPE OF GOOD HOPE

Average bed occupancy rate in 1990 for each hospital

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Average bed occupancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Park</td>
<td>69.66%</td>
</tr>
<tr>
<td>Caledon</td>
<td>87.43%</td>
</tr>
<tr>
<td>De Arz</td>
<td>59.47%</td>
</tr>
<tr>
<td>Douglas</td>
<td>74.98%</td>
</tr>
<tr>
<td>Hartswater</td>
<td>111.19%</td>
</tr>
<tr>
<td>Kakamas</td>
<td>67.69%</td>
</tr>
<tr>
<td>Kimberley</td>
<td>79.18%</td>
</tr>
<tr>
<td>Kuruman</td>
<td>83.17%</td>
</tr>
<tr>
<td>Naukluft</td>
<td>70.59%</td>
</tr>
<tr>
<td>Postmasburg</td>
<td>72.49%</td>
</tr>
<tr>
<td>Priddis</td>
<td>62.30%</td>
</tr>
</tbody>
</table>

B457E

The MINISTER OF HEALTH SERVICES:

(1) Yes. The Department has been engaged in negotiations for some time with the view to rationalize services by placing this hospital under the same psychiatric management as other psychiatric hospitals like Tiera, the H Moross Centre, the Alexandra Care and Rehabilitation Centre and Cullinan Care and Rehabilitation Centre.

In view of the reconstruction of health services which is receiving the Government's attention at the moment, it has been decided to consider this matter against the background of the reconstruction plan. This investigation has not yet been completed.

(b) Falls away.

(2) No.

White old-age pensioners: means test

8. Mr B B GOODALL asked the Minister of Welfare, Housing and Works:

Whether any steps are being taken by this Department to adjust the means test for White old-age pensioners; if not, why not; if so, what steps?

B475E

The MINISTER OF WELFARE, HOUSING AND WORKS:

The possible adjustment of the means test is continuously receiving the Department's attention. Any adjustment in this regard is however subject to the availability of funds.

QUESTIONS

Indicates translated version.

For written reply:

General Affairs:

Average bed occupancy rate (85)

66. Mr M J ELLIS asked the Minister of National Health:

HOUSE OF ASSEMBLY
<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outshoorn</td>
<td>97.04%</td>
</tr>
<tr>
<td>Paarl</td>
<td>124.19%</td>
</tr>
<tr>
<td>Pinelands, Conradie</td>
<td>101.59%</td>
</tr>
<tr>
<td>Porterville</td>
<td>64.15%</td>
</tr>
<tr>
<td>Port Nolloth</td>
<td>87.71%</td>
</tr>
<tr>
<td>Riversdale</td>
<td>68.34%</td>
</tr>
<tr>
<td>Robertson</td>
<td>107.50%</td>
</tr>
<tr>
<td>Somerset West</td>
<td>139.46%</td>
</tr>
<tr>
<td>Springbok</td>
<td>92.53%</td>
</tr>
<tr>
<td>Stellenbosch</td>
<td>81.32%</td>
</tr>
<tr>
<td>South Peninsula Group</td>
<td>48.14%</td>
</tr>
<tr>
<td>Lady Michaelis</td>
<td>43.60%</td>
</tr>
<tr>
<td>Princess Alice</td>
<td>62.65%</td>
</tr>
<tr>
<td>Wynberg, Victoria</td>
<td>91.75%</td>
</tr>
<tr>
<td>SUB-TOTAL</td>
<td>66.26%</td>
</tr>
<tr>
<td>Sutherland</td>
<td>45.62%</td>
</tr>
<tr>
<td>Swellendam</td>
<td>76.15%</td>
</tr>
<tr>
<td>Victoria West</td>
<td>48.69%</td>
</tr>
<tr>
<td>Vredenburg</td>
<td>87.47%</td>
</tr>
<tr>
<td>Vredendal</td>
<td>97.84%</td>
</tr>
<tr>
<td>Woodstock</td>
<td>71.27%</td>
</tr>
<tr>
<td>Worcester</td>
<td>101.69%</td>
</tr>
<tr>
<td>TOTAL: WESTERN CAPE</td>
<td>69.62%</td>
</tr>
<tr>
<td>TOTAL: NON-ACADEMIC</td>
<td>77.88%</td>
</tr>
<tr>
<td>Groote Schuur Region</td>
<td>95.21%</td>
</tr>
<tr>
<td>Groote Schuur</td>
<td>21.61%</td>
</tr>
<tr>
<td>Mowbray Maternity</td>
<td>56.64%</td>
</tr>
<tr>
<td>Peninsula Maternity</td>
<td>99.25%</td>
</tr>
<tr>
<td>TOTAL: GROOTE SCHUUR</td>
<td>90.91%</td>
</tr>
<tr>
<td>Red Cross Region</td>
<td>158.08%</td>
</tr>
<tr>
<td>Red Cross War Memorial</td>
<td>107.93%</td>
</tr>
<tr>
<td>TOTAL: ACADEMIC REGION</td>
<td>102.91%</td>
</tr>
<tr>
<td>TOTAL: ALL HOSPITALS</td>
<td>83.43%</td>
</tr>
<tr>
<td>Northern Cape Region</td>
<td>83.81%</td>
</tr>
<tr>
<td>Bray</td>
<td>61.85%</td>
</tr>
<tr>
<td>Camarvon</td>
<td>74.85%</td>
</tr>
<tr>
<td>Griekwastad, Hepmeekaar</td>
<td>92.48%</td>
</tr>
<tr>
<td>Hopetown, Wege</td>
<td>162.74%</td>
</tr>
<tr>
<td>Jan Kemp</td>
<td>140.23%</td>
</tr>
<tr>
<td>Keimoes</td>
<td>77.44%</td>
</tr>
<tr>
<td>Kenhardt</td>
<td>59.73%</td>
</tr>
<tr>
<td>Kimberley, Helen Bishop</td>
<td>129.88%</td>
</tr>
<tr>
<td>Oifiantshock</td>
<td>54.69%</td>
</tr>
</tbody>
</table>

**Provincial Administration of Transvaal**

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Average percentage bed occupancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amajuba Memorial, Voskuist</td>
<td>70.40%</td>
</tr>
<tr>
<td>Andrew McColm, Pretoria</td>
<td>39.40%</td>
</tr>
<tr>
<td>Baragwanath Complex</td>
<td>87.90%</td>
</tr>
<tr>
<td>Barberton</td>
<td>50.50%</td>
</tr>
<tr>
<td>Bernice Samuel, Delmas</td>
<td>36.70%</td>
</tr>
<tr>
<td>Bethal</td>
<td>66.40%</td>
</tr>
<tr>
<td>Bloemhof</td>
<td>44.30%</td>
</tr>
<tr>
<td>Boksburg-Beniol</td>
<td>74.40%</td>
</tr>
<tr>
<td>Brits</td>
<td>72.60%</td>
</tr>
<tr>
<td>Carolina</td>
<td>70.50%</td>
</tr>
<tr>
<td>Christiania</td>
<td>64.70%</td>
</tr>
<tr>
<td>Coronation</td>
<td>84.60%</td>
</tr>
<tr>
<td>Delareyville</td>
<td>28.10%</td>
</tr>
<tr>
<td>Dr A G Visser, Heidelberg</td>
<td>77.40%</td>
</tr>
<tr>
<td>Duiwelwinkel</td>
<td>49.60%</td>
</tr>
<tr>
<td>Edenvale General</td>
<td>55.20%</td>
</tr>
<tr>
<td>Elersir</td>
<td>63.80%</td>
</tr>
<tr>
<td>Else Ballet, Amersfoort</td>
<td>51.80%</td>
</tr>
<tr>
<td>Ermelo</td>
<td>75.10%</td>
</tr>
<tr>
<td>Evander</td>
<td>44.70%</td>
</tr>
<tr>
<td>F H Odendahl, Nylstroom</td>
<td>46.10%</td>
</tr>
<tr>
<td>Ga-Rankuwa</td>
<td>85.20%</td>
</tr>
<tr>
<td>Gen De la Ray, Lichtenburg</td>
<td>37.50%</td>
</tr>
<tr>
<td>Groblerd</td>
<td>41.40%</td>
</tr>
<tr>
<td>H A Grove, Belfast</td>
<td>49.00%</td>
</tr>
<tr>
<td>Hendrik van der Bijl</td>
<td>58.60%</td>
</tr>
<tr>
<td>H F Verwoerd Complex</td>
<td>62.90%</td>
</tr>
<tr>
<td>Hillbrow, Johannesburg</td>
<td>90.30%</td>
</tr>
<tr>
<td>Hoeven</td>
<td>147.30%</td>
</tr>
<tr>
<td>J D Verster, Koster</td>
<td>31.10%</td>
</tr>
<tr>
<td>J G Strijdom, Johannesburg</td>
<td>32.50%</td>
</tr>
<tr>
<td>Johannesburg</td>
<td>81.60%</td>
</tr>
<tr>
<td>Kalafong, Pretoria</td>
<td>75.80%</td>
</tr>
<tr>
<td>Manemohdi</td>
<td>80.70%</td>
</tr>
<tr>
<td>Kalie de Haan, Potchefstroom</td>
<td>60.70%</td>
</tr>
<tr>
<td>Kempton Park</td>
<td>55.00%</td>
</tr>
<tr>
<td>Klerksdorp/Tshepong Complex</td>
<td>63.40%</td>
</tr>
<tr>
<td>Laardium</td>
<td>54.30%</td>
</tr>
<tr>
<td>Leina</td>
<td>38.50%</td>
</tr>
<tr>
<td>Louis Trichardt Memorial</td>
<td>34.20%</td>
</tr>
<tr>
<td>Lydenburg</td>
<td>55.70%</td>
</tr>
<tr>
<td>Middelburg</td>
<td>57.10%</td>
</tr>
<tr>
<td>Naardnip</td>
<td>87.10%</td>
</tr>
<tr>
<td>Nie Bodenstein, Wolmaranstad</td>
<td>50.20%</td>
</tr>
<tr>
<td>Nigel</td>
<td>48.10%</td>
</tr>
<tr>
<td>Discoverers Memorial</td>
<td>41.50%</td>
</tr>
<tr>
<td>Paardekraal/Leratong</td>
<td>60.30%</td>
</tr>
</tbody>
</table>
The MINISTER OF NATIONAL HEALTH:

(1) (a) Number of commissioned beds as at 31 December 1990 at the following hospitals:

<table>
<thead>
<tr>
<th>Hospital</th>
<th>No. of beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>King Edward VIII</td>
<td>1 913</td>
</tr>
<tr>
<td>Addington Hospital</td>
<td>1 287</td>
</tr>
<tr>
<td>Groote Schuur Hospital</td>
<td>2 725</td>
</tr>
<tr>
<td>Baragwanath Hospital</td>
<td>4 181</td>
</tr>
<tr>
<td>Tygerberg Hospital</td>
<td>3 169</td>
</tr>
<tr>
<td>Johannesburg Hospital</td>
<td>1 864</td>
</tr>
<tr>
<td>Coronation Hospital</td>
<td>760</td>
</tr>
<tr>
<td>Grey's Hospital</td>
<td>744</td>
</tr>
<tr>
<td>(cc) paramedical staff.</td>
<td></td>
</tr>
<tr>
<td>King Edward VIII Hospital</td>
<td>116</td>
</tr>
<tr>
<td>Addington Hospital</td>
<td>104</td>
</tr>
<tr>
<td>Groote Schuur Hospital</td>
<td>282</td>
</tr>
<tr>
<td>Baragwanath Hospital</td>
<td>322</td>
</tr>
<tr>
<td>Tygerberg Hospital</td>
<td>352</td>
</tr>
<tr>
<td>Johannesburg Hospital</td>
<td>480</td>
</tr>
<tr>
<td>Coronation Hospital</td>
<td>84</td>
</tr>
<tr>
<td>Grey's Hospital</td>
<td>30</td>
</tr>
<tr>
<td>(cc) paramedical staff.</td>
<td></td>
</tr>
<tr>
<td>King Edward VIII Hospital</td>
<td>300</td>
</tr>
<tr>
<td>Addington Hospital</td>
<td>171</td>
</tr>
<tr>
<td>Groote Schuur Hospital</td>
<td>52</td>
</tr>
<tr>
<td>Baragwanath Hospital</td>
<td>518</td>
</tr>
<tr>
<td>Tygerberg Hospital</td>
<td>78</td>
</tr>
<tr>
<td>Johannesburg Hospital</td>
<td>679</td>
</tr>
<tr>
<td>Coronation Hospital</td>
<td>111</td>
</tr>
<tr>
<td>Grey's Hospital</td>
<td>95 and</td>
</tr>
<tr>
<td>(cc) other category of staff:</td>
<td></td>
</tr>
<tr>
<td>King Edward VIII Hospital</td>
<td>315</td>
</tr>
<tr>
<td>Addington Hospital</td>
<td>266</td>
</tr>
<tr>
<td>Groote Schuur Hospital</td>
<td>3 820</td>
</tr>
<tr>
<td>Baragwanath Hospital</td>
<td>2 002</td>
</tr>
<tr>
<td>Tygerberg Hospital</td>
<td>4 831</td>
</tr>
<tr>
<td>Johannesburg Hospital</td>
<td>2 262</td>
</tr>
<tr>
<td>Coronation Hospital</td>
<td>405</td>
</tr>
<tr>
<td>Grey's Hospital</td>
<td>219</td>
</tr>
<tr>
<td>(cc) other category of staff:</td>
<td></td>
</tr>
<tr>
<td>King Edward VIII Hospital</td>
<td>5</td>
</tr>
<tr>
<td>Addington Hospital</td>
<td>17</td>
</tr>
<tr>
<td>Groote Schuur Hospital</td>
<td>379</td>
</tr>
<tr>
<td>Baragwanath Hospital</td>
<td>114</td>
</tr>
<tr>
<td>Tygerberg Hospital</td>
<td>481</td>
</tr>
<tr>
<td>Johannesburg Hospital</td>
<td>360</td>
</tr>
<tr>
<td>Coronation Hospital</td>
<td>27</td>
</tr>
<tr>
<td>Grey's Hospital</td>
<td>16</td>
</tr>
</tbody>
</table>

(b) average bed occupancy rate — 1990:

<table>
<thead>
<tr>
<th>IN TERMS OF:</th>
<th>Beds Planned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>in use beds</td>
</tr>
<tr>
<td>King Edward VIII</td>
<td>96.6% 87.4%</td>
</tr>
<tr>
<td>Addington Hospital</td>
<td>64.1% 40.0%</td>
</tr>
<tr>
<td>Groote Schuur Hospital</td>
<td>90.5% 52.3%</td>
</tr>
<tr>
<td>Baragwanath Hospital</td>
<td>87.8% 107.9%</td>
</tr>
<tr>
<td>Tygerberg Hospital</td>
<td>76.0% 73.8%</td>
</tr>
<tr>
<td>Johannesburg Hospital</td>
<td>77.4% 141.1%</td>
</tr>
<tr>
<td>Coronation Hospital</td>
<td>68.5% 68.5%</td>
</tr>
<tr>
<td>Grey's Hospital</td>
<td>and</td>
</tr>
</tbody>
</table>

(c) staff establishment as at 31 December 1990:

| (i) total: |
| King Edward VIII Hospital | 2 955 |
| Addington Hospital         | 1 956 |
| Groote Schuur Hospital     | 7 512 |
| Baragwanath Hospital       | 7 552 |
| Tygerberg Hospital         | 2 260 |
| Johannesburg Hospital      | 5 777 |
| Coronation Hospital        | 1 500 |
| Grey's Hospital            | 1 139 |
| (ii) (aa) medical staff:  |
| King Edward VIII Hospital  | 244  |
| Addington Hospital         | 128  |
| Groote Schuur Hospital     | 623  |
| Baragwanath Hospital       | 529  |
| Tygerberg Hospital         | 830  |
| Johannesburg Hospital      | 489  |
| Coronation Hospital        | 149  |
| Grey's Hospital            | 51.  |

| (b) (aa) medical staff:  |
| King Edward VIII Hospital | 16  |
| Addington Hospital        | 151  |
| Groote Schuur Hospital    | 741  |
| Baragwanath Hospital      | 560  |
| Tygerberg Hospital        | 974  |
| Johannesburg Hospital     | 982  |
| Coronation Hospital       | 115  |
| Grey's Hospital           | 105 and |

*Paramedical staff in this context includes supplementary health professions, experts and other professional staff;*
that vacant private post boxes exist at Saxonwold (28), Northlands (54), Bramley (49), Parklands (30) and Pinegowrie (975). The number of vacant post boxes at Northlands has increased since last year because some renters were allocated post boxes at the more conveniently situated Pinegowrie Post Office. By arranging that a number of renters at Craighall be provided with private post boxes at more conveniently located offices, it was possible to provide all waiting applicants at that office with private boxes.

The MINISTER OF NATIONAL HEALTH:

123. Mr M J ELLIS asked the Minister of National Health:


POPULATION GROUP
Province Indian Black Coloured White
Cape 32 13 587 16 960 411
Natal 453 9 247 196 75
OFS 1 9 481 633 130
Transvaal 52 13 462 487 228

(b) Admission in a hospital with tuberculosis

POPULATION GROUP
Province Indian Black Coloured White
Cape 0 2 430 2 724 2
Natal 183 9 273 97 15
OFS 0 3 031 75 0
Transvaal 13 1 922 142 62

The MINISTER OF NATIONAL HEALTH:

129. Mr M J ELLIS asked the Minister of National Health:

(1) How many rent-controlled premises were there in the Sea Point constituency as at 31 December 1990?

(2) (a) how many such premises were decontrolled in 1990 and (b) what is the (i) address and (ii) description of each of the properties concerned?

B154E
‘Racism rife at
OFS hospitals’

By Esmaré van der Merwe
Political Reporter

WELKOM — The African National Congress and the Democratic Party have reacted angrily to racial discrimination at the Welkom Provincial Hospital. ANC Free State leader Patrick “Terror” Lekota said yesterday: “This almost drives me berserk.”

Mr Lekota and DP health spokesman Mike Ellis led a delegation which included medical professionals to investigate claims of racist practices at hospitals on the Goldfields — almost five months after the scrapping of Separate Amenities Act.

The delegation concluded that discrimination was rife at the hospitals and supported a call by the Goldfields Desegregation Campaign Committee for the resignation of Free State MEC for hospital services, Roelf Dreyer, and the province’s deputy director-general of hospital services, Dr Jan Kruger.

During the visit to the Welkom Hospital yesterday afternoon the delegation saw:

- Lines of black patients, some seriously injured, who had been waiting since early morning to be admitted.
- Children sleeping on concrete floors.
- As many as three children in one bed.
- Flies swarming around the children’s heads.

In a hot corridor, a distressed black mother comforted her baby — who was clearly in pain from horrific burn wounds — for more than five hours before the child was admitted.

In contrast, the white section of the hospital was air-conditioned, with superior facilities and many vacant beds.

Mr Lekota became embroiled in an angry debate with superintendent Dr Gert van Zyl, who claimed that a lack of funds and rigid provincial regulations were the cause of segregated facilities.

He said: “I believe discrimination is criminal, not only against the patient but also against the doctors and nurses who have to work under these conditions.”

Dr van Zyl said the AWB had threatened to kill him if the hospital were desegregated.

Mr Ellis said last night that the DP would put pressure on President FW de Klerk and Minister of National Health Dr Rina Venter to implement drastic changes.
QUESTIONs

For written reply:

Own Affairs:

Training of teachers: estimated cost

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

What is the estimated cost to the State of training a teacher at (a) a university on a non-residential full-time basis for four years and (b) teacher training college on a non-residential full-time basis for (i) three and (ii) four years?

D30E

The MINISTER OF EDUCATION AND CULTURE:

(a) The estimated cost (at the University of Durban-Westville) is between R23,000 and R25,000.

(b) (i) The estimated cost (at Springfield College of Education) for a three-year course would be between R30,000 and R34,000. The three-year course has been discontinued.

D34E

The MINISTER OF EDUCATION AND CULTURE:

(ii) The estimated cost (at Springfield College of Education) for a four-year course is between R40,000 and R45,000.

Qualified teachers: surplus

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

(a) How many qualified teachers were made redundant or retrenched or retired early because of a surplus of teachers at the end of 1990;

(b) how many teachers who qualified at the end of 1990 were unable to obtain posts from the beginning of 1991;

(c) how many Indian student teachers have bursaries from the State at present and (d) what is the annual cost to the State of such bursaries and (ii) in respect of what year is this information furnished?

D40E

The MINISTER OF NATIONAL HEALTH:

As listed on the attached schedules.

B189E

Provincial Administration of the Transvaal: Number of admissions in 1990 to each hospital

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Provincial Administration of the Orange Free State: Number of admissions in 1990 to each hospital
### Admission 1990

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**Note:** *Own Affairs.

### Provincial Administration of the Cape of Good Hope: Number of admissions in 1990 to each hospital

### Provincial Administration of Natal: Number of admissions in 1990 to each hospital

### Non-academic Regions Northern Cape Region

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**Admission 1990**

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**Eastern Cape Region**

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**Western Cape Region**

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Provincial hospitals: patients turned away

Whether any provincial hospitals turned patients away because they were members of a race group other than White; if so, (a) which hospitals and (b) for what reason? B190E
The MINISTER OF NATIONAL HEALTH:

No, the four provincial administrations have no knowledge of an incident where a patient was refused admission to a hospital on grounds of race.

(a) and (b) Fall away.

Own Affairs:

Medical waste

15. Mr. M J ELLIS asked the Minister of Health Services:

Whether any changes were introduced in the 1990-91 financial year by hospitals under her control in the system used to dispose of medical waste; if not, why not; if so, what are the relevant details?

The MINISTER OF HEALTH SERVICES:

Although the disposal of hospital waste (medical and clinical waste) is considered to be reasonably satisfactory, the provincial administrations, which run own affairs hospitals on behalf of Administration: House of Assembly, undertook investigations to identify potential problems during the past year. These resulted, *inter alia*, in the introduction of more uniform methods of disposal, increased use of standardised containers, renovation of incinerators and contracting professional firms for waste removal and disposal. However, most improvements planned are subject to the availability of funds.

White teacher training colleges: students

32. Mr. M J ELLIS asked the Minister of Education and Culture:

How many students were studying at White Teacher training colleges (a) as at the latest specified date for which figures are available and (b) as at a corresponding date five years ago?

The MINISTER OF EDUCATION AND CULTURE:

(a) 6,511—March 1990,
(b) 10,967.

The MINISTER OF HOME AFFAIRS:

(i) and (ii) The Department of Home Affairs does not keep statistics of visas and work permits issued to foreigners according to nationality.

The Central Statistical Services however publishes the numbers of foreigners visiting the Republic according to their country of residence; that is citizens as well as non-citizens that have residence in such countries.

According to the latest information from the Central Statistical Services the following numbers of foreign visitors from India, Mauritius and Pakistan visited the Republic from January 1990 to November 1990:

(a) India 2,026
(b) Mauritius 4,511
(c) Pakistan 775
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1. Orange Free State:

2. Natal

3. Cape Province

4. Transvaal

Andrew McCollm          | 4 256  | 24     | 4         | 5       |
Bernie Samuel           | 822    | 3      | 0         | 3       |
Bloemhof                | 296    | 0      | 176       | 1       |
Briis                  | 3 332  | 1      | 24        | 16      |
Delareyville           | 329    | 0      | 0         | 0       |
Duiwelskloof           | 819    | 0      | 0         | 0       |
Edenvale               | 2 887  | 0      | 0         | 0       |
Elsie Ballot            | 252    | 0      | 0         | 0       |
Evanier                | 2 700  | 0      | 0         | 0       |
F H Odendaal           | 1 281  | 0      | 0         | 0       |
Gen De la Rey           | 1 161  | 0      | 27        | 6       |
Groblersdal            | 825    | 0      | 0         | 0       |
H A Grove              | 378    | 9      | 0         | 5       |
Agony...this child, suffering severe burn wounds.

Violence...of the violent.

Doctors are often confronted with bizarre, often violent outbursts from patients and their relatives, according to the recent survey on patient behavior in the NHS. The survey, conducted by the National Health Service, found that one in five patients had been violent towards staff in the last year. The findings were highlighted in the report, which called for greater attention to the issue of patient behavior. The report suggested that more training and support for staff was needed to help them manage aggressive patients. It also recommended the development of specific policies to deal with violent incidents.
Hospital chief needs support rather than censure

WELKOM — Goldfields regional hospital superintendent Dr Gert van Zyl has been found not guilty of unethical behaviour by the Medical Association of South Africa (Masa).

This follows charges of alleged racial discrimination laid against him by the Goldfields Hospital Desegregation Campaign Committee. The committee laid a complaint last week against Van Zyl for, it alleged, practising racial discrimination in the Welkom, Virginia and Odendaalsrus hospitals.

Masa’s Goldfields branch said in a statement that Van Zyl did not, in terms of general patient care, discriminate in his management of hospital patients.

He had inherited the enormous problems of a fragmented health-care system and seemed to have done everything possible within financial and administrative constraints imposed on him.

A meeting of Masa’s ethical committee on Monday had been impressed with his integrity and commitment to a difficult task, and concluded he needed Masa’s support rather than censure.

In Cape Town yesterday, Health Minister Dr Rina van Venter asked all four provincial administrators to investigate implementation of policy guidelines on the orderly management of hospital patients laid down by the National Health Policy Council.

She said in a statement this request was a result of media reports on admission of patients to the Welkom Hospital.

As a result of Venter’s request, Transvaal MEC for Health Services Fanie Ferreira yesterday ordered a survey at all hospitals in the province regarding the handling and admission of patients.

Free State Health Services MEC Roelf Dreyer yesterday denied allegations that he was resisting instructions from the Health Minister to desegregate his hospitals.

He added he would not bow to calls for his resignation.

Dreyer insisted he was doing his best to carry out government’s stated desegregation policy, but that it was a slow process. — Sapa.

CP man is jailed for two weeks

PRETORIA — Conservative Party chief secretary Andries Beyers was sentenced to 14 days’ imprisonment in the Pretoria Regional Court yesterday after refusing to divulge the identity of a source in terms of a subpoena served on him under Section 265 of the Criminal Procedure Act.

He was, however, granted bail of R500 pending appeal.

Beyers was subpoenaed following an article in the February edition of CP mouthpiece Die Patriot, which said that a key state witness in the Winnie Mandela trial, Gabriel Pelo Mekgewa, had been kidnapped by the state’s intelligence services.

Pretoria magistrate M Killian said the submission that the President had given the assurance there had not been a kidnapping, and therefore no crime, did not hold water.

He said it was Beyers and his source who alleged there had been a crime, and only a full police investigation could determine if a crime had been committed.

Beyers refused to divulge the identity on the grounds that he had promised not to do so. — Sapa.
The Afrikaner Weerstands-beweging threatened yesterday to “act hard-handedly” against a prominent medical practitioner who has been one of the main organisers of a campaign to eliminate discrimination at Goldfields hospitals.

AWB communications commander in Welkom, Blikkies Bikgaut, said Dr Rhett Kahn, the “brain” behind Monday’s ANC/DP tour of the Welkom Provincial Hospital, was a traitor who would land himself in deep trouble.

“We have given him plenty of time to see where he stands with relation to the ANC and the AWB. Now he has proved his true colours. We are going to tackle him,” Mr Bignaut threatened.

He said the growing hospital racism row “and several other complex issues” were reaching boiling point in the town, where racial tension erupted into violent clashes between blacks and whites last year.

Mr Bignaut hinted that a planned protest march in Welkom on Saturday to highlight segregation, organised by the Goldfields Hospital Desegregation Campaign Committee (GHDC), would unleash white anger “much worse” than last year’s clashes.

“We are mobilised. We have spoken enough,” he said.

Dr Kahn, the DP’s Goldfields chairman, said yesterday the DP was prepared to talk to the AWB in an effort to find peaceful solutions.

“The AWB also has a place in South Africa. We are prepared to aly their fears, but we are not prepared to allow naked racism to continue.”

Welkom City Council has refused permission for the march on Saturday, but the GHDC has asked to meet council officials tomorrow to resolve the issue.

GHDC spokesman Shadrack Mloquieg said the communities of Meloding (Virgina), Kutlonong (Odendaalsrus), Thabong (Welkom) and Bronville (Welkom) would decide later this week whether to proceed with the march.

Referring to a walkout of provincial officials at a meeting last week to discuss grievances with the GHDC, he said: “The Government says it is prepared to negotiate, but its own people walked out of the meeting. This leaves us with no other option but to continue with the march to highlight our grievances.”
Hospital work starts in May

A new private hospital is proposed for Crown North, southeast of Johannesburg, at a cost of R17m, property consultant and developer Keystone Developments has announced.

Construction on a 19 500m² site is scheduled to begin in May, and is expected to be completed within 11 months.

The hospital will have four operating theatres, 68 beds for general surgery and medical patients and four intensive care beds.

In addition, there will be specialist consulting rooms for visiting specialists, a radiology facility, laboratory and chemopathology facilities.
Government silent as race row rages on in Free State hospital

NATIONAL Health Minister Dr Rina Venter’s deafening silence on continued discrimination in provincial hospitals has emerged as the most striking feature of the Goldfields hospital racism row.

This week’s tour of the Welkom Provincial Hospital by a top delegation of anti-apartheid groups left no doubt about continued preferential treatment for whites.

The best Dr Venter has come up with is to request provincial Administrators to investigate the implementation of policy guidelines “regarding the orderly management of hospital patients”.

There has been no effort to take to task Free State hospital MEC Roelf Dreyer, who has shocked with remarks that blacks prefer segregated medical facilities and that “un-sophisticated” patients could not be allowed to be treated among “sophisticated” ones.

There has been no condemnation of Mr Dreyer’s remark that, while segregated wards are still operated, there is “no discrimination in the services rendered at our hospitals”.

A tour of the “black” side of the Welkom hospital by the ANC, the Democratic Party, the Medical Association of South Africa (Masa) and a host of other organisations represented by the Goldfields Hospital Desegregation Campaign Committee (GHDC) found:

* A prominent “blacks wards” sign displayed at the entrance of the hospital.
* A baby with horrific burn wounds cradled in its mother’s lap for more than five hours before being admitted.
* A toddler’s drip resting on a fire extinguisher.
* Up to three babies accommodated in a single cot.
* Ten beds pushed together in a men’s ward, with no curtains to provide any privacy.
* Dilapidated furnishings with peeling paint and sagging mattresses accommodating sometimes two patients per bed in the women’s surgical ward.
* Lines of patients waiting on narrow benches in dark, hot corridors for hours to be admitted.
* Babies playing on a thin blanket on a cold floor, some of them sleeping on the concrete.
* Flies swarming around the dirty faces of small children.

Metres away, white patients are treated in airy, sunny and well-equipped wards. White patients are confined to six per ward; many beds are empty.

The issue at stake is not the inferior medical facilities for blacks, of which worse examples can be found at township hospitals. At the core of the row lies the differential treatment for black and white patients at the same hospital.

The official explanation is that the hospital is divided into sections for State patients and medical aid patients. But although the odd black patient has been admitted to the “white” side, no “free” white patients have ever been admitted to the “black” side.

Provincial officials, repeatedly questioned on this practice, have not come up with an explanation.

Asked to explain why patients in the “black” section, with a 125 percent bed occupancy, could not be admitted to the “white” side, with an 85 percent bed occupancy, they explained that certain wards were reserved for specialists.

“If we put ‘free’ patients in those beds, the specialists will simply have Welkom,” said both Mr Dreyer and the superintendent of the provincial hospitals in Welkom, Odendaalsrus and Virginia, Dr Gert van Zyl.

Dr van Zyl said his life would be “heaven” if segregated wards were to be amalgamated. But his hands were tied by lack of funds and hospital regulations.

Medical officials have sympathy for Dr van Zyl — who during the tour denounced racism as “criminal” — saying the real villains were Mr Dreyer and the deputy director-general of health services in the province, Dr Jan Kruger.

Mr Dreyer has laughed off calls for his resignation by the GHDC, the DP and the ANC. He dismissed their determined efforts to highlight discrimination as “playing politics”.

In frank statements this week, Masa’s national executive and its Goldfields branch directly pointed the finger at the provincial authorities.

The Goldfields Masa branch, during a hearing of its ethics committee, has cleared Dr van Zyl’s name, saying he could not be held personally responsible for the actions of the provincial authorities to rectify racist practices.

Several actors in the continuing hospital drama have predicted that heads in the provincial administration will roll.

The battle now clearly in the Government’s court.
Apartheid ‘alive at hospitals’

By Esmaré van der Merwe
Political Reporter

Racial integration at provincial hospitals has been slow, inconsistent and uneven, a recent study has found.

The Centre for Health Policy (CHP) at the University of the Witwatersrand yesterday said apartheid was still very much alive at some provincial hospitals.

In the absence of a clear Government commitment to nonracial medical services, the process towards desegregating health facilities had been slow, with “extremely confused” lines of responsibility and accountability.

“Indeed, the question arises whether progress towards integration is not so uneven because everyone is ultimately able to deny responsibility,” the CHP said.

It criticised National Health Minister Dr Rina Venter for never having committed her department to ending apartheid in hospitals, although her announcement in May last year that blacks would no longer be refused admission at “white” hospitals had been hailed as the scrapping of hospital apartheid.

In a document, released yesterday in the wake of evidence of naked racism at Goldfields hospitals, the CHP said the admission of black patients at formerly “white” hospitals was an exception to the rule rather than evidence of a trend towards genuine integration.

The CHP concluded: “The fact that some previously white hospitals have started to admit varying numbers of black patients should not be seen as the end of apartheid.”

“There is still evidence of substantial segregation both between and within many hospitals, and many decisions governing the treatment of patients in these hospitals are still based on racial criteria.”

At the time of conducting the study, the CHP found that:

- Rapid strides have been made in the admission of blacks at the Johannesburg and JG Strijdom hospitals.
- In December last year, the Edenvale Hospital had 63 white and eight black patients.
- By October, hospitals in Edenvale, Kempton Park and Pretoria West had not admitted any black patients.
- Time to condemn this racist disease — Page 17
HUMANKIND has been known to do strange things to retain good health, good looks and aspire to the mythical promise of longevity.

Countless people raised on fairy tales yearn for the fountain of youth, from which one sip could lengthen life for decades.

Even the Bible records great feats of longevity. Methuselah, recorded in Genesis, lived to the ripe old age of 969 and fathered a child at 187 years.

Man's quest for the fountain of youth has taken a few strange turns. Modern methods include removing the thyroid gland from lambs and even tampering with human foetuses for implantation in ageing humans.

But the longevity fad of today, spreading throughout the country, is a fungus known as Mai Bai or "Tea Treasure".

Wonder-cure

Drinking the wonder-cure daily is supposed to lengthen life and cure a host of illnesses.

The jelly-like fungus, grown in a mixture of tea and water, regenerates over a period of five days. It is sweeping through the country like a chain letter, passing on to the next person every five days.

A document accompanying the fungus explains its origins and its benefits.

The "Tea Treasure", also known as the "Black Tea Fungus", supposedly originated in a "longevity village" in the Caucasus region of the Soviet Union.

A Japanese woman visited the village earlier this century and found that most of the villagers had reached great ages. "Many of them, over 100 years of age, could still work in the fields," the document reads.

"The most interesting observation was that about one-tenth of the aged could still get married and produce children. There was an example of a 130-year-old man who married an 88-year-old woman. Two years later the woman gave birth to a healthy baby boy."

Each family in the village had a large jar containing the "Tea Treasure", which was consumed daily.

The Japanese woman stole some of the plant material and liquor and returned to her country. The "treasure" was eventually spread throughout Japan and China and reached the rest of the world via visiting Americans.

It has now reached South Africa and has captured the hearts and minds of thousands of people, with more being introduced to its medicinal value daily.

Tests performed in South Africa indicate that the fungus consists of tissue with the scientific name of Saccharomyces and the bacteria Acetobacter Xylinum. The liquid consists of metabolites with Vitamin C, antibiotics, lactic acid and a small amount of alcohol.

The beverage, which is consumed daily, has quite a pleasant, fermented taste, almost like apple cider.

The benefits of the "Black Tea Fungus", if consumed daily, are numerous, if you believe the document.

"It promotes longevity, regulates blood sugar and helps fight heart and coronary disorders," it reads.

"It removes skin blemishes, freckles and lines wrinkles."

"It improves the limbs of the aged so that they can walk more easily."

"It relieves all sorts of bodily pain, aches and restores the proper function of the kidneys."

"It gives good appetite while reducing obesity, cures insomnia, cures dysentery, hepatitis and other liver problems, dissolves or removes kidney stones and gall stones and ensures healthy, attractive and tender skins."

Another benefit, yet untested except for the words of an unknown Japanese woman, is that the fungus "prolongs the period of male virility and female fertility."

Although none of the benefits have not been scientifically proven yet, users claim it has cured a range of ills.

In the Ocean View suburb of Cape Town, the fungus is growing in virtually every home.

"I'm really impressed with what the tea has done for me; my hot flushes have disappeared completely," claimed an Ocean View housewife.

"Black Tea Fungus" drinkers have added a range of superstitious beliefs to the process of growing, drinking and passing on the wonder-cure.

"You mustn't break the chain, or else it won't work for you; you must pass it on after five days," warned one user.

"I say a prayer before I drink it, even though I'm not really religious — it makes the tea work better," said another.

"Never, ever bury the fungus; it will bring bad luck to your household," was the gloomy warning from a third.

A diabetic user said although the fungus was grown in a sugary mixture, her blood sugar levels had dropped considerably since she began drinking the tea five weeks ago.

A cardiac patient, who has been using the tea for two weeks, said it was passed on to her by her doctor, who had been drinking it to cure arthritis.

The attitude of the medical profession, though, seems to be one of amusement. Doctors practising in black areas report a high incidence of use among their patients.

"We are having a good laugh over this fungus," said a Woodstock doctor, who reported that every second patient seemed to be drinking the tea.

"I have been told it can cure anything from a septic ingrown toenail to an abortion. My patients swear by it."

The doctor said the stories she heard about the fungus were "incredible". One patient reported that she knew someone who had swallowed a piece which grew inside her and choked her to death.

Condemned

The medical profession has not yet condemned the use of the fungus, although they are not about to recommend it to patients, either.

"Our attitude generally to alternative medicine is that if it doesn't kill or harm the patient, we won't condemn it," said another doctor.

"The vast majority of patients who see a general practitioner don't need medication anyway, they need a psychological crutch, something that they believe will cure them."  "This fungus is most certainly one of the best psychological crutches I have seen — it inspires faith in most people.

"The most important ingredient in healing is faith, a belief that the cure will work," the doctor said.
Few blacks admitted in Transvaal

Apartheid in hospitals ‘is still thriving’

HOSPITAL apartheid is thriving in the Transvaal almost a year after National Health Minister Dr Rina Venter declared hospital doors open to all, Wits University’s Centre for Health Policy has found.

The centre’s study of six PWV hospitals found there was still “substantial segregation between and within many hospitals” with few black patients being treated at white hospitals.

And our political staff reports from Cape Town that Venter told Parliament yesterday more than half the “white” hospitals which were officially opened to all races last year did not admit any “black” patients last year.

Of the 44 hospitals under the control of the House of Assembly administration, 21 did not admit any “patients of colour”.

She said 27 of the hospitals under the House of Assembly did not admit any “black” patients last year.

But Venter said yesterday no hospital under her control turned away patients because they were members of a race group other than white.

“No such cases were brought to my attention,” Venter said in reply to questions tabled by Mike Ellis (DP, Durban North).

The White briefing document, Business Day yesterday, said researchers at the centre concluded that the essential features of hospital apartheid in the province remained intact.

The centre says important progress has been made, but that this in no way represents the end of hospital apartheid.

“Admissions of black patients to white hospitals are exceptions to the rule rather than evidence of a trend towards genuine integration.”

The document was released a day after Venter ordered all four provinces to investigate patient admissions following the exposure of continuing racial segregation at Free State hospitals.

Comparing data from a month before Venter’s announcement to that gathered six months later, researchers found that at J G Strijdom admission of black patients increased from 5% of the total to 21%, six months later. At Johannesgburg the proportion went from 15% to 28%.

However, doctors working in Alexandra told researchers they experienced difficulties referring patients to the closest hospital, Edenvale Hospital, because it was considered to be for “whites only”.

Tembisa Hospital staff claimed ambulances continued to bring black patients from as far as Alexandra and Sandton, bypassing the two “white” hospitals at Edenvale and Kempton Park along the way.

In Krugersdorp black patients were admitted to Leratong Hospital while whites went to Paardekraal Hospital, no matter where they lived or had been injured.

The Boekenhout/Beni and H F Verwoerd hospitals admitted patients of all races but housed them in separate wards.

The Far East Rand Hospital consisted of two hospitals, one for whites and the other for blacks, says the report.

A visit to the hospital showed one black person, a private patient, in the “white” hospital.

See Page 2
Booth's Medical Journal, 1969

The Free State Provincial Administration decided it had to put down all existing race and religion policies, and to set up a multi-racial hospital for the province.

Meanwhile, Wibodem, GPI, and CP town councillor Dr. C.H. van der Vyver, who was a member of the ANC and a DP member, felt that the current system of segregation was a contributing factor to the situation.

He said black patients were admitted to the hospital with no difficulty, but white patients were not admitted for fear of disease. He said the hospital administration had been doing their best to provide care for both races.

While some doctors were not racist, others were reluctant to treat black patients. They were reluctant to treat black patients because they were not familiar with them.
Long delay before cutting hospital bill

The management of Milpark Hospital in Johannesburg has blamed a 10-month delay in reducing a Sandown patient's bill on staff changes and a possible slip-up.

Jeff Hurwitz, MD of the Parktown hospital, said Benjamin Joseph's long wait to have his account amended after he was overcharged almost R50 for medicines was possibly an oversight by a staffer.

Another reason was that the patient might have taken up the inquiry with a staff member who had left the hospital.

"Mr Joseph also could have walked out without taking his medicine with him but normally if a patient does not take his medicine home it is sent to the dispensary and the account is credited," Mr Hurwitz said.

Mr Joseph had maintained he could not have taken 30 painkillers and various other tablets for which he was charged during the three days he was hospitalised.

"I cannot recall taking any painkillers unless I took all 30 while in intensive care overnight after the operation," he said.

He also said the staff did not inform him that he was allowed to take the unused medicine home and wondered if other patients were told this.

Mr Hurwitz said patients were not given their account on discharge in case it had to be amended. However if a patient was not satisfied with the account the complaint could be addressed to the manager.

The hospital is part of the Clinic Holdings Group which in turn belongs to the Representative Association of Private Hospitals.

A spokesman for the association described it as coincidental that the body was only comprised of Clinic Holdings Group members.

The association did not have a specific code of ethics but "ethics was part of their reputation," the spokesman said, and because of the particular composition it was easier to prescribe to its members than other associations which have many more members.

The spokesman emphasised that it was not the group's practice to overcharge.

Gerald Lewis, secretary of the National Association of Private Hospitals, which includes clinics from the Afrox group and Medi-clinic group as well as other independent hospitals, admits that overcharging is a general problem within the industry but does not believe it is a regular occurrence.

He said he was also aware of a certain public negativity about private hospitals.

He said his association has more than 10,000 out of the about 15,000 private hospital beds.

He welcomed any complaints to do with any of its members. These can be addressed to himself at PO Box 466, Stellenbosch 7600, or sent to the Department of Health in Pretoria.

Each of the hospitals within the association displays a plaque and code of ethics in the reception area.
Welkom health march delayed

By Esmáré van der Merwe

Anti-apartheid groups in Welkom, Virginia and Odendaalsrus last night decided to postpone a march on Saturday to protest against continued discrimination at Goldfields Hospital.

The chairman of the Goldfields branch of the South African Health Workers' Congress, Shadrack Motloung, said the decision to postpone the march had been taken to accommodate the Welkom City Council, which had said it could not meet representatives of the Goldfields Hospital Desegregation Campaign Committee today but was prepared to meet the group sometime next week.

Mr Motloung said: "We want to be seen to give negotiations a chance. But we are adamant that the march will take place at some stage."

The council had earlier refused permission for the march.

Commenting on the AWB's threat this week that protesters might incur right-wing wrath, the anti-apartheid activist called on the SAP to "take care of such insulting statements."

● More reports — Pages 8 and 17
No tea for doctors as hospitals try to save R50m

By GLYNNIS UNDERHILL

STAFF morale at provincial hospitals has reached an all-time low with doctors and nurses at some now having to bring their own tea and cups to work.

Doctors and staff at Somerset Hospital in Green Point have begun packing a flask for work as part of the effort by hospitals to save R50 million by the end of March.

"We have to bring our own tea-bags, milk and sugar — and even our own cups. But when they ask me to practise bad medicine, that's when I'll say no," said one staffer.

The Southern Peninsula Hospitals Group medical staff, which includes False Bay Hospital, will begin taking their own tea and sandwiches to work from next week, according to acting superintendent Dr Peter Morris.

A meeting to explain the reasons for stopping refreshments had been held with staff and they had been given time to allow them to make their own arrangements, he said.

Groote Schuur Hospital has avoided introducing this stringent measure and medical staff are relieved to see the tea trolley rolling in each day, according to a source.

Doctors are now acting as clerks by screening all patients who come to the provincial hospitals — before admitting them or sending them away, said medical staff.

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Fears of closure

"We are trained to help people and not to cut them short. Can you imagine how those poor doctors feel?" said one doctor.

Medical staff at South Africa's top non-emergency orthopaedic hospital in Retreat, Princess Alice Hospital, are concerned that the internationally rated institution will close if the service cutbacks continue to April.

There is already a waiting list of seven to eight months for the specialist operations, and patients who were cancelled would still require the same treatment, said doctors.

But Dr Morris said the hospital was under no threat of closure as he did not foresee the stringent measures continuing beyond the end of March.

Only 66 of the 158 beds were occupied, he said.

Groote Schuur is still investigating the death of an elderly Rondebosch man who died after being readmitted to the hospital with severe pneumonia just three hours after being discharged, according to a hospital spokesman.

The hospital is awaiting the autopsy results on 81-year-old Mr Frank Armstead, he said.

A reader has given R5 000 to the Teaching Hospitals Board in the Cape to "start a fund for the re-establishment of the hospital services". Readers who wish to contribute can send cheques to The Chairman, The Teaching Hospitals Board (Cape), c/o Groote Schuur Hospital, Observatory, 7925, Cape Town.
GAZANKULU's Elim Hospital has been plunged into a row following allegations of tribalism and rudeness against the institution's nursing staff.

The hospital's superintendent, Dr P Jacques, has dismissed the allegations as "untrue".

Several people have criticised the attitude of the hospital's staff towards patients and general conditions at the institution.

**Rude**

They allege that non-Shangaan-speaking people were made to wait for long hours while nurses attended to other patients.
Some seriously ill people were turned away and referred to faraway clinics in Venda, it is alleged.

One patient, who was discharged from the hospital last week, also claimed that a five-year-old boy, who had his fingers crushed while playing, was turned back with his mother and referred to Venda hospitals.

The patient also described how nurses were rude towards sick people in the wards.

She claimed the nursing sisters assaulted a newly admitted patient who was restless and crying because of pain.
Hospital apartheid comes under fire

A PROTEST march through Welkom to back demands for the desegregation of hospitals on the Goldfields will go ahead next Saturday.

The march will go ahead with or without permission, according to Goldfields Desegregation Campaign Committee chairman Dr Shadrack Motloung.

Permission

Permission for a march tomorrow was refused by the Welkom Town Council, which asked the GHDC to postpone to next week a meeting with them to discuss the refusal.

Motloung said the committee wanted to give negotiations over the fate of the march a chance, but would proceed with the march next Saturday, regardless of the council's final decision.

Patients

A monitoring committee established after Monday's joint African National Congress-Democratic Party tour of the Welkom hospital had reported black patients were being taken to the "white" side of the hospital for examination, but were being admitted on the black side.

This was an indication regional hospital superintendent Dr Gert van Zyl was trying to "shake a little" but was bound by pressure from provincial health authorities, Motloung said.
Tygerberg doctors' meals coup

By GLYNNEIS UNDERHILL

TYGERBERG Hospital doctors have won back their subsidised meal coupons after threatening to take legal action against the Cape Provincial Administration over the privilege's being withdrawn.

The coupons were stopped on Monday.

The deputy chief superintendent of Tygerberg Hospital, Dr R T Truter, said he had heard about the problem only when the CPA told him unhappy registrar doctors were taking legal action.

The matter had been resolved "amicably" at an emergency meeting yesterday afternoon with 20 young doctors representing 100 registrars, Dr Truter said.

"We discussed it with the registrars and they said they found the stoppage of the coupons very inconvenient and irritating."

Tried to save

The meal coupons allowed all medical staff to buy subsidised meals from the hospital kitchen — until the authorities tried to save money by doing away with the subsidy. The privilege had been reinstated for medical staff because of the action taken by the registrars, Dr Truter said.

He said it was impossible to assess the savings that could have been effected by stopping the subsidised coupons. The hospital had been trying to comply with the CPA's order that hospitals introduce cost-cutting measures to save R50 million by the end of the month.

The registrar post-graduate doctors, who had completed a four-year specialist training programme at the hospital, were a "hard-working group with a responsible load", Dr Truter said.

They worked long hours and had the additional burden of studying.

"They play an important role in the daily goings-on in the hospital and an important role in patient care. They also help with the training of medical students."

A Tygerberg Hospital registrar, who asked not to be named, said yesterday that the withdrawal of the coupons had left the doctors no choice but to take legal action.

"Intensive-care unit doctors can work up to 38 hours on shifts and they are not allowed to leave the hospital premises while on duty," he said. "Unless you have someone who can supply you with food from outside, what do you do?"

Doctors said it would have been impossible to have taken four meals to work with them each day. "They can't expect us not to eat," they said.

A spokesperson for the CPA said the deputy director of health services in the Cape, Dr George Watermeyer, was out of town. His office knew nothing about the threatened legal action against the CPA by Tygerberg Hospital registrar doctors, he said.

The Medical Association of South Africa has expressed concern about the curtailment of staff privileges, emphasising that this would amount to "enforced salary sacrifices".

"This would lead to increased discontent among medical personnel at a time when a strong possibility exists that an increasing number of doctors will leave the public health sector because of inadequate pay and unsatisfactory working conditions," the MASA said.

Political Staff

HIGHLY trained doctors and nurses could not be expected to put up with the frustrations that the cutbacks in Cape hospitals had caused, the Democratic Party's health spokesman, Mr Mike Ellis, said yesterday.

"Doctors and nurses could not be expected to not become disheartened and demoralised, he said.

"This morale situation should have been avoided and the government's failure to avoid it may well lead to far greater and unfortunate consequences for our health care system than was at first apparent.

"We now face the danger of losing doctors and nurses from state hospitals to the private sector. We may even see another exodus of doctors overseas.

"One cannot ask doctors and nurses to turn patients away because only emergency cases can be treated, and not expect these professionals to seek to move out of a situation which they find immoral and contrary to their ethical code."

"Of equal concern is the news that many young medical registrars at the academic hospitals are now faced with having their services dispensed with."

"To cut back on these posts — held by the specialists of the future — would severely affect the patient care these hospitals offer," Mr Ellis said.
Doctors get death threats in race row

ESMARÉ VAN DER MERWE, Political Reporter

TWO figures at the centre of the Goldfields hospital racism row have received death threats from extreme right-wing organisations in Welkom and Virginia.

Hair-raising accounts of animal poisoning, blatant death threats and shots being fired at the house of a prominent anti-apartheid medical doctor in Virginia were told the Saturday Star this week.

AWB threat

This week, as the hospital row grew, the Afrikaner Weerstandsbeweging openly threatened to "act hard-handedly" against Dr Rhett Kahn, the Democratic Party's Goldfields chairman and one of the driving forces behind the Goldfields Hospital Desegregation Campaign Committee.

His wife, Janet, also received threatening telephone calls after a high-powered visit by politicians, trade unionists and medical professionals to the Welkom Provincial Hospital, where naked racism has witnessed.

The superintendent of provincial hospitals in Welkom, Virginia and Odendaalsrus, Dr Gert van Zyl, has also incurred the AWB's wrath.

Last year, shortly before the abolition of the Reservation of Separate Amenities Act, an AWB delegation paid an "informal" visit to Dr van Zyl, threatening him that "traitors would be eliminated", according to the superintendent.

He feared that renewed pressures for the desegregation of these hospitals, spearheaded by the GHIDCC, the ANC and the DIT, might aggravate right-wing anger against him.

In Virginia, Dr Kahn and his wife - dedicated anti-apartheid activists - have been the target of severe harassment by the Afrikaner Weerstandsbeweging.

During last year's black consumer boycott of Virginia, during which Dr Kahn's help was called in to bring together businessmen and township leaders for negotiations, their home was shot at.

Police suspected that the notorious Blaakweidh organisation was responsible, but the case was never solved.

A while later, the Kahn's dog and cat were found dead.

Virginia's only veterinarian - a well-known right-wing supporter of Dr Kahn - refused to attend the Kahn's other dog, which became seriously ill but did not die from the poison. The vet allegedly called Dr Kahn a "rabble".

Sinister note

At the same time, a note was pinned onto the Kahn's garage door, threatening that the entire family would follow in the animals' footsteps.

Again, charges were laid. The case remains unsolved.

Continuous harassment, intimidating telephone calls and threatening messages have not changed the Kahn's commitment to non-racialism.
**Post-op patients showered with debris**

WHILE women patients were recovering from surgery in a crowded ward at the Witbank Hospital this week, a workman was chiselling into a wall, showering them with debris.

Many of the patients had just returned from major operations. They were covered in dust and some complained of having been hit by shards of brick.

But, according to the TPA's liaison officer Beyer Serfontein, their health was in no way in danger from the renovation work. "It is just a form of disruption that one has to live with," he said.

**See Picture on PAGE 2.**

The renovation was in the interests of the people of Witbank and the hospital was doing everything it could to ensure the safety of patients, said Mr Serfontein.

Meanwhile, only metres away, many beds lay empty in the spacious, modern white section of this Transvaal Provincial Administration (TPA) hospital.

**ABBEY MAKOE and THERESE ANDERS**

It was the latest example of the type of complaint that has brought the hospital apathy row to the boil.

Patients complained that the continual noise of the workman using a hammer and chisel above their beds was "driving them crazy".

When the Saturday Star news team arrived at the hospital, on Thursday afternoon, it found a workman chipping out brick from a wall to make an electrical conduit in the women's ward.

Brick chippings were flying in all directions over the nursing staff and patients.

A ward sister told reporters: "Please put this in your newspaper. It is a disgrace that our people are being treated like this while there are empty beds, over in the white wards...

"How can you bring a casualty is around the back."

FROM PAGE 1.

patient back from theatre after a major operation and let her be covered in dust like this? We feel ashamed, but what can we do?"

One upset patient complained: "It would be better to be looked after by our relatives than have to suffer like this."

Mpho Mosotho, recovering from an appendectomy, said the chaos in the ward was aggravating her. "With this endless hammering, there is no peace of mind."

Nursing staff in the women's ward also spoke of their fear about an overhead air conditioner, attached to a poorly constructed ceiling.

They said a similar machine had crashed to the floor during visiting hours recently in the children's ward, narrowly missing a child.

Other signs of racism at Witbank Hospital were:

• A "Europeans only" sign on a lift.
• An assistant at the hospital main casualty entrance told a black person - "You're not allowed in here; your

TO PAGE 2.
Hospital doctors to fight cutbacks

CONCERNED registrar doctors at Tygerberg Hospital resolved at a meeting yesterday to fight the hospital cutbacks that affect working conditions and patient care.

Earlier this week the registrars won back their subsidised meal coupons after threatening to take legal action against the Cape Provincial Administration.

Yesterday’s meeting held to air grievances was attended by more than 90 registrar post-graduate doctors from the University of Stellenbosch.

The registrars said they would be appointing a lawyer to tackle issues affecting patient care and working conditions.

The current hospitals crisis in the Cape had been brought about by a disastrous mismanagement of funds, said one doctor. “We are doing a disservice when we send patients away,” he said.

Distressed doctors claimed that their public image was deteriorating as a result of their having to turn patients away.
AWB's 'visit':
Black nurses 'felt fear'...

WELKOM. — About 80 khaki-clad AWB members “visited” Welkom's Provincial Hospital, allegedly telling black people in “white” wards they did not belong there, and leaving black nurses fearing for their safety.

A nurse, who asked not to be named, said last night that the group — many of whom were armed — went to the white wards on Friday and told black patients they did not belong there.

The nurse said she and other staff felt threatened, and after the incident many of the black patients asked to be transferred to “black” wards.

“We felt threatened and very unhappy. We went to the black side,” the nurse said.

BLATANT SEGREGATION

The hospital recently came under the spotlight after reports of blatant segregation, five months after the scrapping of racially separate amenities.

Last Monday an ANC and Democratic Party delegation visited the hospital, condemned the racial segregation there, and called for the resignation of Free State Health Services MEC, Mr Roelf Dreyer, and Director General Dr Jan Kruger.

Welkom's AWB leader Mr Blignaut confirmed that an AWB group had visited the hospital “in reaction to the visit by the DP and ANC, and the statement they made afterwards”.

According to Mr Blignaut, the purpose of the visit was “to pay our white people a visit”, and to ask if their safety was guaranteed.

Asked what posed a threat to white patients, he said he had knowledge of certain incidents, which he declined to disclose, but said he would discuss it personally with the health minister.

The AWB would act strongly against intimidation from the DP or ANC concerning hospitals, Mr Blignaut added.

Asked what he meant by intimidation, Mr Blignaut replied: “Listen, if there's an emergency in Welkom on any of the 20 mines here, the hospital won't be big enough to hospitalise the whites. If it's filled by blacks what is going to happen?

“If the ANC and DP continue making a political snowball out of the whole thing, we will react. We don't participate in party politics, we act for our fellow whites.”

REMARKS

Mr Blignaut denied any remarks were made to black people during Friday's AWB visit, and said he forbade such action.

Welkom Police spokesman, Colonel Vic Stewart, confirmed that about 50 AWB members had visited the hospital, but had dispersed later without incident.

The hospital's superintendent, Dr Gert van Zyl, said about 80 uniformed AWB members had arrived at the hospital on Friday but had dispersed after he approached Mr Blignaut.

“I asked him not to bring his politics to the hospital anymore, and he said he would approach Dr Rina Ven- ter about the issue,” Dr van Zyl said — Sapa.
Hospice care comes to Soweto

A NEW service to help people with incurable diseases will be started in Soweto from April 8. The project is called Hospice-in-Soweto which will be set up for 40-60 patients who are described as terminally ill by Soweto Hospital's own doctors.

According to Mrs Rosina van Wyk, development director of Hospice Association of the Witwatersrand, it is conservatively estimated that there are about 5,000 people who need such help in Soweto.

Deaths due to terminal illnesses are occurring more frequently and, at this time of year, the numbers are not in the region of 20% of patients surviving for 85% of a year.

The incidence of AIDS was higher among the black population and the emphasis was heterosexual rather than homosexual. Some 10-15 patients with AIDS are to be treated in a separate unit at the hospital.

Two hospices in the UK, one near London and another near Manchester, have produced an excellent book about hospice care, and by using similar methods it should be possible to give patients a peaceful and dignified death, she said.

Murray Brown said the need for a hospice in Soweto was obvious. She said: "We have been approached by many people in the community who are aware of the need for such a service and we want to get in touch with Baragwanath Hospital to find out how we can help.

"Our plans are to set up a hospice for 40-60 patients who will be cared for by trained hospital staff.

"We hope to have the hospice running by April 8, and we are currently looking for volunteers to help in the running of the hospice."
Armed AWB group ‘visits’ OFS hospital

WELKOM — About 80 khaki-clad Afrikaner Weerstandsbeweging members “visited” Welkom’s Provincial Hospital at the weekend, allegedly telling black people in “white” wards that they did not belong there, and leaving black nurses fearing for their safety.

Armed

A nurse who asked not to be named said the group — many of whom were armed — arrived at the hospital at 7 pm on Friday and told black patients in white wards they did not belong there.

The nurse said she and other black staff felt threatened, and after the incident many of the black patients asked to be transferred to “black” wards.

The hospital recently came under the spotlight when reports of segregation surfaced — almost five months after the scrapping of racially separate amenities.

Welkom AWB leader Blikkies Blignaut confirmed that an AWB group had visited the hospital.

He said the purpose was “to pay our white people a visit” and to ask whether their safety was still guaranteed.

Asked what posed a threat to white patients, he said he had knowledge of certain incidents, which he refused to disclose, but said he would discuss them personally with Health Minister Dr Rina Venter.

A Welkom police spokesman confirmed that the visit had taken place but said the group had dispersed later without incident.

Hospital superintendent Dr Gert van Zyl said he had approached Mr Blignaut.

“I asked him not to bring his politics to the hospital any more, and he said he would approach Dr Venter about the issue,” Dr van Zyl said.

Extra-parliamentary organisations yesterday condemned the visit.

ANC spokesman Saki Macozoma said that for a long time now there had been attempts in certain quarters of the country to portray violence as “a black issue” and that the AWB’s visit to the hospital “utterly disproves that lie”.

Mr Macozoma said it was a measure of social dislocation when uniformed and armed vigilantes could march into a hospital and do what the AWB was alleged to have done.

The ANC wanted to know what the Government was going to do about the incident and “right-wing violence in general”.

Pan Africanist Congress foreign affairs secretary Patricia de Lille said the PAC condemned “racist interventions in public places”.

Azapo spokesman Oupa Ngwenya said: “We are shocked that the degree of racism can go to an extent of robbing people the right to health.”

— Sapa and Political Staff.
The CHAIRMAN OF THE HOUSE: Order! I do not think the supplementary questions that were asked by the hon member bear any relevance to the reply given by the hon the Minister.

(iii) 28 February 1991;

(2) no.

Mr M RAJAB: Mr Chairman, arising out of the reply of the hon the Minister, could she please tell this House whether she has any ideas as to the reasons why there are so many vacant posts?

The MINISTER OF NATIONAL HEALTH: Mr Chairman, I am sorry, but I cannot explain the reasons for the vacancies.

Mr S PACHAI: Mr Chairman, further arising out of the hon the Minister’s reply, could she tell us when these posts will, in fact, be filled, and if not, why not?

The MINISTER: Mr Chairman, we are phasing in a new management model for academic hospitals. By doing so, we hope to enable them to manage their own affairs within a specific budget. We hope we will be able to address the problems concerning the vacancies in this way.

Mr S PACHAI: Mr Chairman, further arising out of the hon the Minister’s reply, could she tell us whether the quality of service at these hospitals is affected as a result of the present vacancies?

The MINISTER: Mr Chairman, I have stated on many occasions that I am not satisfied with the situation at the King Edward VIII Hospital. I presume, therefore, that the position will be affected because of these vacancies. However, we are doing everything in our power to address the problem.

Mr P C NADASEN: Mr Chairman, further arising out of the hon the Minister’s reply, I firstly want to know if she is entrenching the own affairs system, and secondly, does she concede that there are disparities with regard to, for instance, the Natal budget?
The MINISTER OF THE BUDGET AND AUXILIARY SERVICES:

Yes—a person has been contracted.

(a) (i) Local Government, Housing and Agriculture;
(ii) Financial Management Consultant;

(b) R150 per hour worked.

(c) Contract runs from 1 February 1991 to 31 May 1993.

(d) The current hourly rate for consultants in this field as published yearly in the survey of remuneration and tariffs are adjusted accordingly.

(e) Dave Hall.

Mr S PACHAI: Mr Chairman, arising out of the hon the Minister’s reply, can he tell us, without any checks and balances, whether the cost to his Department, taking reasonable working hours into consideration, will be in the region of R30 000 a month? If one commutes that into yearly cost, it will be about R360 000. If one commutes that into two years, it will cost the department R720 000 over the period of the contract.

Mr S PACHAI: Mr Chairman, the total cost is not known at present. However, should normal office hours be worked for the duration of the contract, it will be in the region of R670 000. The value of expenditure and assets to be managed during the same period is R154 million, which brings the remuneration to 0,4% vis-a-vis the accepted rate of 2,1% in the private sector.

Mr P C NADASEN: Mr Chairman, I want to say first that the particular official that is being referred to—I think he was named as Mr Dave Hall—is known to me personally. I do not begrudge him the position.

The CHAIRMAN OF THE HOUSE: Order! The hon member must ask a supplementary question. He may not make a statement. The hon member may proceed.

The hon the Minister. The hon member may proceed.

Mr P C NADASEN: Mr Chairman, I want to say that the particular official that is being referred to—I think he was named as Mr Dave Hall—is known to me personally. I do not begrudge him the position.

The CHAIRMAN OF THE HOUSE: Order! The hon member must ask a supplementary question. He may not make a statement. The hon member may proceed.

Mr P C NADASEN: Mr Chairman, looking at the documents I have in my possession right now, I feel that the House of Delegates is being rather lavish. R150 per hour amounts to approximately R20 000 per month. As the hon the Minister has stated, R670 000.

The CHAIRMAN OF THE HOUSE: Order! What is the hon member’s supplementary question? Does he have a supplementary question?

Mr P C NADASEN: No, Mr Chairman, this is not a supplementary question. [Interjections.]

The CHAIRMAN OF THE HOUSE: Order! I request hon members to refrain from laughing, and to allow me to help the hon member for Alandale.

Unfortunately this is not an interpellation, during which the hon member could have made a statement. This is a question which has been replied to and hon members are entitled only to ask questions arising from the replies given. In fairness, I would like to give the hon member one last chance. The hon member may proceed.

Mr P C NADASEN: Mr Chairman, all I would like to ask the hon the Minister, arising from his reply, is whether he could not have given that R670 000 that is to be paid over two years to our pensioners, who require it most. [Interjections.]

The CHAIRMAN OF THE HOUSE: Order! Mr Chairman, I am aware of the hon member’s great concern as far as social pensions are concerned, because he is very deeply involved in social welfare work. Unfortunately, however, we are dealing with a different field altogether. We require a specialised person to do this type of work. I think one must appreciate that our public servants—say this with respect to our chief directors—are not qualified to do the type of job that is required in this field.

The director-general, who is the accounting officer, has a job of work to do, and as far as we are concerned, we are confident that the appointment of Mr Dave Hall will certainly save us millions of rands. We are certain that we will be able to do away with the very long delays that many hon members have been complaining about. I think we will be proved correct.

...
Hospital degrading patients, says ANC

By Thérèse Andene
Highveld Bureau

The ANC has condemned the Witbank Hospital authorities and the Transvaal Provincial Administration for allowing renovation work to be carried out next to the beds of seriously ill black women when nearby "white" beds were empty.

The sick women, some of whom had just returned from theatre after major surgery, were covered in dust and coughing when The Star visited the ward last week.

Only metres away from the primitive black ward, many beds in the spacious white section of the hospital stood unused.

ANC regional secretary Joe Nkuna said: "We will not stand for these authorities degrading our people like this."

He said an ANC delegation planned to visit Witbank Hospital soon for an inspection of segregated facilities.
Free health clinics to bring relief to the poor

By MOGADI PELA

THE Community Health Awareness Project has conducted a free health clinic in Dobsonville as part of its "aim to bring relief to the poor."

According to Chap official, Dr Oupa Mpe, 81 people aged between 51 and 80 were treated.

"A majority of patients had; high blood pressure and sugar diabetes. The purpose of the clinic was to evaluate how well-controlled they were on their present medication.

"We also wanted to assess their understanding of medical problems and what difficulties can arise as a result of complications.

"The Chap team, which comprised of medical practitioners, nurses and paramedics delivered education about the importance of complying with therapy as prescribed by their doctors."

He said the team picked up three new cases of hypertensives which they referred for further evaluation and probable treatment. "Other complaints were associated with advanced age like joint pains and back-aches," he said.

"Chap believes that the elderly people should be given optimal health and good quality of life even in their old age."

"They deserve as much health as everybody else," Mpe said.
Solving Bara's crises

THE Beds for Bara Action Committee is to hold a general meeting in Jeppes town on Saturday in a new bid to recruit more members.

The organisation was started in 1988 to help Baragwanath Hospital maintain a sufficient number of beds for its patients.

Since then it has been able to raise funds to help the hospital equip some of its wards with beds, mattresses and lockers.

But the organisation is struggling to continue with its work because it does not have enough members. 

Mr Michael Murphy, a spokesman for the committee, said: "We appeal to anybody who can offer us their time to come to the meeting on Saturday and find out how they can contribute to this worthy cause."

The meeting starts at 2pm at 17 Reichter's Street, Jeppes town.

For more information contact Murphy at (011) 614-7895.
SAP members: convictions
76. Mr A I LEON asked the Minister of Law and
Order: [No.223] 81
How many members of the South African
Police were convicted of (a) murder, (b)
culpable homicide, (c) assault with intent to do
grievous bodily harm and (d) common assault
in 1987, 1988, 1989 and 1990, respectively?
B218E

The MINISTER OF LAW AND ORDER:

(a) Murder
1987 — 3
1988 — 22
1989 — 27
1990 — 11
(b) Culpable homicide
1987 — 30 members (of which 11 were
involved in motor collisions)
1988 — 48 members (of which 20 were
involved in motor collisions)
1989 — 45 members (of which 14 were
involved in motor collisions)
1990 — 35 members (of which 11 were
involved in motor collisions)
(c) Assault with intent to do grievous bodily
harm
1987 — 86
1988 — 119
1989 — 136
1990 — 77
(d) Common assault
1987 — 345
1988 — 420
1989 — 338
1990 — 295

Note:
Although there has been a drastic decrease in
1990, in comparison with 1988 and 1989, in the
appearance of convictions against members
for offences of this nature, the situation is still
not satisfactory, and to the Commissioner, the
South African Police and myself it remains
totally unacceptable.
Steps are being taken to make members aware
of this unacceptable state of affairs, to warn
them against such deeds and the committing
such deeds, as well as to impress upon them
the fact that it has a negative influence on the
positive image the South African Police are
striving at.

The conviction of these members, after the
investigation was done by the South African
Police is striking proof that such conduct will
not be tolerated and that all investigations are
done in a proper and impartial manner.

N3 toll road: cost/toll money
145. Mr W U NEL asked the Minister of
Transport: [No.223] 91

(1) In respect of the N3 toll road between
Heidelberg (Transvaal) and Pietermaritzburg for the latest specified 12-month
period for which information is available, (a) what was the total cost of (i) operating
the toll plazas, (ii) maintaining the stretch of road in question and (iii) the further
construction work on this section of road, (b) what total amount was collected in toll
money and (c) what is the estimated monetary value of toll money forfeited through
toll concessions to members of the public;
(2) whether, with reference to the above toll
road and 12-month period, his Department
paid over any money to a certain company, the name of which has been
collected to the Minister’s Department for the purpose of his reply, if so, (a) what
the name of this company and (b) how much was paid over in respect of (i)
operating the toll plazas, (ii) maintaining the stretch of road in question and (iii)
further construction work on this section of road?
B411E

The MINISTER OF TRANSPORT:

(1) (a) (i) The total cost of operating the
three toll plazas situated on the
N3 between Heidelberg (Transvaal) and Pietermaritzburg, is
Wilg weld Plaza, Tugela Toll
Plaza and Mooi Toll Plaza
amounted to R3 907 142.00 for
the 12-month period ended
30 June 1990. This figure ex-
cludes the allocation of any
Head Office overheads and
Route Office expenses not di-
rectly attributable to the
toll plazas.
(ii) The cost of maintaining
the stretch of road in question
amounted to R2 709 026.00 for
the 12-month period ended
30 June 1990.
(iii) Construction costs on this
section of road amounted to
R153 222 000.00 for the 12-
month period ended 30 June
1990 and includes plaza
construction costs.
(b) The total amount of toll money
collected for the 12-month period ended
30 June 1990 amounted to
R4 045 894.00 (after concessions
and discounts).
(c) Toll money forfeited through
toll concessions amounted to
R1 270 606.00 for the 12-month
period ended 30 June 1990.
(2) Yes, the Department of Transport did
pay over money to the company men-
tioned in (2)(a).
(a) The name of the company which
financed, constructed, operated and
maintained certain sections of the N3
as a toll road as agents of the State,
its
Toll Road Concessionaires (Pty) Ltd
(Tolcon).
(b) (i), (ii) In terms of the State’s agree-
ment with Tolcon an amount of
R44 145 053.00 (equal to the toll
income and sundry income collected
on this section of road) was paid to
Tolcon towards meeting their expenses
incurred on the toll road for the
financial year ending 30 June
1990.
The expenses incurred by Tolcon on
this section of road are as follows:
— Plaza operating costs R3 997 142
— Route overheads R474 323
— Route maintenance R709 026
— Route services R629 024

Military hospitals: bed occupancy rate
157. Lt-Gen R H D ROGERS asked the Min-
ister of Defence: [No.223] 11
What was the average bed occupancy rate in
military hospitals in 1990?
B401E

The MINISTER OF DEFENCE:

54.4%

SA Co-ordinating Consumer Council
194. Mr L F STOBBERG asked the Minister of
Trade and Industry and Tourism:

(1) What amounts have been (a) voted to the
South African Co-ordinating Consumer
Council and (b) generated by this council
since 1985?

(2) whether he is the only member of the
Cabinet who is authorised to concern
himself with the implementation of policy
by this council; if not, (a) why not and (b)
what other members of the Cabinet are
authorised to do so;

(3) what procedure is adopted in appointing
a chairman for the said council?

B547E
Hospital halts revamping

By Therese Anders
Highveld Bureau

WITBANK — Construction work has been temporarily suspended at Witbank Hospital's black wards following reports in The Star that patients had been hit by builders' debris and that dust was making patients and staff ill.

In a statement last night, Transvaal Provincial Administration director-general Andre Cornelissen said senior TPA officials had taken up the matter immediately and visited the hospital on Saturday.

Mr Cornelissen said the inconvenience suffered by patients was regretted.

A week ago The Star published a photograph taken at the hospital of a workman on a ladder chipping away brick with a hammer and chisel next to the beds of women who had just returned from major surgery.

A Saturday Star report quoted an ANC spokesman describing conditions in the hospital's black section as being worse than Witbank's SPCA.

A brick fell through the ceiling of a ward on to an empty bed on the day the ANC toured the hospital. Patients and staff complained of being hit by flying brick shards and suffering from continual dust and noise.

Staff said they were bitter that black patients had not been moved to empty beds in the hospital's spacious white section.

Mr Cornelissen said that as a result of the findings of the TPA’s investigation team, instructions had been given that all upgrading work in the six wards be temporarily suspended.

A new maternity ward and a men's ward was to be finished as soon as possible. Once this had been done, patients would be transferred from wards which had still to be renovated.

In this way it would be possible to continue the upgrading.

Referring to segregation in the Witbank Hospital, Mr Cornelissen said: “Simply taking practical arrangements as regards culture, language and eating habits of patients into account, it is clear that the new policy regarding patient admissions cannot be introduced overnight.”
Western Cape facilities for AIDS patients

121. Miss M SMUTS asked the Minister of National Health: Whether any facilities are available in provincial hospitals in the Western Cape for the (a) treatment, (b) counselling and (c) monitoring of AIDS patients; if not, why not; if so, (i) what facilities, and (ii) at which hospitals, in each case?

The MINISTER OF NATIONAL HEALTH:
(a) Yes.
(b) Yes and
(c) Yes,
(i) see (ii) below; and
(ii) all provincial hospitals have a responsibility to treat, to counsel and to monitor all patients, including AIDS patients. The AIDS Treatment and Information Centre (ATIC) in Cape Town furnishes information services to HIV infected persons and persons with AIDS. In this regard they act as a specialized AIDS Centre.

Radiographers: vacant posts

166. Mr B B GOODALL asked the Minister of National Health: (\(98\))

(1) (a) How many vacant radiographer posts are there in all provinces and disciplines in South Africa and (b) in respect of what date is this information furnished;
(2) (a) how many students qualified in radiography in each province at the end of 1989 and (b) how many of these radiographers were still in practice with the province concerned at the end of 1990?

(a) and (b)

171 7 March 1991
Radiodiagnostic
71 7 March 1991
Provincial Administration of Natal
Radiodiagnostic
14 7 March 1991
Radiodiagnostic
14 7 March 1991
Provincial Administration of the Cape of Good Hope
Radiodiagnostic
24 28 February 1991
Radiotherapy
15 28 February 1991;
(a) and (b)
Provincial Administration of Transvaal
35 22
Provincial Administration of Natal
32 16
Provincial Administration of the Orange Free State
9 6
Provincial Administration of the Cape of Good Hope
77 25

Academic hospitals: cost per bed

168. Mr M J ELLIS asked the Minister of National Health: (\(98\))

What is the daily cost per bed for each recognized academic hospital in South Africa?

The MINISTER OF NATIONAL HEALTH:
Provincial Administration of Transvaal
Baragarvath R987.20
Coronation R408.10
Ge-Rankwana R693.79
H F Verwoerd R384.09
Hillbrow R293.65
J G Strijdom R544.70
Johannesburg R400.07
Kalahong R187.28
Provincial Administration of Natal
King Edward V11 R278.00
Wentworth R365.00
Provincial Administration of the Orange Free State
Bloemfontein Academic Hospital complex R363.44
Provincial Administration of the Cape of Good Hope
Groote Schuur R353.98
Tygerberg R271.84

Drug-awareness programmes

179. Mr L FUCHS asked the Minister of National Health:

(1) Whether, during the latest specified 2-year period for which information is available, she or her Department allocated any funds for drug-awareness programmes aimed at (a) schools and (b) the general public; if not, why not; if so, (i) how much money was allocated for this purpose and (ii) to which organizations was it given;
(2) how many drug-related deaths and suicides occurred in each province during (a) the latest specified period of 12 months for which information is available and (b) the corresponding period two years previously;
(3) whether she or her Department plans to launch any drug-awareness programmes in the near future; if not, why not; if so, (a) what programmes and (b) when?

The MINISTER OF NATIONAL HEALTH:
(1) and (b) No, preventive programmes which include drug-awareness programmes in schools and for the general public are instituted by own affairs administrations and other government departments. Funds are also allocated to welfare organisations by own affairs administrations;

(2) (a) and (b) suicide and self administered poisoning 1988 1986
Solids and fluids 171 147
Gasses in home use 10 1
Other gasses and vapours 9 3
Total 190 151
Total suicides 1 183 1 604
Drug and medicament related deaths
Alcohol dependence syndrome 255 136
Drug dependence syndrome 1 3

(3) (a) and (b) prevention is the responsibility of the entire population and the impact of a single programme does not have a measurable influence. The reduction in the availability of drugs should accompany a diminishing in the demand for drugs. The National Plan to Combat and Prevent Alcohol and Drug Misuse intends to co-ordinate all the actions. Progress is being made and many institutions and organizations work in closer co-operation in this respect. Further implementation is being undertaken.

Economically active persons

201. Mr P H P GASTROW asked the Minister of Home Affairs:

(a) How many persons in each population group were economically active in the Republic as at the latest specified date for which figures are available and (b) how many such persons were employed by the public sector?

B522E
QUESTIONS

Indicates translated version.

For written reply:

General Affairs:

Rural hospitals: shortages

Dr W J BOTHA asked the Minister of National Health:

(1) (a) At what medium-sized rural hospitals of approximately the size of the Paul Kruger Memorial Hospital at Rustenburg are shortages of (i) doctors, (ii) paramedics and (iii) administrative control staff being experienced and (b) what is the extent of these shortages, in each case;

(2) whether any action is being taken to fill vacancies in such hospitals so that it will no longer be necessary to refer patients to academic hospitals for treatment; if not, why not; if so, what action?

The MINISTER OF NATIONAL HEALTH:

(1) (a) and (b) At the Paul Kruger Memorial Hospital with 314 beds, there are no vacancies in the relevant categories. At other rural hospitals with approximately the same number of beds, the situation is as follows:

BARBERTON HOSPITAL

Number of beds: 298

Number of vacancies:

(i) medical: one post of Specialist for session allocation, 4 sessions per week

(ii) radiological: one post of Radiographer

(iii) administrative control staff: no vacancy

KALIE DE HAAS HOSPITAL

Number of beds: 313

Number of vacancies:

(i) medical: no vacancy

(ii) paramedical: two posts of Physiotherapist

(iii) administrative control staff: no vacancy

MIDDELBURG HOSPITAL

Number of beds: 331

Number of vacancies:

(i) medical: four posts of Specialist for session allocation (altogether 17 sessions per week)

(ii) paramedical: no vacancy

(iii) administrative control staff: no vacancy

ROB FERREIRA HOSPITAL

Number of beds: 308

Number of vacancies:

(i) medical: no vacancy

(ii) paramedical: one post of Occupational Therapist

one post of Speech Therapist

(iii) administrative control staff: no vacancy

WITBANK HOSPITAL

Number of beds: 333

Number of vacancies:

(i) medical: four posts of Specialist for session allocation (altogether 14 sessions per week)

(ii) paramedical: one post of Radiographer

one post of Physiotherapist

(iii) administrative control staff: no vacancy;

(2) Yes, action is being taken to fill vacancies at such hospitals. Vacant posts are advertised regularly.

The Directorate Liaison Services of the Provincial Administration of Transvaal is also primarily involved in the recruitment of school pupils to undergo training in several occupations. Such input is annually made in this connection.

So, for instance, recruitment actions and exhibitions were held at 70 schools in the Transvaal during the year, 1990. In addition, the Provincial Administration of Transvaal participated in Careers 2000 during May 1990 at the Pretoria Showgrounds where thousands of pupils and national servicemen from across the whole Province could find out more about occupations in the Provincial Administration of Transvaal for a period of a week.

As far as written advertising is concerned, the following special actions were undertaken during 1990:

- Six pages on various medical occupations appeared in the publication “Careers Unlimited”. The publication is specially directed at making known several careers.

- In Serie of 21 March 1990, a detailed article appeared under the title “Modern nursing—a challenge”.

- In Rapport of 30 September 1990, a similar article appeared under the same title.

- In The Pretoria News of 20 September 1990, several occupations in the Provincial Administration of Transvaal were made known in a special supplement on various occupations.

- A similar recruitment article also appeared in Baro in 1990.

It should be pointed out that these type of recruitment actions take place on an ongoing basis. In addition to this, many open days are held at provincial hospitals in order to propagate various supplementary medical occupations.

The establishments are constantly being reviewed where the workload justifies it and funds for this purpose are available.

Nursing crisis

Miss M SMUTS asked the Minister of National Health:

(1) Whether there is a nursing crisis in South Africa at present; if so, what steps are being taken in this regard;

(2) whether any of the recommendations made in the South African Nursing Association's Report on the Inquiry into the Nursing Profession, 1990, have been implemented; if not, why not; if so, which recommendations;

(3) whether nurses' salaries were improved recently; if not, why not; if so, what are the new salary scales;

(4) (a) how many nursing posts are vacant in provincial hospitals and (b) in respect of what date is this information furnished?

The MINISTER OF NATIONAL HEALTH:

(1) No;

(2) The South African Nursing Association did not publish a report with regard to the Nursing Profession. The Health Matters Committee did publish a report in May 1990 with regard to the investigation into the nursing profession. All the recommendations related to salaries and conditions of service have been implemented within the framework of available funds except the following for the reasons indicated:

- the introduction of a shift allowance—financial implication;

- the increase in overtime allowance—financial implication;

- the increase in uniform allowances—financial implication;

- contractual binding and post standstill measures are at present being investigated by the Commission for Administration.

Other recommendations regarding internal matters were referred to the relevant health authorities, the Department of Finance and the SA Nursing Council who are involved in the execution thereof;

(3) Yes, with effect from 1 July 1990. The disclosure of particulars in respect of the new salary scales is the prerogative of the Commission for Administration and information thereof can be requested from the relevant Minister;

(4) (a) 4 185 and

(b) 31 December 1990.
Khayelitsha faces overload

WHILE the number of babies delivered each month at the Peninsula Maternity and Neo-natal unit in Khayelitsha has doubled over the past three years, the unit is operating with reduced staff, according to hospital sources.

When the unit opened three years ago — as the only obstetrics facility in the township — it was anticipated that 200 babies would be delivered each month. The number has since doubled, according to Professor J Dommisse, head of obstetrics and gynaecology at UCT Medical School and Groote Schuur Hospital.

The increase was due to the large numbers of people moving into the area.

The staff supplied by Groote Schuur Hospital and Peninsula Maternity Hospital are straining to cope with the overload of baby deliveries in the unit, he said.

While the number of deliveries has doubled, the Khayelitsha unit is operating with only two-thirds of its normal staff component, due to a freeze on posts and shortage of nurses.

A large number of the mothers admitted with delivery complications are transferred to the already overloaded Groote Schuur Hospital and the Peninsula, Maternity Home.

The unit faces a further 10% freeze on staff and subsidy, because of the hospital cutbacks in the coming financial year.

Groote Schuur Hospital has asked the Cape Provincial Administration to treat Khayelitsha as the responsibility of another regional organisation.

"The number of deliveries has increased to the extent that we will eventually be overwhelmed, and we believe with an expanding population like this, the area needs increased medical facilities," he said.
Doctors object to hospital cuts

Staff Reporter

DOCTORS and specialists in Somerset West have reacted to news that private patients could be turned away from the Hottentots Holland Hospital, by writing an open letter voicing their objections.

More than 60 signatories were responding to a letter from the Administrator of the Cape, Mr Kobus Meiring, who said that private patients may not be treated at the hospital except in emergencies.

Grave concern was expressed about the welfare of the large percentage of private patients who could afford a private physician and medicine — but who did not belong to a medical aid and could not afford a private hospital.

All emergencies are treated at the hospital and the taxpayer is entitled to the best possible treatment, they said.

"We feel strongly that it would be immoral to deprive these people of the hospital services and further, the hospital will find it difficult to continue without their support."

Medical care of 80% of the population would suffer if specialised expertise and preparedness to help were withdrawn.

The quality of medicine would decline, they said.
Wards open, then again not MEC

By Kalzer Nyatsumba
Political Staff

BLOEMFONTEIN — Free State MEC for health services Roelf Dreyer yesterday claimed that OFS hospitals were open to all races, yet he later contradicted this by saying that because of "problems" not all hospitals were desegregated.

Speaking during a debate in a session of the Free State Extended Committee of Parliament, Mr Dreyer claimed all hospitals in the province had been desegregated following the repeal of the Reservation of Separate Amenities Act.

Mr Dreyer was responding to questions from House of Delegates and House of Representatives MPs, who quoted recent findings by The Star that a number of Free State hospitals discriminated against black patients, who were kept in crowded wards when "white" wards were empty.

Mr Dreyer said: "We are having some problems, and as a result not all hospitals are at present desegregated. Desegregation of hospitals is a sensitive issue and has to be handled with care."

Desegregation was hampered by considerations for doctors who would leave hospitals if they became unhappy.
Health services in ‘intolerable’ situation

Metropolitan areas and the escalation of violence had all contributed to the crisis situation which developed in Natal’s health services during 1990 and 1991.

Mr Botha said despite the infusion of added funds to the Natal budget last year, the financial position of health services remained in dire straits. "(For) 1991/92, the funds provided (are only) R15.918 million more than those provided in the original estimates for 1990/91 if the funds relative to the carry forward costs associated with the improvement of conditions of service are not taken into account," Mr Botha said.

"However, should the funds that were provided via the additional estimates for 1990/91 be taken into account, then it amounts to a decrease of R50.591 million."

With inflation, this in real terms represents a decrease in purchasing power in excess of R100 million, he said.

Also of grave concern in Natal was the severe cut in funds for the construction and maintenance of roads.

Health services in Natal, already in a state of crisis, have been placed in an "intolerable situation" this year as they face a R30 million cut in the Natal Administration’s budget, the Administrator of Natal, Con Botha, said.

Addressing the Extended Parliamentary Standing Committee on Provincial Affairs yesterday, Mr Botha said financial stringency, paucity of funds, the effects of the population growth in the Durban metropolitan area contributed to the crisis situation which developed in Natal’s health services during 1990 and 1991.

Mr Botha said despite the infusion of added funds to the Natal budget last year, the financial position of health services remained in dire straits. "(For) 1991/92, the funds provided (are only) R15.918 million more than those provided in the original estimates for 1990/91 if the funds relative to the carry forward costs associated with the improvement of conditions of service are not taken into account," Mr Botha said.

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Also of grave concern in Natal was the severe cut in funds for the construction and maintenance of roads.
Cape's back to wall over health, says Meiring

The recently implemented short-term steps to cut back spending in the Cape's hospital services would have to be replaced by long-term measures in the coming financial year, Cape Administrator Kobus Meiring said yesterday.

Speaking in extended committee debate on the Cape Province's budget, he said he would make an announcement on this at a suitable time.

He stood by an earlier statement that the CPA had its back to the wall with regard to health services.

The CPA was starting the new financial year with R89 million, or 1.9 percent, less than the amount with which it was closing the 1990/91 financial year.

In its hospitals, in-patient days had risen by 34.5 percent in 1989/90 and out-patients by 16.2 percent, while the allocation had increased by only 13.6 percent.

Compelled

"We support Government's meritorious savings policy — we do our best to help. We want to deliver a good service to the people of the Cape, and we will make sacrifices."

MEC in charge of hospital services D E T le Roux said it had been "difficult, even heartbreaking" to implement the cuts.

The administration might be compelled by the realities of the situation to adopt "revolutionary" measures during the coming year.

The measures introduced to address the R50 million overspending during the current financial year had been effective and had brought about savings with only comparatively moderate disruption.

Mr le Roux said there was no truth to the claim that the CPA had no strategic health plan. — Sapa.
Hospital tariffs rise slammed

ANGER has greeted the Transvaal Provincial Administration's hospital and ambulance fees increase effective from Monday, April 1.

The increases would be "an interim measure" before the introduction of national uniform tariffs in April 1993, said the TPA.

Private patients at academic hospitals, who earn more than R25 000 a year, would have to pay a levy of 30 percent R61.50 over and above the normal new daily rate of R205. The levy would cover some medical services previously not charged for.

These tariffs are in line with medical aids scheme rates which the TPA said were still significantly lower than fees of private clinics.

Patients in the highest category, H-3, who are not on medical aid and have a family income of between R19 000 and R25 000, will now pay R103 a day (previously R60) at academic and regional hospitals. At community hospitals these patients would pay R81 a day instead of R40.

Fees for patients without medical aid and on family incomes of between R13 000 and R19 000, will go up to R52 from R15 a day at academic and regional hospitals, and from R10 to R41 at community hospitals, according to MEC in charge of hospitals, Mr Fanie Ferreira.

He said ambulance fees would be R15 a trip for H1 patients and R20 for H2 patients and R30 for H3 patients.

Ransom

Commenting on the fees, Dr Nchaup Mokoape, deputy-president of Azapo, said health was not a saleable commodity because doing so was to hold society at ransom.

"It means those who don't have money will be literally excluded from health care facilities or at best given inferior care," Mokoape said.

Dr Fazel Randera, Southern Transvaal chairman of Namda, said the hikes in hospital tariffs were too high.

"In most instances the increases appear to be in the order of 100 percent or more. Undoubtedly, the cost of health care is increasing all the time but have the authorities taken into consideration that salaries have not kept in line with the rate of inflation?"

Hardships

Dr Solly Skosana of the PAC said in the present economic hardships experienced by the dispossessed impoverished "Azantis", it was unacceptable to his organisation for medical tariffs to be raised.

Mr Rupert Lorimer of the Democratic Party said hospitals were under tremendous financial pressure leading to a deterioration in the quality of medical services.

Financial stringency will necessitate a cutback in dead wood, particularly in hospital administration.

Dr Willie Snyman of the Conservative Party said his organisation was shocked at the sharp increases which would contribute to the general increase in the inflation rate.
Meiring warns of more cuts

Political Correspondent

FURTHER reductions in hospital and other provincial services in the Cape will be necessary this year as budgetary allocations had declined in real terms, Cape Administrator Mr Kobus Meiring warned yesterday.

The Cape Provincial Administration, currently implementing emergency cutbacks in hospital services, will start the new financial year with R89m, or 1.9%, less than the current year.

Addressing the extended public committee on the Cape budget in Parliament yesterday, Mr Meiring cautioned: "Our dilemma is that our budget amount is being reduced in real terms while the need for our services is rapidly escalating."

A 13.6% increase in the budgetary allocation for Cape Provincial hospitals fell far short of the demand for medical services reflected in the 34.5% growth in in-patient days last year and the 16.2% growth in out-patient visits, he noted.

Sacrifice

Mr Meiring issued an ominous warning that the financial crisis in Cape hospitals would continue this year and recent temporary emergency measures to cut spending would have to be replaced by long-term measures.

"We support the government's meritorious savings policy — we do our best to help and will have to make sacrifices — but we cannot make the impossible possible."

The CPA MEC in charge of hospital services, Mr Dawie le Roux added that the CPA may be compelled to apply "revolutionary" cost-cutting measures.

The temporary measures had been effective but could not be continued in their current form, Mr Le Roux said.

His department was investigating other methods of cutting spending, but would also look urgently at ways of increasing disastrously low revenue.

Mr Meiring also announced the scrapping of separate MEC portfolios for white, coloured and black councils, a move which signalled the end of non-racial local government.

A reshuffling of MEC portfolios would follow on April 1, Mr Meiring said.
The "extremely unfavourable" salaries of nature conservation officials was "seriously impeding" nature conservation in the Transvaal, MEC for nature conservation Paule Ferreira said yesterday.

In a document tabled before the extended Public Committee on Provincial Affairs, Mr Ferreira said while 13 percent of posts in the nature conservation branch were vacant, the main cause for concern were the numerous vacant senior posts.

"This must receive urgent attention in view of the ever-increasing environmental degradation and the serious consequences this has for the envisaged economic and social development programmes."

The goal of the TPA's nature conservation policies was to put 1,5 percent of the province's land under formal protection within five years. This meant about 36 000 ha of land had to be bought each year.

Guidelines have been formulated for the opening of provincial hospitals to all races, but "practical arrangements" have prevented full implementation of the new policy, says MEC for health services Paule Ferreira.

Replying to a question from Jac Rabe, United Democratic Party MP for Reiger Park, during the provincial budget debate in Pretoria, Mr Ferreira said "culture, language and eating habits of patients" had prevented the opening of hospitals "overnight."

He said the process of implementation of the new policy guidelines was at an advanced, but transitional, stage.
Highway mayhem... even hours after yesterday's Ben Schoeman highway pile-up 10-kilometre long traffic jam.

24-hour clinics for rape victims

Pretoria Correspondent

Clinics offering round-the-clock medical and legal assistance to rape victims will be established in Pretoria, Johannesburg and Soweto, MEC for health services Fanie Ferreira has announced.

Speaking during the provincial budget debate in Pretoria yesterday, Mr Ferreira said an investigation by the Human Sciences Research Council had shown that the handling of rape victims was not effective.

The situation in Pretoria and Johannesburg, where rape victims were examined by a district surgeon in medico-legal laboratories — in other words, morgues — was not acceptable, Mr Ferreira said.

The clinics will be manned by district surgeons and specially trained nurses on a 24-hour basis. Further assistance will be given by members of the SAP's rape unit and social workers of the Transvaal Provincial Administration.

Mr Ferreira said there was still uncertainty about the location of the clinics, but the clinic in Soweto would probably be at the Baragwanath Hospital and the one in Johannesburg would probably be in the Eaglemont complex.
Changing hands ... Maxie-John de Jong, of Eldorado Park, is wheeled into the J G Strijdom Hospital after being moved from Coronationville Hospital. Picture: John Hogg

Jo’burg’s joint hospital venture begins

By Carina le Grange
Medical Reporter

Coronationville Hospital's departments of surgery, orthopaedics, ear, nose and throat disease, plastic surgery and urology are moving to the J G Strijdom Hospital as a first step towards the amalgamation of the two hospitals.

The move started yesterday and is expected to be completed today.

About 150 beds, specialist staff and registrars of Coronationville Hospital will move to the former whites-only hospital.

Out-patients and emergency services are included in the move.

A spokesman for the J G Strijdom said wards would be fully integrated.

The Minister of Health Services, Welfare and Housing in the House of Assembly, Sam de Beer announced the move last year, which would increase the capacity of the J G Strijdom from 200 to about 350 in-patients a day.

The MEC for hospital services, Fanie Ferreira, said all other existing services rendered by Coronationville Hospital for in and out-patients would continue as they had been doing in the past.

The University of the Witwatersrand withdrew from the JG Strijdom at the end of 1989 after the hospital's status was changed from a general affairs hospital to a white own-affairs hospital.
Conditions in hospital ‘worse than prison’

By Therese Andery
Highveld Bureau

Conditions in prison were better than those in Witbank Hospital’s black wards, ANC executive member and former Robben Island prisoner Ahmed Kathrada said yesterday.

Mr Kathrada led an ANC delegation on a tour of Witbank Hospital after reports in The Star that major renovation work was being done in busy wards where seriously ill black patients were receiving. Some patients had been hit by builders’ debris.

Also touring the hospital were Dr Solma Browde of the National Medical and Dental Association, Dr Aslam Dasoo of the SA Health Workers Congress and senior Transvaal Provincial Administration officials led by chief director of hospital services Dr Pieter van den Berg.

The delegation also inspected the hospital’s modern white wards.
Hospitals Not Cured of apartheid's ills

Since the advent of democracy, the health sector has been transformed. However, many challenges remain, especially in rural areas and among vulnerable populations. The government has made significant investments in infrastructure, equipment, and human resources. However, disparities persist in terms of access to quality care, funding, and workforce distribution. Furthermore, the legacy of apartheid continues to shape the healthcare landscape, influencing recruitment, retention, and service delivery. Addressing these issues will require sustained effort and innovation.
The silent killers:
Fear, ignorance
and superstition

By PHILIPPA GARSON

A TIRED woman walks into the Hillbrow Hospital's breast clinic and patiently takes her place in the queue. Her face is drawn, she has travelled miles and she is ill—very ill. She has a lump in her breast so big that a mastectomy is surgically impossible. And the cancer has spread to other parts of her body.

She discovered the lump in her breast a long time ago but thought it came from keeping coins in her bra. She visited a sangoma who gave her a potion. By the time she visited the clinic the cancer had spread dangerously.

Research shows this to be a typical case study among black women living in rural areas.

Breast cancer has become a killer because of a lack of knowledge about the essentially curable disease.

Medical practitioners say most black women with breast cancer wait until the disease is advanced before they seek medical help, do not return for follow-up treatment and are thus less likely to be cured.

Dr Lesley Seymour, based at the breast clinics at Hillbrow and Johannesburg hospitals, sees a marked difference between the patients at the two hospitals. "At Johannesburg (with mainly white and Asian patients) it is unusual to find women who have not had mastectomies. At Hillbrow, the disease has spread to the extent that it is too late for surgery."

Most of the Hillbrow patients arrive with cancer that has reached stage three (the lesion in the breast is over 5cm) or stage four (the cancer has spread to other parts of the body).

"Sometimes they have enormous tumours in the breast which are difficult to treat as they have grown into the chest wall, even through into the lung."

Seymour describes this condition as a "surgical nightmare".

Seventy percent of breast cancer sufferers at Hillbrow Hospital do not return for follow-up treatment due to socio-economic conditions. People from outlying areas are too poor to pay for transport and would rather not come for treatment than risk losing their jobs. Others think they are cured after a couple of treatments.

Sister Joyce Lehoka started the breast cancer clinic at GaRankuwa Hospital eight years ago and says only 10 percent of their patients come while the disease is at an early stage. The hospital serves mainly rural areas.

Two years ago Lehoka researched the prevailing attitudes of 100 breast cancer patients.

Almost half of them thought the lump in their breast was an abscess which "would open up, release pus and heal". Roughly 35 percent were "unalarmed", taking no immediate action. The rest saw the lump as either caused by their baby burping on the breast during feeding, keeping coins inside their bra, or a witch's curse.

One woman, who had fought with her in-laws, believed they had sent the lump to her breast. She paid a diviner to remove the lump.

Ninety of the 100 patients first consulted traditional healers, churches or the clinics when the cancer was at an advanced stage. The clinics were often slow to refer patients to hospitals with cancer-treating facilities.

Many women believed their "abscesses" had to be "doctored" by traditional healers or home-made potions which would "spit out" the pain and poison.

They are loyal to have mastectomies, fearing the ancestors will not accept them if they are buried without parts of their bodies or that the removal of the left breast will affect their hearts, says Lehoka. And Venda women often bare their breasts in the hot climate and during traditional dancing.
Prosecutor waives option to lead Winnie evidence

EVIDENCE which the State alleges linked Winnie Mandela to two incidents of kidnap and assault in 1988 would not be led after all, prosecuting counsel Jan Swanepoel has told the Rand Supreme Court.

"We have weighed up the possible advantages to the State against the prejudice to the accused and decided not to lead the evidence," Swanepoel told Mr Justice Stegmann yesterday.

He said they had decided not to lead the evidence in view of the judge's ruling that it would only be provisionally admissible.

The State's decision follows two days of argument earlier in February on whether the evidence should be allowed or not.

The judge ruled yesterday that a statement made by Mandela's driver, John Morgan, to the police after his arrest in February 1988 was admissible and could be submitted as evidence by the prosecution. He said he would give reasons for his finding later.

Morgan, 51, Mandela, 58, Xoliswa Falati, 36, and her daughter, Nonpumela, 10, have pleaded not guilty to kidnapping Stompie Seipei, 14, and three others from the Methodist manse in Orlando West on December 29 1988 and assaulting them.

Mandela denies she took part in any assaults on the four or that she was present when any assaults took place.

Former Mandela United soccer coach Jerry Richardson was sentenced to death last year for the murder of Seipei.

The judge's ruling on Morgan's statement yesterday came after a "trial within a trial" to determine the admissibility of the document.

The State sought to submit it as evidence, but this was opposed by Morgan, who claimed he had been forced to sign the statement by the police.

Investigating officer Fred Dempsey told the court yesterday that after testifying at Richardson's trial, Brandfort teacher Norah Mosholi was approached by police in connection with the present case.

At the Richardson trial Mosholi testified that Mandela had visited her in Brandfort on the evening of December 29 1988 and slept there overnight.

Dempsey said police took a statement from Mosholi after Mandela had been charged in which the dates of Mandela's visits to her differed from her evidence at Richardson's trial.

Hospital bed in Cape lifted

CAPE TOWN - The bar on the admission of non-emergencies at all Cape hospitals had been withdrawn, Administrator Kobus Meiring said yesterday.

But the restrictions on out-patients at specialist and academic hospitals, on certain laboratory tests, special examinations and patient transport would remain in force.

Other steps for narrowing down services by 10% were being formulated.

A statement would be made about this matter in due course, Meiring said at the conclusion of the discussion in the Extended Public Committee on Provincial Affairs for the Cape.

All indications were that the short-term measures, put into operation on the instructions of the Provincial Administration, for saving R30m before the end of the 1990/91 financial year, had resulted in significant savings.
Hospital bar in Cape lifted

Political Staff

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Hospital cuts eased in Cape

By MICHAEL MORRIS  
Political Correspondent

THE Cape has lifted the cost-cutting suspension of non-emergency admissions to hospitals in the province.

Other restrictions and limitations on services remain in force and the Administrator has appealed to the people of the Cape to "temper their demands" and be prepared to make sacrifices "in the interests of the broader community".

Reasonable standard

Without a determined considerate attitude on the part of the public, the Cape would not be in a position to deliver services of a reasonable standard.

The controversial R50 million hospital expenditure cut announced earlier this year whipped up a storm of public and political protest, but the province insisted it was necessary.

Mr Kobus Meiring announced yesterday that "all indications" were that the short-term measures had resulted in "significant savings".

He said: "The extent of the savings will be made known as soon as all accounts have been paid and commitments have been fulfilled."

He lifted the suspension of non-emergency admissions to hospitals.

Still in place are the limitation of out-patient visits at specialist and academic hospitals to referred or emergency cases, restrictions on certain laboratory tests and special examinations, patient transport and specialist visits and measures to limit services to personnel and the handling of vacancies.

Mr Meiring also reconfirmed the decision that in cases where alternative facilities were available, private patients should be treated in private institutions.

He emphasised that the government's view was that the State's primary responsibility was to State-dependent patients.

Mr Meiring added: "No emergencies will be turned away. Medical superintendents will have to exercise their discretionary powers with understanding and sensitivity."

He also announced that "steps for narrowing down services by 10 percent are currently being formulated" and would be put into operation in due course.
Hospitals' go-ahead for non-emergencies

BY BARRY STREEK

The bar on the admission of non-emergencies at all Cape hospitals had been withdrawn, the Administrator, Mr Kobus Meiring, announced yesterday.

But the restrictions on out-patients at specialist and academic hospitals, on certain laboratory tests, special examinations and patient transport will remain in force.

Additional steps for narrowing down services by 10% were currently being formulated and would be put into operation over time.

A statement would be made about this matter in due course, Mr Meiring said at the conclusion of the discussion in the Extended Public Committee on Provincial Affairs for the Cape.

All indications were that the short-term measures, put into operation on the instructions of the Provincial Administration, for saving R50 million before the end of the 1990/91 financial year, had resulted in significant savings.

"The extent of the savings will be made known as soon as all accounts have been paid and commitments have been fulfilled."

In terms of the short-term measures, "the call for suspending the admission of non-emergencies at all Cape hospitals is hereby rescinded."

"In the case of specialist and academic hospitals, out-patient visits will remain limited to referred and/or emergency cases."

The restrictions on certain laboratory tests and special examinations, such as magnetic resonance, remain in force.

"The same applies to restrictions of patient transport and specialist visits, the measures announced with regard to services to personnel, and the handling of vacancies."

"However, I would like to emphasise that no emergencies will be turned away, and that the medical superintendents will have to exercise their discretionary powers with understanding and sensitivity."

Mr Meiring said.

- The root cause of the financial mess in which the hospital service of the Cape Provincial Administration found itself, was that the services were planned for the First World component of South African society and the needs of the Third World or developing component were neglected, MP for Port Elizabeth Mr Eddie Trent, said yesterday.

He was speaking during the debate on the Cape budget.

Mr Trent said during the past 10 years, the Provincial Administration had spent more than R687 million building and equipping hospitals while it had spent just R114.6 million on new clinics.

Mr Trent said the tragedy was that with proper planning and "political foresight" far more clinics or community health centres should have been built — something the Administrator admitted when he said the R4.5 million allocated for clinics this year was "not nearly enough".

- The Cape Health and Hospital Services budget was being cut by 0.8% if compared to the total amounts allocated for the 1990/91 financial year, the MEC in charge of hospital services, Mr Dawie le Roux, said yesterday.

Replying to questions from the MP for Port Elizabeth Central, Mr Eddie Trent, the MEC said a total of 411 doctors and 2,679 nurses, had resigned from Cape provincial hospitals last year.

Asked whether a directive had been sent to all provincial hospitals — instructing or requesting them to cancel all surgery which was not emergency — Mr Le Roux said it had been sent out on March 4. Withdrawal of the directive was under review, and was constantly being monitored.

Doctors welcome lifting of ban

Medical Reporter

The medical superintendents of Cape provincial hospitals have responded with relief to the announcement yesterday by the Administrator, Mr Kobus Meiring, that the ban on the admission of non-emergency patients has been lifted.

The superintendent of the Red Cross Children's Hospital, Dr Gilbert Lawrence, said that it would have been detrimental to health care to have extended the emergency measures.

Dr Lawrence said that he was concerned about the consequences of the reaffirmed restrictions.

The Administrator said yesterday that restrictions on out-patients at specialist and academic hospitals, on certain laboratory tests, special examinations and patient transport will remain in force.

It was in the interests of both patients and the teaching hospitals that these patients should be admitted and treated, said Dr J G L Strauss, chief medical superintendent of Tygerberg Hospital.

Dr Jocelyn Kane-Berman, superintendent of Groote Schuur Hospital, said that she welcomed the decision to lift the ban.
City in major hospital move

By GLYNNIS UNDERHILL

CAPE TOWN City Council has agreed to take over the administration of the House of Representatives' day hospitals in its metropolitan area in a major bid to provide a single cost-effective health-care system.

The House of Representatives has asked the council to act as "agents" for the day hospitals in its areas to provide a comprehensive primary health-care system that will tie up with the existing health clinics.

The move follows several months of negotiation between the Regional Services Council, the City Council and the House of Representatives, said Dr Michael Popkiss, the City Council's medical officer of health.

"It is a very encouraging move and it is the first step on the road to a logical rationalised health service," he said.

The City Council agreed to the proposal on the condition that it did not provide additional cost to the ratepayers, said Dr Popkiss. House of Representative funds for the hospitals would in time be channelled to the City Council and Regional Services Council.

The Mitchells Plain Day Hospital will be the first hospital to be taken over by the council. No date has been given for the handing over of the administration of the day hospitals, but it is believed that the City Council will eventually have responsibility for five day hospitals and the rest will become the responsibility of the RSC.

Primary health care must be accessible to the people and should be "top class", said Dr Popkiss.

Curative medicine would be introduced to the day hospitals, he said.

"This is the only way forward and the aim is a single South African health service."

Criticised

The Chief Director of the Department of Health Services and Welfare Administration, House of Representatives, Dr E.I. Jarodien, said it had decided to hand over its day hospital activities to local authorities "in a concerted effort to defragment and depoliticise health care."

Substantial funds had been made available to the Housing Fund to enable local authorities to acquire the necessary funds for capital development and improvement of facilities, he said.

A condition of the agreement with local authorities was that services would be rendered where possible on a 24-hour and non-racial basis, said Dr Jarodien.

He criticised the Cape Provincial Administration for failing to provide "John Citizen" by cutting its health services.

The service had been prohibitively expensive and not cost-effective, said Dr Jarodien.

"It stands to reason that adequate outpatient and consultative specialist services should be made available closer to communities so as to relieve larger hospitals of their 'unfair load'," he said.

Day hospitals and municipal clinics were examples of "under-utilised, understaffed, under-funded and fragmented health-care service facilities."

"If health-care services could be rendered there in a non-fragmented comprehensive manner with 24-hour availability and adequate manpower, medication and equipment supplies, they would be able to address most of the normal needs of our hard-pressed citizens in a much more cost-effective and personally satisfying way," said Dr Jarodien.

The Cape Provincial Administration deputy director of health services, Dr George Watermeyer, was unavailable for comment yesterday.
Hospital

costs reach
R358,2m

By BARRY STREEK
Political Staff

The annual running costs of Groote Schuur Hospital are higher than the cost of constructing the new hospital and renovating the old one.

The monetary allocation to Groote Schuur Hospital during the 1990/91 financial year was R358.2 million, while the total cost of the new Groote Schuur Hospital and the nurses' home amounted to R276.2 million.

The first phase of the renovation of the old hospital cost R10.3 million, and the second phase will cost R98.6 million.

This means the costs of the new hospital and the renovation of the old one are expected to amount to R326 million, R32.2 million less than the running costs of the previous year.

The Administrator of the Cape, Mr Robus Meiring, said, in reply to questions by Mr Eddie Trent (DP, Port Elizabeth Central), that a further R165.5 million was spent on new equipment for the hospital.

The details about the running costs of Groote Schuur Hospital were given in Parliament last month by the Minister of National Health, Dr Rina Venter.

‘Improved standard’

Groote Schuur was used for training doctors, nurses, professions allied to medicine such as physiotherapists and social workers, medical technologists and other health care workers at both undergraduate and graduate levels.

“The new Groote Schuur Hospital has provided a greatly improved standard of accommodation and equipment, which allows adequate training relevant to the health needs of the Republic of South Africa,” Mr Meiring said.
AN OVERSUPPLY?

Officially at least, there is a moratorium on the granting of private hospital licences, especially in the over-traded metropolitan areas.

Yet, inexplicably, the Department of Health and Welfare has recently granted hospital licences right in the heart of two of the most over-traded areas in the country, in Randburg and Goodwood near Cape Town.

Clinic Holdings, the largest private hospital group, was turned down when it applied for a hospital licence in Randburg, but a licence has been granted to an independent company which plans to run a facility at a former drive-in site within the Randburg municipality. An application to open a day clinic in Goodwood was also recently turned down on the grounds that the area was already well-served, but a full hospital is to be built nearby as part of the N1 City complex.

Existing hospitals in the vicinity of the new Goodwood clinic include the Libertas, Louis Leipoldt, Panorama and Jan S Marais, not to mention the large Tygerberg State hospital.

Says Dick Williamson, GM of Afrox Healthcare: “These decisions open the whole licensing policy to question. We have accepted the moratorium and have been unable to extend at least one of our hospitals as a result. In return, we expect the policy to be applied consistently.”

It is widely felt, even in the private sector, that there should be some form of control over hospital licences. Ultimately, patients could find themselves paying higher fees to make under-used hospitals profitable if the situation is not brought under control.

Statistical solutions

Says Rob Speedie, executive director of the Representative Association of Medical Schemes: “There is a maldistribution of medical services, whether private hospitals, doctors or pharmacies and it may be wise not to exacerbate this by granting licences in over-traded areas. Government is aiming for an average of two beds per 1,000 patients, yet in Cape Town the ratio is in excess of 12 per 1,000.”

The problem is hospital licensing does not form part of national health policy. It is still considered an “own affair” which is administered by the three “own affairs” Departments of Health.

The department does not give reasons why it accepts or rejects licence applications, but it makes exceptions to the moratorium when there is a “need.” In other countries, such as the US, statistics are used to determine the need for a hospital in a particular area. These figures determine the need for specific facilities, such as geriatric care or maternity units, according to local conditions. In SA, however, a crude head count is applied.

Says John Cowlin, MD of the Zandfontein Clinic in Sandton, who has been turned down for several licences: “By its own admission, the department does not use detailed statistics. It has been offered access to statistics from the medical aid movement, which finances more than 90% of private healthcare, yet it turned this down on the grounds that the data was statistically insignificant.”
Cuts in hospitals budgets ‘damaging’

Staff Reporter

CUTS in the budgets of already-stretched Cape hospitals will do damage that may be difficult or impossible to repair, according to the dean of UCT’s medical faculty.

Professor J P de V van Niekerk says in an editorial in the latest SA Medical Journal that although the government appears to be committed to unifying the country’s health services and providing adequate primary health care, both of these issues have hardly been addressed yet.

"Until they have, a reduction in existing services holds the very real danger of damage that might be difficult, if not impossible, to repair," he says.

UCT’s teaching hospital, Groote Schuur, had been fortunate in attracting and retaining good staff, but now it was coming under great pressure to reduce its staff complement.

"This is what is ultimately required to effect meaningful savings," the professor says. Groote Schuur is under greater pressure than other hospitals to reduce its staff because the others are already short-staffed.

Also, it is suspected in medical circles that part of the reason for next year’s further 10% cut in the Cape medical budget had something to do with the authorities’ knowledge “that there is a greater per capita expenditure on health care in the Cape than in the other provinces”.

Recent “emergency measures”, under which which only “emergency cases” were treated, raised some very contentious issues, Professor Van Niekerk says.

Relatively little money has been saved, and besides, “today’s cold cases are tomorrow’s emergencies”, he says.

The public and the politicians are tempted to provide for short-term benefit, “Herein lies the danger, since teaching and research may be regarded as temporarily expendable, although they are essential for the future.”.
Stressed junior doctors consider 'work to rule'  

Staff Reporter

OVERWORKED junior doctors may embark on a work-to-rule with a 60-hour working week — equal to five consecutive 12-hour days a week.

Dr Ivor Douglas, vice-chairman of the Junior Doctors’ Association of South Africa, which was formed last year, reports this in the latest edition of the S A Medical Journal.

He says the plight of junior doctors has been described as “barbaric, scandalous and shameful”, yet their circumstances seem unchanged from one decade to the next.

“The reality is that in addition to suffering chronic fatigue, junior doctors in hospitals are angry and resentful about their situation,” he says.

“The work-to-rule model of a 60-hour week is an ethically controversial position which many junior doctors are at present debating.”

He did not say what hours young doctors work, but a medical source in Cape Town who declined to be named said it was common for interns — newly graduated doctors doing their practical year — to work far more than 60 hours in a week for little more than R1 000 a month.

Dr Douglas says doctors are sometimes on call for 40 hours — all night, the next day, the whole of the next night and the next morning — in a single shift.

“The implications for junior doctors and their patients towards the end of a 40-hour on-call period are disastrous,” he says.

Junior doctors in South Africa have no agreed terms of employment. Yet their counterparts in Britain have a fixed maximum number of official working hours, and if they work more than that they are paid for it.
trials, members were seriously

assaulted by due to com-

prisoners. Of the

were found

were found not guilty whilst 71 members were found guilty and were senten-

ted in terms of s 53(2) of the

Prisons Act.

During 1990, 239 members stood trial in terms of Prisons Regulation 7(1)(b) read together with section 53 of the Prisons Act, 1959 (Act 8 of 1959) on counts of assault on prison-

ers. Of these, 121 members were found not guilty whilst 71 members were found guilty and were sen-
tenced in terms of s 53(2) of the

Prisons Act.

In respect of 1 929 of the total number of complaints, no substance could be found after thorough inves-

tigation to lay charges against any

member of the Department. Fur-

thermore, the Attorney-General refused to prosecute in 4 772 cases. On 31 December 1990, the remaining
cases were still being dealt with.

206. Mr M J ELLIS asked the Minister of National Health:

Whether a psychiatric hospital has been built

at the Medical University of Southern Africa; if not, what is being planned in this regard; if so, (a) whether it is planned to be opened in 1991, and (b) what is the average bed occupancy rate and (c) what are the future plans for this hospital?

The MINISTER OF NATIONAL HEALTH:

Yes,

(a) sixty-bed psychiatric unit was com-
menced 26 October 1989 and

(b) R3,954,881.04.

(b) the unit is temporarily used as an ex-

change ward whilst upgrading of various wards

in Ga-Rankuwa Hospital are being carried out and

(c) Branch Health Services of the Provincial

Administration of the Transvaal proposes to

commission this unit as soon as funds become

available.

207. Mr M J ELLIS asked the Minister of National Health:

What is the ratio of beds per medical student
doing clinical training (a) at the academic-

hospital complexes attached to the medical faculties

in South Africa and (b) at each such hospital

complex?

The MINISTER OF NATIONAL HEALTH:

| BEDS PER |
| STUDENT |
|-----------|-----------|
| Provincial Administration of the Cape of Good Hope | : 3.12 |
| Provincial Administration of the Transvaal | : 6.60 |

Algoa Regional Services Council: investigation

223. Mr E W TRENT asked the Minister of Planning, Provincial Affairs and National Housing:

(1) Whether the Finance and Administration Committee of the Algoa Regional Services Council instituted an investigation into the disbursement of funds in 1989 and 1990, if so, when;

(2) whether any members of staff are alleged to be implicated in any irregularities; if so, (a) in what irregularities and (b) what measures have been taken as a result.

The MINISTER OF PLANNING, PROVINCIAL AFFAIRS AND NATIONAL HOUSING:

(1) No.

(2) Yes.

(a) A member of staff was involved in irregularities in connection with the council's funds.

(b) Legal steps were taken against the official involved. He was found guilty, convicted and discharged from the service of the Regional Services Council. Stricter control measures were introduced in that auditing of the financial books of the Council is done regularly on a monthly basis.

Military hospitals: bed capacity/occupancy rate

233. Mr R R HULLEY asked the Minister of Defence:

What was the (a) total bed capacity and (b) bed occupancy rate, expressed as a percentage, of military hospitals as at the latest specified date for which figures are available?

The MINISTER OF DEFENCE:

The information, as at 20 March 1991, is as follows:

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Military Hospital</td>
<td>623</td>
<td>47%</td>
</tr>
<tr>
<td>2. Military Hospital</td>
<td>293</td>
<td>46%</td>
</tr>
<tr>
<td>3. Military Hospital</td>
<td>173</td>
<td>56%</td>
</tr>
</tbody>
</table>

Afforestation applications

254. Mr M J ELLIS asked the Minister of Water Affairs and Forestry:

(a) How many afforestation applications were received by his Department in each province in 1990, if (b) how many of these applications were approved and (c) in which areas were they approved in each case and (d) how many applications were refused and (e) for what reasons was each application refused.

B673E
assumed that South Africa had serious questions to answer in the October 1989 elections. Of the 192 members stood for election, 192 members stood for trial. The 192 members were found not guilty. The 192 members were found guilty. The 192 members were found sentenced to 53(2) of the Prisons Act.

During 1989, 239 members stood trial under section 53(2) of the Prisons Act. In respect of 1,929 of the total number of members sentenced, no substance could be found to charge anyone in the Department. Furthermore, the Attorney-General refused to prosecute 477 cases. On 31 December 1990, the remaining cases were still being dealt with.

(a) Provincial Administration of the Cape of Good Hope
(b) Provincial Administration of the Transvaal

Medical facilities

206. Mr M J ELLIS asked the Minister of National Health: (18) (b) a sixty-bed psychiatric unit was completed on 26 October 1989. (b) R3 954,881.04.

Whether a psychiatric hospital has been built at the Medical University of Southern Africa; if not, what is being planned in this regard; if so, (a) when and (ii) what cost was it completed; (b) what is the average bed occupancy rate and (c) what are the future plans for this hospital?

The MINISTER OF NATIONAL HEALTH:

Yes, (a) (i) 26. October 1989 and (ii) R3 954,881.04.

(b) the unit is temporarily used as an exchange ward whilst upgrading of various wards in Ga-Rankwe Hospital are being carried out and (c) Branch Health Services of the Provincial Administration of the Transvaal proposes to commission the unit as so funds become available.

The MINISTER OF NATIONAL HEALTH:

BEDS PER STUDENT

Provincial Administration of Natal: 6.29
Provincial Administration of the Orange Free State: 5.27
Provincial Administration of the Cape of Good Hope: 6.29
Tygerberg: 6.29
University of Witwatersrand: 6.29
Medical University of Southern Africa: 6.29
Provincial Administration of Natal: 6.29

Algoa Regional Services Council: Investigation

223. Mr E W TRENT asked the Minister of Planning, Provincial Affairs and National Housing:

(1) Whether the Finance and Administration Committee of the Algoa Regional Services Council instituted an investigation into the disbursement of funds in 1989 or 1990, if so, when;

(2) whether any members of staff are alleged to be implicated in any irregularities; if so, (a) in what irregularities and (b) what measures have been taken as a result?

The MINISTER OF PLANNING, PROVINCIAL AFFAIRS AND NATIONAL HOUSING:

No.

Military hospitals: bed capacity/occupancy rate

233. Mr R R HULLEY asked the Minister of Defence:

What was the (a) total bed capacity and (b) bed occupancy rate, expressed as a percentage, of military hospitals as at the latest available date?

The MINISTER OF DEFENCE:

The information, as at 20 March 1991, is as follows:

1. Military Hospital 623 47%
2. Military Hospital 293 46%
3. Military Hospital 173 56%

Afforestation applications

254. Mr M J ELLIS asked the Minister of Water Affairs and Forestry:

(a) How many afforestation applications were received by his Department in each province in 1990, (b) (i) how many of these applications were approved and (ii) for which areas were they approved in each case and (c) (i) how many applications were refused and (ii) for what reason was each application refused?

B673E
Fees: Cancer patients hit hard

By GLYNNIS UNDERHILL

PRIVATE cancer patients needing chemotherapy at provincial hospitals are among those hardest hit by shock hospital tariff increases announced yesterday.

The increases will come into effect from May 1, Mr D le Roux, MEC in charge of hospital and health services, said yesterday.

Services would be rendered on a market-related basis as far as possible because of the high cost and the financial shortfalls being experienced by the province, he said.

Hospital tariffs increase annually in line with the rates of the Representative Association of Medical Schemes (RAMS), which increased by an average of 24% from January 1, 1991.

Hospital fee increases include:

- **Lower-income patients in the lowest tariff category, who at present pay R3 per out-patient visit, will now have to pay R5 per visit to a community hospital and R9 per visit to a regional/academic hospital.**

- **Lower-income in-patients, who now pay R3 per day, will have to pay a single payment of R17 at community hospitals and R21 at regional/academic hospitals.**

- **In-patient tariffs for private patients have been increased from R130 to R161 per day at community hospitals and R165 to R205 per day at regional/academic hospitals.**

- **Several other expensive services will in future be rendered at market-related rates.**

- **Chemotherapy for the private patient has shot up from R30 to R410.**

- **The use of a magnetic resonance X-ray machine for the private patient has shot up from R78 to R1 350.**

- **Peritoneal dialysate for home use for private patient renal sufferers has gone up from R30 to R520.**

Concessions that the Cape Provincial Administration has allowed include:

- **The income ceiling for maximum tariffs has been raised and is now based on family income.**

- **The out-patient tariff for private patients is unchanged.**

- **The medication tariff for out-patients has been reduced from R66 to R25 at community hospital and R41 at regional/academic hospitals.**
Tired medics may endanger patients

The lives of patients in State hospitals may be placed in jeopardy as a result of being looked after by "exhausted" interns working up to 100 hours a week.

A document to be published this week says there is no doubt that the medical care which patients receive from interns is being seriously compromised.

The conditions of interns in the country's hospitals - where most work up to 70 hours a week and more often without supervision or adequate training - will be published in the South African Medical Journal this week.

An ultimatum has meanwhile been delivered to the Minister of National Health and Population Development, Dr Rina Venter, by the majority of interns in the country to announce contract and salary amendments for interns or else face possible industrial action, in the form of a go-slow or work-to-rule.

This would bring the State medical system to its knees as interns carry the brunt of the workload in most hospitals.

Medics' threat to take action

From Page 1

and the Minister herself the results had been "markedly unsuccessful".

"Our concern is that patient care is being seriously compromised because our working conditions often render us unable to provide proper care for our patients.

"While we wait for a formal statement from the Minister of Health, Judda finds itself in a difficult position. Our members are angry and fed-up and they are demanding that something happens.

"If nothing has been finalised by the end of the month, although we find the thought abhorrent and against our ethics, we will be forced to listen to our members who are now considering working to rule or instituting a go-slow."

Key findings in the report are:

* The South African Medical and Dental Council's guidelines and rules to which interns have to complete their compulsory intern year in a hospital are to a large extent not being followed.
* Supervision is lacking.
* The high percentage of interns who have little or no supervision while giving anaesthetics and providing emergency care is especially serious.
* Information and guidance given to interns is conveyed in an unsatisfactory manner and in a large number of cases no proper information is given.
* From the information it is evident that the intern year with its various facets is not proceeding according to the rules.
* From this survey it is clear that the work-load is unacceptably high with most interns working between 60 and 70 hours a week.
* It is apparent that their work-load is an adverse factor in their decision-making abilities in connection with patients. - Sapa.
Govt may privatise health services – report

The Government is considering the privatisation of health services as a means to reduce costs and reduce its role in the provision of health care.

This is according to a report entitled “Finding a Cure” published by the Institute of Race Relations.

The report comments that although the privatisation issue was rejected by some anti-apartheid medical professionals and trade unions, some health care workers have begun advocating a subtler view, in the form of embryonic health care systems which could serve as models for a national health service.

"It eliminates free services and imposes higher tariffs on patients as their income increases. The aim is to increase the proportion of recoverable costs from patients and to discourage patients able to afford private services from using State services," the report says.

The report also examines the option of contracting-out State services for lower-income patients to private companies. Under this system, the State would pay private operators the daily costs of running services.

"The Government would be wise in encouraging independent private health care groups and assisting them financially.

"The lack of effective liaison between independent groups and the Government is proving to be a stumbling block for the adequate provision of private health care," the report says. — Sapa.
"CULTURE, language and eating habits of patients" had prevented the opening of hospitals to all races "overnight", Transvaal MEC for Health Services Fanie Ferreira said in parliament. He said "guidelines" had been formulated for the opening of provincial hospitals.
Children targets
of hospital cuts
say angry medics

By VIVIEN HORLER
Medical Reporter

MORE than 60 professors and
doctors who treat children in Pen-
insula hospitals have lashed out at
the financial cuts at Cape hospi-
tals ordered by the provincial ad-
ministration.

Twenty paediatricians from Tyger-
berg Hospital, including department
paediatric head Professor P B Hesse-
ing, and 43 doctors from Red Cross
Children's Hospital, including depart-
ment head Professor D W Beatty,
have signed letters in the latest edi-
tion of the SA Medical Journal deplor-
ing the cuts.

The Tygerberg doctors said it was
"morally and ethically indefensible" to
withdraw medical services from
children when there were no alterna-
tive facilities in their communities,
while the Red Cross doctors said pri-
mary health-care facilities for sick
children in the Cape Town area were
"seriously inadequate".

Backward steps

"At a time when substantial finan-
cial efforts are being made to equa-
list opportunities in education and
housing it is tragically ironic that we
are being forced to take two steps
backward in the health sector," said
the Red Cross doctors.

The increasing numbers of out-pa-
tients should be treated in primary
health-care clinics rather than expen-
sive hospitals like Red Cross and Ty-
gerberg, they said, "but, until such
time, as primary-care facilities are
adequate and available for children in
our region, it is impossible for us to
turn these children away".

Children who were dehydrated
through gastro-enteritis — a common
dangerous complication in Cape
Town in summer — should be put on
a drip at local clinics. However, drip-
room facilities were available only at
Red Cross and Tygerberg.

The Red Cross doctors said finan-
cial deficits at Red Cross, Groote

Schuur and Somerset hospitals were
"a consequence of under-funding in re-
lation to the services we have to pro-
vide for children in the region. The
teaching hospitals of the Cape, over
many years, have fought for and prac-
tised ... the application of an equita-
ble service for all races in the area.

"Because we have provided facili-
ties for a wider section of the commu-
nity we have been chronically under-
funded and are now being penalised
for this."

The Tygerberg doctors said they
were concerned about children who
lived in the country and for whom
there were frequently no other facili-
ties available.

Alternative services

The suspension of transport to the
hospitals would be detrimental to
children's health and even could be
fatal.

"We would welcome a reduction in
the flow of patients to tertiary hospit-
als, provided alternative services are
established in the community," said
the Tygerberg doctors.

Doctors from both hospitals ex-
pressed concern about the effects the
cuts would have on academic stan-
dards and training.
Top heart surgeon
SA medical crisis

Heads for America
Blacks are barred from surgery looms

By MATHATHA TSEDU

AN Indian doctor in the Northern Transvaal runs a surgery which has no toilets for black patients, a Sowetan investigator has established.

Dr AS Moosa's surgery in Mooketsi, near Dullstroom, also has two separate waiting rooms - one for whites and the other for blacks.

The waiting room for whites has been furnished with cushioned rest chairs. The white patients, and a selected upmarket blacks, pass the time reading magazines which Moosa provides.

The other "waiting room", which is used exclusively by blacks, is an open space under a few trees where patients wait for their turn on broken asbestos chairs.

Approached for comment, Moosa blamed the Group Areas Act for lack of facilities. He said he could not make improvements on the surgery as he did not own it.

Do you still experience petty apartheid in the "new South Africa"? Tell the nation about it. Telephone Radio Metro DJ Tim Modise at the Rand Show today between 4.30 and 5pm. The hotline numbers are 494-2892 and 494-2893. Listen to the Sowetan Talkback programme on Radio Metro on mediumwave 576 Khz.

Separate waiting rooms

From Page 1

He said he was renting the building from Mr Chambers.

"If the law is repealed and I can buy this place then I will provide the facilities. But don't blame me for this thing. I have done a lot for black people in this area."

"I have learnt their language and I assist many people. Now you go and pick on toilets and separate rooms and you want to crucify me," he said.

Moosa said he had tried to provide decent benches for black patients but they were all stolen.

Moosa, a Muslim, said he was not a racist. He was "troubled by his conscience for the inability to offer his black patients adequate facilities".

Although praising Moosa for being "good with children's diseases", patients spoken to said they were sometimes made to wait in the rain as they could not use the "whites-only" waiting room.

If they wanted to go to the toilet they had to go to the nearby shopping centre or use toilets at the railway station.
The MINISTER OF DEFENCE:

(a) 1988 : 75
1989 : 65
1990 : 72

(b) Numerous reasons but mainly the fact that serving doctors may not run private practices after hours, a lack of specialisation opportunities in the SA Defence Force and better earnings in private practice.

Registration of all teachers

269. Mr R M BURROWS asked the Minister of National Education:

(1) Whether any progress has been made in the registration of all teachers in South Africa; if not, why not; if so, what progress;

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

The MINISTER OF NATIONAL EDUCATION:

(a) No, 4 180.
(b) the annual intake is determined by the projected need for teachers in four years’ time;

(2) no, but there is a formal agreement with the Department of Education and Culture: House of Representatives and the KwaZulu Education Department for a number of their teachers to undergo further training at the distance teaching college, the Natal College of Education. In addition to this and in accordance with an informal agreement B Prin Ed Courses are offered at Edgewood College of Education and Johannesburg College of Education which students of other groups enrolled at the University of Natal and Witwatersrand may follow. At Edgewood College of Education a further Diploma in Education (General Science) is offered to Black teachers.

(3) this information may be obtained from the hon the Minister of Welfare, Housing and Works.

College of education: utilisation

49. Mr R M BURROWS asked the Minister of Education and Culture:

(1) Whether all student places in colleges of education falling under the control of his Department are filled; if so, how many such places are there; if not, (a) how many places are vacant and (b) why are they vacant;

(2) whether any arrangements have been made with any other departments of education for the utilisation of any colleges of education, or parts thereof, falling under the control of his Department; if so, what arrangements;

(3) whether any colleges of education, or parts thereof, have been disposed of in any way to any other Government Department or organisation; if so, (a) which colleges and (b) to which Government Department or organisation in each case?

Natal: closure/amalgamation of schools

59. Mr R M BURROWS asked the Minister of Education and Culture:

(1) Whether the Executive Director of the Natal Education Department has instituted planning programmes for the (a) closure and/or amalgamation of schools and other education institutions falling under his control; if so, (i) what are the names of the (aa) schools and (bb) other institutions involved in each case and (ii) when will the intended or suggested action be taken;

1 Military Hospital: doctors resigned

256. Mr P J GROENEWALD asked the Minister of Defence:

(a) how many doctors resigned at 1 Military Hospital in Voortrekkerhoogte in 1988, 1989 and 1990, respectively, and (b) what were the reasons for resignations?

The MINISTER OF DEFENCE:

(a) 1988 : 23
1989 : 15
1990 : 28

(b) Numerous reasons but mainly the fact that serving doctors may not run private practices after hours, a lack of specialisation opportunities in the SA Defence Force and better earnings in private practice.

SAF: doctors resigned

257. Mr P J GROENEWALD asked the Minister of Defence:

(a) how many doctors resigned from the South African Defence Force in 1988, 1989 and 1990, respectively, and (b) what were the reasons for resignations?

The MINISTER OF DEFENCE:

(a) 1988 : 4 [1]
1989 : 14 [1]
1990 : 28

(b) 1241 [1]
Doctors slate plans to cut hospital beds

PLANS for a drastic cut in the number of "academic beds" (under the control of academic doctors) in teaching hospitals were revealed yesterday.

The existence of the plans — as yet unwritten and informal — emerged at a meeting of more than 100 senior doctors at Baragwanath Hospital.

Dean of the University of the Witwatersrand Medical School Professor John Milne later confirmed to the Sunday Star that Wits was "discussing rationalisation" of the academic beds to pre-empt a move by the Department of National Health and Development.

Doctors at the meeting said the move would lead to a further deterioration in the country's health care system.

Baragwanath is an academic hospital with 3,000 beds. Mooted plans would cut academic beds to 1,000. The 2,000 other beds would possibly no longer be under the care of academic doctors, which raised fears over the care these patients would receive.

When the plan is put into operation at an unknown date, another 1,500 beds would be allocated to the Johannesburg Hospital and a further 500 to the Coronation/J G Strijdom hospitals.

Professor Milne said the cuts mentioned were "rough figures which are being looked at" for the rationalisation.

He said there was as yet no formal written instruction, but it would affect teaching hospitals throughout the country.

The Department of National Health and Development has said academic beds would be cut, but moves discussed at present had "nothing directly to do with the State or the province; it is the university which is trying to pre-empt what may come".

Doctors at the meeting questioned on what grounds Wits allocated only 1,000 beds to Baragwanath.

They asked whether the Government would accept responsibility for the medical care of patients in non-academic "service" beds, and what kind of service would be rendered.

The number of academic beds also affected the number of academic staff appointments, which in turn influenced the number of doctors attracted to the hospital for training purposes, they said. The doctors believed any status change would mean "a decrease in service".

Doctors attending the "sort-of protest meeting" said the move could seriously affect the standard of health care at the hospital, which served the "sub-economic population" in Soweto.

Doctors were attracted to State-funded hospitals for the training opportunities and facilities. Remuneration was significantly lower than in private practice.

It was pointed out that there were not enough doctors and that two-thirds of the surgical staff were from abroad. The change would mean a total loss of this complement of staff.

Professor van Gelderen stated that "Bara could not contemplate a reduction in services to Soweto". He said Baragwanath had a relationship with and a duty to Soweto, that it could not "wash its hands" of the community and that he knew Wits could not either.

The doctors' meeting ended with a consensus that they resolve to ask for information and clarification on the matter, but that they would not accept anything that would reduce services.

Professor Milne said no indication had been given with regard to the extent of the nationwide cuts. He said Baragwanath, like other hospitals, would have to "take some of the knocks" in the reduction of academic beds, and that Wits was trying to protect all the teaching hospitals.

"We would not let Baragwanath collapse... We would only push forward a scheme that we think is workable.

"At present only 10 percent of the service at Baragwanath is spent on academic medicine," he said.
Refugees from the womb

By SOPHIE TEMA

THE scourge of baby-dumping at Baragwanath Hospital in Soweto is putting the hospital’s welfare division under heavy pressure.

Last week alone, eight children were abandoned at the hospital and their parents cannot be traced. Some of the children are picked up in the streets, while some are just dumped in the corridors before the parents disappear.

A spokesman for the Child Welfare Society said newborn babies were abandoned “everywhere”. Some were left in rubbish bins, others at the sides of the streets and others were taken into hospital for treatment and the parents never fetched them.

The parents gave hospital authorities false names and addresses—making it impossible to trace them once the child was ready to be discharged from hospital.

Those who were admitted to hospital without names were given names by the welfare officers for record purposes.

Welfare workers at the hospital said there were various reasons why parents dumped their babies. These ranged from poverty to homelessness.

The hospital is also trying to trace the relatives of several adults who were admitted with loss of memory and cannot remember their history after their recovery.
A VISIT by Tumahole Civic Association and a local ANC delegation this week found apartheid alive and well in the Orange Free State's Parys Hospital.

Black and white patients are still separately accommodated at the hospital, even though physical conditions at the hospital are approaching equality.

Black patients, as do whites, have a varied diet although the menu is not the same for all.

The visiting delegation witnessed black patients being served mealie-rice, mashed carrots, gem squash and meat, while at the same time as whites were eating rice, cauliflower with white sauce, gem squash and chicken pie.

The delegation also met with hostility and rudeness from white staff, according to Democratic Party delegate Irene Menell.

She complained on behalf of the delegation to Parys Hospital superintendent JS Russow about staff hostility during their visit.

Russow replied he had no specific mandate to open the wards to all races and was waiting for instructions from the Orange Free State Provincial Administration in Bloemfontein.

"If I get instructions from Bloemfontein to open the hospital to all races I will have no choice but to do so," said a white patient.

White patients told the delegation that they "would have a problem" if they had to share wards with black patients.

Patient WE Schoeman, said: "I would not feel happy if a black patient was to lie next to me in a hospital ward, I have no qualms about being looked after by a black nursing staff."

Matron Connie Bouwer told the delegation: "We are busy with the orientation process but cannot introduce it overnight."

The delegation warned Russow and Bouwer that it would monitor the situation at the hospital to ensure the process of desegregation was implemented as soon as possible.

According to a study conducted by the University of the Witwatersrand, hospital apartheid has not been eradicated.

It recommends the National Health and Population Development Department should formally adopt and announce a policy of desegregation of all health service facilities.

The Wits Centre for Health Policy also found evidence of segregation in a recent investigation of six PWV hospitals.

"There is still evidence of substantial segregation both before and within hospitals, and many decisions governing the treatment of patients in these hospitals are still based on racial criteria," it reported.

Its report added that the announcement by National Health and Population Development Minister Dr Rina Venter, on May 17 last year, that hospitals would be desegregated was "a far cry from a commitment to end apartheid in hospitals."

"Certainly the minister's statement does not commit the authorities to full integration, or even to ending segregation in the form of separate wards for whites and blacks."

"All it says is that no black person can be turned away at the door of a previously whites-only hospital."

"Dr Venter's statement falls short of a commitment to integrated hospital care and to dismantling all manifestations of apartheid in hospital care."

In reality, the process of opening hospitals to all races has been extremely uneven, the report stated.

"The extent to which integration has occurred is a result of the desire to integrate by the staff of a particular hospital or as a result of the pressure experienced in particular hospitals.

"It is not the result of enthusiastic implementation of the policy by the various health authorities. "Hospital apartheid has not been eradicated," the report concluded.

It recommended that the Department of National Health and Population Development should:

Formally adopt and announce a policy of desegregation of all health service facilities;
Doctors slam high cost of health care

By GLYNIS UNDERHILL

Top doctors in Cape Town have criticised the “exorbitant cost” of private health care in South Africa, which they say is rising way beyond the rate of inflation and has more than doubled in the past five years.

Private hospitals were being run as commercial ventures and could charge what they liked for services, said one doctor.

Many patients were being forced out of the government-subsidised health system into private medical care, but could not afford the high costs involved, said doctors.

Patients covered by medical aid — or those who earn R15,000 or more a year or whose families have an annual income of R25,000 or more — immediately qualify as private patients.

Some provincial hospitals have been refused to treat these patients unless it is an emergency. “The rich can care for themselves and the poor are taken care of by provincial hospitals,” said one doctor.

“The medium-income group is a large body of people that has become extremely vulnerable.”

Private doctors’ fees are controlled by the recommended tariffs laid down by the Medical Association of South Africa, but private hospitals charge for their services according to market forces, said unhappy doctors.

“In the past there was not this awareness of the commercial opportunity in medicine,” said a doctor.

The National Association of Private Hospitals claims to control the ethics and standards of nursing care in 95 private hospitals in South Africa.

Mr Boks du Toit, a director of the association, said its hospitals set their rates according to the guidelines of the Representative Association of Medical Schemes, but they did have to stay within these limits.

“A private company is run as a commercial company. It must make a profit. In no ways is it subsidised by the taxpayer,” he said.

Mr Du Toit said that private hospitals treated an estimated 20% of the population in South Africa. Complaints of overcharging were investigated by the National Association of Private Hospitals, he said.

One doctor in private practice claimed that some private hospitals were charging excessive fees and in some cases were overcharging.

Education on Aids planned

Political Correspondent

The government is drawing up an Aids education programme for black teenage schoolchildren.

The Minister of Education and Training, Dr Steffel van der Merwe, said the sexual guidance programme would be presented to teenagers after school on a voluntary basis.

“Parents have to give permission for their children to attend,” Dr Van der Merwe said in a written reply to a question from the Democratic Party's health spokesman, Mr Mike Ellis (DP Durban North).

Hospital apartheid still exists — report

JOHANNESBURG. — Hospital apartheid still existed and the National Health and Population Development Department should formally adopt and announce a policy of desegregation of all health service facilities, according to a study conducted by the University of Witwatersrand.

The Wits Centre for Health Policy investigated hospital segregation at six PWV hospitals. The results of the investigation were released on Friday.

“There is still evidence of substantial segregation both between and within many hospitals, and many decisions governing the treatment of patients in these hospitals are still based on racial criteria.”

The report added the Minister of National Health and Population Development, Dr Nina Venter’s announcement on May 17 last year to cement the existing hospitals was a “far cry from a commitment to end apartheid in hospitals”.

The minister’s statement did not commit the authorities to full integration, or even to ending segregation in the form of separate wards for whites and blacks, the report said. — Sapa
in each race group in respect of each disease;

(3) whether any steps are being taken to combat the spread of these diseases; if so, what steps in each specific area?

The MINISTER OF NATIONAL HEALTH:

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

(1) (i), (ii) and (iii) fall away;

(2) yes, notified deaths of Malaria in the Republic of South Africa by Population Group, 1990 (as on 20 March 1991)

Population group Number of deaths

<table>
<thead>
<tr>
<th>Race</th>
<th>Number</th>
</tr>
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<tbody>
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<tr>
<td>Black</td>
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<tr>
<td>Coloured</td>
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<td>White</td>
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</tr>
<tr>
<td>TOTAL</td>
<td>30</td>
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</tbody>
</table>

Notified Deaths of Typhoid fever in the Republic of South Africa by Population Group, 1990 (as on 20 March 1991)

Population group Number of deaths

<table>
<thead>
<tr>
<th>Race</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indian</td>
<td>0</td>
</tr>
<tr>
<td>Black</td>
<td>28</td>
</tr>
<tr>
<td>Coloured</td>
<td>0</td>
</tr>
<tr>
<td>White</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>28</td>
</tr>
</tbody>
</table>

(3) yes, Malaria:

- Disease surveillance.
- Case finding.
- Health Education.
- Encouragement to take prophylactic treatment.
- Vector control.
- Treatment of persons suffering from malaria.
- Notifiable disease.

Typhoid:

- Disease surveillance.
- Case finding: Treatment and isolation of cases to save lives and reduce further excretion of organisms.
- Tracing of carriers and contacts to prevent infections and reduce further excretion of organisms.
- Immunisation is indicated in certain circumstances, examples being exposure to a carrier, outbreaks of typhoid in a community or institution and in the case of groups such as military forces in field conditions.
- Health Education.
- Advice with regard to environmental factors.
- Participation in Interdepartmental Committee, providing advice to the authorities responsible for service.
- Notifiable medical condition.

Cholera:

- Disease surveillance.
- Tracing of source.
- Case finding.
- Health Education.
- Treatment of cases.
- Notifiable medical condition.
- Co-ordinated action with all health services to prevent cross-border spread of cholera.

Care of patients by community health workers

250. Miss M SMUTS asked the Minister of National Health: B675E

(1) Whether a senior official of the Department of National Health and Population Development stated in June 1990 that up to 60 per cent of patients treated at hospitals in South Africa could be cared for by community health workers; if so, (a) what evidence was this statement made and (b) what is the rank of the official concerned;

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

The MINISTER OF NATIONAL HEALTH:

(1) (a) and (b) Dr H J Steyn, Deputy Director-General of the Department of National Health and Population Development, said, during a seminar in June 1990, that the work load of a clinic nurse, could be alleviated by up to 60% by the use of community health workers and voluntary workers. This statement was based on a study carried out at a clinic where community health workers did the follow-up visits at the homes of tuberculosis and family planning clients so that the nurse could carry out her clinic functions;

(2) no.
Clinic, patient battle over big bill

Staff Reporter

A CAPE TOWN teacher who was treated for a day and half at a private city clinic was presented with a bill of R16 000 — and now the clinic has taken him to court for payment of R9 000 owing them.

But Kommetjie resident Mr Chris Attridge, 38, who was unemployed and not on medical aid at the time he was treated nearly two years ago, is refusing to pay City Park Clinic.

Mr Attridge claims that he did not have the capacity to consent to treatment after suffering from a cardiac complaint because he had been given morphine and other drugs and has no recollection of giving his consent and signing the hospital admission form.

He also claims to have expected to be treated at a provincial hospital.

The landmark case was first heard in Cape Town Magistrates' Court in January and continued on Monday. Judgment is expected within a few weeks.

COURT BATTLE . . . Mr Chris Attridge who is involved in a court battle over a hospital bill.

The question of "informed consent" and cost of the treatment he was given has been widely debated in court.

According to earlier evidence, Mr Attridge took ill in the early hours of the morning on June 8, 1989 with a cardiac complaint. He was admitted to the False Bay Hospital and transferred to the City Park Clinic.

Mr Attridge underwent two surgical procedures performed by a cardiologist and was discharged from the hospital the following day.

He was charged a total of R16 000, of which City Park Clinic claims R9 000 is due to them.

The total hospital bill itself has not been contested by either parties.

Some of the costs billed to Mr Attridge are: one band aid — R1, ambulance charges — R164, radiology fees — R1 833 and catheterisation — R8 500.

Mr Richard Penwill represented City Park Clinic while Mr Robin Palmer represented Mr Attridge.

The case continues.
CPA hospital cuts: Patient nearly dies

By GLYNNE UNDERHILL Medical Reporter

A PREGNANT Strandfontein woman who was miscarrying came close to death at the weekend when she was referred to a private clinic because a provincial hospital did not see her case as an emergency.

Under new stringent budget cuts imposed on CPA hospitals, patients who have medical aid are only treated in emergencies.

The distraught woman — who has asked not to be named — was found in a serious condition by an anaesthetist at the Gatesville Medical Centre in Athlone on Sunday.

"I walked in to find her in a very bad state. The machine couldn't record any blood pressure," he said yesterday.

The anaesthetist, who cannot be named for ethical reasons, said the woman had been sweaty and in a state of shock.

"There was no doubt that if she had been left any longer she could have died," he said.

The woman, who was recovering from her ordeal at home yesterday, said she was bleeding "a lot" when she arrived at Victoria Hospital on Sunday morning.

"At Victoria Hospital they were already worried about me because my blood count was dropping," she said.

The woman said she was told that she would have to be moved to a private clinic because she was covered by medical aid.

The acting superintendent for Victoria Hospital and the South Peninsula Hospitals Group, Dr Peter Morris, confirmed that the three-month pregnant woman had been brought to the hospital on Sunday.

A local private doctor doing a session at the hospital had examined the woman and found a slight bleeding, he said.

"The doctor had examined the patient and found her to be in a stable condition. Her blood pressure was normal," he said.

Dr Morris said the doctor had put up a drip for the patient and she had been taken by private ambulance to a private hospital.

"The standard hospital regulation is that if there is an emergency, the patient is not to leave the hospital. But the doctor felt that the woman was in a stable enough condition to transfer to the care of her own private gynaecologist," he said.

The gynaecologist who treated the woman at Gatesville Medical Centre said she had been stable on arrival but half an hour later she had begun bleeding profusely and he had organised for her to be taken to theatre.
Cabinet must come to aid of hospitals

From Professor G EVERINGHAM, Chairman, Teaching Hospitals Board (Cape Town):

PUBLIC concern about hospital cutbacks has raised a number of issues.

Teaching hospitals such as Groote Schuur and Tygerberg are more expensive to run than general hospitals. Teaching hospitals, inter alia, deal with the most complex medical problems, use more sophisticated equipment, employ top specialists and train doctors, nurses and other health care professionals for health services throughout the country (including the private sector). This, inevitably, makes them more expensive.

Salaries and related costs make up just under 60% of the costs of running Groote Schuur. This makes it extremely difficult to cut costs at short notice.

As such a high proportion of the costs of running state hospitals is fixed (like salaries), the additional costs of admitting private patients are less than the revenue generated. It is thus not only unfair, but also financially questionable to include private patients, who effectively pay their way.

The responsibility for financing Cape provincial hospitals ultimately rests with the Minister of Finance and the Cabinet. The money is simply channelled through the Cape Provincial Administration, which has itself very limited powers to raise money (mainly car licence fees and hospital fees, making up perhaps 4% of the province’s budget).

It is difficult to compare costs at Cape hospitals with those in other provinces. Racial segregation and the consequent discrimination in standards has historically been far less pervasive in Cape hospitals than elsewhere in the country.

At Groote Schuur, there has been a concerted effort to contain costs for several years. Inevitably, there will be wastage. Many staff are poorly paid and there is an element of pilferage. Sadly, we have been encountering increasing vandalism in recent years. Nevertheless, the statistics show that, after adjusting for the effects of inflation, costs are being contained. Costs per in-patient have actually fallen in real terms over the past five years.

The report in Wednesday’s (April 3) Cape Times correctly mentioned that our 1990/1 budget allocation was R358.2m, more than the costs of building and equipping the new hospital. The latter costs, however, were incurred over a number of years, mostly the late 1980s, and would represent more than a year’s running costs in today’s terms. It may be of interest to know that the 1990/1 allocation was R331.3m; last year’s R350.2m is thus a nominal 5.1% more. In real terms, i.e. in terms of what we can buy, our allocation went backwards last year.

It appears that our 1991/2 budget will be less than last year’s. It will require a significant cut in consumables and operating costs (e.g. medicines, bandages, X-rays, electricity). This is utterly unrealistic as most of these items are essential.

We can only hope that our Administrator, Mr Meiring, will be able to convince the Cabinet of the need for more equitable funding for our hospital services. It must, however, be clearly understood that the ultimate responsibility for our hospital services lies with the Cabinet and not at Mr Meiring’s door.

The Teaching Hospitals Board acts as an “umbrella” to collect funds from the public to assist with staff and patient amenities. More recently, we have co-ordinated fund-raising efforts for equipment and have raised almost R1m for this purpose. The general public has responded magnificently and we are very grateful for this.
(1) Whether his Department has investigated, or has ordered an investigation into, the possible conversion of the Vaal Triangle campus of the Potchefstroomse Universiteit vir Christelike Hoër Onderwys into a university for Blacks;

(2) whether any official or unofficial communication has been made to this university or staff members of the university; if so, what are the relevant details?

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Eastern Cape School: principal's letter to parents

[4] MR S P VAN VUUREN asked the Minister of Education and Culture:

(1) Whether the principal of a certain school in the Eastern Cape, the name of which has been furnished to the Minister's Department for the purpose of his reply, in an undated letter to parents on the official letterhead of the school advanced reasons why the school should be opened; if so, what (a) is the name of the school and (b) reasons were advanced by the principal;

(2) whether his Department endorses the (a) action of this principal and (b) reasons advanced by him;

(3) whether his Department has taken or intends taking any steps against the principal concerned?

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The MINISTER OF EDUCATION AND CULTURE:

(1) Yes, on behalf of the Chairman of the School Committee who was not available when the letter was sent

(a) Piet Retief High School, Adelaide,

(b) the following reasons were advanced by the School Committee:

* As the status quo will not be maintained in future, it would be advantageous to open the school under its own provisions
* Pupil numbers at white schools are decreasing and this impacts negatively on schooling
* More financial support can be expected especially from large enterprises which will benefit technical education.

(2) (a) the Department has no problem with the headmasters' administrative handling of the matter at the request of the chairman.

Expenditure on personnel

*2. Mr K M ANDREW asked the Minister of Education and Culture:

What percentage of the total expenditure on personnel is spent on (a) educators, and (b) all personnel in his Department, who are above the level of school principal?

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The MINISTER OF EDUCATION AND CULTURE:

(a) 87.9%

(b) 0.15%

*In respect of public ordinary school education.

Schools: new model

*3. Mr K M ANDREW asked the Minister of Education and Culture:

Whether, since his reply to Question No 5 on 12 February 1991, any additional schools that have voted on one of the new models and have subsequently requested permission to adopt a new model, have been refused permission to do so; if so, (a) which schools, (b) why and (c) when?

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The MINISTER OF EDUCATION AND CULTURE:

Yes,

(a) Clapham High School,
62. Mr H D K Van der Merwe asked the Minister of Education and Culture:

(1) Whether, with reference to his reply to Question No 48 on 22 March 1991, the FAK has reported to his Department on how the amount of R690 000 donated to it in respect of the commemoration of the Great Trek in 1988 was spent; if not, why not; if so,

(2) whether he will furnish details of the spending of this amount to the House; if not, why not; if so, what are the details?

The MINISTER OF EDUCATION AND CULTURE:

(1) Yes;

(2) no, audited financial reports are, however, available for inspection at my office.

*1. Mr A E Essop asked the Minister of Housing:

(1) Whether funds were budgeted in the 1986-87 financial year for the upgrading of Matjiesfontein; if not, in what financial year were funds last budgeted for this purpose; if so,

(2) whether any delay is being experienced in the upgrading of Matjiesfontein; if so, for what reasons;

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

The MINISTER OF HOUSING:

(1) No. The Central Karoo Regional Services Council, as the agent of the local authority does not see its way clear to negotiate a Housing loan to finance a community centre as they are convinced that the community will not be able to redeem such loan. The Development Board has already decided, in principle, to render assistance to smaller communities by giving consideration to the provision of a first and second phase of a basic community centre, dependant on the availability of funds, on condition that adequate contributions from other sources, to complete the facility for use, be available. The concerned local authority has meanwhile requested my Department to prepare cost estimates of the various phases of a community centre and only when those are available will the local authority decide if they will be in a financial position to proceed with such project.

(2) Yes. The principal reason for the delay in the upgrading of Matjiesfontein is that a suitable water supply must first be found.

(3) No.
New hospitals to cost R1,3bn

CONSTRUCTION will start this year on four hospitals which will eventually cost more than R1,3bn.

R87m allocated in this year’s Budget for building hospitals will be spent on academic hospitals in Pretoria, Durban and GaRankuwa and on a 102-bed hospital at Botshabelo, near Bloemfontein.

A R50,1m hospital with 870 beds at Phokeng near Springs and additions costing R14,3m to Soweto’s Baragwanath Hospital will be completed during the current financial year.

Finance Minister Barend du Plessis’s allocation ends the moratorium on building hospitals imposed by National Health Minister Dr Rina Venter last year.

However, National Health director-general Dr Coen Slabber said yesterday no further hospitals would be built until more funds became available.

Planning would continue this year on a 800-bed hospital in Soweto, another in Ermelo and on additions to the Red Cross Children’s Hospital in Cape Town.

He could not say how much these hospital would eventually cost.

Slabber said the academic hospitals in Durban, Pretoria and GaRankuwa would have more than 1,000 beds each and cost between R210m and R546m to build and equip at 1990 prices.

The final cost would be much higher because the hospitals will take between five and nine years to complete. Operating costs would be more than R100m a year.

The 102-bed hospital at Botshabelo was urgently needed and should be finished by 1993, Slabber said.

The Transvaal Provincial Administration said yesterday tenders had been called for a R2,1m community health centre at Emableho, near Evander, and a R1,8m clinic at Khutsong, Carletonville.
Patient burns to death in his bed

POLICE are investigating the death of a mentally ill patient whose bed was engulfed in flames at Millsite Hospital, Krugersdorp, last Friday.

Regional manager of the hospital Mr Hendrick Heyderwych said it was possible that the man - whose name is being withheld until his next-of-kin have been notified - was smoking in bed. He said an internal inquiry would also be held.

However, Mr Dan Matsobane, spokesman for the Azapo-linked Krugersdorp Health Awareness Project, denied the patient was a smoker.

He said the hospital management was trying to cover up the shortage of nurses. He claimed the patient/nurse ratio was 23:1.

"One would think that because Millsite is a sanatorium, the patients would require extra care."

He said the fire would not have occurred at a white hospital because the patient/nurse ratio was far more acceptable.

Matsobane said KHP and Azapo would campaign to ensure that black patients were treated according to World Health Organisation standards.
The Chamber of Mines Hospital has retrenched 160 people as a result of a consolidation in the provision of health services.

According to chamber spokesman Peter Bunkell, the decision was taken after the chamber decided to rationalise its hospital services.

Mr Bunkell said the chamber had two racially segregated hospitals — Cottesloe in Auckland Park and Rand Mutual in Eloff Street, Johannesburg. This was wasteful and a decision had been taken to merge the two into one hospital. — Own Correspondent.
Health centre hosts open day

Alexandra Health Centre is hosting an open day on April 15 to which all community organisations are invited.

The open day is the result of requests from bodies and individuals who realise that the many problems in the community need urgent attention.

The aim of the day is to facilitate co-ordination between different bodies and to initiate new activities to deal with community problems.

Organisations may present stalls on their activities. Group discussions and workshops focusing on various problem areas will also be held.

Interested organisations can contact Willy Lekoloane or David Coetzee at (011) 940-1231.
— Staff Reporter.
Govt cannot 'bridge' health gap on its own

Medical Reporter

Greater co-operation between independent health care groups and the Government would make preventive and curative services more accessible to black communities, says researcher Joe Kelly.

Mr Kelly, a researcher at the South African Institute of Race Relations, is the author of the book "Finding a Cure: The Politics of Health in South Africa".

He believes that the Government on its own cannot bridge the racial gap in the provision of health care because, although it has the infrastructure and funds, it is viewed with suspicion by many people.

Government primary health care services, where provided, are often insensitive to the needs of a community, and where independent clinics are available, these are preferred to those of the State, Mr Kelly says.

Independent groups which provide health services, he says, are controlled by communities through voluntary or elected health workers. These groups have not been publicly acknowledged by the Government.

Mr Kelly suggests that the Government would be wise to take an interest in encouraging independent primary health care groups and to assist them financially as these groups aim at providing the cheapest possible services.

"Finding a Cure: the Politics of Health in South Africa" is available at R20.00 (inclusive of postage, packing and GST) from the Publications Division of the Institute of Race Relations, Box 31044, Braamfontein 2017.
Welkom hospital ‘still overcrowded’

OVERCROWDED conditions in the former black section of the Welkom provincial hospital are set to persist as the province’s administration and the local desegregation committee clash on future arrangements.

Free State Health Services MEC Roelf Dreyer said yesterday extra beds had been put in the former black section “so black patients do not have to sleep on the floor”.

However, the basic problem of beds lying empty in the former white section while black patients queued for places in the other building, had not been resolved.

An ANC-DP delegation, which visited the hospital last month, found that it was still divided into racial sections, with “gross overcrowding” in the black section.

Free State Administrator Louis Botha said the problem was caused by specialist consultants who had threatened to leave if up to 85% of the beds in the former white section were not kept for private patients.

A committee was looking into the matter.

However, medical sources said yesterday that the consultants, backed by the Medical Association of SA (Masa), were unlikely to compromise their demands.

Masa spokesmen were unavailable for comment yesterday, but the sources said the Goldfields Hospital Desegregation Committee was preparing for a showdown with Masa on the number of beds to be kept for private patients.

The committee reportedly wants 26% of the 236 beds in the former white section reserved for consultants.
'Too much spent on private health'

By Corina le Grange
Medical Reporter

Private health care "directly undermines" public health care by consuming a disproportionate share of financial and human resources, Dr Jonathan Broomberg of the University of the Witwatersrand said in Johannesburg yesterday.

Dr Broomberg, attached to the Centre for Health Policy Studies, was delivering the closing address, entitled "Health care in a post-apartheid South Africa", at the Executive Seminars' cost-effective health care conference.

In 1989, 45.7 percent of total health expenditure was spent on private-sector care, covering little more than 20 percent of the population, he said.

The other 53.3 percent had to find the remaining 80 percent of the population.

Recent trends in public health expenditure, including the fact that the 1989 per capita expenditure was less than in 1984, suggested there was little room for budgetary expansion to health care.

"We cannot hope to improve the public health system to the required level without major increases in financial resources, and there is no possibility of getting this from the public budget. We will thus have to look at current expenditure in the private sector," he said.

Proposing an integrated public and private health care system through statutory national health insurance, Dr Broomberg said such a system would create substantial opportunities for collaboration between the public and private sectors to create equitable, affordable and appropriate health care for all.
THE NOT-SO-FREE MARKET

It's bed enough that government meddles in the health care business by requiring licences for new hospitals and clinics and then turns down many of the applications. But government is now compounding the problem by ruling inconsistently on these applications — rejecting some for no apparent reason while approving others that are not as strong (Business April 5).

Medicor, for instance, applied for a licence to expand its hospital in Vereeniging, but was rejected earlier this year on the grounds that there were enough beds for all races in the area. Later, Medicor learnt that a licence was granted for a new hospital in Vereeniging with 76 beds for blacks.

Says Medicor MD David Hurwitz: "I am amazed that a licence is still granted for a single race group. We intended to expand mainly to cater for the expanding number of black patients, but in a multiracial framework. The Department of Health & Welfare informed us that the new hospital had been approved because 'Transnet thought it would be a good idea.' Apparently Transnet had land to sell."

The hospital will be developed by the Medcom consortium, which runs the Meyerton day clinic, next to a proposed shopping centre on land bought from Transnet.

Hurtwitz won't continue to spend R20m on a new hospital if a competitor gets a licence to open nearby. "The department must either open the market up or apply a restrictive policy consistently. If new competitors are allowed to open, then we must be allowed to expand our facilities."

But apparently the last thing the department wants to do is open up the market — that may actually reduce medical costs and provide better health facilities. The department's policy is to limit the number of licences if the building of new hospitals and clinics would lead to the under-use of existing facilities, according to department head Martin van Rensburg. The cut-off point is two beds per 1,000 residents; if an area has fewer beds there is no difficulty getting a licence, but if the area has more beds, a specific need must be identified.

Not surprisingly, the system is ripe for abuse. Duncan Reekie, professor of business economics at Wits, points out that whenever a body has wide discretion in granting a licence, there's a lot of room for patronage and arbitrary decisions.

An identification of a "need" convinced the department to license a new hospital, the Elizabeth, in overdrafted central Cape Town, to an independent operator. Afrox, on the other hand, identified a "need" to expand a hospital on the East Rand, a much less traded area, and was turned down.

One of the criteria for approving a facility is its accessibility to public transport and the availability of parking. Yet a site near downtown Randburg proposed by market leader Clinic Holdings was rejected last year in favour of a hospital in Olivedale, on the outskirts of Randburg, proposed by independent operator Guvon Investments.

Says Clinic MD Jeffrey Hurwitz: "We were not given a reason why our application was turned down. The site was chosen to provide a community facility close to downtown, with easy access to public transport."

The specific need clause certainly gives the department great latitude. "Applications are considered on a first-come, first-served basis," says Van Rensburg, but only Guvon's rival application was deemed to "fulfil specific needs." Van Rensburg, in line with department policy, will not say what needs will be filled.

Guvon's Gustav Pansegrouw says the proposed 100-bed hospital will be a general clinic on the lines of the Sandton and Mornington clinics. We will tend to emphasise maternity and gynaecology, as the area will have a young population, but otherwise a standard range of services."

Guvon was turned down for a licence several times since it first applied in 1983. Pansegrouw says the Randburg municipal council helped him to get his licence because the site had been identified for hospital development.

Edwin Hertzog, chairman of the National Association of Private Hospitals, says promises to fill a specific need — in other words, provide a special service — should be treated with caution. "In order to get a unit off the ground, an applicant often promises to offer an unusual service. For instance, Karshenhof in Midrand started as a plastic surgery hospital, but when it wanted to improve occupancy it was opened up to other patients. Newlands Clinic in Cape Town, which originally specialised in head and neck surgery, has expanded its scope."

Operators such as Hertzog, who is also vice-chairman of Medi-Clinic, have an obvious interest in showing that their facilities would suffer from new competition. In addition, it's to the hospitals' advantage to understake the occupancy figures they supply to the department. As Hertzog admits: "For all the attempts by our subcommittee on statistics, it has proved difficult to streamline occupancy information."

If the licensing system does occasionally allow a new hospital to get through, it's seemingly against new clinics these days. Van Rensburg denies that there is any discrimination against day clinics: "Where there is a need for doctors and dentists to have access to a facility for minor procedures, licences for day clinic facilities would be strongly indicated."

But all recent applications have been turned down, even though clinics can perform 40% of surgical procedures at a much lower cost than private hospitals.

Day clinics are a particular bugbear of the established hospital operators. Hertzog says day facilities often are owned by doctors, which may lead to a conflict of interest. He argues that a doctor would have a vested interest in overserving patients, and referring them primarily to colleagues in the hospital, rather than always the best qualified.

The SA Medical & Dental Council has ruled that doctors and dentists should declare their interests in hospitals and day clinics to their patients, though the Medical Association has asked the council to rescind its ruling.

"In any case, it is often more practical to add day wards to existing hospitals," Hertzog says. "Day surgery is slightly more expensive in these units, but there are distinct advantages in having any surgery done in a full-fledged hospital rather than a free-standing day clinic. Furthermore, there is a reduced rate for patients in hospital for less than five hours."

Ultimately the market, rather than bureaucrats, should decide what gets built. But until government stops listening to the special interests who already operate hospitals, that's not going to happen. — Stephen Creason

Cape chandlers are looking forward to the resumption of regular service because the business is worth hundreds of thousands of rands a year.
Medical education will suffer

Own Correspondent

JOHANNESBURG. — Medical education would suffer as a result of the exodus of specialists from the country's academic hospitals, medical professionals said at the weekend.

A spokesman for the SA Full-Time Specialists' Association (SAFTSA) said standards in medical training had dropped, as full-time specialists continued leaving "in droves".

In a recent survey the association found that 70% of its members considered moving into private practice within the next year. This would mean a loss of up to 2,000 academic doctors.

The standard of medical education had so far been maintained by excellent teachers and researchers who had stayed in their public posts, said Dr Martin de Villiers, of the Medical Association of SA.

But even they would be lost to private practice and overseas academic hospitals if nothing was done to alleviate the tremendous financial and work pressures to which they were exposed.

The SAFTSA spokesman said the 10% increase awarded to public sector doctors last year was the first in three years. This year a 6% increase was expected.

A senior specialist, who asked to remain anonymous for professional reasons, said the gap between public- and private-sector doctors' salaries had widened to unacceptable proportions.

At public hospitals, doctors earned between a third and a tenth of their earning potential in private practice, he said.

"The opportunity to practise academic medicine and do research should make working in the public sector worthwhile, but there simply isn't time to teach or study anymore."
THE Goldfields Hospital Desegregation Co-ordinating Committee has dismissed the desegregation policy of the Free State Administration as "a meaningless whitewash".

Committee spokesman Dr Reg Khan also said that specialists who had threatened to leave the Welkom provincial hospital if the number of private beds were reduced were "incredibly selfish and mercenary".

The committee's comments came after Free State Health Services MEC Reolof Dreyer said at the weekend a committee appointed by the administration to probe methods of desegregation had finished its research. The committee would submit a report to administrator Louis Botha within days.

Dreyer said the committee consisted of the medical superintendent of Universitas Hospital in Bloemfontein, the Free State Assistant Director of Health Services, the head of nursing in the Free State and a senior sister from Welkom, "who is a black lady".

Meanwhile, Medical Association of South Africa (Masa) president Dr Bernard Mandell called on government to "get rid of the men" in the provincial administration health departments if it wanted hospital conditions to improve.

He said the interests of patients would be served best by appointing local authorities to oversee health matters.

Mandell said he failed to see the purpose of the administration committee if it was appointed by and comprised the "same people who were responsible for administering apartheid".

Dreyer also said that the current system in which more than half of the beds in the 370-bed hospital were reserved for private patients — mainly whites — was unfair.

Beds were still empty in the formerly whites-only private section, he said, while there was severe overcrowding in the free, formerly blacks-only, section. Extra beds had been wheeled into the free section "so that people don't have to sleep on the floor".

Dreyer said that if the number of beds reserved for private patients in the hospital were reduced to "around 20%" as the GHDCP demanded, specialist doctors "would not be able to earn a living and would leave".

Mandell said that Kahn was "not thinking straight" if he thought that specialists would accept having only 20% of Welkom beds.
OFs hospital desegregation probe called a whitewash

By Esmaré van der Merwe
Political Reporter

Goldfields anti-apartheid groups have dismissed as "a farcical white-wash" the provincial authority's investigation into the implementation of desegregation in State hospitals.

The Goldfields Hospital Desegregation Campaign Committee (GHDC) said at the weekend that the province-appointed committee had completed its task without consulting any anti-apartheid health-services bodies.

GHDC spokesman Dr Rheit Kahn said the investigation had been done in secret and the GHDC had not been consulted about conditions at provincial hospitals in Welkom, Virginia and Odendaalrus.

"The Nationalist Government is calling for multiparty talks, yet when it comes to dismantling apartheid, they want to do it themselves without any input from anti-apartheid groups," Dr Kahn charged.

National Health Minister Dr Rina Venter last month ordered all four provincial Administrators to investigate the implementation of guidelines on hospital desegregation. This was done largely as a result of the GHDC's efforts to expose discrimination at Goldfields hospitals.

Free State hospital MEC Roelf Dreyer said on Friday the committee which had done the investigation still had to write a report which would be submitted to the Administrator. He said a black nurse had served on the four-person committee. However, Dr Kahn said: "The black matron who served on the committee is well-known to be apologetic of apartheid practices and, in our opinion, was not representative of the black community."
The MINISTER OF JUSTICE

(1) (i) and (2) A Bill to amend the Internal Security Act, No 74 of 1982, has now been finalised and will be submitted during the current session of Parliament. A further announcement in this regard will be made soon.

Cape provincial hospitals: reductions in services

20. Miss M SMUTS asked the Minister of National Health:

(1) Whether any reductions in services were introduced at Cape provincial hospitals in March 1991 in order to effect savings; if so, (a)(i) what reductions and (ii) on what dates were they (aa) introduced and (bb) discontinued and (b) what total amount was saved as a result;

(2) whether any of these reductions are still in force; if so, (a) which reductions and (b) when is it anticipated that they will be discontinued?

The MINISTER OF NATIONAL HEALTH:

(1) Yes,

(a) (i) the cessation of the admission of non-emergency cases (in-patients).

The restriction of out-patient visits to specialists and academic hospitals.

The curtailment of certain specialist services and medicines.

The curtailment of contracted patient transport in the Cape Peninsula and the cessation of all out-patient transport services from the rural local hospitals to the Peninsula and the large specialist referral hospitals in the Port Elizabeth metropole, East London and Kimberly.

The intensive elimination of superfluous and duplicated services.

The curtailment of specific services to hospital personnel.

The cessation of subsidised and free personnel catering services.

(b) figures not yet available;

(2) yes,

(a) keeping unfilled posts vacant.

The curtailment of out-patient visits to specialists and academic hospitals.

The curtailment of certain laboratory services and special examinations.

The curtailment of patient transport and visits to specialists and

INTERPELLATION

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

Own Affairs:

*The CHAIRMAN OF THE HOUSE: Order! The interpellation which appeared on the Question Paper has been withdrawn in terms of a ruling by Mr Speaker that this matter is sub judice. We shall therefore proceed to deal with the questions for oral reply.

Mr FJ LE ROUX: Mr Chairman, I should just like to have the question of the interpellation rectified. The question was not withdrawn; Mr Speaker ruled that it was sub judice; that is why it is not on the Question Paper.

*The CHAIRMAN OF THE HOUSE: Order! I apologise. The word I actually intended to use, was “removed” and not “withdrawn”. The Hon the Chief Whip is correct.

*1. Mr S P van Vuuren—Agricultural Development. [Withdrawn.]

QUESTIONS

*Indicates translated version.

For oral reply:

Own Affairs:

Pre-primary schools: subsidies/admission

*1. Mr K M ANDREW asked the Minister of Education and Culture:

(1) Whether any pre-primary schools in the Cape Province received subsidies from his Department;

(2) whether there are any restrictions or other requirements affecting the admission of children who are not White to such schools; if so, what restrictions or requirements;

(3) whether any changes to such restrictions or requirements are being considered; if not, why not; if so, what changes?

The MINISTER OF EDUCATION AND CULTURE:

(1) Yes,

(a) model B;

(b) (i) the night of 31 January 1991

(ii) because the unrest situation could possibly have prevented pupils from reaching the school on the next day;

(c) the name given to my Department by the hon member;

(2) yes.

†Mr A GERBER: Mr Chairman, arising from the hon the Minister’s reply, I would like to know whether there is any connection between what happened at this school and the legislation which is currently being considered to introduce health inspections at school buildings and at school hostels.

†The MINISTER: Mr Chairman, the reply is no.

Agricultural schools: management board elections

*3. Mr A GERBER asked the Minister of Education and Culture:

(1) Whether his Department has directed that management board elections for agricultural schools in the Cape Province be called off; if so, why;

(2) whether his Department will itself nominate management board members for such schools; if not, what procedure will be followed in this regard; if so, why;

HOUSE OF ASSEMBLY
Hospitals ignore Rina over racism

By Esmare van der Merwe
Political Reporter

The Cape and Natal provincial administrations have openly flouted a request from National Health Minister Dr Rina Venter to investigate racism in provincial hospitals.

A Cape Provincial Administration spokesman said yesterday an investigation had not been ordered because hospitals were now fully desegregated.

And a Natal spokesman said "no formal request" to investigate desegregation policies had been received.

Dr Venter last month requested the four provincial Administrators to investigate the implementation of policy guidelines "regarding the orderly management of hospital patients". This followed disclosures of racism at Free State provincial hospitals.

The Free State subsequently appointed a four-man committee to investigate the matter, and last week announced it had completed the survey.

Transvaal hospital services MEC Fanie Ferreira yesterday said provincial guidelines were constantly evaluated and a specific committee to investigate desegregation had not been appointed.

Democratic Party health spokesman Mike Ellis described the provinces' lack of compliance with Dr Venter's request as "very very cheeky", and officials of the progressive National Medical and Dental Association (Namda) warned that the provinces' refusal to investigate the matter would delay full integration.

Dr Venter's office would not comment yesterday.

Professor Jerry Coovadia of the University of Natal's medical school said considerable progress has been made towards desegregated medical services in the major centres, but "to say that there are no problems in the province is absolutely absurd".

Namda's western Cape publicity secretary Dr Stan Levenstein said: "What assurances are there that each and every health centre has been desegregated? This insistence of a fine attitude is unsatisfactory. With health care in the state it is, it would only add insult to injury to neglect this matter."

Mr Ellis said it was "tremendously important" to find out what steps had been taken to desegregate hospitals, and described the provinces' refusal to comply with Dr Venter's request as "amazing".
only sub-division (2) of Question 14 can be answered.

(1) No. (We refer the Administration: House of Assembly) This question relates to Question 5 in the House of Assembly.

(2) Yes, the area in question was proclaimed a nature area in 1984. The nature area was not deproclaimed. On 6 August 1985 a permit for the use of land (75 ha) within a nature area was granted by the Department of Environment Affairs. A further permit for 50 ha was granted by the Cape Provincial Administration on 3 September 1990, this permit was issued because the changed land-use is more acceptable from an environmental point of view.

(3), (4) and (5) Vested in the Administration: House of Assembly.

Schools in Lindaleni area: transfer

*15. Mr R M BURROWS asked the Minister of Education and Training:

(1) Whether a decision was taken to transfer to his Department schools currently falling under the KwaZulu department of education in the area of Lindaleni near Durban; if so, (a) when, (b) by whom and (c) why;

(2) whether it is his intention to proceed with this transfer; if not, why not; if so, when will the transfer be effected;

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

The MINISTER OF EDUCATION AND TRAINING

(1) No.

(a) Falls away.

(b) Falls away.

(c) Falls away.

(2) No.

The area falls under the jurisdiction of KwaZulu.

(3) No.

HOUSE OF ASSEMBLY

Education renewal strategy

*16. Mr R M BURROWS asked the Minister of National Education:

(1) Whether he, his predecessor in his Department appointed an integration committee to co-ordinate recommendations and findings in regard to the education renewal strategy; if so, (a)(i) when was the committee appointed, (ii) who are its members and (iii) from which bodies and/or organisations were they appointed and (b) when is it anticipated that the integration committee will report;

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

The MINISTER OF NATIONAL EDUCATION

(1) The integrating committee was established by the Committee of Heads of Education Departments.

(a) (i) 6 August 1990.

(ii) The members are:

Dr J G Garbers (Chairman)
Dr J Biggau
Dr P H Bredekamp
Dr E H Davies
Prof J P de Lange
Prof J W Grobbelaar
Dr F L Knoetze
Dr R K Prins
Mr B Phillips
Mr W H Smit
Dr A G W Steyn
Prof J F Steyn
Dr H J Stone
Dr R H Stumpf
Dr S W Walters
Dr D H Wied.

(iii) The Education Departments, the Universities and Technikons Advisory Council, the Teaching Profession, the Private Sector; the Committee of University Principals, and the Committee of Technikon Principals.

(b) It is anticipated that the Integrating Committee will report to the relevant principal during the present session.

(2) No.

Lakehaven Children’s Home: placement denied

*17. Mr M J ELLIS asked the Minister of Planning, Provincial Affairs and National Housing:

(1) Whether the Natal Provincial Administration recently denied three children, whose names have been furnished to the Minister’s Department for the purpose of his reply, placement in the Lakehaven Children’s Home; if so, (a) when and (b) on what grounds;

(2) whether representations in regard to this matter were made to the said Administration by a certain social workers’ association in Durban, the name of which has also been furnished to the Minister’s Department; if so, (a) when and (b) what is the name of this association;

(3) whether the Administration has responded to these representations; if not, why not; if so, what was the response?

The MINISTER OF PLANNING, PROVINCIAL AFFAIRS AND NATIONAL HOUSING

(1) Yes.

(a) During November 1990.

(b) The Lakehaven Children’s Home is registered with the Department of Health and Welfare: House of Delegates and not with the Natal Provincial Administration. The Natal Provincial Administration has no jurisdiction over this home.

(2) Yes.

(a) November 1990.

(b) South African Black Social Workers’ Association Durban and the Society for Social Workers Durban.

(3) The associations were informed that the Lakehaven Children’s Home is registered with the Department of Health and Welfare: House of Delegates and not with the Natal Provincial Administration. The Natal Provincial Administration has no jurisdiction over this home.

The Administrator is empowered to execute the provisions of the Child Care Act.

Desegregation of hospitals

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

(1) Whether she laid down guidelines in May 1990 in regard to the desegregation of hospitals; if so,

(2) whether the Welkom Hospital is being desegregated in terms of these guidelines; if not, why not;

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

The MINISTER OF NATIONAL HEALTH

(1) The Health Policy Council approved a management model to manage hospitals. The purpose of the management model is to furnish superintendents with fixed guidelines in order to provide patients with all the means at the State's disposal.

(2) the situation at Welkom Hospital and at other hospitals are being evaluated according to these guidelines. I will discuss the matter at the next meeting of the Administrators Health Council;

(3) no.

Pretoria Minute: progress

*19. Mr D J DALLING asked the Minister of Justice:

(1) What progress is being made in giving effect to paragraph 7 of the Pretoria Minute of 6 August 1990 in regard to the (a) repeal of various sections of the Internal Security Act, No 74 of 1982, and (b) review of security legislation and its application in order to ensure free political activity;

(2) whether legislation arising from deliberations on the matters referred to above is to be submitted during the current session of Parliament; if not, why not; if so, when?

The MINISTER OF J U S T I C E

(1) No.

(B) South African Black Social Workers’ Association Durban and the Society for Social Workers Durban.

(3) The associations were informed that the Lakehaven Children’s Home is registered with the Department of Health and Welfare: House of Delegates and not with the Natal Provincial Administration. The Natal Provincial Administration has no jurisdiction over this home.

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The MINISTER OF NATIONAL HEALTH

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(2) whether legislation arising from deliberations on the matters referred to above is to be submitted during the current session of Parliament; if not, why not; if so, when?
THE neurosurgery ward of the Johannesburg Hospital has been closed while its only staff member has gone on leave, the dean of the University of the Witwatersrand medical school, Professor John Milne said this week.

The unidentified surgeon had been "over-worked for months".

He was the only person in the 20-bed ward.

Should the surgeon not return, the ward may have to close permanently.

Milne said while the Johannesburg Hospital is closed, patients have been transferred to Baragwanath Hospital and new patients needing urgent care would be admitted to Baragwanath Hospital which has a staff of one consultant and five registrars for 45 beds.

Patients who could afford it or who are on medical aid could be referred to private neurosurgeons, Milne said.

*Sowetan Reporter.*
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The amount for income per patient per day is estimates only.

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Monitoring for air pollution: Natal North Coast

Mr M J ELLIS asked the Minister of National Health:

(1) Whether any monitoring for air pollution in respect of a factory on the Natal North Coast, the name of which has been furnished to the Minister's Department for the purpose of her reply, has taken place over the past six months; if so, (a) with what regularity, (b) what were the findings and (c) what is the name of the factory concerned;
(2) whether any action has been taken against this factory; if not, why not; if so, (a) what action and (b) when;
(3) whether her Department has received any complaints relating to air pollution from organisations or individuals with regard to this factory; if so, (a) from what organisations or individuals and (b) what was the nature of the complaints.

B755E

B793E

The MINISTER OF NATIONAL HEALTH:

(1) (a) The Department of National Health and Population Development exercises control over noxious or offensive gases emanating from certain industrial processes, as prescribed by the Atmospheric Pollution Prevention Act, 1965. The factory in question however does not operate any scheduled processes and is therefore not subject to registration and monitoring in terms of this Act. Nevertheless, the Department has listed the factory on three occasions during the past six months in order to assess the situation.

(b) It was found that normal emissions from the factory could not readily cause ground level concentrations of any pollutant to be in excess of levels which are regarded as acceptable from a health point of view. Odours released on exceptional occasions such as during operational abnormalities, leaks or accidental spillages, may of course from time to time occur as is the case in other industrial areas, and

(c) Sanachem (Pty) Ltd;
(2) no action has been taken against the factory as the provisions of the Atmospheric Pollution Prevention Act, 1965 have not been violated. Furthermore, the low frequency of complaints does not indicate any nuisance of a public health nature;
(3) yes,
(a) Mrs Baney and Mr Baney (senior) and
(b) odours and alleged health effects as a result of air pollution.

Self-governing territories: employment opportunities created

Mr P G SOAIL asked the Minister of Development Aid:

(1) (a) How many new employment opportunities were created for Blacks in each employment sector in the self-governing territories (i) by the development corporations and other statutory bodies and (ii) through investment by (aa) South African and (bb) overseas companies in the 1990-91 financial year and (b) what was the cost per employment opportunity created in each of these sectors.

305. Mr P G SOAIL asked the Minister of Development Aid:

(a) How many new employment opportunities were created for Blacks in each employment sector in the self-governing territories (i) by the development corporations and other statutory bodies and (ii) through investment by (aa) South African and (bb) overseas companies in the 1990-91 financial year and (b) what was the cost per employment opportunity created in each of these sectors?

B793E

1 Not available.

2 Indirect, through the issuing of prospecting and mining rights to the private sector.
### HOUSE OF ASSEMBLY

**QUESTIONS**

Indicates translated version.

*For written reply:*

**General Affairs:**

**Hospitals: beds/wards not utilised**

285. Mr M J ELLIS asked the Minister of National Health:

> How many (a) beds and (b) wards were not utilised in 1990 in each hospital falling under the control of each of the provinces?

**Table:**

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Beds</th>
<th>Wards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discoverers' Memorial, Florida</td>
<td>20</td>
<td>1</td>
</tr>
<tr>
<td>Paardekraal, Krugersdorp</td>
<td>69</td>
<td>2</td>
</tr>
<tr>
<td>Pretoria West</td>
<td>36</td>
<td>1</td>
</tr>
<tr>
<td>South Rand</td>
<td>130</td>
<td>4</td>
</tr>
<tr>
<td>Sybrand van Nickerk, Carletonville</td>
<td>142</td>
<td>6</td>
</tr>
<tr>
<td>Vereeniging</td>
<td>40</td>
<td>1</td>
</tr>
<tr>
<td>Far East Rand, Springs</td>
<td>111</td>
<td>5</td>
</tr>
<tr>
<td>Warmbaths</td>
<td>36</td>
<td>1</td>
</tr>
</tbody>
</table>

NPA

The information is in respect of (a) beds and (b) wards not utilised for patient care:

**Table:**

<table>
<thead>
<tr>
<th>Hospital</th>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addington</td>
<td>110</td>
<td>4</td>
</tr>
<tr>
<td>Dundee</td>
<td>40</td>
<td>2</td>
</tr>
<tr>
<td>Estcourt</td>
<td>62</td>
<td>2</td>
</tr>
<tr>
<td>Port Shepstone</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
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</tbody>
</table>

**Non-Academic Regions**

<table>
<thead>
<tr>
<th>Beds</th>
<th>Wards</th>
</tr>
</thead>
</table>

Northern Cape Region

<table>
<thead>
<tr>
<th>Northern Cape Region</th>
<th>Beds</th>
<th>Wards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barkly West</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Colesberg</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>De Aar</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>Douglas</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Hartswater</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Kakamas</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Kimberley</td>
<td>53</td>
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<tr>
<td>Kuruman</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Nypoort</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Postmasburg</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>Prieska</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>Reivilo</td>
<td>7</td>
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<td>Upington</td>
<td>66</td>
<td></td>
</tr>
<tr>
<td>Vryburg</td>
<td>41</td>
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Eastern Cape Region

<table>
<thead>
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<th>Eastern Cape Region</th>
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<tbody>
<tr>
<td>Aliwal North</td>
<td>29</td>
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</tr>
<tr>
<td>Barkly East</td>
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</tr>
<tr>
<td>Bedford</td>
<td>23</td>
<td></td>
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<tr>
<td>Burgersdorp</td>
<td>24</td>
<td></td>
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<tr>
<td>Cathcart</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>Cradock</td>
<td>88</td>
<td></td>
</tr>
<tr>
<td>Elliot</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Fort Beaufort</td>
<td>4</td>
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</table>

*Information not available.*
### Hospital Costs

**Hospital Costs per Patient**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Laardfield</td>
<td>283.27</td>
<td>66.03</td>
<td>109.25</td>
<td>123.47</td>
</tr>
<tr>
<td>Lenasia</td>
<td>503.67</td>
<td>19.58</td>
<td>169.27</td>
<td>119.23</td>
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<tr>
<td>Louis Trichard Memorial</td>
<td>217.56</td>
<td>103.19</td>
<td>116.27</td>
<td>116.27</td>
</tr>
<tr>
<td>Lyndeburg</td>
<td>128.54</td>
<td>55.75</td>
<td>102.38</td>
<td>116.11</td>
</tr>
<tr>
<td>Natalpruit</td>
<td>105.26</td>
<td>50.20</td>
<td>108.15</td>
<td>39.33</td>
</tr>
<tr>
<td>Nic Bodenstein, Wolmaramstad</td>
<td>195.92</td>
<td>88.50</td>
<td>120.01</td>
<td>7.45</td>
</tr>
<tr>
<td>Nigel, Discoverers' Memorial, Florida</td>
<td>117.56</td>
<td>57.48</td>
<td>204.66</td>
<td>90.14</td>
</tr>
<tr>
<td>Pretoria West</td>
<td>111.56</td>
<td>32.32</td>
<td>69.00</td>
<td>13.27</td>
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</table>

### The Minister of National Health: OPS

#### Hospitals

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Beds</th>
<th>Wards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bloemfontein University</td>
<td></td>
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</tr>
<tr>
<td>National</td>
<td>659.62</td>
<td>83.00</td>
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<tr>
<td>Pelvonti</td>
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<tr>
<td>Grange</td>
<td>61.03</td>
<td>1.38</td>
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<tr>
<td>Bothaville</td>
<td>121.93</td>
<td>13.96</td>
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<tr>
<td>Bosbank</td>
<td>165.94</td>
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<tr>
<td>Calvin</td>
<td>30.8</td>
<td>4.04</td>
</tr>
<tr>
<td>Bekkersburg</td>
<td>105.45</td>
<td>24.29</td>
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<tr>
<td>Frankfort</td>
<td>105.40</td>
<td>14.34</td>
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<tr>
<td>Harth departments</td>
<td>106.41</td>
<td>18.78</td>
</tr>
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<td>101.90</td>
<td>11.83</td>
</tr>
<tr>
<td>Jagersfontein</td>
<td>93.02</td>
<td>11.89</td>
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<tr>
<td>Kroesendal</td>
<td>118.44</td>
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<tr>
<td>Voortrekker</td>
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<td>Ladybrand</td>
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<td>Orpendal</td>
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<td>24.86</td>
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<td>Parys</td>
<td>89.28</td>
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<td>Reich</td>
<td>91.18</td>
<td>9.66</td>
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<tr>
<td>Sossburg</td>
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<td>10.29</td>
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<tr>
<td>Senekal</td>
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<td>31.70</td>
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<tr>
<td>Smithfield</td>
<td>246.23</td>
<td>20.34</td>
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<tr>
<td>Virgin</td>
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<td>44.45</td>
</tr>
<tr>
<td>Vreden</td>
<td>83.83</td>
<td>7.13</td>
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<tr>
<td>Welkom</td>
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<td>6.04</td>
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<tr>
<td>Zaestr</td>
<td>89.12</td>
<td>2.55</td>
</tr>
<tr>
<td>TPA</td>
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<td></td>
</tr>
</tbody>
</table>

### General Information

- **Graaff-Reinet**: 37
- **Grahamstown**: 50
- **Hunsracht**: 10
- **King William's Town**: 76
- **Middelburg**: 51
- **East London, Frere**: 65
- **Fort Elizabeth, Port Elizabeth, Provincial**: 246
- **Queenstown**: 102
- **Somerset East**: 72
- **Steynsburg**: 29
- **Uitenhage**: 99
- **Umtata, Sir Henry Elliot**: 14

### Western Cape Region

- **Cape Town**: 113
- **Bredasdorp**: 222
- **Caledon**: 25
- **Calvinia**: 42
- **Ceres**: 15
- **Ceresvale**: 3
- **Ceresville**: 6
- **Garies**: 24
- **George**: 25
- **Hermanus**: 50
- **Hermanusberg**: 46
- **Kooskraal**: 18
- **Kranshoek**: 35
- **Malmesbury**: 58
- **Montagu**: 13
- **Mossel Bay**: 12
- **Oranjeville, Volksrust**: 14
- **Outshoorn**: 53
- **Pare**: 19
- **Pine Islands, Conradi**: 0
- **Porterville**: 0
- **Port Nolloth**: 11
- **Riversdale**: 2
- **Robertsfontein**: 23
- **Somerset West**: 9
- **Total**: 1262 beds, 1846 wards

### Northern Cape Region

- **Krugersdorp**: 60
- **Lephalale**: 75
- **Middelburg**: 11
- **Petrop-Port**: 11
- **Pretoria**: 217.96
- **Total**: 217.96

### General Information

- **Population**: 45,000
- **Hospitals**: 1262
- **Wards**: 1846
- **Total Beds**: 1262
- **Total Wards**: 1846

### Additional Information

- **HOSPITAL**: 1262
- **Total Beds**: 1262
- **Total Wards**: 1846
- **Total Population**: 45,000
- **Total Hospitals**: 1262
- **Total Wards**: 1846
- **Total Beds**: 1262
Bid to give local authorities more duties

The Ministers' Council, House of Assembly has in principle approved a plan to investigate the possibility of devolving certain own affairs primary health care services, previously provided by the Department of Health and Welfare, to local authorities.

This was announced in debate on the own affairs health vote by National Health and Welfare Minister Dr Rina Venter.

"I am of the opinion that we should now rationalise certain services provided by the department and where possible shift the execution of these services to local authorities."

This decision by the Ministers' Council proved its desire to take part in the constructive restructuring of health services in South Africa.

The investigation would be launched in the near future, Dr Venter said.

"This process of rationalisation must improve efficiency in health services." — Sapa.
Allegations of discrimination in the newly integrated Chamber of Mines hospital, Rand Mutual Hospital, have been strongly denied.

The Star was told that wards were not integrated, that redecorated, newly furnished wards were kept for whites while black patients were admitted to old wards with old equipment and that doctors attended to whites before attending to blacks.

The complainants said they had established that different food was served to white and black patients and that while white patients were supplied with glasses for water, black patients received mugs.

Senior general manager Dr Daniel Pollnow denied that discrimination was being practised.

The Star was invited to visit the hospital to see what had been achieved in the month since the Cottesloe Hospital — formerly for whites — had been closed and after which all patients were being admitted to the Rand Mutual.

He said two wards had been set aside for patients who fell in senior job categories. All wards had the same equipment.

"Admission to wards is strictly on seniority level — not on a racial basis. In terms of medical treatment and comfort there is no difference.

"It is absolute nonsense to say that doctors attend to white patients first. The doctors would regard an allegation of discrimination in terms of treatment as offensive. They attend to patients in order of need.

"The food served is also based on seniority of jobs. In the wards for senior staff, Western food is served while traditional food — in bigger portions — is served in the other wards. I believe this is according to patient preference. We are not yet in a position to give patients a choice," Dr Pollnow said.

"I think in four weeks we have gone quite a long way. We merged the two hospitals on March 22, and we learn as we go along," he added.
Private health

sector 'saturated'

Political Reporter

The authorities would have to look urgently at the further development of the private hospital sector, Dr Bina Venter said in the House of Assembly yesterday.

Speaking during the debate on the own affairs health vote, the Minister said the private health sector was already saturated.

She said President de Klerk had recently pointed out that the granting of licences to extend facilities or erect new facilities would now be the exception rather than the rule.

However, Dr Venter said she had been informed that about 80 applications for the erection of new private hospitals or independent theatre units had been made to the department.
BLACK patients are welcome at the once-white section of the Pietersburg hospital, but there is a catch.

Assistant superintendent Dr JZ Moolman said patients who had been at the black section before would have to fetch their files there and take them along.

This involves a round trip of about one-and-a-half kilometres before treatment.

Moolman also warned patients that doctors in that section were only available until 10am.

"If a patient has never been treated locally, he or she can just walk in and will be assisted.

"We however, have very few doctors available in this section as many patients are private and have their own doctors."

"Most doctors have been placed in the formerly black section where the influx of patients is much higher but the hospital is now open and you can come in anywhere," she added.

Moolman's comment followed allegations by a black teacher admitted to the "white" section that white nurses were racist. Moolman visited Mr Peter Mokonyama late on Tuesday to discuss the matter, Mokonyama told Sowetan yesterday.

Attitudes changed

He said attitudes had changed since then, with nurses coming into his ward to inquire if he needed anything "almost every 10 minutes".

The hospital, though open, remains practically divided, with Mokonyama the only black in the other section. There are no whites in the black section.
'Curb on private hospitals needed'

Owen Correspondent

Although less than a quarter of the South African population had some form of private health cover, an oversupply of private hospital beds was developing, the Minister of National Health, Dr Rina Venter, said in Pretoria yesterday.

The private sector could therefore not be allowed to expand its hospital facilities unchecked, she said at the opening of a symposium on private hospitals here.

Even the 23 percent of the population who were members of medical aid funds and their employers could not necessarily afford to pay for increasingly escalating medical costs, she said.

While about 70 percent of available hospital beds were in State hospitals, more than 80 percent of patients were dependent on the State for health care.

"These statistics are clear proof that an oversupply of beds for private patients is developing in South Africa and that the State will have to look very carefully at the building of further hospital facilities, both by the State and by the private sector," Dr Venter said.

For this reason, the Cabinet had, in November 1989, imposed a moratorium on the erection of State hospitals.

If the private sector was allowed to expand hospital facilities unchecked, it would result in a further lowering of bed occupancy in State hospitals and lower cost-effectiveness at these institutions.

It would also place strain on the available health care workers and lead to higher medical costs, Dr Venter said.

The Department of National Health was considering 80 applications for the erection of private hospitals, but would be able to approve very few of these.
Death drips: toll goes up to 35

by Joelyn Maker 2-91-89

At least 35 people - 29 babies and seven adults - are now believed to have died from allegedly contaminated intravenous drips supplied by the Johannesburg pharmaceutical company Sabax last year. This is the first time adults have been linked to the wave of child deaths which occurred over a nine-month period starting in January last year. The deaths occurred in hospitals as far apart as Cape Town and Durban.

Witwatersrand attorney-general Klaus von Lieres confirmed this week that he was investigating 27 deaths. But a Johannesburg lawyer representing families of alleged victims said there were 38 known deaths at about 13 hospitals throughout South Africa. Peter Soller said he was also representing the families of two babies who recovered from the Klebsiella virus, allegedly contracted after Sabax drips were used, and a Rooiport woman who survived a severe case of septicaemia.

Erupted

Laura Stevenson, 21, said she had been admitted to Park Lane Clinic with mild pneumonia while she was four months pregnant last July. "I was immediately put on a Sabax drip and told I would be in hospital for two days," she said. "But my condition deteriorated almost immediately and I was kept on drips for seven days.

"Then a healing wound on my foot erupted and started suppurating and I became desperately ill. My husband took me to the Flora Clinic and my whole body broke out in oozing ulcers."

Mrs Stevenson hovered between life and death for nearly a month, unable to speak, walk or eat.

"A doctor said I had septicaemia. Amazingly, my daughter was fine when she was born in November. I thought I had recovered from my ordeal, but the day after Christmas I suddenly became violently ill.

"I went back into hospital and had to have my spleen removed. The doctors said it was covered in the same ulcers that had just started healing on the rest of my body."

Mr Soller said unreported deaths believed to be linked to the Sabax drips included those of:

- Roland Castle, 33, of

LUCKY TO BE ALIVE - Laura Stevenson and daughter Alexandra

Granny Park, Cape Town, who died on July 10 last year in Somerset Hospital after being transferred from Groote Schuur with a suspected ulcer;

- Alexandra Faris, aged 13 months, who died on July 13 in Cape Town's Red Cross Hospital after being transferred from Panorama Hospital where she had been admitted with a high fever;

- Durban grandmother Jean Moore's 35-year-old daughter, who died in Edingon Hospital on January 24 from septicaemia;

- Mrs J Clayton, 67, of De Doorn, who died in Milpark Clinic on May 23 after being admitted for tests for a heart murmur;

- The 67-year-old father of Mrs E Lewis of Moroka who died on September 11 in Garden City Clinic after being admitted for hepatitis B;

- The 26-year-old brother of Mrs J Kuhne of Constantia Park, Pretoria, who died in Rosebank Clinic on September 2 after being admitted with mild pneumonia;

- A baby born to Mr and Mrs J Blacky, of Los Angeles, California, who died in Sandton Clinic on September 21;

- A twin born to Mr and Mrs S Kaba of Tembisa who died in Tembisa Hospital in September.

Yesterday, Don Bodley, chief executive of Sabax's parent company, Adcock Ingram, confirmed that both the Transvaal and Western Cape laboratories where the drip admixture known as K Cookstil was manufactured had been closed since last September.

Mr Bodley said yesterday that Sabax had never been told of any adverse reactions to drips in Cape Town or Durban, and declined to comment on the adult deaths, saying the matter was sub judice as he understood an inquest had been instituted.

Mr Von Lieres said he had not yet issued any instructions for inquests.

"I have received a letter from the attorney-general for a number of families giving me until May 7 to make up my mind about instituting proceedings."

"But I will not be pressured. We have police, medical and pathological experts investigating."

To Page 2
New deal for academic medics likely

Staff Reporters

The government has ordered an immediate investigation into the possibility of academic hospital doctors’ being allowed to have private practices to increase their incomes.

The inquiry was announced yesterday by the Minister of National Health, Dr Rina Venter.

It is also to review the position of non-academic medical staff employed by the state.

"The influence of the proposed measures on the doctors in private practice will be thoroughly investigated," Dr Venter said.

If doctors at academic hospitals are allowed to have private practices, it could avert the hospitals’ losing large numbers of highly qualified staff.

Medical and academic experts have warned that a large number could leave because of dissatisfaction over low salaries, particularly in relation to those in the private sector, and poor working conditions.

An exodus would jeopardise the hospitals' teaching role, they said.

Dr John Steer, editor of the Western Cape Branch of the Medical Association of South Africa's magazine, said last night that doctors welcomed the move since they had "great sympathy and understanding" for their colleagues at troubled academic hospitals.

The situation was "open to abuse", however, since a similar scheme had been available for professors more than 10 years ago but had been stopped when it was found they were neglecting their full-time work in favour of their private patients.
Whether there has been an increase in the fees charged at pre-primary schools under his control since 2 February 1990; if so, by what percentage in respect of each executive component of his Department?

The MINISTER OF EDUCATION AND CULTURE:

Cape: No.
Natal: Yes, 18.6%.
Transvaal: yes, at present fees vary between R4.50 and R5.88 per school day for 1 child. Remission of school fees is possible for children who qualify.

1 April 1991:

<table>
<thead>
<tr>
<th>Income group</th>
<th>Percentage increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>less than R6 000</td>
<td>144% for 1 child, 176% for 2 children, 192% for 3 children</td>
</tr>
<tr>
<td>R6 000 to R9 999</td>
<td>113% for 1 child, 125% for 2 children, 136% for 3 children</td>
</tr>
<tr>
<td>R10 000 and more</td>
<td>111% for 1 child, 115% for 2 children, 117% for 3 children</td>
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</table>

White State school pupils: per capita expenditure

Mr K M ANDREW asked the Minister of Education and Culture:

What was the per capita expenditure, including and excluding expenditure of a capital nature, on White school pupils at State (i) primary and (ii) secondary schools in the 1989-90 and 1990-91 financial years, respectively?

The MINISTER OF EDUCATION AND CULTURE:

*1989-90: (a)(i) R3 561 (b)(i) R4 103

*The SANEP system provides this data in connection with primary and secondary schools, concurrently.

18. MR T R GEORGE asked the Minister of National Health:

(1) Whether she will furnish statistics on the number of drug-related deaths that occurred at provincial hospitals in 1989 and 1990; if not, why not; if so, in respect of each such year, (a) how many (i) males and (ii) females of each race group died in each specified hospital and (b) in what age groups did they fall?

(2) Whether her Department has made any recommendations on combating drug abuse and rendering assistance in this regard, if so, what are these recommendations?

The MINISTER OF NATIONAL HEALTH:

(1) Yes,

Orange Free State:

1989:

<table>
<thead>
<tr>
<th>(a)(i) Men</th>
<th>(ii) Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indian:</td>
<td></td>
</tr>
<tr>
<td>White:</td>
<td></td>
</tr>
<tr>
<td>Coloured:</td>
<td></td>
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<tr>
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</table>

1990:

<table>
<thead>
<tr>
<th>(a)(i) Men</th>
<th>(ii) Women</th>
</tr>
</thead>
<tbody>
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<tr>
<td>White:</td>
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<tr>
<td>Coloured:</td>
<td></td>
</tr>
<tr>
<td>Black:</td>
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</tr>
</tbody>
</table>

No statistics in respect of drug-related deaths are kept by the other provincial hospitals.

(2) The Department of National Health and Population Development gives continuous attention to combating drug abuse. The activation and co-ordination of the implementation of the National Plan to Prevent and Combat Alcohol and Drug Abuse in South Africa is receiving urgent attention.

The Department of National Health and Population Development briefed the Cabinet Committee on Social Matters (CCSM) on the drug problem in South Africa; thereafter the CCSM appointed a task group to urgently attend to the handling of the drug problem in South Africa, with specific reference to aspects such as legislation, funding and the promotion of co-operation between relevant state departments.

Own Affairs:

17. MR W J DIETRICH asked the Minister of Housing:

(1) Whether, with reference to the office complexes and other buildings currently being used by the Administration: House of Representatives in George, Port Elizabeth, East London and Middelburg (Cape), he will furnish the House with the names of the directors of the companies mentioned in subparagraph (1)(g) of his reply to Question No 6 on 27 March 1991;
mental standards had been carried out and submitted to the Department.

(a) When the offers were considered during July 1988.

(b) The Regional Architect recommended the offer by Kapbro Industrial Complex (Pty) Ltd as the most viable proposition received.

Mr W J DIETRICH: Mr Chairman, may I ask the hon the Minister a supplementary question?

The MINISTER OF HOUSING: Mr Chairman, the hon member will have to put his question in writing because the matter is of such a technical nature that I am afraid I will not be able to answer him.

For written reply:

Own Affairs:

De Novo: statistics and details

21. Mr T R GEORGE asked the Minister of Health Services and Welfare:

(1) (a) What is the nature of the institution named De Novo, (b) what is its average annual intake of patients, (c) what kinds of treatment does it offer to patients and (d) (i) in respect of the latest specified 12-month period for which information is available, what percentage of the patients admitted was treated (aa) successfully and (bb) unsuccessfully and (ii) when is treatment regarded as having been successful;

(2) whether new clothes are issued to patients on being admitted to this institution; if not, (a) why not and (b) (i) what type of clothes is issued and (ii) how many items of such clothing are issued per patient;

(3) whether the personnel at this institution are required to read letters addressed to patients before handing them over; if not, what procedure is followed in this regard; if so, why;

(4) whether the patients are examined medically on a regular basis; if so, at what intervals; if not, why not;

(5) (a)(i) what forms of recreation are there for the patients at this institution and (ii) at what intervals are they available to patients, (b) what types of cutlery and crockery are provided and (c) what facilities are there for receiving visitors?

The MINISTER OF HEALTH SERVICES AND WELFARE:

(1) (a) A rehabilitation centre for alcoholics.

(b) 748 persons.

(c) Mainly social welfare. Also assessment, groupwork, individual interviews, occupational training under the aegis of the Western Cape Training Centre and health services.

(d) (i) (aa) 30%

(ii) When a person abstains from alcoholic drink for a period of one year.

(ii) 40%

(2) (a) Yes.

(b) (i) A complete uniform and sporting attire: This includes underwear, working clothes and “Sunday best”.

(ii) One pair per person.

(3) Yes. Regulation of the Rehabilitation Services Act: 1 of 1971. Regulation 11G prescribes that all incoming and outward mail should be scrutinised by an official.

(4) Yes. At the time of admission of the person and thereafter regularly as requested by the patient. Finally just before being discharged.

(5) (a) (i) Indoor and outdoor sports

(ii) Indoors: Daily

Outdoor: Twice a week

(b) Knives, forks, spoons, mugs and plates

(c) Visitor’s cubicles.

HOUSE OF DELEGATES

QUESTION

Indicates translated version.

For oral reply:

General Affairs:

Questions standing over from Tuesday, 16 April 1991:

Reservoir Hills: police station

*1. Mr K PANADY asked the Minister of Law and Order:

Whether he intends establishing a police station or a satellite police station in Reservoir Hills, Durban; if not, why not; if so, (a) when and (b) what are the further details in this regard?

The DEPUTY MINISTER OF LAW AND ORDER:

Yes.

(a) and (b)

As soon as a suitable site has been identified a temporary police station, which will operate from the Sydenham Police Station, will become operational in Reservoir Hills.

Social pensioners: means test

*2. Mr N JUMUNA asked the Minister of National Health:  

(1) Whether she intends dispensing with the means test for social-pension purposes in respect of persons over the age of 80; if not, why not, if so, when;

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

The MINISTER OF NATIONAL HEALTH:

(1) The means test is reviewed on every occasion when the adjustment of social pensions is considered. At present there is no intention to dispense with the means test totally for persons over the age of 80 years;

Bayview: police station

*3. Mr K CHETTY asked the Minister of Law and Order:

Whether he intends establishing a police station in Bayview, Chatsworth; if not, why not, if so, what are the relevant details?

The DEPUTY MINISTER OF LAW AND ORDER:

Yes, a temporary Police Station, consisting of prefabricated units, is at present being erected on the corner of Fairview and Turnstone Streets and will become operational as soon as possible. The station will function from the Chatsworth police station.

Mr K CHETTY: Mr Chairman, first of all I want to welcome the hon the Deputy Minister of Law and Order. This is his first visit to this Chamber since being appointed to his new portfolio. At the same time we want to put on record our sincere thanks to the hon the Minister for heeding our request by giving us the police station.

The CHAIRMAN OF THE HOUSE: Order! The hon member should ask a supplementary question.

The LEADER OF THE OFFICIAL OPPOSITION: Mr Chairman, arising out of the reply of the hon the Minister of National Health, is the hon she prepared to take the customs and the cultural habits of various communities in consideration in respect of the application of the means test?

The MINISTER OF NATIONAL HEALTH: Mr Chairman, the hon member may put forward the motivation which will be considered when the means test is reviewed in the future.
DOCTORS attending to the victims of the Soweto and Alexandra violence said yesterday that hospital facilities had been so stretched they were unable to cope with road accident victims.

A doctor said: “Under normal circumstances hospitals admit about 4% of priority one (seriously injured) patients. At the weekend that figure rose to about 50% and the hospitals just don’t have facilities to cope with that.”

A source from Johannesburg Hospital said if anybody had been involved in a car crash in central Johannesburg on Sunday, he would not have been admitted to the Johannesburg, Baragwanath, Edenvale, Tembisa or Hillbrow hospitals as those hospitals were “overwhelmed” by victims of violence.

Johannesburg Hospital superintendent Dr Trevor Frankish confirmed the hospitals were inundated by victims of the violence. “But I am not prepared to comment whether emergency patients would have been admitted to the hospital or not.”

Alexandra Clinic head Dr Tim Wilson said they had difficulty placing patients at the hospitals on Sunday. “When we phoned the hospitals to tell them we were sending patients to them, they told us not to as they were overloaded.”

Sandton Fire Brigade divisional officer Wynand Engelbrecht said the Johannesburg Hospital was able to admit patients they had sent there yesterday morning only after a “trauma ward” had been opened.

“We had 15 patients on Sunday night that we could not place at the hospitals. Hillbrow, Edenvale and Tembisa refused to admit patients we were sending to them. Baragwanath was the first to take our patients.”

Baragwanath and Edenvale hospitals denied patients were refused admission. Hillbrow and Tembisa hospitals could not be reached for comment.
Groote Schuur 'facing collapse'

By VIVIEN HORLIS, Medical Reporter

GROOTE Schuur Hospital, acclaimed internationally for its excellence and as the venue of the world's first heart transplant, is facing collapse.

This grim warning comes from Professor John Terblanche, one of South Africa's top doctors, who said senior medical staff were "dissatisfied" and many were looking for jobs elsewhere.

"For this to arise at the flagship hospital of this country is a disaster of national importance."

Professor Terblanche, president of the South African College of Medicine and head of the department of surgery at the University of Cape Town, said something had to be done "soon, today, without any delay" to save the Cape's teaching hospitals.

"Without aggressive action "the public will have eroded that their children and grandchildren receive Third World medicine rather than the excellent high class medicine now available."

Professor Terblanche was speaking at a Press conference today called by academics at the UCT medical school to highlight the "ghastliness" effect of the government's financial cuts to academic hospitals, particularly in the Cape.

Groote Schuur "was understaffed, underfunded and not provided with the necessary equipment," he said, and a demand for a cut in staff and services on top of that "must clearly lead to the collapse of our institution."

Among the effects of the latest cuts was that blind patients who had already waited a year for corticosteroid operations to restore their sight had had their operations postponed for another year.

Distant and far-reaching action was needed before leading medical schools lost more members crucial to the introduction of a new co-ordinated health care policy.

"Immediate interim action is needed which must be decisive to ensure that we retain all our key personnel and to indicate a long-term commitment in solving the problems."

"If action is postponed until that policy is fully debated, decided and eventually put into effect, the central resource — medical talent — required to do just that will no longer exist."

Professor Terblanche said the most highly qualified and talented personnel, on whose standards of medical service and health care were critically dependant, were most at risk.

Move overseas

"Many are internationally recognised in their field, and by frequent international travel are well aware of opportunities worldwide. Many are young enough to entertain a move overseas. If they do, they not only constitute a serious loss but their move makes it even more diffiult to attract replacements."

Professor Terblanche said it was incorrect to suggest that the Groote Schuur Hospital Group — which includes Red Cross Children's Hospital — was "overfunded and overspent."

He said: "No one would mind if the country was in such serious straits that all funding for teaching hospitals was being prorated throughout the country. This is not the case. Only the Cape hospitals are being cut."

According to the Hospital and Nursing Yearbooks, a patient at Groote Schuur cost a daily average of R400 in 1988/9, R501 at Tygerberg and R525 at Red Cross.

But the cost was a whopping R633 a day at the Universitas and National hospitals in Bloemfontein, R74 at the Johannesburg Hospital, R75 at Addington Hospital in Durban, and R75 at H F Verwoerd Hospital in Pretoria.

'Victim of own success'

Professor Terblanche said the Cape hospitals had become "victims of their own success." In a number of medical disciplines they had developed the sole service for South Africa and have become national resources which are not recognised and funded as such.

The Cape hospitals had also been forced to allocate "a substantial and increasing portion of their budgets and their personnel resources" to providing basic primary and secondary health care to some of the thousands of people flooding into the Western Cape.

"Such health services should be provided and budgeted for elsewhere," Professor Terblanche.
Operation cutback dooms the blind

By VIVIEN HORLER
Medical Reporter

BLIND people who have been waiting for a year for an operation to restore their sight at Groote Schuur Hospital, have to wait another year because of financial cuts imposed by the Department of Hospital Services.

In a letter to the SA Medical Journal, the head of the department of ophthalmology at the University of Cape Town, Professor Anthony Murray, and the head of the SA College of Medicine, Professor John Terblanche, said the postponements had serious implications for people who were "a burden to their families and to the State".

More than 1 500 people had cataract operations at Groote Schuur every year and the waiting list was about a year long.

"Because of the restrictions on routine surgery at Groote Schuur Hospital, the department recently cancelled all cataract surgery for a three-week period. The patients had their surgery postponed for a further 12 months."

The professors said in First World countries there was ideally one ophthalmologist for every 50 000 people. In South Africa there was one for every 180 000 people.

"The size of the department of ophthalmology at Groote Schuur is such that it handles more than twice as many patients as some other departments in this country. From the ophthalmic point of view, as well as in many other areas, the State does not appear to relate costs to services rendered."

The professors said that of the 217 000 blind people in the rural areas and national states, almost half were blind because of cataracts and 22 000 more people developed cataracts each year.

"Despite the fact that blindness due to cataract is remediable, because of the lack of ophthalmologists and surgical facilities in these areas, less than 10 000 will undergo surgery this year, leaving 127 000 with remedial blindness untreated."

"At this hospital ophthalmology consultants are already working way beyond the call of duty and worsening conditions will lead to their resignation and the gradual destruction of the department and training system, with disastrous implications."

"Unless this crisis is immediately addressed by health care authorities, it is highly likely that our department will disintegrate."
Big brain drain at hospitals looming

By GLYNNIS UNDERHILL

FINANCIALLY crippled Groote Schuur and Red Cross hospitals are facing a massive brain drain of top surgeons to private medicine and overseas posts.

The man who is trying to persuade his "totally despondent" staff from leaving is Professor John Terblanche, head of the department and division of surgery at the University of Cape Town, Groote Schuur Hospital and the Groote Schuur Hospital Teaching Group.

Further staff cutbacks at the hospitals could result in the partial closure or closure of all the surgical units, warned Professor Terblanche.

The financial ailments at both Groote Schuur and Red Cross had resulted in an unprecedented lack of morale, he said.

Professor Terblanche said the collapse of the teaching hospitals and the loss of key personnel to private medicine in SA and to the international medical community had to be stopped.

"The situation is disastrous. The state has to provide funding now," said Professor Terblanche.

Doctors at the teaching hospitals had to contend with deteriorating salaries that were not comparable to those in private medicine, he said.

A spokesman for Dr Jocelyn Kane-Berman, chief medical superintendent of Groote Schuur Hospital, said everything would be done to retain skilled doctors.

Another medical superintendent at Groote Schuur, Dr F Bowey, said the "cutbacks are serious and have left our people anxious. Morale is certainly lower than we would like it to be".

The situation at the Red Cross Children's Hospital was "even worse" than at Groote Schuur, according to Professor D Beatty, head of the department of paediatrics at Red Cross.

Dr Hannah Reiver-Saunders, chief director in charge of professional services at the Cape Provincial Administration's hospital and health services branch, said in a statement yesterday that she was aware of the concerns of the teaching hospitals.

"This office is doing everything possible to assist," she said.
Private ward for Conradie Hospital

Staff Reporter

The cash-strapped Conradie Hospital, where Foreign Minister Mr Pik Botha’s wife is under care, is to get a private ward — while much of the hospital remains in a state of decay.

The hospital, which incorporates the country’s leading spinal unit, has had its 1991/92 budget cut by 10%.

Mrs Helena Botha was admitted to the spinal unit last month after a freak accident at her Newlands home, which led to her husband cancelling his European trip with President F W De Klerk.

Hospital sources say wards have roofs which “leak like sieves”, flaking paint and loose linoleum on the floors.

A Cape Provincial Administration (CPA) spokesman said some, but not all, of the roofs would be repaired in the coming months.

Meanwhile, the spokesman said: “Ground work at the new spinal unit ward has begun and the two-patient private ward should be completed and ready to use in about a month.”

The ward could be used for isolating people with infectious diseases or to house patients who needed high security, the spokesman said.
PRIVATE TAX TO TRAIN DOCTORS

PRIVATE hospitals could be asked to pay a special tax to fund academic medicine and the training of nurses in teaching hospitals, if state funding continues to be slashed.

The stern warning has come from Professor John Terblanche, president of the South African College of Medicine.

"We are lurching from crisis to crisis," he said. "And if academic medicine collapses and our medical schools just don't have the funds to attract top academics to train doctors and nurses, the training will become a corpse that will be extremely difficult to revive."

He said private hospitals and clinics were responsible for "stealing" nurses from training hospitals as they did not train nurses themselves.

"You can't blame the nurses for wanting to earn more," he said.

"The state cannot compete with the salaries offered by private hospitals."

"But private hospitals and clinics could be taxed and the money earned from the tax could go back to the training institutions."

Professor Terblanche said that in the old Groot Schuur Hospital there had been 30 beds available for surgical patients but, because nurses trained in intensive care had been "stolen" by the private hospitals, there were now only six.

The state, he said, was forcing cuts to budgets which had already been cut the bone and in effect by so doing "punishing success". If the situation continued, the practice of medicine in South Africa would drop from First World to Third World standards.
Cape Town — Apr 18

collapse — top S'A doctor
Croote Schuur on brink of

"The Star" Monday May 6 1991
Blind wait years for vital operations

Own Correspondent

CAPE TOWN — Blind people who have been waiting for a year for operations at Groote Schuur Hospital to restore their sight will have to wait another 12 months due to financial cuts.

In a letter to the SA Medical Journal, Cape Town University ophthalmology department head, Professor Anthony Murray, and SA College of Medicine head, Professor John Terblanche, warn that the postponement of the operations have serious implications.

About 1,500 people had cataract operations at Groote Schuur every year and the waiting list was another year long.

In the First World there was “ideally” one ophthalmologist for every 50,000 people. In South Africa the ratio was one for every 180,000 people.

The professors said that of the 217,000 blind people in the rural areas and national states, almost half were blind because of cataracts, and 22,000 more people developed cataracts each year.

“Despite the fact that blindness due to cataract is remediable, because of the lack of ophthalmologists and surgical facilities in these areas, less than 10,000 of these patients will undergo surgery this year, leaving 127,000 with remedial blindness untreated.

“At this hospital ophthalmology consultants are already working way beyond the call of duty, and worsening conditions will lead to their resignation and the gradual destruction of the department.

“Unless this crisis is immediately addressed by health care authorities, it is highly likely that our department will disintegrate and its essential services will cease.”
Baby deaths probe over

Strikes in hospitals have always been an emotive and highly charged issue. Now, after a series of lengthy hearings, a commission of inquiry will report its findings on the deaths of babies at GaRankuwa hospital during a strike by staff. The commission will also consider whether there was any criminal responsibility. By PAT SCHWARTZ.

Could the deaths of any or all of 23 babies in the neonatal ward at GaRankuwa Hospital in April 1990 be attributed to the eight-day strike which was taking place at the time?

This is one of the questions which members of a commission of inquiry headed by Mr Justice P M Cillie will answer when they deliver their report to the Administrator of the Transvaal Province after a series of lengthy hearings which began last June.

Other questions they have been called on to consider are why the strike occurred and whether there is any criminal responsibility.

In the months since the commission began, the commissioners have heard evidence from hospital workers, members of the National Education, Health and Allied Workers' Union (Nehawu), who had begun canvassing for members at the hospital, from nurses, doctors, hospital officials, including superintendent Dr Louis van Heerden, and from labour experts, including Professor Nic Nienaber and Medunsa's Professor Werner Coertze.

Evidence was led about the reasons for the strike, the conduct of the strikers, the behaviour of the police and conditions at the hospital during the strike, as well as on the question of whether the strikers could be held responsible for the babies' deaths.

Ripples from the commission's decision will spread far beyond GaRankuwa Hospital.

The industrial and human relations issues on which the commissioners have been asked to make findings could have an impact upon the perennial question of the morality of strikes by public service workers, especially those involved in emergency services.

At the same time they bring to the fore the necessity for the establishment of effective grievance procedures.

One of the major problems to emerge during the hearings was the allegedly inadequate grievance procedures in the Transvaal Provincial Administration and what was attacked by the workers as an antiquated atti-
The Wyoming Constitution, Article 1, Section 11, provides that "No person shall be deprived of life, liberty, or property without due process of law." This provision is fundamental to the protection of individual rights and freedoms.

Due process of law requires that the government follow procedures that are fair and transparent. These procedures include:

1. Notice: The government must provide fair notice of the charges or actions against the individual.
2. Hearing: The individual must have an opportunity to be heard in their defense.
3. Impartiality: The decision must be made by an impartial judge or arbitrator.
4. Right to counsel: The individual must have the right to be represented by counsel if they are unable to pay for their own representation.
5. Right to cross-examine: The individual must be able to cross-examine witnesses against them.

In the absence of proper due process, the government may infringe upon individual rights and freedoms. Therefore, it is essential that the government follow these procedures to ensure that individual rights are protected.

The importance of due process of law cannot be overstated. It is a cornerstone of a free and democratic society. Without due process of law, the government could arbitrarily deprive individuals of life, liberty, or property, leading to a loss of trust and confidence in the government.

In conclusion, the Wyoming Constitution, Article 1, Section 11, guarantees due process of law to all individuals. This provision is a fundamental safeguard for individual rights and freedoms and ensures that the government follows procedures that are fair and transparent.

Reference:

Wyoming Constitution, Article 1, Section 11.
Meiring issues warning to hospital ‘alarmists’

By ESANN von RENSBURG
Staff Reporter

ALARMISTS have to stop their counter-productive messages of disaster concerning Cape hospital services, Cape Administrator Mr Kobus Meiring said today.

He was addressing the Breakfast Club, a forum for businesspeople, on issues concerning the Cape.

"I want to advise the prophets of doom rather to expend their energy on promoting the cause of hospital and health care services.

"To try to create a psychosis that institutions such as Groote Schuur and Tygerberg hospitals are going under, is irresponsible. I appeal to them to come to their senses," he said.

The Cape's hospital and health services were the best in the country and on the continent and academic hospitals were definitely not facing collapse.

Mr Meiring said matters were being complicated by alarmist cries, especially from the hospitals.

"No one is denying the Cape Provincial Administration is struggling financially and that we find it extremely difficult to maintain the standard of service of the past."

But now was not the time to panic and the alarmists should seriously think about their "unnecessary and incorrect" behaviour, he said.

Referring to the increasing urbanisation of the population and population growth, he said they were the greatest challenges facing the Cape in the years ahead.

"Poor black people are streaming to the urban areas and there is a desperate shortage of job opportunities."

Mr Meiring said urbanisation management was "hopelessly too fragmented" and the "government machinery runs too slowly to fulfill the existing needs."

Plans to solve the problems rarely materialised and people were becoming increasingly frustrated, to the detriment of society.

He said negotiation between all parties was the key to the best possible decision-making, but negotiations could not go on for an undetermined length of time.

"In our desire to be reasonable, we dare not postpone our decision until a once manageable situation has become a crisis."
Hospitals 70% effective — MRC

ONLY 70% of the time spent by patients at medical hospital was justified, a Medical Research Council (MRC) research centre has found.

The Centre for Epidemiological Research in Southern Africa (Cersa) investigated the effectiveness of hospital use at an unspecified academic hospital, the MRC said in its annual report, which was tabled in Parliament last week.

“From this it appears that 70% of the time which patients spend in hospital is justified.

“The time spend unnecessarily in hospital could be reduced slightly by better planning of discharge procedures and more health care facilities in the community.

“The investigation has also exposed a pattern of routine nursing care which is not directed at those who need it most.
Deaths by intravenous drips: investigation

*4. Mr A E DE WET asked the Minister of Health Services:

(1) Whether she or her Department has been informed of the deaths of approximately 27 persons that were allegedly caused by intravenous drips; if so,
(2) whether an investigation is being made into these deaths; if not, why not; if so, what progress has been made;
(3) whether any action is being taken against the company responsible for the manufacturing of these drips; if not, why not; if so, what action?

The MINISTER OF HEALTH SERVICES:

(1) The Department of Health Services and Welfare: House of Assembly, became aware of the outbreak of a neonatal infection and death of seven babies on 28 August 1990 at the following private hospitals: Park Lane Clinic, Morningside Clinic and Garden City Clinic. (G8)

(2) The Department of Health Services and Welfare: House of Assembly investigated the deaths and all relevant documents were forwarded to the Attorney-General, Witwatersrand Local Division. The Attorney-General submitted all the clinical information submitted to him to a panel of experts which, at his request, was organised by the Department of Health Services and Welfare, Administration: House of Assembly, to decide if the babies in fact died from unnatural causes. The Attorney-General will make a decision as soon as all the reports have been received and studied and the police investigation has been finalised.

(3) The company responsible for the manufacturing of these drips voluntarily closed the production facility concerned. The Attorney-General is considering amongst others, the question whether any penal responsibility exists in respect of any medical practitioner, institution or any other party because of the death of the persons.

For written reply:

General Affairs:

Customs Union Agreement: amounts paid over

330. Mr K M ANDREW asked the Minister of Finance:

(1) What amounts were paid over to (a) each of the independent Black states and (b) (i) Botswana, (ii) Lesotho and (iii) Swaziland in terms of the Customs Union Agreement in the 1990-91 financial year;
(2) what was the balance that accrued to the Republic of South Africa?

The MINISTER OF FINANCE:

(1) (a) Transkei R502 084 000
Bophuthatswana R698 418 000
Venda R 99 580 000
Ciskei R265 989 000

The MINISTER OF EDUCATION AND CULTURE:

(1) (a) 16 261
(b) 942
(iii) 7 343
(b) 17 203
(2)* (a) 650
(b) 1 379
(c) 2 680
(d) 2 278
(c) 356
(f) 0
(g) 0
(3)**(a) 9 335
(b) 5 858
*Only candidates entered for matriculation examination.
**Higher, standard and lower grade candidates included.
null
Health changes

THE South African health system is to be restructured on a non-racial basis.

The provincial administrations will lose control of the country's seven top academic hospitals and local authorities will be given full control of primary health care.

The change was in tandem with the phased dismantling of statutory apartheid, the Minister of National Health and Population Development, Dr Rina Venter, said in Parliament yesterday.

Venter also said many of the functions of the country's top hospitals would have to be rationalised to cut costs. Implementing the new system would begin as soon as investigations were complete.
Children's hospital needs urgent state aid, says DP

Political Correspondent

URGENT government intervention was necessary to maintain the high level of services at the Red Cross Children's Hospital, the only hospital for children in southern Africa, said Democratic Party health spokesman Mr. Mike Ellis.

Speaking in the health budget debate yesterday, Mr Ellis said the hospital played a unique role in providing highly specialised care for sick children from within South Africa and outside the borders, providing primary care to children in the Western Cape and training for health personnel involved with caring for children.

"In spite of the increasing workload there has been no increase in staff for five years. Staff complements are such that in January 1991, five medical intensive care beds out of the 12 available had to be closed.

As a result critically-ill children were nursed in general wards.

"The hospital has now been forced to freeze any vacant post and told to decrease the staff complement by 10 percent in one year.

"The hospital budget has not increased in real terms for at least five years. Now portions of the budget have been cut by up to 45 percent for this financial year. Consumables, such as syringes, needles and medicines, must be cut by 35 percent."

Mr Ellis said at least R15-million to R20-million would be needed, in addition to the budget, to maintain services at 1990 levels.

"The hospital is doing its utmost to run as efficiently as possible. Services are being rationalised where possible. Members of the hospital staff are exploring every possible avenue to ensure that the sick children will receive the best possible care in the circumstances."

But Mr Ellis said it was clear that intervention was "urgently required" to ensure the health of children served by the hospital was maintained.
Health sector changes seen as shot in the arm

Generalissimo Dr. Eulogio T. Rodriguez, Jr., in his address to the nation, expressed his concern over the state of the country's health care system.

"We are facing a critical situation in our health sector," he said. "We have a problem with the quality of care provided by our hospitals, and the government must take action."
The MINISTER OF THE BUDGET AND AUXILIARY SERVICES:

(a) The estimated cost of administering each Department is tabulated hereunder:
   (i) Department of Budgetary and Auxiliary Services: R833 800
   (ii) Department of Housing: R919 300
   (iii) Department of Education and Culture: R1 622 900
   (iv) Department of Health Services and Welfare: R739 200
   (v) Department of Local Government and Agriculture: R727 900

The expenditure figures are, however, not final as the books of the Administration is expected to be closed in July 1991.

(b) The number of personnel, including Ministers, involved in the administration of each Department is as follows:
   (i) Department of Budgetary and Auxiliary Services: 15
   (ii) Department of Housing: 7

Free text/prescribed books: cost
27. Mr M RAJAB asked the Minister of Education and Culture:
   What was the cost of providing free textbooks and prescribed books in (a) primary and (b) secondary schools under the control of his Department in the latest specified financial year for which information is available?

The MINISTER OF EDUCATION AND CULTURE:
Figures available for the latest financial year (1990/91) are as follows:
   (a) R2 603 238
   (b) R4 276 219.

HOUSE OF REPRESENTATIVES

QUESTIONS

†Indicates translated version.

For oral reply:

General Affairs:

Murder in Bethelsdorp: SAP investigation

*1. Mr W J DIETRICH asked the Minister of Law and Order:
   (i) Whether the South African Police are conducting an investigation into the alleged murder of two persons, whose names have been furnished to the Police for the purpose of the Minister's reply, near Damascus Farm in Bethelsdorp on or about 5 September 1990; if so, (a) what efforts were made initially to solve the alleged murders and (b) what are the names of the persons involved;
   (2) whether any progress has been made in this investigation; if not, why not; if so, what progress;
   (3) whether it is his intention to (a) offer a reward and/or (b) call in the assistance of the mass media in an effort to solve this case?

C109E

†The MINISTER OF LAW AND ORDER:

(1) Yes.
   (a) The South African Police made every effort and used all the means at their disposal to solve the case. They made use of, inter alia, local newspapers, Radio Algoa, Dossier and the Police helicopter to trace the accused.
   (b) Wilfred Emmanuell Holburn, and Jennifer Lorgat.
   (2) No, because all attempts made so far to trace the accused have been fruitless.
   (3) Yes.

†The MINISTER OF NATIONAL HEALTH:

(1) The Algoa Chest Hospital is owned by a private hospital group, namely Life Care. There is no knowledge of an intention to close this hospital. The original contract between Life Care and the Provincial Administration of the Cape of Good Hope was terminated with effect from 1 June 1991 by the Administration of the House of Assembly due to escalating tariffs;
   (2) the patients for whom the CPA is responsible, will be admitted and treated at SANTA institutions at considerably lower cost;

C109E

†The CHAIRMAN OF COMMITTEES: Order! Now that the questions on the Question Paper have been dealt with, I wish to make the comment that hon members place questions for reply by Ministers on the Question Paper, they must see to it that they are indeed in the House when the questions are replied to. It is an
enormous task to go through the questions thoroughly and reply thereto.

Mr P A S MOPP: Mr Chairman, may I address the Chair in this regard? The hon member for Bethelsdorp is in his constituency with leave.

QUESTIONS

Indicates translated version.

For written reply:

General Affairs:

South African banks: safe cover

246. Mr L F STOFBERG asked the Minister of Finance:‡

(1) What percentage of liquid assets in proportion to total liabilities is considered by his Department to be safe cover for South African banks;

(2) whether his Department intervenes when this percentage appears to be unfavourable; if not, why not; if so, at what stage;

(3) whether his Department protects the public by supporting banks financially when problems arise as a result of recessionary circumstances; if so, what amount was made available for this purpose during the latest specified period of 12 months for which information is available; if not, why not;

(4) whether his Department is considering protecting the public in the above-mentioned way in future; if so, what minimum amount will be made available for this purpose?

The MINISTER OF FINANCE:

(1) Article 72(1) of the Deposit Taking Institutions Act, 1990, stipulates that regulations (for which the approval of the Minister of Finance is necessary), may prescribe liquid assets equal to a maximum of 20% of a deposit taking institution’s various categories of liabilities. The liquid asset requirement is currently 20% for deposit taking institutions’ short-term liabilities, and this figure can be taken as an indication of the level of protection that the Registrar of Deposit Taking Institutions regards as relatively safe.

Liquid assets presently fulfil a business management function and are no longer applied for monetary policy objectives (as was previously the case in terms of the Bank Act, 1965, as amended).

It should be added that capital requirements for deposit taking institutions, which is related to their asset risk profile, rather than the liquid asset requirement, is regarded as the primary solvency requirement.

(2) The bank supervisory function is carried out by the Registrar of Deposit Taking Institutions, who has the legal authority to take action in those instances where the prescribed liquid asset requirement is not adhered to. Such action, which is taken immediately if liquidity requirements are not met, is determined strictly by market factors, the circumstances of the institution involved and the temporary or permanent nature of liquidity problems. The Registrar is also empowered, in special circumstances, to permit a deposit taking institution to encumber its liquid assets and, temporarily to maintain less in liquid assets than prescribed.

A deposit taking institution not complying with the liquid asset requirement, which does not necessarily imply that it is experiencing liquidity or solvency problems, will have to explain this and will be instructed to rectify the matter. It should however be emphasised that, by means of the new statutory returns, the liquidity position of all banks is closely monitored in order to ensure that timely and appropriate corrective action is taken.

(3) As with all other private-sector institutions in the South African economy, banks are subject to the discipline imposed by market forces. Neither the Department of Finance nor the South African Reserve Bank can therefore legally bind itself to protect banks in cases of poor management or in times of recession. This would only lead to an inefficient banking system.
Higher occupancy levels at Medi-Clinic's hospitals enabled the Rembrandt Group's hospital services subsidiary to lift attributable profits 10% to R21.9m for the year ended March.

Medi-Clinic has disclosed earnings of 12.9c (11.8c) a share of which a final dividend, marginally down on the previous year of 2.5c (3c) a share has been declared. However, the combined interim and final dividend of 4c a share exceeded 1990's total dividend payout by 33%.

While turnover was not disclosed, the company has indicated a 40% increase on the previous year's revenue. Income at operating level showed growth of 52% to R24.7m (16.1m).

The company was able to negotiate higher tariffs from the Representative Association of Medical Schemes (Rams) last year.

Despite the strong growth on the pre-tax level, a tax bill of R7.45m at 26% reduced income available for distribution to R21.7m from R19.9m the previous year at which stage no tax was payable due to start-up losses incurred.

Van Wyk said a new hospital was being built in Stellenbosch which was expected to be completed by May next year. Medi-Clinic's seven hospitals showed improved occupancy levels for the 1991 trading year.

Van Wyk noted that earnings were expected to improve further for the current financial year.
Administrative autonomy for the seven academic hospital complexes, comprising 13 hospitals in all. Own affairs health services, effectively brushed aside when hospitals were opened to all last year, continue to exist in statute only. Venter argues that legislation would be needed to scrap the own affairs departments, and besides, she says, own affairs are currently allocated only 8% of total health spending.

In that case government critics may well ask why it's necessary to continue paying two own affairs Ministers — Chris April in the House of Representatives and Baldeo Dookie in the House of Delegates — R187 000 a year each plus official residences and motor cars, and the infrastructure to keep their offices running, when they're clearly redundant.

Democratic Party's Colin Eglin showed earlier this month that government can in fact take administrative steps to effectively dismantle the own affairs system without having to amend the constitution.

Venter, however, is understandably more concerned with implementing the new strategy than debating the merits of own affairs. The plan provides for national health policy to be determined by government in consultation with organizations involved in health services.

Academic hospitals — previously under provincial control — will become autonomous, each under a manager and supervisory council. Funds allocated by the State will be controlled by the council.

Provincial authorities will continue to control regional hospitals. Management autonomy is envisaged in the longer term, says Venter.

She has also ordered an investigation, the results of which she wants within three months, into the feasibility of doctors at State hospitals supplementing their salaries through limited private practice.

Primary health care, currently controlled and administered by six different authorities — the three own affairs departments, the provinces, local authorities and the national Health Department — will be taken over by local authorities.

Where necessary the provinces will assist with phasing in local control, and in areas where local authority administration of primary health care is impossible — such as some black townships where most administration has effectively collapsed — the provincial authorities will render the service while simultaneously working towards the re-establishment of local authority control.

Venter says the "democratisation" of health services will increasingly involve local communities in the planning and development of their own services.

The State will help fund primary health care on a formula currently being developed. Some of the money that will become available through the reduction of strategic stock piles will be allocated to primary health care services.

HEALTH FM 17/5/91

GETTING BETTER

Health Minister Rina Venter concedes that government faces an uphill battle in rehabilitating SA's crumbling public health services, but at least she's made a start.

The restructuring of health services she announced this week will streamline administration and — it is hoped — ensure the more effective use of limited financial resources.

On paper the plan is perhaps the boldest step government has taken so far to prepare the health services for the new SA. It cuts across current racial and ideological divisions by providing the framework for:
- Nonracial "democratic" control of primary health care at local government level;
- Control by the provinces of regional hospitals organised on the basis of the country's nine development regions which include the non-independent homelands; and

Venter ... a healthy start
Only two hospitals integrated on Reef

OF THE six major hospitals on the Reef only two have so far integrated all of their facilities in terms of recent government legislation.

A spot check conducted by Business Day last week revealed J G Strijdom and the Johannesburg Hospital were almost fully integrated, with patients of different colour lying next to each other in some wards.

Two other hospitals — the Edenvale Hospital and Pretoria’s H F Verwoerd — were partially integrated.

However, the Boksburg-Benoni hospital appeared to be fully segregated on classic apartheid lines.

A large sign at the main entrance of this hospital directed “coloureds, Indians and blacks” around the side of the main hospital building.

There was a separate casualty department for blacks, and there appeared to be separate wards and ambulances, although the receptionist at the “European” section of the hospital said that people of different race groups could go “anywhere” in the hospital.

Donors’ conference planned to aid exiles

THE National Co-ordinating Committee for Repatriation (NCCR) is planning a donors’ conference in Geneva to assist funding the return of SA exiles.

A six-man delegation, which will include members of the ANC, the PAC, Azapo and the NCCR, leaves today to meet the UN High Commissioner for Refugees (UNHCR).

The delegation would also meet representatives of the World Council of Churches and other “non-governmental” organisations, the NCCR said.

The areas on the “black” side of the hospital were ill-lit and very crowded, with long lines at the dispensary and at the different consulting rooms.

The corresponding area in the “European” building was virtually empty, with seven patients waiting for treatment, including one Indian man.

The Boksburg hospital authorities refused to comment on the findings.

A sample of 420 patients on the patient list at the H F Verwoerd Hospital, which classified the patients by racial group, revealed 302 whites, 98 coloureds and 20 blacks.

This was described by one coloured patient as “a major improvement considering the name of this hospital.”

Some sections of the J G Strijdom Hospital were split into different rooms for white and black patients, although other wards were fully mixed.

No white patients were spotted in Johannesburg’s formerly coloureds-only Coronation Hospital.

The purpose of the visit is to assess the progress of the UNHCR and government on amnesty for SA exiles.

Delegates will try to work out the nature of NCCR-UNHCR co-operation in the repatriation programme and prepare for the conference.

The delegation will be led by NCCR national co-ordinator Mankwelo Mahlangu-Ngcobo.

The group will return to SA on Friday.
Rand hospital 'still segregated'  

Own Correspondent  

JOHANNESBURG. — Of the five major hospitals on the Reef, only two have so far integrated all of their facilities in terms of recent government legislation.  

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The Boksburg hospital authorities refused to comment on the findings.
Families may go to court over 'drip deaths'

By Helen Grange and Abel Mabelane

Parents of infants believed to have died because of contaminated intravenous "drips" may launch court action to compel Witwatersrand Attorney-General Klaus von Lieres und Wilkau, SC, to decide on judicial proceedings to be taken.

Peter Soller, the attorney representing the families of eight adults, two toddlers and 24 infants who died, said yesterday he was canvassing his clients on whether they wanted to take the matter to the Supreme Court in the light of Mr von Lieres' "failure to respond to my correspondence".

Mr Soller said he had given Mr von Lieres until May 7 to decide whether or not to prosecute individuals or institutions as a result of the deaths. The deadline had come and gone without word from the Attorney-General.

Assurance

"Mr von Lieres has to decide whether to institute prosecutions or whether to refer the matter to the Magistrate's courts for inquest hearings into the deaths."

"He can't sit back and hold on to the matter. I have had phone calls every day from families asking me why justice isn't being done."

Mr von Lieres, who could not be reached for comment yesterday, gave an assurance earlier this month that investigations would be completed by the middle of the year.

He said that proof had to be established to indicate death by unnatural circumstances before he could decide on prosecutions or inquests.

"Our investigations are continuing and progressing very nicely. The investigations have to be concluded by the middle of this year," he said earlier.

Sabax, the company which produced the drips, has stated it will continue to cooperate fully with investigations.
We don’t treat blacks, clerk tells employer

By Shareen Singh

A black worker was refused treatment at the Sandton Clinic’s emergency unit this week because the clinic “did not accept blacks”, a clerk at the hospital told the worker’s employer.

Restaurateur John Duffy, who rushed his chef to the clinic for stitches after he cut his hand while on duty, said he was horrified at the “blatantly racist” response he got from a hospital clerk.

“He did not even try to make an excuse but boldly said they did not take blacks.”

The clerk called a nursing sister, who also insisted that the hospital did not treat blacks.

Mr Duffy said he had told the clerk he would “pay cash upfront” for treatment but it made no difference.

Sandton Clinic public relations officer Sonja Velleman said the clinic was completely non-racial and the staff who spoke to Mr Duffy were definitely out of line. The matter would be investigated, she said.

The problem did not end at the Sandton clinic. Mr Duffy took his employee to the Johannesburg Hospital, which referred him to JG Strijdom Hospital because it was an industrial accident. From there he was in turn referred to Main Reef Hospital where his hand was stitched after several hours.

JG Strijdom hospital is also investigating the circumstances of the referral.
Supply, demand ‘to dictate gold price’

PRODUCERS and traders in gold may do their best to forget the metal’s poor performance in 1990, but Gold Fields Mineral Services’ (GFMS) 1991 gold survey, released yesterday, suggests that 1990 may turn out to be the year when gold demand began inexorably to overtake supply.

Gold analysts agree, supported by industry leaders and Anglo American gold division chairman Clem Suter, that now as never before the laws of supply and demand will dictate the price of gold and the health of South Africa’s biggest mining industry.

The survey said that the momentum of the increases in gold production in the last decade, which analysts have blamed for the demise in the gold price, looked set to continue for years, at first sight.

Gold mine production in the US and Australia rose by 11% and 13% in 1990 to reach record levels of 285 tons and 241 tons respectively. Gold sales from the communist bloc — up by almost a third from Soviet, Chinese and North Korean sources and the supply from old gold scrap — reached their highest levels for five years.

However, figures suggested that although western mine production had reached record levels, it was levelling off.

In SA, some mines had successfully rationalised operations, but “the scope for further improvement is limited,” Stillfontein’s closure was the first deep level Witwatersrand gold mine to be shut down by a major mining group for years. Prospects for future expansion were poor given that in the last two years capital expenditure had fallen 30% in real terms.

“It therefore remains to be seen how much of the industry will emerge unscathed, and how far output will fall.” Against the sustained drop in the gold price in real terms, SA gold mines showed the highest cost increases in 1990, with Rand Mines’ ERPM coming in as the highest cost major gold mine with cash costs of US$465 an ounce, against Papua New Guinea’s Porgera project with costs of $377 an ounce.

 Whereas supply was subsiding, the survey said fabrication demand for gold — 85% of total demand for gold — reached a new high in 1990.

Coral jewellery accounted for 83% of fabrication demand. The survey said that 1990, in defiance of the worsening economic climate and the Gulf War, was “an excellent year” for the European jewellery industry, while demand in the Middle East climbed more than 20%.

Investment

Observers were confident that in North America the upswing expected in 1992 and low stocks of finished items would fuel demand in the future. Also larger amounts of new gold rather than scrap were being used in world jewellery production.

The survey said that the 144 tons of “implied investment” in gold in 1990 — the informal offtake of the metal for investment purposes — “may be a positive development”, in the face of the sustained weakness of the gold price.

“It suggests that contrary to conventional wisdom (that gold is losing its appeal as a store of investment), European and North American investors may now be beginning to purchase on price lows.”

Healthy hike in profits for Clinic

Surgical and private hospital group Clinic Holdings achieved a real return for its shareholders by disclosing a 24% rise in attributable profits to R12,2m for the six months ended March.

The growth in earnings equated to 13.2c (10c) a share from which a 17% higher dividend of 5.5c (4.5c) a share has been declared. The dividend cover has increased to 2.3 times.

Financial director Stan Berger said last night that “we previously forecast growth exceeding the rate of inflation, and the increase in profit for the past six months is satisfactory”.

Clinic Holdings, regarded as the largest private hospital group, has clinics like the Garden City Clinic, Park Lane Clinic and Milpark Hospital in its fold. Berger said the group had just completed a major capital expansion programme.

“We now plan to enter a period of consolidation, without any additional expansion plans in the pipeline,”

Clinic Holdings has not disclosed turnover for the period. However, a supplement index showed a 34% growth on the previous period. Berger said long-term liabilities remained at R52m.

He conceded, however, that operating margin had come under slight pressure due to tight trading conditions, but that “the margins are quite acceptable in relation to the rest of the clinic industry”.

He said the group’s clinics had achieved a satisfactory growth in occupancy levels during the six months.

Lebowa Bakeries thrives in tough year

LEBOWA Bakeries, which recently announced that Saso had taken a 45.2% stake in the company for R14,7m and would be making a similar offer to minorities, increased its earnings by 10.2% to R5,76m (R5,23m) in the year to end-March.

Turnover increased by 23.9% to R91,1m (R73,6m) and operating income was 12% up at R12,1m (R10,6m). Directors said the decrease in operating margins was due to increases in depreciation and initial costs of Tubatec Bakery which came on stream during the year.

They said despite a difficult year due to irregular school attendances, strikes, stayaways and general consumer boycotts which affected sales, turnover was still up by 23.9% and earnings by 10.2% to 23c (26.5c) a share.

Net income before minorities was 15.4% up at R6,35m (R5,5m), but bottom line earnings were 10.2% up after an amount of R591 000 (R275 000) attributable to outside shareholders.

A final dividend of 6.25c a share was declared, bringing the full-year dividend up by 19.4% to 9.25c (7.75c) a share.

Capex of R7,1m has been approved for building a head office, refurbishing plant, a new bakery and vehicles.
Groote Schuur crisis: A time to start giving

By VIVIEN HORLER
Medical Reporter

A SENSE of gratitude led Peter Swanepoel to his present job, but the frustrations are getting to him already.

Peter is the person at Groote Schuur Hospital who sees to it that trolleys are there to sell tea and soup to people waiting on the hard wooden benches of the out-patients' departments and clinics. The man who makes sure the libraries are well stocked and the wards are clean...

Patients would still recover if Peter were not there, but he makes them feel better while they are doing it.

Peter is the coordinator of the hospital's Voluntary Aid Service, better known as the Sunshine Ladies (although quite a few of the "ladies" are men).

"Our job is to make life a bit more comfortable for a lot of frightened and sick people," says Peter. "The volunteers are special people who are prepared to give their own time - not for gain, not for prestige, just to make other people feel better."

Peter has about 175 volunteers on his books, of whom about 75 are exceptionally reliable.

"The others can't always make it, or don't let me know they're not coming. And, quite frankly, some people take the responsibility lightly. Every time someone doesn't turn up we have to try to find a replacement at short notice, or else our patients are disappointed and have to go short."

Peter, 44, knows what he is talking about. In 1979 he had a kidney removed at Groote Schuur. Three years later cancer of the thyroid was diagnosed, and he has been going back to the hospital for treatment and regular check-ups ever since. Now mercifully clear of the disease, he remembers vividly the comfort brought by the Sunshine Ladies.

"Everyone has always been giving to me. It was always a pleasure to see the volunteers' smiling faces at the door, to have them come in and chat, ask how you were."

"So when I saw this job advertised I thought, right, now it's my turn to start giving."

But to do his work properly Peter needs in the region of 450 volunteers.

"With the current financial cuts and freeze of posts the hospital staff are hard pressed, and we can help them as well as the patients."

Volunteers should expect to give a minimum of a morning, afternoon or evening a week, although they are welcome to do more. They can expect to work in the same area at each visit, getting to know the routine, the staff and the patients.

Tasks include pushing library, tea, soup and sweets trolleys around wards and clinics, helping to feed patients, writing and reading letters, visiting out-of-town patients who may have few visitors, brushing and washing hair, light clerical work to relieve the burden on ward secretaries, translating, and helping the nursing staff.

Pictures: LEON MULLER, The Argus

Trolley's coming: Lilian Lehmensich, Denise Gabriels and Isabel Mennell, three of Groote Schuur Hospital's Sunshine Ladies, are always a welcome sight for waiting patients. Bottom picture, Sunshine Lady Lilian Lehmensich helps a patient.
New R26-m hospital planned for Mabopane

BY KAMAL SINGH

A R26 million black-owned private hospital will be launched in Mabopane, near Pretoria, on Sunday.

Construction of the three-storeyed clinic will start next month, according to Dr Vincent Msibi, spokesman for the Legae Private Hospital.

He said the hospital would be situated between the Odi Stadium and the new shopping complex opposite the Morula Sun Hotel in Mabopane.

The building is expected to be completed by July/August next year.

It will be operational from October 1.

Msibi said the hospital would be equipped with three operating theatres, a maternity and neo-natal unit, general and surgical wards and eventually 220 beds.

The only other Black-owned private clinic in the PWV is the Lesedi Clinic in Soweto.

Msibi said: “Shares will be offered to medical practitioners (other than the seven at present) and to the public.”
Hospital forced to 'make do'

Staff Reporter
GROOTE SCHUUR Hospital is "faced with Hobson's choice" when it came to using old equipment, a spokesman said yesterday, because many people would suffer if it were done away with and not replaced.

This was said after an inquest this week into the 1990 death of heart bypass patient Mr Jack Davies, 75, of Rondebosch, which found that no one was responsible for his death.

Mr Davies died of severe brain damage after air was pumped into his heart by a 15-year-old heart-lung machine after his heart failed during a bypass operation.

The spokesman said that though the machine, which has been replaced by two new instruments, was instrumental in Mr Davies' death, "hundreds of others" would not have been treated had it not been available.

Medical cutbacks made it very difficult for Groote Schuur to replace older equipment and the hospital had not been able to buy equipment it had ordered.

"So you have to make do with what you've got," the spokesman said.
CP shuts township maternity clinic

By MONWABISI NOMADDOLO

RESIDENTS of the East Rand township of KwaThema are furious at the closure of the local maternity clinic by the Conservative Party-controlled Springs Town Council.

Springs town clerk HA du Plessis told City Press that the maternity section was closed because it was “under-utilised and because the KwaThema Council had not kept up payments”.

Expectant KwaThema mothers will now have to travel more than five kilometres to the nearest hospital, the Far East Rand Hospital in Springs.

KwaThema town clerk Stephen Muller confirmed that the council is bankrupt.

“What services can we provide with the R54 flat rate rents paid by residents?” he said.
We're not racists, says clinic

Staff Reporter

Sandton clinic could not be held responsible for any comment made by an employee, clinic management said in reaction to a recent report in The Star after a black man was refused treatment.

The clinic was a multi-racial health care organisation and condemned racial discrimination, management said. The injured man was a worker's compensation case and was referred to a hospital for such cases.

But the injured man's employer, John Duffy, told The Star last week that a clerk at the Sandton Clinic emergency unit had said they did not treat blacks. A nursing sister confirmed this, he said. The clinic said that if the comments could be substantiated, action would be taken against the employee.
looked into with a view to reformulating policy in this regard;
(2) and (3) where such appointments have been made, service conditions are laid down in a contract between the management council and the teacher;
(4) no.

Mr R M BURROWS: Mr Chairman, arising from the hon the Minister's reply, could he give us an indication as to when he is likely to formulate the recommendations to legalise or end the existing situation? [Interjections.]

[Interjections.]

The MINISTER: Mr Chairman, as soon as possible! [Interjections.] The reason for my saying as soon as possible is that I cannot tell the hon member that it will happen on this or that date.

The important matter is that I think we should look into it in depth, because it is not good enough for us to say on our part that we do not have money, and when the community is prepared to pump in additional money, to tell them again that they cannot do it. I want to inform the House immediately that it is not that simple, because the question is whose responsibility that education is, if disciplinary steps have to be taken. Must the Department take these steps, or who must do it? There is the question of the pension. Who contributes towards the pension? There is also the medical fund and so on. Therefore it looks simple to do it, but it is not that simple. [Interjections.] This does not remove the fact that we must look at this in depth, and therefore I want to tell the hon member that it is not possible to furnish an exact date. We shall look at it as soon as possible.

Closure of schools

(4) Mr R M BURROWS asked the Minister of Education and Culture:
(1) Whether any schools are to be or have been closed in the first six calendar months of 1991; if so, (a) which schools and (b) when are they to be or were they closed;
(2) how long does a school which is vacant remain under the control of his Department?

347. Mr R F HASWELL asked the Minister of National Health:
(1) Whether any of the staff working at the Edendale Hospital in Natal are paid by her Department; if so, (a) how many and (b) in what categories;
(2) how many beds was this hospital designed to accommodate and (b) how many beds are there in the hospital at present and (ii) in respect of what date is this information furnished;
(3) whether she will make a statement on conditions at the hospital?

81. Mr K M ANDREW asked the Minister of Education and Culture:
(a) What is the (i) capacity of and (ii) enrolment at (aa) schools in the Cape School Board area, in total, and (bb) each such school and (b) in respect of what date in 1991 is this information furnished?

The MINISTER OF NATIONAL HEALTH:
(1) No,
(2) and (3) seeing that the Edendale Hospital falls under the jurisdiction of KwaZulu, information cannot be supplied by the Department of National Health and Population Development.

AIDS: statistics
350. Mr L F STOFFBERG asked the Minister of National Health:
(a) How many cases of AIDS were notified in South Africa in 1986, 1987, 1988, 1989 and 1990, respectively and (b) in how many cases in each of these years were the persons concerned (i) White and (ii) non-White?

The MINISTER OF NATIONAL HEALTH:
(a) Reported South African AIDS cases according to year of diagnosis for the years 1986 to 1990 (Information as at 6 May 1991)

<table>
<thead>
<tr>
<th>Year</th>
<th>AIDS cases</th>
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<tbody>
<tr>
<td>1986</td>
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</tr>
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</tr>
<tr>
<td>1990</td>
<td>79</td>
</tr>
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Total 293

Day and non-Day AIDS cases according to year of diagnosis for the years 1986 to 1990 (Information as at 6 May 1991)

<table>
<thead>
<tr>
<th>Year</th>
<th>AIDS cases</th>
</tr>
</thead>
<tbody>
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</tr>
<tr>
<td>1989</td>
<td>76</td>
</tr>
<tr>
<td>1990</td>
<td>218</td>
</tr>
</tbody>
</table>

Total 328

Own Affairs:
Cape School Board area; school capacity/enrolment

81. Mr K M ANDREW asked the Minister of Education and Culture:

(a) What is the (i) capacity of and (ii) enrolment at (aa) schools in the Cape School Board area, in total, and (bb) each such school and (b) in respect of what date in 1991 is this information furnished?

The MINISTER OF EDUCATION AND CULTURE:

(a) (aa) (i) 46 480.
(ii) 205 385

(b) Batavia School 500
Bergvlei High School 850
Bergvlei Primary School 700
Blouberg Ridge Primary School 450
Camps Bay High School 450
Camps Bay Preparatory School 150
Cape Town High School 650
Claremont Primary School 200
De Grendel Special School 500
Elderton Primary School 350
Laerskool Ferndale 350
Fish Hoek Middle School 550
Fish Hoek Preparatory School 120
Fish Hoek Primary School 700
Fish Hoek Senior High School 700
Gardens Commercial School 500
Golden Grove Primary School 650
Good Hope Seminary Girls' High School 450
Good Hope Seminary Junior-School 400
Greenfield Girls' Primary School 300

HOUSE OF ASSEMBLY
Advice service in Soweto

THE Citizens' Advice Bureau has opened a branch at Baragwanath Hospital.

The bureau is a clinic which gives free advice and counselling to anyone who needs it.

It operates from 9am to 1pm every Thursday at Room 18, Koos Bekkers Clinic.

Now in its 25th year the bureau decided to open at Bara as so many people were having to travel to their Market Street branch at the City Hall when they needed advice.

Mrs Beryl Mullan of the bureau said their purpose had always been to help people get help.

The Citizens' Advice Bureau hopes to open branches in other areas.
Hospital chief asked police to remove hurt black boy

By Peter Fabricius
Political Correspondent

The superintendent of the Limpopo Hospital asked the police to remove a badly injured black boy from the hospital because he was concerned about "political interference in hospital discipline". The boy — who had allegedly been badly beaten by a white farmer — spent a night in the Pietersburg police cells on about February 7 before being transferred to Pietersburg Hospital.

Law and Order Minister Adriaan Vlok disclosed this in Parliament yesterday.

The Commissioner of Police had taken steps to prevent "the lack of proper communication regarding such events" in future.

Mr Vlok said the SAP had moved the boy after a written request from the Limpopo Hospital superintendent.

"According to the superintendent, political interference from outside was prejudicial to the discipline in the hospital."
Hospice plays vital role – Hough

Between 17,500 and 20,000 South Africans died each year from terminal illnesses, of whom about 6,000 were on the Witwatersrand, according to Transvaal Administrator Danie Hough.

Opening the National Hospice Week at a ceremony at the University of the Witwatersrand's Great Hall in Johannesburg on Monday night, Mr Hough said it was a human necessity for people to be together and to share in love and fellowship at times of suffering.

The Hospice organisation played an important role in health care, he said, and stressed the need to maintain the rapport between family, patient, and hospital staff in order to meet the patient's needs.

Caring

"We still don't know what the effects of Aids is going to be. Without Hospice, these patients would have to be cared for by their families. Therefore I am proud of the Hospice's unique achievements," he said.

Wits Chancellor Professor Robert Charlton said Hospice played a significant role the country could not ignore.

Hospice was the source of caring in a world in which very few families had been left untouched by sickness, he said.

It reassured people that death was not always painful and lonely, and that pain and suffering could be relieved through modern techniques, he said.

The opening was attended by the mayors and deputy mayors of Johannesburg, Soweto, Midrand, Alberton, Roodepoort, Bedfordview, Krugersdorp, and Midrand.

The Anglican Bishop of Johannesburg, Duncan Buchanan, blessed the occasion.
Clinic group chalks up 83% growth

PRESIDENT Medical Investments (PresMed) has continued to achieve a sterling growth rate, with net income before extraordinary items up 22% in the year to February. This brings the hospitals and day clinic group's compound growth rate to 83% over five years. Its 1996 prospectus forecast 25% compound growth. Net profit before extraordinary items soared to R2.57m in the year to February from 1995's R1.34m on a 32% rise in turnover to R51.5m (R38.6m). Earnings per share increased 45% to 22.3c on a much larger issued share capital from 15.4c a share in 1995.

A dividend of 5c, covered more than four times, was declared in February.

MD Carl Grillenberger says PresMed achieved a net return of 30% on shareholders' funds in the past year. If intangible assets are excluded, a return of 55% has been achieved. Grillenberger says that apart from the development of the group's own new hospitals and day clinics, PresMed grew through the acquisition of existing day clinics and hospitals. The decision to remain contracted in to medical aid tariffs has stood the group in good stead and contributed to high occupancy levels, he adds.
Running of services needs close examination

A main objective for private hospitals is to have a growing private sector providing cost effective and efficient care.

The current method of funding, medical aid schemes, is becoming far too expensive and great savings can be made.

This, he says, is through managed health care, either through preferred provider organisations or health management organisations (HMO).

The impression that private hospital costs are excessive results from comparisons between private and public 'rivalities' costs. This is misleading because public sector facilities are highly subsidised.

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New and cheaper model needed urgently

SA NEEDS new models of health care delivery and it needs them quickly, says Representative Association of Medical Schemes (Rams) executive director Rob Speedie.

He says the industry cannot continue under the current cost spiral and more cost-effective ways to deliver services and benefits to consumers are needed.

One way is through managed health care, which he says seems a strong future possibility.

Such schemes are already in existence in the form of medical benefit schemes. One example is VaalMed in Vanderbijlpark which has 34 general practitioners and its own hospital and pharmacy.

He warns that the implementation of cost-effective schemes should not be done at the expense of health care.

They should also not interfere with the freedom of choice that medical aid schemes offered.

Another means of cutting costs is to implement no-claim and low-claim bonuses for members of schemes. Preliminary experiments show substantial cost savings could be effected.

The move should, however, not interfere with the basic principle of cross-subsidisation, he says.

Meanwhile, Clinic Holdings executive chairman Barney Hurwitz says medical aid societies are causing an inflationary spiral in the hospital industry because of their payment of bills to patients instead of hospitals.

Hurwitz heads the country's biggest private hospital group — it has 12 hospitals which, he says, suffers because of the size of its accounts book.

Payment for treatment and consultation is made directly to patients who would rather spend the money on buying other things than paying their debts, he maintains.

The cost of keeping such a large accounts book has to be passed on.

Hurwitz recommends the system, which amounts to hospitals giving patients free credit, be changed by government legislation.

Speedie says some medical schemes do pay direct to the hospitals but those that do not have every right to do as they are doing.
City officials are taking health to the people

The process of care is...

By Pearl

THE TEAM

Free Health Kits of Special Care, City of Boulder. Kit contents include

"The Health Team"

February 21, 1974

THE PEOPLE
Poor liaison led to delays for rape victim
By Carina le Grange

A "communication problem" led to misunderstandings and a 43-hour delay in obtaining a medical examination for a woman who was gang-raped in Germiston at Easter, the Transvaal Provincial Administration said yesterday.

The woman's plight, first highlighted in The Star, was the subject of an internal inquiry by the TPA. The findings were released yesterday.

Initially, police could not reach the district surgeon on duty on the day of the rape, a Sunday. When the woman went to a provincial hospital, she was turned away as staff believed it to be a case for the district surgeon.

A district surgeon of a neighbouring town refused to examine the woman as the case fell outside his area. She was finally examined on the Tuesday afternoon.

MEC in charge of hospital services Fanie Ferreira said: "It does unfortunately appear that owing to a communication problem, certain misunderstandings affected both the TPA and the SA Police."
The sickness in our health services

If we don't find a cure, our hospitals may face financial ruin.
Call for less costly private health care

THE private health sector needed to expand its market by offering a more affordable service to more South Africans, National Association of Private Hospitals (NAPH) chairman Brian Davidson said in an interview yesterday.

He said sociopolitical changes in South Africa and the increasing unaffordability of medical care would stimulate debate in the next 18 months about how to restructure South Africa’s health system.

Medical aid schemes were becoming increasingly unaffordable particularly for the 80% of the SA population which relied on state health services. But instead of feeling “doomed” by the unviability of medical schemes, the private health sector should see it as a challenge to find ways to make their services affordable to more people, he said.

He said there were about 8 million medical scheme members and this number was not growing. The private health sector had to find a way to attract at least some of the remaining people in the country.

Various models of managed health care were being considered as a way to provide more affordable private health care, he said.

The fundamental principle of managed care was that a third party controlled the amount of care delivered rather than the price paid. This ensured better use of resources, making the system more cost-efficient and affordable. Managed health care would be self-funding, probably through employer contributions.

Davidson believes a managed care system initiated by the private health sector would be welcomed by government. Public health services could then concentrate on serving the truly indigent.

Private hospitals should continue to exist for the economically advantaged section of the public. If SA failed to provide this kind of care and slipped into the state of many other African countries — which had practically no health care at all — these people would leave SA and SA would lose their skills and investment.

He said the NAPH welcomed Health Minister Dr. Venter’s recent announcement of a moratorium on private hospital licences and the private sector’s inclusion in a forum to discuss a future health system for SA.
Government Gazette
Staatskoerant

Vol. 312
PRETORIA, 7 JUNE 1991
No. 13286

PROCLAMATIONS
by the
State President
of the Republic of South Africa

No. 49, 1991


Under subsection (3) of section 98, read with subsection (4) of that section, and section 16, of the Republic of South Africa Constitution Act, 1983 (Act No. 110 of 1983), I hereby—

(a) declare, after consultation with the Executive Committee of the Province of the Transvaal, that the provisions of Part IV of the said Constitution Act, 1983, shall apply to the Hospitals Ordinance, 1958 (Ordinance No. 14 of 1958) (Transvaal), with the exception of Chapters III, V, VI, VII and VIII, in so far as that Ordinance relates to—

(i) the White population group; and

(ii) the clinics known as East Lynn, Pretoria; Pretoria North, Pretoria; Northmead, Benoni; John Fotheringham, Randfontein and Townsvieu, Johannesburg;

(b) assign the administration of the provisions of the Ordinance mentioned in paragraph (a), to the extent indicated in that paragraph, but excluding sections 1 (2), 2, 3, 4 (2) (a) and 7, to the Minister of Health Services: House of Assembly;

(c) determine that in the application of a provision of the Ordinance assigned under paragraph (b) in so far as the administration thereof is assigned, unless clearly inappropriate, any reference in such provision—

(i) to the Provincial Administration, shall be construed as a reference to the Administration: House of Assembly;

PROKLAMASIES
van die
Staatspresident
van die Republiek van Suid-Afrika

No. 49, 1991

VERKLARING VAN SEKERE KLINIEKE TOT DIE SAKE VAN DIE BLanke BEVOLKINGSGROEP EN OPDRAS VAN UITVOERING VAN DIE ORDONNASIE OP HOSPITAAL, 1958 (ORDONNASIE No. 14 VAN 1958), VAN DIE PROVINSIE TRANSVAAL, AAN DIE MINISTER VAN GESONDHEIDSDIENSTE: VOLKSRAAD

Kragtens subartikel (3) van artikel 98, saamgelees met subartikel (4) van daardie artikel, en artikel 16 van die Grondwet van die Republiek van Suid-Afrika, 1953 (Wet No. 110 van 1983)—

(a) verklaar ek hierby, na raadpleging van die Uitvoerende Komitee van die provinsie Transvaal, dat die bepalinge van Deel IV van die Grondwet, 1983, van toepassing is op die Ordonnasie op Hospitale, 1958 (Ordonnasie No. 14 van 1958) (Transvaal), met die uitsondering van Hoofstukke III, V, VI, VII en VIII, vir sover dié Ordonnasie betrekking het op—

(i) die Blanke bevolkingsgroep; en

(ii) die klinieke bekend as East Lynn, Pretoria; Pretoria-Noord, Pretoria; Northmead, Benoni; John Fotheringham, Randfontein en Townsvieu, Johannesburg;

(b) dra ek hierby die uitvoering van die bepalinge van die Ordonnasie in paragraaf (a) vermeld, in die mate in daardie paragraaf aangedui, maar met die uitsondering van artikels 1 (2), 2, 3, 4 (2) (a) en 7, aan die Minister van Gesondheidsdienste: Volksraad op;

(c) bepaal ek hierby dat by die toepassing van 'n bepaling van die Ordonnasie kragtens paragraaf (b) opgedra, vir sover die uitvoering daarvan opgedra word, tensy dit klaarblyklik onvanpas is, 'n verwysing in so 'n bepaling—

(i) na die Provinciale Administrasie, uitgelê word as 'n verwysing na die Administrasie: Volksraad;
(ii) to the Administrator, shall be construed as a reference to the Minister of Health Services: House of Assembly;

(iii) to the Department of Hospital Services, shall be construed as a reference to the Department of Health Services and Welfare, Administration: House of Assembly;

(iv) to the Director of Hospital Services, shall be construed as a reference to the Head of the Department of Health Services and Welfare, Administration: House of Assembly;

(v) to a provincial hospital or hospital, shall be construed as a reference to a clinic established in terms of section 4 (1) (b);

(vi) to the Provincial Revenue Fund, shall be construed as a reference to the Revenue Account: House of Assembly, referred to in section 2 (1) (b) (i) of the Exchequer Act, 1975 (Act No. 66 of 1975);

(vii) to the Provincial Gazette, shall be construed as a reference to the Gazette;

(viii) to the Provincial Council, shall be construed as a reference to the House of Assembly; and

(ix) to a council, shall be construed as a reference to the Head of the Department of Health Services and Welfare, Administration: House of Assembly; and

(x) to the superintendent, shall be construed as a reference to the medical practitioner in control of a clinic established in terms of section 4 (1) (b);

(d) determine that the Minister of Health Services: House of Assembly and the Department of Health Services and Welfare, Administration: House of Assembly shall for all purposes be deemed to be the successor in title to the Administrator and Provincial Administration of the Province of the Transvaal, respectively, in respect of all assets, liabilities, rights and obligations which immediately prior to the commencement of this Proclamation under, in terms of or by virtue of a provision of the Ordinance assigned under paragraph (b) vested in the said Administrator or Administration, as the case may be;

(e) determine that any unexpended moneys appropriated by Parliament in respect of the financial year ending 31 March 1992 in connection with the administration of a provision of the Ordinance, and in respect of a matter mentioned in paragraph (a), shall be deposited in the Revenue Account: House of Assembly, referred to in section 2 (1) (b) (i) of the Exchequer Act, 1975 (Act No. 66 of 1975);

(f) amend the Ordinance mentioned in paragraph (a) by the deletion in subsection (1) section 4 of the words "as part of any such hospital"; and

(g) determine that this Proclamation shall come into operation on 1 July 1991.

Given under my Hand and the Seal of the Republic of South Africa at Cape Town this Twenty-second day of May, One thousand Nine hundred and Ninety-one.

F. W. DE KLERK,
State President.

In relation to paragraph (a), and (c) to (g), inclusive, of this Proclamation: By Order of the State President-in-Cabinet:

E. H. VENTER,
Minister of the Cabinet.

(ii) na die Administrateur, uitgelê word as 'n verwysing na die Minister van Gesondheidsdiens: Volksraad;

(iii) na die Departement van Hospitaaldienste, uitgelê word as 'n verwysing na die Departement van Gesondheidsdiens en Welsyn, Administrasie: Volksraad;

(iv) na die Direkteur van Hospitaaldienste, uitgelê word as 'n verwysing na die Hoof van die Departement van Gesondheidsdiens en Welsyn, Administrasie: Volksraad;

(v) na 'n provinsiale hospitaal of hospitaal, uitgelê word as 'n verwysing na 'n kliniek ingevolge artikel 4 (1) (b) ingestel;

(vi) na die Provinsiale Inkomstefonds, uitgelê word as 'n verwysing na die Inkomsterekereking: Volksraad, bedoel in artikel 2 (1) (b) (i) van die Skatiskewet, 1975 (Wet No. 66 van 1975);

(vii) na die Provinsiale Koerant, uitgelê word as 'n verwysing na die Staatskoerant;

(viii) na die Provinsiale Raad, uitgelê word as 'n verwysing na die Volksraad;

(ix) na 'n raad, uitgelê word as 'n verwysing na die Hoof van die Departement van Gesondheidsdiens en Welsyn, Administrasie: Volksraad; en

(x) na die superintendent, uitgelê word as 'n verwysing na die geneesheer in beheer van 'n kliniek ingevolge artikel 4 (1) (b) ingestel;

(d) bepaal ek hierby dat die Minister van Gesondheidsdiens: Volksraad en die Departement van Gesondheidsdiens en Welsyn, Administrasie: Volksraad geag word die opvolger-in-regte te wees van, onderskeidelik, die Administrateur en die Provinsiale Administrasie van die provinsie Transvaal ten opsigte van alle bates, laste, regte en verpligtinge wat onmisdaelik vir die inwerkingtreding van hierdie Proklamasie kragtens, ingevolge of uit hoofde van 'n bepaling van die Ordonnansie kragtens paragraaf (b) opgedra by vermelde Administrateur of Administrasie, na gelang van die geval, berus het;

(e) bepaal ek hierby dat enige onbestede gelde wat deur die Parlement ten opsigte van die boekjaar wat op 31 Maart 1992 eindig in verband met die uitvoering van 'n bepaling van die Ordonnansie, en ten opsigte van 'n aangeleentheid in paragraaf (a) vermeld, bewijsend is, in die inkomsterekereking: Volksraad, bedoel in artikel 2 (1) (b) (i) van die Skatiskewet, 1975 (Wet No. 66 van 1975), gesort word;

(f) wysig ek hierby die Ordonnansie in paragraaf (a) vermeld deur in subartikel (1) van artikel 4 die woorde "as deel van sodanige hospitaal" te skrap; en

(g) bepaal ek hierby dat hierdie Proklamasie op 1 Julie 1991 in werking tree.

Gegee onder my Hand en die Seël van die Republiek van Suid-Afrika te Kaapstad, op hede die Tweede-twintigste dag van Mei Eenduisend Negehonderd Een-en-negentig.

F. W. DE KLERK,
Staatspresident.

Met betrekking tot paragrawe (a), en (c) tot en met (g) van hierdie Proklamasie: Op las van die Staatspresident-in-Kabinet:

E. H. VENTER,
Minister van die Kabinet.
Activities: Owns and operates three private hospitals and seven day clinics.
Control: C A Grillenberger has majority holding.
Chairman: P H N Bremer; MD: C A Grillenberger.
Capital structure: 11.6m ords. Market capitalisation: R17.5m.
Share market: Price: 150c. Yields: 3.3% on dividend; 14.9% on earnings; p/e ratio 7.2; cover 4.5. 12-month high, 160c; low, 80c.
Trading volume last quarter, 73,000 shares.
Year to Feb 28 '88 '89 '90 '91
ST debt (Rm) .......... 0.2 1.0 0.7 0.07
LT debt (Rm) .......... 1.7 3.9 3.8 3.6
Debt/equity ratio ...... 2.0 1.0 0.67 0.16
Shareholders' interest 0.23 0.30 0.30 0.37
Int & leasing cover .. 8.1 2.6 4.6 6.0
Return on cap (%) .... 29.4 14.6 30.7 36.3
Turnover (Rm) ........ 6.4 22.1 38.8 51.3
Pre-int profit (Rm) .. 1.2 2.4 5.8 8.0
Pre-int margin (%) ... 23.2 10.9 15.0 15.5
Earnings (c) .......... 6.1 8.1 15.4 22.3
Dividends (c) ....... 2.1 2.7 4.0 5.0
Net worth (c) ....... 10.3 18.4 29.8 40

Unlike its competitors, this hospital group has continued to charge fees within the medical aid scale of benefits, that entitles it to claim directly from medical aid schemes. MD Carl Grillenberger says PresMed will co-operate with the medical aids in developing cost-effective financing packages.
PresMed's non-confrontational stance towards medical schemes is already bearing fruit. Room occupancy rates have increased, and are believed to be the highest in the sector. PresMed's hospitals have lower overhead structures than its competitors, as they do not require such a large investment in costly medical equipment.
Most of PresMed's hospitals and day clinics are in less traded areas, such as Witbank and Bloemfontein, where there is less competition than the more traded areas such as Pretoria and Johannesburg's northern suburbs.
Grillenberger says he is not expecting such high earnings growth this year, but the growth pattern will resume in 1993. Two hospitals are opening this year in Rustenburg and Bedfordview, and these will make a contribution in financial 1993. The openings will have a material effect on gearing, but he says this will soon be covered by the additional cash generation. Grillenberger says PresMed is considering acquiring further clinics, in which case it would probably be funded by a rights issue.
However, the group's future growth has been constrained by the restrictive hospital licensing policy. Government has been particularly reluctant to grant licences for the building of day clinics, despite their lower cost structure.
Grillenberger contends PresMed's performance has outstripped the larger hospital groups. Clinic Holdings and Rembrandt-controlled Medi-Clinic. He says Clinic's EPS in 1986 (10.3c) was almost four times more than that of PresMed (2.4c), but at their last results they were only just ahead (23.9c compared with 22.3c). Medi-Clinic reported losses in 1987 and 1988, though EPS (on ordinary shares) has increased to 14.5c in 1991.
PresMed, however, trades on a p/e of seven, compared with nine for Clinic Holdings and eight for Medi-Clinic. There are several possible explanations for the less favourable rating. One is PresMed's high dividend cover,
Behind the asylum walls

The Weekly Mail this week takes the lid off a 15-year scandal: the conditions in private psychiatric hospitals for blacks. We found a story of neglect by people who are paid by the state to look after the mentally ill — and make their profits by cutting corners on the level of care.

The last time these institutions were exposed to the public was in 1975. After that the Mental Health Act was amended to keep these conditions from the public eye.

Now, however, The Weekly Mail has taken a fresh look at Randfontein and Witbank sanatoriums, both owned by Lifecare Clinics (Pty) Ltd, and found:

- Allegations from staff of a high death rate through negligence or winter cold. At least 35 mentally retarded children and youths died at the Witbank Sanatorium between July 1988 and November 1990 — 24 of them as a result of pneumonia, tuberculosis and other respiratory complaints.
- Physically disabled patients without crutches or wheelchairs and receiving little or no assistance. In one case, Weekly Mail reporters saw a blind woman having to be led to the toilet by a woman with only one leg, dragging herself along the floor.
- Chronic understaffing, with sometimes as few as six nurses looking after 200 patients and, in one case, only two full-time and two part-time psychiatrists for more than 3,000 patients.
- Poor food and allegations from staff that some patients are malnourished. Children were seen being fed bread crumbs and cream mixed in a foul-smelling brown liquid for supper.
- Inadequate clothing, with only a few patients supplied with shoes, jerseys or pyjamas and none given underwear. Most children sleep with no sheets and only one blanket.
- Child patients sharing beds.
- A special well kept ward which is the only one shown to visitors, where babies each have their own cot with proper bedding and blankets.

Lifecare has issued a detailed denial of these allegations. (See Page 2)

When these institutions were exposed in The Sunday Times 15 years ago, the government promised to build five new hospitals to replace them. These were never built — and the patients are still kept in oldinski compounds.

Full story: See overleaf
Despite recession, private clinics in city are still busy

By Mark Suzman

Despite the recession, private clinics and hospitals are maintaining occupancy levels even though medical aid fees no longer cover full costs.

Fears that the high cost of private medicine coupled with declining personal incomes might lead to a reduction in services at some health care institutions have proved unfounded and most groups are weathering the recession.

According to Carl Grillenberger, managing director of Fresmed, one of the major medical groups, while there has been no increase in occupancy rates, they have stayed at an acceptable 60-70 percent level.

"Given the existing medical aid tariffs we now need a high occupancy to make ends meet, but so far we are doing fine," he said.

And Les Hollis, deputy managing director of Medscheme medical aid, says despite lower income and higher prices, there has actually been an increase in the number of people choosing private health care over provincial hospitals.

"There's been a very definite surge towards private medicine over the last 18 months, but it's difficult to say whether this will continue or not in the future," he said.

Although he was not positive as to the reasons for the switch, Mr. Hollis observed that part of the move was probably attributable to the public perception of "chaos" in the operation of provincial hospitals.

These sentiments were echoed by Graham Anderson, executive director of Clinic Holdings which, among other hospitals, runs the Park Lane, Milpark and Rosebank clinics.

"The recession might well hurt, but people always need medical care and at the moment only the private sector can provide it properly," Rembrandt's Medical Clinic, which runs a number of clinics including Sandton and Morningside, and Afox, which controls the Lady Dudley and Brenthurst, have also reported good results over the last year.
An atmosphere of general neglect

If a patient dies, his record will soon be filled. "Ciska Matthes, a black patient, died in front of health workers eager to expose what they consider to be unacceptable conditions in the Cape Province's Randfontein Sanatorium. A woman dressing a leg drugs herself across the floor, leaving an old blue Dresser behind. The blind woman pulls up her dress and stands stark-naked. A nurse yells at her from the distance. The nurse does not attempt to assist.

Two old women pass slowly, dragging a string by their amputated knees and as they go, "one old woman, all her old hands are uniform is pulled, revealing bruises on her bare legs and buttocks. She is wearing no underwear.

"That one can't walk either," a nurse comments, and points to one another each like mothers.

The ward is packed with low iron beds. Some patients sit up in the ward. There are no cupboards and no chairs.

This is the scene for the crippled and the blind in Randfontein Sanatorium, a black psychiatric hospital in the Transvaal. It is owned by Lifecare Clinics (Pty) Ltd, a private company hired by the government to provide psychiatric care.

The Weekly Mail visited Randfontein Sanatorium to report on the patients as it Milntride for children and adults. At both hospitals several health workers were quoted as saying they felt they were unacceptable conditions.

Little indeed was said about the hospital's treatment of the patients, including those concerned by eyewitness accounts of mistreatment. For instance, no wheelchairs or crutches were available for the crippled patients. But, according to Lifecare, "all crippled patients get wheelchair or crutches, except for those who are unable to use them."

The hospital had three blind private wards, which were not authorized to accommodate blind patients. The old brick mine buildings are overcrowded, and the toilet facilities are inadequate for the patients living on the concrete yard.

Staff members said the patient death rate is exaggerated. "We are here because of the government," said a nurse, "but the cases are seldom properly documented.

"If a patient dies, who cares," one of the workers commented. "There is a waiting list and his space will be filled again soon enough."

In April this year, for example, a real patient in Milntride was burnt beyond recognition while lying on his bed in the hospital ward. Staff had not noticed the fire when it was too late. A Lifecare representative confirmed that it was "tragic". The "staff... should promptly notify the police when he suspects fire or smoke and the fire from spreading. The police are investigating the cause of the fire — to have been started by the patient (or patients) smocking in the ward.

The death rate is high in winter, health workers claimed, because of poor conditions. The hospital has no hot water, and many patients suffer from pneumonia.

The hospital provides no food with no showers, and many patients have no shoes, jerseys or undershirts.

The diet is poor, consisting of dry bread and tea, and the hospital has no hot meals that are tasteful and watery. But according to Lifecare: "All patients are given a cup of tea and bread every day. Some patients prefer not to wear them or barter for them for Jackie's or cigarette money.

A psychiatrist, who worked for Lifecare until recently and visited Milntride much a week, said that in general conditions were acceptable. "The main complaint is that the nursing staff is too small and the nurses know too little about the patients," he said.

The children who died in care

By GAVIN EVANS

At least 35 mentally retarded children and adults died at the Cape's Randfontein Sanatorium between July 1988 and November 1990 - all of them as a result of pneumonia, tuberculosis and other respiratory complaints.

This information was provided by a Milntride healthworker, who said the patients were between five and 27 years old. The Weekly Mail has obtained independent verification of this claim.

The healthworker said this reflected only about two thirds of the total number of children who died in this period. Many died at the Lethem Hospital, while several others have died at the Milntride Sanatorium over the past six months.

Pneumonia and bronchial pneumonia were the most common causes of death.

Tuberculosis, asthma, bronchitis and other pulmonary conditions were also common. Other causes listed included epilepsy, hepatitis, anaemia, "natural causes" and "sudden death."".

The staff member, who asked not to be named, said cold conditions and inadequate food were mainly responsible for death of 35 patients due to respiratory deaths.

First, the heating system is not adequate. There isn't enough heat in the kitchen and the room is too cold. What makes it worse is that the patients were very dirty clothes, and most don't wear shoes.

Second, the food is inadequate and there is a problem with malnutrition, and this lowers their resistance.

Health workers at Milntride and Randfontein said the patients are made to work because of the staff shortage. During night duty, for example, there are only five or six nurses to look care of a ward with up to 300 patients. Many of them are epileptic or incontinent.

"In some areas there are no clothes on the patients up the faces and urine that others may have dropped on the floor. Patients have been known to starve and without water. The nurses can make them do anything. They work like robots."

Commenting on the work issue, a Lifecare representative said: "The practice of allowing patients to do jobs for money (including occupational therapy) was discontinued last year. Many patients resented losing their "jobs" and a few (less than two percent) have been allowed to do voluntary work in the hospital kitchen or kitchen, although this places an extra burden on staff in terms of supervision. They are then paid from the occupational therapy budget."

Staff members mentioned the nurses' language. Patients who are called "good" are the "workers. They are given extra food, or they receive shoes, and some from a few rand per month. The patient that are too ill to work are called "sick", they are neglected. Patients are also divided into "clean patients" and "and dirt patients", who are seldom washed.

"They smell very bad. They are repul- sive, so you about at them and you push them away when they approach you," said a health worker, who added there were large numbers of complications.

"The nurses have to push them under the cold water. Some patients get a fright and will not leave. The nurses may leave them. For them, that's minus one problem."

Because there is so little supervision, patients injure themselves or fight with each other, health workers said.

Patients in the two sanatoria are all "classified" and classified as chronic psychiatric, retarded or severely.

Some have been in the care of Lifecare and its predecessors for decades, according to staff members, and have been moved around the country from one institution to another. "Sometimes patients try to escape, because they do not like to stay in the hospital," said by Lifecare.

With only four psychiatrists (two part-time) and no psychologists for the 3000 or more patients of Milntride, little therapy is provided other than medicina, staff members said: "When a pa- tient is "difficult", he is simply given extra medication."

They claimed there is no rehabilitation programme at Milntride. "The staffs are backed by 200, so there are four psychiatrists at Milntride. There are only 200 qualified psychiatrists available in South Africa. In addition, until recent legislation changed this, no private hospital could employ less than five psychiatrists."

They added that they will soon be getting more psychiatrists from overseas, and three have more have been ap- proached.

But psychologist Melvyn Freeman from Wits University's Health Psychology unit, stated that many of these "chronic" psychiatric patients could be cured. "Perhaps a minority should indeed be under custodial care, but the majority of them are made into custodial pa- tients and should receive proper treatment, including medical and psychol- ogical care."

A Lifecare representative used to work for Lifecare rejected this: "Lifecare's pa- tients are given all help that exists."

Lifecare is the biggest private owner of psychiatric hospitals in South Africa. It accommodates about 9000 mental patients, all of whom are chronic. Milntride and Randfontein sanatoria care for about 4000 black patients. Lifecare makes its profit from what the govern- ment pays for the patients according to Lifecare, less than R50 per patient per day. In 1973 several newspapers exposed conditions at Lifecare hospitals (at the time called Smith, Mitchell and Co), and that they were "making millions out of madness". The reports included allegations that patients worked for over 11 hours a day and slept on grass mats on the floor in converted mine compounds. The present-day hospitals are on the same sites.

The government at the time promised to build five new state-run hospitals in order to dispense with the services of Smith, Mitchell and Co. But these hos- pitals have never been built.

Instead, the Mental Health Act was amended in 1976 to prevent conditions in psychiatric hospitals from being publicly discussed and criticized.

Lifecare said it "had initiated substan- tial changes in the facilities since the late 1960s when the state asked us to take over and manage such facilities."

The claim by the making Milntride was "absolute nonsense."

A serious shortage of psychiatric help

The wards where only the fittest survive. See overleaf...
Sanatorium gets a quick face lift after Mail expose

THE WEEKLY MAIL, June 14 to June 20, 1991

SPECIAL INVESTIGATION

"SANATORIUM'S ALTERNATE MEDICAL INSTITUTIONS"

"The dead is in different bodies."

"Your Children's Health Check is Important."

"A quick inspection of some and most patients..."
HEALTH SERVICES MEC ATTACKS "SENSATIONAL" REPORTS ON INSTITUTION

THE MEC for health services, Fanie Ferreira, has attacked The Weekly Mail for "sensational reporting" in its coverage of conditions at the Lifecare mental health clinics last week.

"I must strongly object to the total and deliberate misrepresentation of conditions in the Lifecare institutions," he said in a statement.

"Lifecare institutions are inspected by medical advisers and senior nursing personnel of the Transvaal Provincial Administration on a regular basis. The service, facilities and patient care of these institutions are of a high standard.

"Furthermore, I wish to point out that the medical psychiatric, nursing and ancillary services provided by these institutions are rendered by highly qualified and motivated registered personnel."

He quoted the American Psychiatric Association, which in 1989 said that these facilities had "improved over the last 10 years ... and on the whole, the care of chronically mentally ill at Milnside appeared to us considerably better, safer and more dignified than it was 10 years ago."

Ferreira invited media to visit Milnside yesterday.

The response from Lifecare has been similar.

"Group managing director Mervyn Maleki said in a letter to The Weekly Mail that the article contained "gross inaccuracies."

"He invited The Weekly Mail to visit the facilities."

The editors reply: The Weekly Mail has accepted the offer to visit the facilities, though for obvious reasons we place more weight on the evidence that reporters found during unscheduled visits.

"We must emphasise that our reports were based on first-hand accounts by reporters, backed by evidence from medical personnel from these institutions, the families of people held in them, and documentary information."

We confirm the basic facts; these institutions are chronically understaffed; patients insufficiently clothed for winter; physically disabled patients have no crutches or wheelchairs; food is poor and some children have to share beds.

"Mr Ferreira should state if he considers this to be evidence of a 'high standard' of care. If so, he should explain why Lifecare found it necessary within hours of our report to hand out or order new shoes, jerseys, pyjamas and other items."
Apartheid still rules at Sterkfontein

CISKA MATTHES visited a state mental hospital — where apartheid is rife, and conditions depend on the colour of a patient's skin.

At the state-run Sterkfontein Hospital for the mentally ill, near Krugersdorp, black patients are showered six at a time in a dark, concrete-floored room, with windows that are mere holes in the wall, with no glass.

And, according to staff, patients have to wait naked for the communal shower and make do with limited hot water.

The white patients, on the other hand, can shower by themselves in comfortable cubicles.

When the black dormitories are full, patients sleep in the unpainted, ice cold concrete "side rooms" intended for isolation, with only a thin mattress on the floor and a hole high in the wall.

In one white ward The Weekly Mail visited, side rooms have been carpeted and converted into visitors' rooms with curtains.

After an application for a visit to Sterkfontein was rejected by the Transvaal Provincial Administration (TPA), access was gained without the management's knowledge.

Sterkfontein, like all similar institutions, has been hidden from the public eye since the Mental Health Act was amended in 1976 after a Sunday Times expose of mental health conditions.

The Weekly Mail spoke to several health workers at the institution, who were all eager to help expose the segregation and discrimination among black and white patients and staff.

The "white" section near the entrance to Sterkfontein immediately gives the visitor a positive impression of the hospital. It includes a large recreation hall, a beauty parlour, and an employed gardeners, according to staff members.

Health workers claimed that black patients who are discharged have to find their way back home using their own resources, in their unwashed clothes. Sometimes nurses take collections to raise money for poor patients to get home.

According to staff, the hospital provides the necessary funds for white patients to get home.

The Weekly Mail visited Sterkfontein on a cold winter day. In one of the black wards many patients stood outside, in ragged pyjamas and gowns, hugging themselves to keep warm.

Standing in the courtyard in front of the dormitory doors in the last rays of sunlight, at 4.30 pm, they waited to be put to bed.

Patients have to go to bed early because the night duty nurses are understaffed — two or three for up to 100 patients — a healthworker explained.

They had just been served a simple, one-pot meal in the dining hall, a shed outside in the courtyard, with no doors and broken windows. Patients squeeze in on narrow, wooden benches along "tables" made of brick and concrete.

The food is carried in from a distant "black" kitchen, in stainless steel pots, a staff member explained. Food from the "white" kitchen is transported in heated tins to the white wards.

Black staff members are negotiating with management about the discriminatory conditions, and are being backed by the National Education, Health and Allied Workers' Union (Nehawu).

Nehawu is not recognised by Sterkfontein's management, and no concrete progress has been made yet, because the complaints are not acknowledged.

One of the complaints is that black registered nurses in the white ward often have difficulty delegating duties to white junior nurses.

Furthermore, black nurses face general understaffing in the black wards, which forces them to do work such as gardening and cleaning.

In a crowded black ward, eight nurses may look after 80-100 patients, whereas in a white ward the same number may take care of about 40 patients, health workers said.

The treatment of black patients consists merely of medication, staff claimed, except for those who have occupational therapy, whereas the white section has social workers and psychologists to provide therapy.

Still, according to a psychiatrist who used to work at Sterkfontein, "there is deprivation across the colour line, although the black patients are, of course, far more disadvantaged."

"Nothing will happen until the people with the resources start representing the patients. They are easily forgotten and neglected," he said.

The TPA said it would not be able to respond to The Weekly Mail's allegations until members of its top management had been consulted. They would only be available next week.

However, TPA deputy director Jan van Wyk said that the TPA had always followed an "open" policy on health matters to keep the media and the public informed.

He asked The Weekly Mail to substantiate all allegations made by the members of staff, "so that an investigation can be launched."

"We do not react to speculative — so-called 'hearsay' — matters. All matters officially reported will be investigated fully," he said.
Alex Clinic, police drawing up info deal

By Helen Grange

A longstanding dispute between the Alexandra Clinic and the SAP over police methods of acquiring information from the clinic's doctors about patients has come to an end.

David Robb, the clinic's acting director, is currently engaged in negotiations with Randburg's commissioner of police over "more acceptable" ways to get information on patients.

Antagonism between Mr Robb and Randburg police recently resulted in the SAP using a subpoena order to compel Mr Robb to give detailed information on patients treated after the massacre of Alexandra residents attending a funeral vigil in March.

Mr Robb appeared before a Randburg magistrate yesterday, but the subpoena against him was withdrawn in the light of negotiations embarked upon.

"We are trying to draw up a proper procedure of information-gathering, which could be recognised by the magistrate's court and police stations in the area.

"It would entail the police firstly providing the director of the clinic with the names of patients needed for an investigation, and secondly, getting the consent of patients before asking the clinic for information on them," said Mr Robb.

The clinic had been justifiably unco-operative with the police when they had demanded to know names, addresses and several other particulars of the injured brought in after the massacre, he said.

The police had since provided the names of those they wanted information on, and gained their consent. The clinic had then furnished the required information, Mr Robb said.
HOUSE OF ASSEMBLY

1961

18th June, 1961

THE MINISTER OF DEFENCE

Mr. Speaker, An Act to authorize the making of regulations respecting the tattooing of persons in the armed forces of the Commonwealth, and for incidental purposes.

1. short title.

This Act may be cited as the Tattooing Act, 1961.

2. Definitions.

In this Act—

"A Regulation" means a regulation made under this Act; and

"Tattooing" means the decoration of the skin of any person with designs by means of a needle, or otherwise.

3. Powers of the Minister.

The Minister may make rules for the regulation of tattooing, and for the prevention of tattooing, and for the punishment of persons who tattoo any person without the consent of that person.

4. Penalty.

Any person who shall contravene any of the rules made under this Act shall be liable to a penalty of one hundred dollars.

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Housing & Development Board

One of the main concerns of the Housing & Development Board (HDB) is the provision of affordable housing for Singaporeans. The Board oversees the development of public housing estates, ensuring that these estates are well-planned and provide adequate living conditions for residents. In addition to public housing, HDB also manages the sale of executive condominiums and private housing. The Board is responsible for the overall management of the housing estates, including the maintenance and repair of public housing units.

HDB has set up various schemes to assist Singaporeans in purchasing their own homes, such as the Home Improvement Programme (HIP) and the HDB Mentorship Programme. The HIP allows older residents to improve their existing public housing units, while the Mentorship Programme provides mentorship and guidance to first-time Home Buyers.

The Board has also implemented various measures to encourage home ownership, such as the Central Provident Fund (CPF) HousingScheme, which provides financial assistance to home buyers. HDB has also introduced the Buy-to-Rent Programme, which allows tenants to purchase their current dwellings, thus owning their homes.

HDB is committed to providing quality and affordable homes for Singaporeans, and continues to strive for improvements in the living conditions of its residents.
Guarded response as hospital work begins

The news that Concor Holdings (Western Cape) has started work on the R14.5m New Kingsbury Hospital in Claremont has brought a mixed reaction from residents and professional people in the area.

Several residents have stated that as far as they know the developers had taken residents’ grievances into consideration and the possible traffic congestion and all the other problems had been addressed.

Mr Lionel Edwards, an architect with Andrews Niegemann, the company which has designed the new complex, said: “We have adhered to all the City Council’s stringent conditions of approval. Nothing has changed from our side — we have considered the residents in the area in every way."

‘No notification’

“The developers are attending to all the little problems — such as the noise from the water pump — as these arise.” A resident in the area said the first he knew about the beginning of the scheme was what he read in the Cape Times last week.

He said: “Until then, we had not received any notification from anybody that R14.5m was being spent on the project and that building operations would last until next September.

“However, once the complex is complete it might make a positive difference to the area, provided nothing has changed since the plans were passed. It might be better than a supermarket or a multi-storey block of flats. I look forward to the landscaping — trees and pretty gardens would be welcome.”

Mrs Gill Cowen, of Claremont, said: “We hope the developers will do what they said they would do: provide access from Wilderness Road, see that the lights are not too bright or too numerous and ensure that there are no problems either with noise or traffic.

Watchful

Another resident in the area said that the first he and his wife knew about the building operation starting was the appearance of the contractors on site with bulldozers, and the demolition of buildings.

He added that residents would definitely keep an eye on the progress of the new complex.

He said: “Nobody tells anybody anything. What about the Wynberg Surgical Clinic? This has not been satisfactorily explained. Are they moving to the new complex or are they not?”

“When we first started talking it started off as a small development but now it seems very large. The developers have kept on buying more properties in the area. We wonder how large the complex will be in the end.”
Cutbacks at hospitals save R16,6m

Political Staff

THE March cutbacks in services at Cape Provincial hospitals had resulted in savings of R16,6 million, the Minister of National Health, Dr Rina Venter, said yesterday.

The preliminary figures indicated a saving of R16 557 997 at Cape Hospitals from March 4 to March 27, she said in reply to a question tabled by Ms Dene Smuts (DP, Groote Schuur).

Ms Smuts, responding to the information, said the saving of R16 million from the Cape hospital budget through the cutbacks in March were "not worth it" when weighed against the shock caused to the health system and to patients.

Ms Smuts said it was unlikely from the start that R50 million could be saved in a month.

"Furthermore, the scope for cutbacks is limited by fixed costs. "In the case of Groote Schuur, these costs which include staff salaries, represent 60% of expenditure."

"The only thing that can be said about the saving of R16 million when weighed against the shock caused to the health system and to patients by the Administrator's cutbacks is that it isn't worth it."

The cabinet was clearly not going to come to the rescue with more generous funds and so the answer had to lie in the restructuring of the health services, greater autonomy for academic hospitals and a more discriminating mode of financial administration.

Groote Schuur Hospital had managed to contain costs and maintain standards over a number of years.

"This latest example of the indiscriminate and arbitrary cross-the-board cutbacks about which Groote Schuur/UCT Medical Faculty Department Heads have consistently complained, and which has borne so little fruit after such savage pruning, underlines the need for a new system."

Ms Smuts said.
Clinic chief: Order dropped

JOHANNESBURG.—Authorities have withdrawn an order against an Alexandra Clinic official to furnish information about victims of a massacre at a funeral vigil in the township earlier this year.

Mr David Robb, acting director of the clinic, received the order after he clashed with police who demanded details about victims being treated in the clinic for gunshot and hack wounds.

The Section 205 subpoena was rescinded on Monday following an agreement reached between the chief prosecutor, police and the clinic official shortly before Mr Robb was due to appear in court. — Sapa
The MINISTER OF PLANNING, PROVINCIAL AFFAIRS AND NATIONAL HOUSING:

In order to give a meaningful reply to the question, my Department enquired as to the meaning thereof and it was indicated that the purpose of the question was to obtain the information per population group.

The amount of R601 439 000 under Main Division 6—"Urban development and housing aid" under Vote 2—"Health Services" is provided for all population groups and cannot be subdivided per population group.

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(3) None

(2) On 31 March 1991

(1) 1990/91—financial year R415 000
(2) 1990/91—financial year R5 000
(b) Funds voted by Parliament.

OFS: Vote 7—Health services/community development

434. Mr L F STOFBERG asked the Minister of Planning, Provincial Affairs and National Housing:

Whether, with regard to the Province of the Orange Free State: Estimate of Expenditure for the Financial Year ending 31 March 1992, he will subdivide the amount of (a) R510 946 000 under Vote 2—"Health services", and (b) R327 366 000 under Vote 4—"Community development", according to aims; if not, why not; if so, what are the relevant details?

The MINISTER OF PLANNING, PROVINCIAL AFFAIRS AND NATIONAL HOUSING:

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The amount of R601 439 000 under Main Division 6—"Urban development and housing aid" under Vote 2—"Health Services", and (b) R327 366 000 under Vote 4—"Community development", according to aims; if not, why not; if so, what are the relevant details?

438. Mr W A BOTHA asked the Minister of Planning, Provincial Affairs and National Housing:

Whether, with regard to Vote No 26—Main Division 6—"Urban development and housing aid", according to aims; if not, why not; if so, what are the relevant details?

HOUSE OF ASSEMBLY

Province of Transvaal: Vote 7

440. Mr W J D VAN WYK asked the Minister of Planning, Provincial Affairs and National Housing:

Whether, with regard to the Province of Transvaal: Estimate of Expenditure for the Financial Year ending 31 March 1992, he will subdivide the amount of R1 372 332 000 under Vote 7—"Community Development", according to aims; if not, why not; if so, what are the relevant details?

The MINISTER OF PLANNING, PROVINCIAL AFFAIRS AND NATIONAL HOUSING:

In order to give a meaningful reply to the question, my Department enquired as to the meaning thereof and it was indicated that the purpose of the question was to obtain the information per population group.

The amount of R1 372 332 000 under Vote 7—"Community Development" has been provided solely for the Black community.

Free settlement areas proclaimed

443. Mr P G SOAL asked the Minister of Planning, Provincial Affairs and National Housing:

(a) How many free settlement areas have been proclaimed since the promulgation of the Free Settlement Areas Act, No 102 of 1988, (b) where are these areas situated, (c) what is the size of each, (d) how many persons are living in each of these areas and (e) in respect of what date is this information furnished?

HOUSE OF ASSEMBLY
PRETORIA — A target date of April 1 next year has been set for the implementation of extensive management autonomy at the seven academic hospitals in South Africa.

This was confirmed by the director-general of national health, Dr Coen Slabber, at the first National Policy Advisory Council meeting here yesterday.

He said yesterday's meeting marked the first step in this process. — Sapa
No way out for mentally ill

The plight of a man incarcerated in a mental hospital against his will, raises questions about the current psychiatric process, reports GAVIN EVANS

Recorded with drugs against his will. After appealing to the attorney general and hospital superintendent, he was refused help. The latest attempt was to contact the National Intelligence Service and police. His return to Weekeeps was ordered and he spent 20 months in a chronic ward, "with no treatment whatsoever." On average, the writer saw a doctor for about 10 minutes in two months.

Applications to see the hospital board and for appeals were initially refused. Later he got to see the board, which refused his unconditional discharge but moved him to another ward and allowed him to go out on weekends. He says he wants to run for damages, but can't until his original certification order is rescinded.

In a recent article in the South African Journal of Human Rights, psychiatrists Lloyd Voglerman, attorney Nicholas Heymen and academic manisch M. de Straten argue that one of the catalysts behind the current psychiatric process was the assassination of Dr. Hendrik Verwoerd, which led to a "conspiracy to protect society from the mentally ill," as revealed in the late 1960s by re-awakened personal fears of the many insane patients.

The conscientious process, they argue, is conducted administratively and judicially by the psychiatric hospital. The consequences of a faulty diagnosis are severe, and there is much evidence to suggest that psychiatry has not yet reached a stage where faulty diagnosis is inevitable.

Any adult who believes another person should be committed to a mental institution may apply to a magistrate for an order, and the application may be accompanied by a medical certificate. The magistrate, who does not need to examine the person himself, calls for the assistance of two doctors, who provide him with a written examination of the person. If the psychiatrists are available, they may write to the medical certificate supplies by the hospital.

A hospital doctor's report is then sent to the attorney general, after which a judge examines the reports in chambers and may order the further indefinite detention of the patient. However, this discharge is dependant on the doctor. After discharge, the patients escape. According to figures released at parliament, in Sterkfontein alone 513 patients "escaped, broke out, absconded or were allowed to go on leave and did not return" between 1986 and 1990.

Inside the bleak cell of despair

In a locked, barred room of Weekeeps psychiatric hospital, about 20 black patients sleep on mattresses on a dirty concrete floor. Above each mattress a number is painted on the dirty yellow walls: "81, 82, 83, 84." They are not taking off the walls.

Heads nod stick out from under heaps of old blankets, clothes together, without sheets or pillows.

The patients get up clutched when The Weekly Mail reports enter the ward. They all want to shake hands.

"We are hungry, madman," says one. Another begs, "Please, miss, can I go home? I'm OK in any head now."

Staff claims the patients are given clean blouses only once a week, and change their clothes only once every four days.

Some of the patients' windows are broken, letting in the freezing mid-winter air.

Two buckets of water are placed in the middle of the room with three cups after 3:30 p.m. from 6:30, it is all the patients will have to drink until the next morning. They have no food during this period.

The room is filled with a musty smell of urine in the corner stands a row of old tables without

wir

e, energy, activity, efficacy, achievement, inappropriate humour, optimism and superb good humour.

He has never suffered from delusions or hallucinations. "Accounts of such have been unfounded and completely unnecessary, and would be completely contradicted by the hard evidence, and many, many, many, witnesses, which the writer could bring to the fact that he has the opportunity.

When his refutation of the doctor's diagnosticians is open to question, his success in his praxis and the limited extent for appeal makes more sense. He says his patient obtained a letter from his consultant in a mental hospital, with his having seen the contents of the doctor's letter, his final reaunica of the magistrate. He was prescribed a drug, Phynolone, and then

DICKENSIA STARKNESS — the MB ward at Weekeeps is home to 20 men, some of whom have lived there for decades.

PHOTO: GUY ADAMS

This week The Weekly Mail secretly gained access to another major mental institution in the Transvaal — the Sterkfontein Hospital.

The MB ward ("Mental Board") of Weekeeps, some of the patients have lived for years, others for weeks.

They are black South President's Patients (SPP) who were screened by the court to treat the mentally ill. They were declared not accountable for debts against general recognition for any

The Weekly Mail spoke to several of Weekeeps' health workers who felt it was time to ex-

Staff said the only "therapy" black patients receive is medication — none of them receive any individual psychotherapy. Group therapy is given only to those who are about to be discharged. The black patients are also discharged; many may stay until they die. It is a matter of control, not care, one worker com-

The health staff claims that the approach to 100 black SPP patients of Weekeeps were once by the psychiactrist briefly once every two or three months.

The hospital staff — and ultimately, the psychiatrist — judges a patient cared, a discharge may be granted.

The health staff claim that The Weekly Mail's investigations into the mental institutions is a complacent bureaucratic procedure that is not often stern.

For a discharge "in cases" perfectly is a relative — is able to take responsibility for the patient.

The problem is that relatives are often not willing to be the custodian, as the patients may have asso-

The management says it is far too dangerous.

The psychology is that it is not safe to say whether a patient can be rehabilitated to lead the outside world. He may not be able to handle the stress.

But the hospital, they add, doesn't even give pa-

The health workers claim the white SPP patients are given a chance to go home on leave more of

Furthermore, health staff claim some patients don't have as they live too far away and receive too little support.

While patients always get sufficient resources to go home, the staff seem to realize it is a far way.

Black patients though, may be just "dumped" at a station, they said — and may not be able to cope with the environment.

According to a mental health worker Weekeeps was "incredibly integrated" in January this year. However, this does not mean to accommodate the patients — mentally the medical staff is no longer the same.

Some workers claim, that, even this integration has not yet taken place.

Although the newly-built black wards that are said to be quite comfortable, the hospital board and the medical staff still stay in the overcrowded old wards, with poor facilities.

Meanwhile, the approximately 1000 white patients are said to enjoy comfortable conditions; and The Weekly Mail, visiting the ward last week, found the patient peacefully playing the piano in the patients' dining hall.
DICKENSIAN STARKNESS ... the MB-ward at Weskopps is home to 20 men, some of whom have lived there for decades.

This week The Weekly Mail secretly gained access to another major mental institution in the Transvaal — the state-owned Weskopps.

CISKA MATTHEWS - 216 - 27 JUN 91
seats, shielded only by a low wall. In an adjacent enclosure, a blocked urinal is almost overflowing. Wet patches dot the rough concrete floor.

In this "MB-ward" ("Male Bantu") of Weskopps, some of the patients have lived for years, even decades, health staff said.

They are black State President's Patients (SPD) who were sentenced by the courts to treatment in a mental institution; they were declared not accountable for deeds that range from general aggression to murder.

The Weekly Mail spoke to several of Weskopps' health workers who felt it was time to expose the problem.

Staff said the only "therapy" black patients receive is medication — none of them receive any individual psychotherapy. Group therapy is given only to those who are about to be discharged.

Few of the black SPD patients are ever discharged; many may stay until they die. "It is a matter of control, not cure," one worker commented.

The health staff claimed that the approximately 100 black SPD patients of Weskopps were seen by the psychiatrist briefly once every two or three months.

If the hospital staff — and ultimately, the psychiatrist — judges a patient cured, a discharge procedure may be started.

The health staff claim it is a complicated, bureaucratic procedure that is not often started.

For a discharge a "custodian" — preferably a relative — is needed to take responsibility for the patient.

The problem is that relatives are often not willing to be the custodian, as the patients may have assaulted family members. Social workers are continuously discouraged to sign as custodians by management, the health staff claim.

"The management says it is too dangerous," they say. They acknowledge that it is not certain whether a patient can be rehabilitated to face the outside world. He may not be able to handle the stress.

But the hospital, they add, doesn't even give patients a chance, and seldom are they allowed to go home on leave.

The health workers claim the white SPD patients are given a chance to go home on leave more often; supposedly even for up to one month.

Furthermore, health staff claim some patients can't leave as they live too far away and receive too little travelling money to get there.

White patients always get sufficient resources to go home, the staff said; and are escorted all the way. Black patients though, may be just "dumped" at a station, they said — and may not be able to cope with the stress.

According to a mental health worker Weskopps was "racially integrated" in January this year. However, this does not relate to accommodation of patients — merely the medical staff is no longer divided into two separate teams.

Some workers claim though, that even this integration has not yet taken place.

Although there are several newly-built black wards that are said to be quite comfortable, the majority of the approximately 1 300 black patients still stay in the overcrowded old wards, with poor facilities.

Meanwhile, the approximately 1 800 white patients are said to enjoy comfortable conditions; and The Weekly Mail, visiting the wards, said these white women were "spotted a white woman patient peacefully playing the piano in the patients' dining hall."
The Minister of National Health

In accordance with the provisions of the

The Minister of Law and Order

The Minister of Home Affairs

The Speech of the Prime Minister

Fridays 21 June 1961

Hansard
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The above table represents the budget allocation for various categories. The total budget is represented in the final row, showing the overall financial planning for the year.

- **Total**: The sum of all the values in the table.
- **Category**: The different budget categories included in the plan.
- **Values**: The specific amounts allocated for each category.

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**Note**: The table is a part of the annual budget document presented to the House of Assembly for approval.

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**Source**: Department of Finance

**Date**: 23rd June 2019

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**Signature**: [Signature]

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**Reference**: Annual Budget Report 2019-2020

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**Date**: 24th June 2019

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**Decision**: Approved by the House of Assembly on 24th June 2019.
Conditional agreement on State doctors

The Medical Association of South Africa (Masa) yesterday conditionally accepted limited private practice for doctors at State hospitals to supplement their income.

In a statement issued after a meeting between Masa and the director-general of National Health and Population Development, Masa's Dr Bernard Mandell said the association had agreed to limited private practice for doctors in the academic sector as a last resort and not as a chosen option.

He stressed that Masa remained adamant that it was the State's responsibility to maintain the health of the nation by ensuring the viability and availability of services.

"Masa has agreed to this measure for the sake of the survival of academic medicine, which is a foundation of health services," he said.

But Dr Mandell warned that Masa believed the introduction of this measure would jeopardise training, research and patient care.

Masa regarded the measures as no more than an easy solution to a current problem. — Sapa.
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Restrictions on doctors slated

A special issue in the Medical Reporter of November 19, 1941, notes that the Medical Council of South Africa is considering restrictions on doctors who dispense dangerous drugs. The Council will meet in Cape Town on November 29 to discuss the matter. The Reporter adds that the medical profession is prepared to support any restrictions that may be imposed.
Organising health care for all

Many people, including organised workers, know that health care in South Africa is in a crisis. Apartheid capitalism has resulted in many black working class people, and especially people in rural areas, not having access to adequate health care.

Many people believe that the crisis in health care will be solved when apartheid is removed from the law books. On 17 May 1990, the Minister of National Health and Population Development, Dr Nkosazana Dlamini-Zuma, made a statement in parliament that apartheid in hospitals is dead. But has this statement improved the health care needs of all South Africans?

It is more than a year since Dr Venetor removed apartheid from hospitals. But reports of medical discrimination in hospitals in the Orange Free State confirm that apartheid is not completely dead in hospitals. Nationally, little progress has been made in admitting black patients to hospitals that were previously for “whites only”. This process is slow, inconsistent and uneven.

Even if black people were allowed to use all hospitals, the health care crisis would not be solved. Health for All will only come about when we understand why people become sick. Let us look at the story of Joe to understand how poverty makes people sick.

Joe’s story

Joe is a migrant worker. He lives in a hostel in Alex. Joe earns R400 a month. He sends R100 a month home. Often Joe does not have enough to eat. He shares a small room with 15 other people. The floor is made of cement, the windows are broken and the roof leaks. There are not enough toilets in the hostel. Often the toilets are blocked or they leak. There are not enough taps and showers for people to wash themselves or their clothes.

Last year Joe got TB. He went to hospital for treatment. When Joe returned to the hostel, he soon got sick again, because his living conditions were so bad. So Joe is back in hospital again. Now he worries - what is going to happen when he goes back to the hostel? Will he get sick again?

Joe, like many other people, gets sick often because he is poor. In South Africa, because of apartheid capitalism, it is black people who are the poorest and who get sick the most.

Privatisation of health services

In South Africa, like many capitalist countries, the government spends more money on curing or making people better when they are already sick. They spend very little money on trying to stop people from getting sick in the first place. Now the government says it does not have enough money to pay for health services any more. So hospitals do not have enough money. Hospitals are trying to cover their costs by cutting down on medicines and putting up their fees.

Another way that the government is trying to solve the problem of money for health care is by privatising health services. They are saying that the business or private sector must take over the hospitals so that hospitals will be privately owned. The government says that the business sector must try to make a profit out of hospitals and health services.

There are already many private doctors and hospitals. Most people cannot afford to use them. With privatisation, more hospitals will become privately owned. By privatising health services, the government is handing over its responsibility to provide health care to the private sector. The government is saying that health care is a right which all people have. The government is saying that good health care is only for people who can pay for it. But we must say that good health care is a right that every person in society should have.

For a long time the working class has fought for a better life. The South African working class has a long and rich history of struggle. The struggle for better wages, better housing, better education and liberation are all part of the struggle for a better life, and therefore, better health.

Now that apartheid is beginning to be removed from the law books, this does not mean that we must stop the struggle for better health. The struggle needs to continue until the day we have health care for all. The most effective way to continue the struggle is by organising for better health. Let us look at some ways of organising.

Hostel Dwellers Organise

Hostel life has many problems. People in hostels are often lonely and bored. They live far away from their families and there is nothing for them to do at weekends. So many hostel dwellers spend their time drinking in smoky shebeens. To fight their loneliness, hostel dwellers often find lovers in the townships. Many people get sick from drinking too much - or they get sexually transmitted diseases like AIDS.

The government and employers do not want to get rid of hostels and build family housing. Instead they are building expensive houses which most people cannot afford. Some hostel dwellers have started to fight for better health care. In the Western Cape, workers in the hostels started an organisation called the Western Cape Hostel Dwellers Association - WCHDA.

The aims of the Western Cape Hostel Dwellers Association are to fight for:
* the right of workers to live with their families near their workplace
* the improvement of the hostels
* education and cultural activities for hostel dwellers
* better relations with township residents.

One of the projects which the Cape Hostel Dwellers has started is a health project. This project helps hostel dwellers with their health problems. The health project also helps workers fight for better living conditions.

Organising in the townships

Many township residents have also started to organise. People are forming residents' organisations to fight high rents, lack of electricity, untarred roads, lack of proper sewerage and running water and the shortage of housing.

The shortage of houses has forced many people to build shacks and squatter camps. People in squatter camps are also organising to fight for houses. But until they get houses, they are fighting for running water, sewerage and other conditions which will improve the standard of living in the squatter camps themselves. These conditions will improve people’s health.

Organising for better health care

Health workers and community organisations are also fighting for better health care. They want the state to make improvements in hospitals and clinics.

These organisations won one battle when the government was forced to open hospitals to all in May 1990. They also want the government to stop increasing hospital and clinic fees.

Health workers’ organisations have also formed a group called the Progressive Primary Health Care Network. The aim of this group is to organise for better health care together with community organisations.

Unemployed workers do not have enough money for medical treatment. Together with the National Unemployed Workers Co-ordinating Committee (NUWCC) they are demanding free medical care for the unemployed.

Organising in the union

Workers, through their unions, are also fighting for better living and working conditions. The unions have won many battles over the past few years. They have won better wages for their members, maternity benefits and safer working conditions.

The struggle for better health does not stop with the removal of apartheid in hospitals. Health care, both preventative and curative, need to be improved in such a way that it will benefit the majority of people in South Africa. This will only happen when we put pressure on the government to realise that health care is a right and not a privilege.
HEALTH & DISEASE - HOSPITALS & CLINICS

1991

MARCH - DEC.
‘Apartheid’ hospital is spruced up

Senior provincial officials have introduced sweeping changes at Witbank Hospital to address the nightmarish conditions that have allegedly threatened patients.

The move comes after a series of disclosures by the Saturday Star.

The first breakthrough came last week, hours after the newspaper published a report in which the ANC described the “black ward” as a pigsty.

By 2 pm that day, a top-level delegation from the Transvaal Provincial Administration (TPA) was at the hospital for an emergency inspection.

After assessing the “grim” situation, they ordered immediate clean-up and the suspension of renovation work in the busy, cramped black wards.

The TPA had:
- removed remaining racist signs.
- abolished visiting-hour apartheid.
- black patients had their visiting time doubled to an hour, bringing them in line with whites.
- repaired a television set in the black children's ward that had been broken since mid-1990.
- served black patients “western” meals instead of a traditional diet.

Pictures: Page 2

- placed plastic covering on areas where renovation work had been suspended to prevent patients suffering any further problems from dust.
- patched up holes in the ceilings of wards.

On March 16 the Saturday Star published a photograph of a workman chipping away at a brick wall with a hammer and chisel next to the beds of female patients who had just returned from major surgery.

Some of the patients reported being hit by flying flake of brick, while

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TO PAGE 2.

Hospital

Everyone in the ward — both patients and staff — complained of the incessant noise and choking dust.

At the same time, many beds lay empty in the hospital’s white wards.

After the report, an ANC delegation led by national executive member Ahmed Kathrada toured the hospital on Wednesday.

Also touring the hospital were Dr Selma Browde of the National Medical and Dental Association, Dr Anlan Dasoo of the SA Health Workers’ Congress, Jackson Mthembu of the Witbank Anti-Racism Campaign and senior TPA officials led by chief director of hospital services Dr Pieter van den Berg.

The delegation also inspected the hospital’s impressive white wards.

After the tour Mr. Kathrada — a former long-term Robben Island prisoner — said that even after the TPA’s “sprucing up”, the conditions he had seen at Witbank Hospital’s black wards were worse than those he had experienced in prison.

Mr Kathrada said black people were used to inferior conditions “but I never expected to see in a hospital what I saw today”.

During the tour the delegation saw:
- A filthy bath with no plug that had to serve the 25-bed black women’s ward. Before the Saturday Star’s article the building contractors had removed the bathroom’s plumbing so women patients were forced to wash in a bowl.
- The beds of incapacitated women patients formed a line along the thoroughfare to the men’s ward. The women said before the renovations were suspended, men with wheelbarrows walked past and sometimes knocked their beds. They had no privacy when using bed pans.
- The men’s ward had two seat-less toilets for 56 beds.
- The stench from the “recently cleaned” outpatient men’s toilet was so strong that members of the delegation could not enter.
- Workmen were seen unblocking a stinking sewerage pipe near an out-patient area door.
- Outside the children’s ward a plaque erected in honour of Dr James Gillespie who died in 1938 read: “He thought well of the Bantu.”

After Wednesday’s tour the TPA’s Dr van den Berg said he was confident that a lot of the inconvenience black patients had been subjected to at the hospital had been relieved. Previous conditions were “regretted”.

The current state of the black wards was “not an ideal situation” but better. A meeting between the TPA and the ANC after the tour had gone well. The parties had agreed to meet again.

TPA planning director Dr Francois van der Merwe said the ANC had agreed that there would be no mass action and contractors would continue work on new buildings. Once these new wards were complete black patients would be moved in.

Only when the old wards were empty would renovation work resume.

Witbank Hospital’s black wards are being upgraded at a cost of R3.7 million.
Broken

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Ernest Test, The Entrepreneur

Visitors

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Residents

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Entertainment

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Hospital a pigsty - ANCGNA
Shocked

Said the Campaign’s spokesman, Jackson Mthembu: “Our four-man delegation was deeply shocked at what we saw in that so-called hospital. ‘The conditions at the Witbank SPCA are better than what our people are being subjected to there.’

Saturday Star tried to get comment from the TPA liaison directorate, but was told that all officers empowered to talk to the press would not be available until after the weekend.

Witbank Hospital’s superintendant, Dr Willie Snyman, denied that there was any segregation at his hospital. He acknowledged that the current multimillion rand upgrading of the hospital was causing disruption and inconvenience in the black wards. However, in a fortnight work would be completed on the new white maternity wing and once patients had moved there the old white maternity wing would be taken over by black patients.

He said only then would it be possible to close one of the old wards so that renovation work could continue without inconveniencing patients. He denied that the hospital had many empty beds in white wards.

Sisulu

Yesterday, there were 35 empty white beds and 67 empty black ones. Meanwhile Mr Mthembu said the Witbank Anti-Racism Campaign executive would be requesting that ANC internal leader Walter Sisulu visit the hospital early next week.

“We are not planning to move patients ourselves at this stage, but we will be putting pressure on the authorities to act quickly. ‘We cannot allow our sick people to suffer like this with construction being done all around them while there are empty beds in the new wards, be they white wards or not.’”

Mr Mthembu said the delegation had found that:

- There was a serious dust problem in the wards from renovations being carried out to upgrade the black section, which left the nursing staff feeling unwell.
- A ceiling over some of the black wards was in need of repair.
- Patient Snyman denied this.
- Staff morale was low because of the poor conditions.

Meanwhile, the TPA’s director of liaison services has responded to last week’s Saturday Star article on Witbank Hospital.

He said: “As a result of the intense dust caused by a grind the superintendant gave his permission that a small part of the work be done with a hammer and chisel to cause as little inconvenience as possible to patients. When they needed the chisel the superintendant was present to see to the well-being of the patients.”

Disturbing

The superintendent, who is known to one of the reporters, was not present during the 45 minutes the news team watched the chiselling in the ward.

The TPA said the noise made by builders’ tools could not be avoided and was disturbing white patients as well as black patients.

Reporters could hear no hammering when they visited the white wards. Said the TPA: “It is an utter lie to say there is a ‘Europeans only’ sign in the hospital.”

Saturday Star has a photograph of such a sign on the door of a lift on the first floor of the hospital.

Snooker

Said the TPA: “It is not true that there has never been any hot water. There was a temporary interruption in the supply while water pipes in the roof were connected to the new extensions.”

The claim were made by a nursing sister who had complained that over the years she has had to bathe many patients in cold water, even in winter.

The TPA said: “There is no official games room.”

Although there may not be an official games room as such, reporter Abbey Makoe saw a darts board and snooker equipment on the white men’s ward. There are no such facilities in the black section.

“What apartheid,” the TPA said: “What reporters do not know is that patients have a choice between a Western or non-Western breakfast. Black patients usually prefer the non-Western diet.”

Patients interviewed said they had not been asked which type of food they preferred.

Malvern schoolboy vanishes

STAFF REPORTER

WARREN Broeders (17), described by family members as good-natured, intelligent, an excellent sportsman and a “fitness fanatic,” inexplicably left his Malvern home on Wednesday night — and has not been seen since.

At about 9 pm, Warren, a Std 9 pupil at Queens High School, told his grandmother Anne Ondena and brother Shaun (20) with whom he lived that he was going out for a walk.

When he failed to return, Mrs Ondena walked into his room only to find that he had left a note telling his family he’d see them “in seven years time.”

“He’s his school bag was missing and he must have taken clothes with him,” Mrs Ondena said.

Warren’s distraught father Louis said he believed that although the note was in Warren’s handwriting, it was “so well written it is unbelievable.”

Warren is about 1.9 m tall, has brown eyes and brown hair. Anyone with information can contact Lance-Sergeant Dennis Adria at 622-4401 during office hours or 322-3050 after hours.
DURBAN — A national health service funded by taxes from "those who can afford them" is called for in an ANC discussion document.

The document, which will be debated at the organisation's annual conference at the University of Durban-Westville this week, says present health services reflect "all the injustices and irrationality of apartheid".

"No one should be excluded from public health services because they do not have money to pay," it says.

Only when this is achieved, would it be possible to reduce the different standards in health care.

The Government would therefore have to pay for health care and would have to tax those who could afford it to fund the national health service.

The document notes that there are major differences in access to good health care between black and white, rich and poor and urban and rural communities.

"The most advanced hospital care is inaccessible to the majority of people because of the costs and the time involved in travelling to the major urban centres where these hospitals are located."

A national health service would be:

- Unified and non-racial, and all communities should be provided with local clinics, community health centres and hospitals.
- Accessible and affordable — no one should be denied access to essential health care because the service is too far away or costs too much.
- Geared to giving priority to those most in need — children, mothers, the elderly, the mentally ill, unemployed, workers in hazardous situations and the disabled.
- Focused on eradicating or controlling major diseases such as AIDS, tuberculosis, measles and polio.
New Jo’burg Hospital neurosurgery chief

Professor Victor Farrell has been appointed the new head of the Johannesburg Hospital’s neurosurgery unit.

The unit was closed in April when its only staff member, a doctor who was overworked for months, went on leave. He was the only person working in the ward, which had 20 beds.

While the ward closed, patients were transferred to Baragwanath Hospital, as were new patients who needed urgent care. Patients who could afford it, or who were on medical aid, were referred to private neurosurgeons.

Professor Farrell graduated from the University of the Witwatersrand and is a Fellow of the Royal College of Surgeons in England. He was chief neurosurgeon at the Chamber of Mines Hospital for the past six years.

His interests are intracranial tuberculosis and parasitic infections of the brain.
No action on babies' drip deaths

Transvaal Attorney-General Klaus von Lieres has decided that no one will be prosecuted for the deaths last year of 13 babies at private clinics after suspected bacterial infection from drips.

But there will be inquests. Mr von Lieres said that although there would be no prosecutions, there was prima facie evidence the babies had died from other than natural causes.

The inquests would determine what the causes of the deaths were and whether anyone was criminally responsible for them.

An investigation into the possibility of 10 adults having died from similar circumstances would be completed soon.

The deaths of the babies were blamed last year on intravenous drips from medical products manufacturer Sabax.

Most of the deaths occurred after babies contracted klebsiella sepsicaemia at Morningside and Park Lane clinics.

After being treated for largely minor complaints, the babies' conditions suddenly deteriorated and many ended up with lung collapse or renal failure.

The critically ill babies died of klebsiella sepsicaemia. Bereaved parents were left owing up to R30 000 to the clinics. — Sapa, Staff Reporter.
JOHANNESBURG. — Attorney-General Mr Klaus von Lieres has decided no one will be prosecuted for the deaths of 13 babies at private clinics after suspected bacterial infection from drips.

But there will be inquests into the deaths which occurred in October last year.

Mr Von Lieres said although there would be no prosecutions, there was prima facie evidence the babies died from other than natural causes.

Evidence and documentation would be forwarded to magistrates in whose area of jurisdiction the babies died.

The inquests would determine what the causes of the deaths were and whether anyone was criminally responsible for them, he said.

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Parents were left owing up to R30 000 to the clinics. — The Argus Correspondent, Sapa.
Govt must invest in townships – Hurd

DURBAN — A large amount of public investment was required from the SA Government to redress the living conditions of township residents, British Foreign Secretary Douglas Hurd said in Durban yesterday.

Mr Hurd made this remark after a helicopter tour over Durban's suburbs and sprawling townships yesterday morning, shortly after he landed at Louis Botha Airport.

Mr Hurd also reiterated that a large amount of foreign investment was necessary to create employment and assist in uplifting black communities.

The Foreign Secretary was flown over Durban's suburbs and sprawling townships, including the squatter settlement of KwaMakutha and the Umlazi township.

Mr Hurd's helicopter landed in one of the townships where he spoke to local residents.

"Obviously, a struggle for power goes on on the hillsides. It's a struggle for territory and power," Mr Hurd observed.

The violence, he noted, had affected the area where he landed.

Asked what the British government could do to assist these communities, Mr Hurd said: "We're doing a lot — more than anyone else — and we're making progress."

Mr Hurd met the executive director for the Institute for a Multi-Party Democracy, Dr Oscar Dlamino, yesterday before holding talks with Inkatha leader Chief Mangosuthu Buthelezi.

He may also meet ANC assistant secretary-general Jacob Zuma and local church leaders, according to a British consular official in Durban.

Bill of rights

Chief Buthelezi said in Durban yesterday that a multiparty conference would help to end political violence in South Africa as it would compel leaders of all warring factions to deal with the issue together.

Speaking at a media conference after meeting Mr Hurd, Chief Buthelezi, however, expressed concern at the ANC's "ready-made agenda" to take to the conference, such as its insistence on an interim government and a constituent assembly.

He preferred to attend the discussions to talk about issues such as the rule of law, a bill of rights and ways of ending violence.

The ANC's agenda was a "recipe for conflict", the Inkathla leader added.

Britain is to grant a further R460 000 to the Alexandra Health Centre in Alexandra near Johannesburg, Mr Hurd announced.

Mr Hurd is to visit the centre this morning.

He said half this amount would be donated by the British government to match a similar grant of R230 000 from the British pharmaceutical company Glaxo.

He said in a statement through the British Embassy in Pretoria that the Alexandra Health Centre was "of the highest value."

Britain had been supporting it for the past four years.

"The Alexandra Health Centre has led the way in providing health services to the community. It is a model for health care provision in poor urban areas elsewhere in South Africa," Mr Hurd said. — Sapa.
Hospitals urged to ban smoking before lawsuits

HOSPITALS should ban smoking before they lose a lawsuit for damages to patients' health from passive smoking, the South African Medical Council says in an editorial in the latest edition of its journal, *Lancet*.

They should make the decision and effectively enforce it before a successful lawsuit forced a decision upon them. - *Sapa*
MENTAL HOSPITALS
THE TPA REPLIES

Senior Transvaal Provincial Administration officials on Friday met The Weekly Mail to give their side to the newspaper’s expose of conditions in the racially segregated psychiatric hospitals, Stekkoppe in and Weskoppies.

“I will certainly not say all you have written about the hospitals is untrue,” MEC Fanie Ferreira said, “but you must understand that there has been too little time for us to change the apartheid policy.”

Management of these hospitals had only been handed over to TPA in 1988 and integration had to be carefully planned, he explained. Ferreira said the TPA was working on a programme for integration but did not elaborate. However, nurses are not involved in the planning.

Another problem, Ferreira said, was the lack of TPA funds for mental health.

The officials denied one of the strongest allegations made by many health workers, that black patients receive no psychotherapy at all.
Design guide aims at cost-effective clinics

PRETORIA. — A support-system guide aimed at maximising funds allocated to primary health care in South Africa was yesterday handed to the Minister of Health, Dr Rina Venter, by the Council for Scientific and Industrial Research (CSIR).

In his address, the director of the CSIR's division of building technology, Mr Roy Page-Shipp, said the Design Guide for Primary Health Care represented two years of joint efforts between the CSIR and the Department of National Health.

The guide provided a complete background of the service to be accommodated and could be used by the facility planner to develop the project brief. It would also provide designers with solutions for the cost-effective and efficient design of clinics.

The hard-copy Design Guide is supported by a computer-aided design version called Medicad. — Sapa
HOSPITALS in South Africa were never legally segregated and it was not necessary for Health Minister Dr Rina Venter to repeal any law when she announced last year that hospitals were open to all races.

"Separate hospitals for the different population groups is simply a tradition which has taken root in South Africa from 1910 and when I announced last year that hospitals were opened to all population groups it was not necessary to repeal any Acts," Venter said.

Unlike other issues, such as land, no legislation was ever tabled in Parliament reserving certain hospitals for different races.

Responding to a survey by the University of the Witwatersrand that some hospitals still refused to admit black patients, Venter said:

"Health facilities are available to all and what is important is the quality of the care. No discrimination is tolerated." - Sapa.
**Activities**  Provides hospital services in private medical clinics.

**Control**  Rembrandt Group 93.4%.

**Chairman**  J N de Villiers; MD: L J Alberts.

**Capital structure**  90,98m 37.25m. Market capitalisation: R120m.

**Share market**  Price: 132c. Yields: 3% on dividend; 11% on earnings; p/e ratio, 9:1; cover, 3:6. 12-month high, 135c; low, 70c.

**Trading volume last quarter, 284 000 shares.**

<table>
<thead>
<tr>
<th>Year to March</th>
<th>'88</th>
<th>'89</th>
<th>'90</th>
<th>'91</th>
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<td>Net profit (c)</td>
<td>6.7</td>
<td>7.0</td>
<td>7.5</td>
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**Rembrandt Group,** holder of 93% of Medi-Clinic, is an old hand at identifying growth industries. It does not take much to perceive that demand for hospital beds will continue to expand along with the country's population.

A 53% rise in operating income was boosted last year by an increase in interest received, with the result that pre-tax income of the Medi-Clinic group of private hospitals leapt by 86%. As tax was paid for the first time since the listing in 1986, attributable earnings were up by only 17%.

Higher occupancies and more efficient use of resources contributed to these results. Panorama Medi-Clinic, the first hospital to be commissioned by the group, has met all expectations within the first five years. Unlike the previous year, occupancy of the Mitchell's Plain Medical Centre attained an acceptable level of utilisation.

There were maiden profit contributions from wholly owned Medical Innovations, whose name describes its activities, and from United Hospitals Supplies Corp, formed during the year in partnership with the hospital division of the Africof group; this is to be a joint purchasing organisation for the pharmaceutical requirements of both companies. Operating income should gain a further boost when the new complex in Stellenbosch comes on stream soon.

According to chairman Janie de Villiers, there is a surplus of hospital beds in SA and licences to build new facilities will be restricted. This inhibits competition but also restrains Medi-Clinic's expansion prospects. De Villiers adds that neither large-scale privatisation of State hospitals nor nationalisation of private hospitals is envisaged. But there is some apprehension that State hospitals, especially training hospitals, may start competing with private ones to provide services to members of medical aid schemes.

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A large slice of Medi-Clinic's capital consists of convertible debentures which can be converted in any year, but conversion becomes compulsory when the dividend on the ordinary shares is 11c. After conversion, Rembrandt's stake will be reduced to 50%.

Judging by the rapid rise in the share price from 85c in March, investors have high expectations. It now stands on a similar p/e ratio to that of its only other listed competitor, Clinic Holdings. But the dividend yield is 3%, compared with more than 5% for the clinic. With major capital projects coming on stream, the share could prove a good growth stock.

*Gerald Hurston*
Jojo Rantao

"Mr Hurd did not have the
courtesy to inform me, as head
of the Alexandra community,
that he would be in my
township on that day. He simply
ignored me and pretended I did
not exist," the mayor said.

During his visit, Mr Hurd
met members of the Alexandra
Civic Organisation (ACO) and
was taken on a tour of the
health centre and other places
in Alexandra.

Mr Mokoena said the centre
was well-equipped and already
received financial backing
from the University of the Wit-
watersrand.

"We have another clinic in
Eighth Avenue, which is ill-
equipped, accommodated in
makeshift structures and has
only one doctor.

"Alexandra does not have an
ambulance to serve its 350 000
residents. We use a minibus,
which is not equipped to serve
as an emergency vehicle.

"I believe the money from
the British government should
have gone towards the upgrad-
ing of all medical facilities in
Alex," Mr Mokoena said.

Reacting, Moses Mayekiso,
ACO's chairman, said he was
surprised that Mr Mokoena was
suddenly interested in the wel-
fare of the community.

"The man has never lifted a
finger to upgrade medical faci-
ilities and the living standard in
Alex," Mr Mayekiso said.
Liver transplant success celebrated at Crohn's scholarship

Pauline and Larry Marshall, along with numerous friends and family members, gathered at The Jewish Home in New York City on June 15th, 1986, to celebrate the one-year anniversary of Pauline's successful liver transplant.

Pauline, who had been suffering from end-stage liver disease, received a new liver from a deceased donor. She has been in good health since the surgery.

"It was a miraculous event," said Pauline. "I'm grateful to everyone who helped make this possible."
Medi-Clinic diversifies to offset clamp on expansion

CAPE TOWN — Medi-Clinic, the JSE-listed private hospital group, has embarked on a programme of diversification to counter the clamp placed by government on the provision of additional hospital beds, a move which has limited its expansion possibilities.

The group has seven hospitals — two in Johannesburg and five in Cape Town — and is currently spending R14m on a 58-bed two-theatre facility in Stellenbosch with a capacity to expand to 62 beds and three theatres at a later stage.

The group's hospitals include the Sandton and Morningside clinics in Johannesburg.

MD Louis Alberts says there are no plans for additional hospitals as government has indicated that in the light of the oversupply of hospital beds, new hospital licences would be rare. "We anticipate that it will be difficult to get licences in future," Alberts said in an interview, adding that the clamp had placed an unexpected damper on development.

The privatisation or contracting out of government hospitals and the granting of greater autonomy to training hospitals also poses a threat to the private hospital sector, although it could open up new opportunities.

Alberts said Medi-Clinic is keen to take up opportunities for the management of hospitals should these arise.

He does not think private hospitals will be nationalised by a new government, saying that they do not cost the authorities anything, reduce pressures on the government and allow it to direct its efforts at primary health care.

Despite the recession the 1,550 hospital beds in the group have been reasonably occupied this year. One effect of the downturn has been the delaying of elective operations, but Alberts believes there will still be a growth in profits in the year to end-March.

In the previous year fully taxed earnings of R5.7c (5.9c) a share were generated on an operating profit of R24.7m (R16.2m).

Alberts sees future growth coming from Medi-Clinic's diversified activities. A small company, Medi-

In conjunction with Afrox's hospital subsidiary Home and Hospital Distributions, United Hospital Supplies Corporation was formed to buy pharmaceutical items jointly.

Alberts says the company is the second biggest buyer of pharmaceutical products after the state and is able to secure better prices.

The third leg of the diversification programme was the establishment a few months ago of a medical maintenance company Medimo, an extension of the Medi-Clinic Occupational Health Service company. Medicaid Administrators and Afrox's hospital division came in later as partners. Medimo offers a form of medical aid to employees and secures contracts with specific practitioners to provide free medical services to its members.

Alberts says Medimo addresses the needs of the middle segment of the medical care market, offering a less expensive form of medical cover.
Medical crisis as violence erupts

WEEKEND medical services at a clinic that serves thousands of people in townships near Maritzburg were suspended on the eve of renewed fighting between the ANC and Inkatha. Ambulance services to 10 troubled areas around Maritzburg were stopped more than a month ago.

A weekend medical service at Caluza Clinic — which also serves Mpunwana, Harewood and Sweetwaters — was suspended after a clerk was stabbed and the clinic's safe was stolen. The chief medical superintendent at Edendale Hospital, Dr Peter Evans, said weekend conditions around the clinic were too dangerous for staff to continue working.

He said that until a few months ago, several clinics connected to the hospital, including Caluza Clinic, operated round the clock, but shifts were reduced to daylight hours because it was too dangerous for nurses to travel and work at night. This is in addition to the total suspension of the ambulance service from Edendale Hospital. All 28 ambulances serving the densely populated areas were withdrawn after a driver, Mr S Phungula, was shot dead in Caluza last month.

Two other drivers were also injured when they were shot and stabbed. At least three ambulances have been stolen this year. "It's a desperate situation. We want to provide a service but not at the expense of staff," said Dr Evans.
MEDICAL Rescue International and the Free State Provincial Administration have established an emergency medical service in the Eastern Free State in an attempt to reduce the number of road deaths in the area.

Car accidents in the region claim more than 30 percent of lives annually, according to MRI figures.

A control centre has been established in Bethlehem and will serve motorists travelling from the Pretoria, Witwatersrand, Vereeniging complex to Durban, Lesotho, QwaQwa and those from Cape Town, Bloemfontein and Villiers travelling to Durban.

The service, using an emergency number 10177, will connect the motorist with either the ambulance and fire services or the South African Police in an emergency.

Speaking at the launch in Bethlehem at the weekend, Minister of National Health and Population Development Dr Ntsへの黙ter praised the emergency services and described the partnership between the private and public sector in the Eastern Free State as a "unique situation".

**Important**

The chairman of MRI, Dr Paul Davis, said the establishment of the service was important because the region was one commonly used by travellers throughout South Africa.

**Unique rescue unit in OFS**

By ISAAC MOLEDI

While although the area was a relatively small part of the country, it accounted for more than 30 percent of deaths in the whole country.

Davis said Bethlehem was equipped with, among other things, eight rescue cars and an aircraft, all manned by trained medical staff.

Eight permanent rescue units were strategically placed throughout the region to ensure that no rescue unit would be further than 50km away from any emergency.
Mystery infection in hospital kills seven

VIVIEN HORLER
Medical Reporter

SEVEN patients have died in the past two months from a gastric infection sweeping Lentegeur Hospital in Mitchell's Plain, and researchers are working non-stop to find its source.

So far 76 people at the hospital, including staff, have been infected since May. Doctors have ruled out contaminated food or water as the source, since the infection occurs sporadically in different wards.

But the medical superintendent, Dr Ahmed Gamaldien, said simple hygiene could retard the spread of the infection. All staff and visitors had to wash their hands in antiseptic before entering or leaving wards where the infection had been diagnosed.

Infected patients, including the seven who had died, were sent to Conradsie Hospital for treatment, but now a clinic at Lentegeur had been cleared for new patients.

A hospital worker said: "We are scared to eat the food or go into the wards. People just keep getting sick. 'There are thousands of patients and workers at Lentegeur — if this took off it could be really terrible.'"

Epidemiologists from the Medical Research Council, the South African Institute for Medical Research and the municipality of Cape Town had been called in.

Dr Gamaldien said: "It's very worrying because we can't find the source.

"We think it was probably started by a single carrier, but that could be anybody. We have visitors bringing food to patients — it could have started like that."

The infection causes diarrhoea, stomach cramps, nausea and fever.

Dr Gamaldien said the infection, caused by the bacteria shigella flexneri, was common in hospitals and institutions such as prisons, but it was the first outbreak at Lentegeur Hospital, opened in 1986.
Killer gastric epidemic under control — doctor

VIVIEN HORLER
Medical Reporter

STAFF at Lentegour Hospital in Mitchell’s Plain believe the gastric epidemic which has killed seven patients is being contained.

“It appears to be under control,” said spokeswoman Dr Linda Hering.

“We’ve had only two new cases in the past 24 hours, compared with 11 in the 24 hours before that.”

The two new cases bring the total number of patients who have been infected to 79.

Twenty staff members have also been affected, of whom four were sick enough to be admitted to other hospitals.

The hospital has taken several measures to control the outbreak, which causes diarrhoea, fever, cramps and nausea.

These include limiting admissions to certified or certifiable patients; other patients who need urgent admission are being sent to Groote Schuur or Tygerberg.

Discharged patients are given an information leaflet on the infection and told to contact Lentegour if they develop any of the symptoms; no patients are being allowed to leave their wards for therapy or any other reason; no patients are being given leave of absence; and there is no interward visiting.

“For the rest, our main attack is hand-washing, hand-washing and more hand-washing,” said Dr Hering.

Lentegour is composed of 50 buildings, designed to make the hospital more homely. “But this also makes it easier for us to isolate infection,” she said.

All people still with diarrhoea have been transferred to the hospital’s clinic, which means there are no actively ill people in the wards.
Epidemic kills 7 in city hospital

Staff Reporter

DOCTORS at Lentegeur Hospital in Mitchells Plain are desperately trying to cope with an epidemic which has already killed seven patients.

The doctors were "standing there with their hands in the air", the hospital's senior medical superintendent, Dr Ahmed Gamieldien, said yesterday.

He said the deaths had occurred despite the "best possible medical treatment".

Another patient is in a serious condition in Tygerberg Hospital and six are being specially treated at Lentegeur Hospital where a severe outbreak of gastric infection has medical staff puzzled.

Yesterday two more patients came down with severe diarrhoea — symptomatic of what has been identified as shigellic dysentery — bringing the total of diarrhoea sufferers at Lentegeur Hospital over the past two days to 13.

Six of the more serious cases are being treated in a special clinic at the hospital.

A team of epidemiologists from the Medical Research Council, the South African Institute for Medical Research and the city council has been called in to help slow down the spread of the disease which affects the large intestine.

So far a total of 28 people have been positively diagnosed as suffering from the debilitating shigellic dysentery since the outbreak began in mid-May.

The hospital was yesterday awaiting results of 15 more laboratory tests.

Dr Gamieldien said 99 people (79 patients and 20 staff members) had suffered symptomatic severe diarrhoea since the outbreak began in a ward for mentally handicapped people.

Strict hygiene measures had been enforced throughout the hospital as the disease was caused by poor hygiene practices and spread by hand-to-hand and hand-to-mouth contact.

Mentally handicapped people were more susceptible to the disease because they were poorly equipped to maintain high hygiene standards.

At present four nurses were under treatment at home after being discharged from Tygerberg and Groote Schuur hospitals.

"We're keeping our fingers crossed that there won't be any more deaths — everything possible was done and we began treating people as soon as they displayed any sign of diarrhoea," Dr Gamieldien said.

A policy of non-admission of new patients had been instituted except in the case of "severely disturbed" people.

Anyone entering wards now had to wash their hands before and after entering, he added.

He felt the epidemic was being contained, citing the drop in diarrhoea sufferers over the past two days.

The last death was on Monday and the first on June 3 this year.

No names were being released as permission had first to be obtained from families, Dr Gamieldien said.

Hygiene practices at the hospital had "always been of a high standard", he added.

The victims who died range in age from 20 to 50 years old.
The House of Delegates (HoD) is determined to build a 350-bed community hospital, with an additional 150-bed frail-care unit, at Phoenix, north of Durban. But it doesn’t have the money to pay for it. In order to bypass this little snag, it is calling for a private sector capital injection. In fact, a shortage of funds has never inhibited the HoD in the past.

Its Department of Health Services & Welfare has invited tenders for the facility and about 10 bids are believed to have been received. Advertisements were placed in Sunday newspapers on April 28 and just over three weeks later HoD Health Services & Welfare Minister Baldeo Dookie announced that the Indian assembly’s Ministers Council had approved the building of the hospital. At the same time, he said no funding would be forthcoming from the Treasury. However, the need for the hospital was so great that “urgency outweighed other constraints, including finance.”

A month after the June 14 closing date for tenders, Dookie made another announcement, this time saying plans to build the Phoenix hospital had been frozen because of lack of funds. The HoD is apparently keeping its options open and exploring funding alternatives, such as backing from private companies. In the meantime, it still has the developers’ bids — each of which probably cost several thousand rands to compile.

One of the applicants contacted by the FM did not want to comment on the tendering procedure. Ironically, though the HoD hadn’t sourced funding for the hospital — and didn’t, therefore, know when work would or could start — it insisted on a tender period of just six weeks. This has angered some firms that believe they incurred significant overtime costs in meeting the deadline.

Briefing documents sent to tenderers were said to be vague.

In justification of all this, HoD Health Services & Welfare spokesman Sagren Pillay says there is a pressing need for the hospital. While conceding that no contract has yet been awarded, he says all are being considered even working with the private sector.
Six more with dread hospital illness symptom

VIVIEN HORLER, Medical Reporter

SIX more people have been diagnosed as having diarrhoea at Lentegur Hospital in Mitchell's Plain, but there have been no more deaths in the past 24 hours from the gastric epidemic at the hospital.

Eight patients have died since May.

"We're confident that we'll see the pattern of the illness come under control in the next few days," a spokesman for the hospital said today.

Four of the latest six cases are staff members. It had not been confirmed that they had been infected with the shigella bacteria, but had diarrhoea, a symptom, said the spokesman.

Of a total of 114 patients and staff who have been ill since May, 32 have been confirmed cases of shigella infection.

"One of the newest cases, a patient, is "very ill".

The spokesman said the Medical Research Council investigation into the source of the infection would be "extremely thorough" and he did not expect a result for some time.

A hospital worker said he and his colleagues were worried.

"We are concerned that when we go home we could carry these germs to our children. We want to know what is being done about this."
6 more could have killer disease

Staff Reporter

SIX more people at Lentegur Hospital are possibly suffering from the killer shigella infection, but there have been no further deaths.

A hospital spokesman said a total of 15 people were currently suffering from the disease, one of whom was reported to be in a serious condition. Eight people have died since shigella broke out at the hospital in May.

Since then, a total of 114 people have suffered from diarrhoea, a symptom of shigella, but only 32 were confirmed as having the disease.

The spokesman said the germ Shigella Flexneri was endemic in the community and “at times the incidence suddenly increases” to epidemic proportions.
New drugs may beat epidemic

By CLAUDIA KING

DOCTORS hope that a group of new-generation drugs donated to Lentegeur Hospital will curb a deadly outbreak of dysentery that has already infected over 100 staff and patients.

The particularly resistant strain of shigella dysentery, which is keeping the hospital in a virtual state of siege, has claimed the lives of seven people to date.

Since the outbreak of the epidemic in mid-May 124 people, including 25 staff, have fallen prey to the disease.

A reliable source told the Cape Times there was grave concern when the disease became resistant to the conventional antibiotics administered.

"Cultures and tests for antibiotic effectiveness revealed that a new group of drugs known as quinolones were the only ones that seemed to be effective," the source said.

This bacteria mutates quickly and if it becomes resistant to these as well, then I don't know what we'll do," Dr. P. N. Hering, the hospital's medical superintendent, said.

A statement released on Saturday by the hospital's medical superintendent, Dr. P. N. Hering, said the new drugs, donated by medical suppliers Hoechst and Bayer-Miles, are now being administered to the infected staff and patients.

She said: "We are very grateful for their spontaneous offer of assistance."

Eighteen patients are still receiving treatment and only one is seriously ill.

All the shigella patients have been isolated in the clinic and barrier nursing — which keeps staff and patients isolated in their wards — has brought most normal activities at the psychiatric hospital to a virtual standstill.

Staff had fallen victim to the disease because some retarded patients have to be assisted in whatever they do.

The hospital visited yesterday it appeared that with the administration of the new drugs "we are now getting somewhere."

However, because patients do not build up a resistance to the sickness and can easily re-infect themselves, the only "cautiously optimistic.""

She said: "Professor Arderne Forder of the Department of Microbiology at Groote Schuur Hospital visited us on Friday, and as well as giving us advice told us we were doing a superb job as far as hygiene is concerned."

"The staff of Lentegeur are to be praised for their dedication and teamwork during this time."

The hospital is at present admitting no new patients.
HOSPITALS in the western Transvaal yesterday could not account for the whereabouts of a number of black victims injured in the skirmish between police and the AWB at Ventersdorp.

Police spokesman Major Ray Harrald said at the weekend about 15 blacks had been admitted to various hospitals.

But only Klerksdorp Hospital accounted for four gunshot victims - three of whom were in a bakkie carrying the body of their cousin for burial in the Transkei when they were ambushed.

The men were yesterday reported to be in serious but stable conditions.

A spokesman for Kalie de Haas Hospital in Qoqo (all related) would also like to know the whereabouts of two of their companions.

The driver of their bakkie, only known to them as Phokohela, and another passenger have disappeared.

Mayaka said the other passenger in the front seat was shot before being flung out of the vehicle while it overturned.

"He slumped onto my lap and complained of pain before he was flung out of the car," said Mayaka, who sustained two gunshot wounds to the chest and one on the right arm.

Phandla, who was shot in the stomach and left arm, said: "I heard gun sounds and the next thing our bakkie rolling over."
Work done at hospital impresses Mrs de Klerk

DURBAN. — The State President’s wife, Mrs Marike de Klerk, yesterday visited the King Edward VIII Hospital here as a guest of the Reach For a Dream Foundation.

Mrs De Klerk met the committee members of the foundation — of which she is a patron — and also saw the work done among terminally ill children.

She was shown around paediatric wards, where she chatted with young patients, by the chief medical superintendent of the hospital, Dr Justin Morfooules, and the head of the paediatric department at the Natal Medical School, Dr Larry Hadley.

After her tour, Mrs De Klerk said she was impressed by the work done at the hospital. — Sapa
Lentegeur hospital treats 3 new cases

VIVEN HORLER
Medical Reporter

THREE new cases of diarrhoea have been admitted to the clinic at Lentegeur Psychiatric Hospital, but there have been no new deaths since early last week, a spokesman has confirmed.

None of the 28 people being treated in the clinic is seriously ill, he said. "But the rate of admissions has not decreased."

There have been 130 cases of diarrhoea since the epidemic began in May, of which 35 are confirmed shigellosis cases. Eight people have died.

The senior medical superintendent, Dr Fouad Gamieldien, rejected claims that unhygienic conditions in the hospital laundry were responsible for the outbreak.

A former laundry worker had claimed that bedding and clothes came into the laundry containing solid faecal matter, and this had to be cleaned up and sluiced away by staff who wore no gloves or masks.

But Dr Gamieldien said dirty laundry was sluiced down in the ward and rinsed in antiseptic before it was sent to the laundry for further sluicing and washing. Laundry staff were gloves — had done so before the present epidemic — and were allowed to wear masks and turbans if they chose.

"So far we've had one member of the laundry staff sick with diarrhoea, and that case was not confirmed shigellosis. If the laundry was really the source of infection we could have expected half the staff there to have become ill."

Dr Gamieldien said the hospital was grateful for the donation of new generation, broad spectrum antibiotics from Hoechst and Bayer-Miles.

"It's definitely helping," he said.

Another hospital spokesman said the incidence of diarrhoea should be seen in perspective. "In a hospital of 3000 patients and staff at any given time we're likely to have 10 to 20 people suffering from diarrhoea — and I expect those figures would hold for the general population."

There were only 35 confirmed cases of dysentery, the spokesman said.
Hospital crisis strains facilities

LENTGEUR Hospital’s closure to new admissions is straining other psychiatric hospitals in the Peninsula, and Valkenberg Hospital is discharging patients they might otherwise “preferably keep”, spokesmen said yesterday.

The outbreak of shigella dysentery at Lentegeur has claimed eight lives since mid-May.

Although out-patients were still treated at the hospital, there would be no admissions until the disease had been eradicated, a spokesman said.

Observatory’s 900-bed Valkenberg Hospital’s acting medical superintendent, Dr Ethel Hacking, said “the hospital is full at the best of times, but now there is more stress”.

To handle the crisis, Dr Hacking said, Valkenberg was “discharging patients which we would preferably like to keep”.

Would-be patients at Lentegeur Hospital are being referred to Valkenberg and the Stickland clinic at Tygerberg.

Dr Hacking denied reports the dysentery had spread to Valkenberg, and said: “We have about 1 000 patients and one is bound to develop diarrhoea.”

However, any patient who does develop diarrhoea is monitored “very closely”, she said.

There are at present 28 people in the Lentegeur isolation ward.
Hospitals silent on bullet wounds

By Carina le Grange

The Transvaal Provincial Administration yesterday declined to reveal information on the types of ammunition that had wounded people in Friday night's clash in Venterdorp.

The Star attempted to obtain independent information from hospitals on the types of ammunition which caused injuries, in a bid to clarify the accusations and counter-accusations between the police and the AWB.

Both have accused the other of using sharp-point ammunition. The police also said the AWB fired first and that a policeman was wounded by sharp-point ammunition.

Hospitals where the injured were treated refused to answer questions on the matter, saying only the TPA could respond.

And the TPA's deputy director-general of health services, Dr Hennie van Wyk, said the TPA considered it "unethical to reveal any information about any patient's condition without his doctor's permission".

Later, a TPA liaison officer said: "It is difficult for a doctor to say what kind of ammunition was used." No further information could be obtained.

A police spokesman said clarification would not come before inquests had been held.

Law and Order spokesman, Captain Craig Kotze said the investigation was sub judice.

"But we have already said we know our members did not have sharp-point ammunition, although they were fired at with sharp-point ammunition."
Dysentery epidemic 'nearly under control'

Staff Reporter

IN spite of the death of a ninth hospital patient from the dysentery epidemic at Lennteger Hospital, doctors are confident that they are beating the disease, and say sick patients have started responding to treatment.

The hospital's medical superintendent, Dr Linda Herring, said yesterday that the 44-year-old patient who died yesterday morning had been seriously ill for a week. He died suddenly after contracting pneumonia.

Of the original 132 patients and staff affected, only 27 are currently ill and in quarantine in the isolation ward. They are all responding well to medication from the new-generation drug quinolone, which was introduced last week, Dr Herring said.

Yesterday three staff members were admitted with diarrhoea, a symptom of shigella dysentery, but Dr Herring said it had not been established that they had it.

She said a few of the patients were "still quite ill" but about 20 were "raring to get out" of the isolation ward and some staff members were being treated at home.

Two infectious disease control experts, Dr Gary Martin of Groote Schuur Hospital and Dr Billy Stirling of Tygerberg Hospital, were brought in last week to help fight the sickness.

Dr Herring was optimistic that the worst phase had passed.

"If everything goes well it should all be over in about three to five weeks."

Once the patients had recovered they would enter the incubation phase where they would be under observation for about a week. Thereafter it would be necessary to terminate the entire hospital to "eradicate every possible source of the infection", Dr Herring said.
Meeting mum's needs

Some of the parents who attended the launch of the Child Care Corner at

Hygiene shopping centre.

The service is aimed at meeting the needs of families where one or more
parents work outside the home. The centre offers a range of services including
child care, play groups, and a shop where parents can purchase goods
specifically designed for children.

The launch was attended by many parents who were excited about the
new service. One parent commented, "This is exactly what we need in our
community. It will give us peace of mind knowing that our children are
well taken care of while we are at work."
ACCEPTED norms for neo-natal intensive care treatment in South Africa need to be critically reassessed because of chronic shortages, Professor Beyers Bresler Hoek warned in Bloemfontein last week.

He was delivering his inaugural lecture at the University of the Orange Free State, where he is professor and senior specialist of the Department of Pediatrics and Child Health, as well as head of neo-natal services at the city's academic hospitals.

If more facilities and funds were not provided, the number of potential neo-natal intensive care users would have to be drastically curtailed, Hoek predicted.

He acknowledged that much of what he had to say conflicted with traditional and accepted ethics, morals, rights and religious values, but added it was open to critical re-evaluation.

More babies in South Africa needed intensive care treatment than could be handled and the increasing costs - both financial and labour - were difficult to justify.

The provision and maintenance of facilities were expensive and financial resources had not increased proportionately to costs.

Intensive care for certain categories of babies, including premature ones, had to be reconsidered as it was not always in the best interest of the baby, parents or the broader community, he maintained.

As a result of the shortages, more funds would have to be made available from the State, or other sources, to maintain neo-natal intensive care facilities.

Parents would also have to make bigger financial contributions, Hoek said.

Intensive care treatment for babies was a privilege and not a right and he warned doctors would be faced with more difficult and even impossible choices.

The present infrastructure to help disabled babies was largely inadequate, he added.

Such babies had a strongly disruptive and even destructive effect on parents, marriages and families.

Parents

Also, the financial implications for the parents and community were enormous.

As for "non-medical guidelines", Hoek said where more than one baby could benefit equally from intensive care, but there was only one facility for one, the following babies should not qualify for intensive care treatment:

Babies whose parents had AIDS;

Where one or both parents were addicted to alcohol or drugs;

Those whose parents were permanently unemployed or had no fixed or regular income;

Those who were illegitimate or whose mothers had been raped;

Those whose mothers had received no pre-natal care for reasons other than non-availability or accessibility;

Where both parents were mentally retarded or had major psychiatric disturbances;

Parents had a criminal record;

Parents were guilty of child abuse or molestation;

Parents had three or more healthy children and;

Parents could not pay at least a portion of the cost for the use of the facility.

Hock added if a baby did not qualify for intensive care, it did not mean it would receive no treatment.

It would still receive all the necessary care, except treatments particular to intensive care.

The practical settlement of harsh, present-day realities appeared increasingly difficult to reconcile with traditional ethical, moral and religious viewpoints, he said.

According to some economists, the use of scarce and expensive facilities or resources for weak babies was economically unjustifiable.

There were more premature babies in underdeveloped and developing communities than in so-called First World countries, Hoek said.

This, together with the unacceptably high population increase, was an important reason why the number of babies needing intensive care in South Africa was greater than in highly developed countries. - Sapa
A hospital in crisis

LINDA GALLOWAY
Weekend Argus Reporter

WALKING into the casualty department at Victoria Hospital in Wynn-berg one could be forgiven for thinking one had stumbled on to the set of ‘M*A*S*H’ - the TV series set in a mobile field hospital during the Vietnam war.

The department is housed in what was built in the '50s as a 'temporary structure' - a wooden building with one wet working space and almost no privacy for patients - which has become a permanent fixture.

The hospital serves a large area. Its domain stretches from south of Landsdowne Road to Cape Point and as far as Khayelitsha and Mitchell's Plain. Most of the 1,000 patients a month are dealt with in casualty alone.

Add to that the fact that the 'white' and 'black' casualty departments have merged (one of them is now a day-care clinic) and it is easy to understand the frustrations of doctors and nurses trying to function in almost impossible conditions.

Head of the department, Dr Harry Scheinfeild, said the biggest concern of the professionals working there was maintaining a high standard of medical care.

"The ambulance crews have been trained to a very high level of proficiency. They are bringing in patients who in the past would have never made it to hospital."

"And it is our job to continue that high standard of care."

On a Friday night it is hard to see how this can be done.

Patients and their concerned families sit in a tiny waiting room - some lie on stretchers. The passage to the all-important resuscitation room is almost unobstructed at times.

Reception is crammed with people registering for medical attention, filling in forms or waiting for folders, before they join the crush in the waiting room.

There are four curtained cubicles where patients are seen, an overnight ward and a corner with easy chairs for psychiatry who need oxygen.

The operating theatre is down a corridor, sometimes too far away for emergency surgery. The X-ray department is in the main hospital building.

Space for only one ambulance is provided at the entrance. To get there they have to negotiate a driveway which has become known as an obstacle course - a convoluted route over tar, tarred with potholes, lumps and bumps.

Trauma units are normally stretched at peak times. However, in contrast with the new, R135-million Grootte Schuur Hospital, where things become just as hectic, this facility is spacious, well-designed, and offers the latest in life-saving technology.

There is also full-time security, an essential in the hospital. Trauma chief Professor John Keeton, said.

He pointed out that high-tech facilities were vitally important at a teaching hospital where doctors and nurses are trained on the job and where the "worst of the worst" cases are seen.

There are 60-bed "holding" wards, two resuscitation rooms, and two X-ray units in the department. Two of the four operating theatres are closed due to lack of staff and running finances.

Metro chief Dr Alan Macfadyen said he could not fault the medical care given to trauma victims at Victoria Hospital.

He said the hospital was a "drainage point" for a vast area including the ganglands of Lavender Hill, Grassy Park, Retreat and Lotus River.

Metro control is responsible for dividing ambulance cases between Peninsula hospitals so as to load too much work on to one emergency unit.

However, many cases are brought in by cars or taxis who head for the nearest hospital. South Peninsula Hospital Board chairman Mr Koos Moolman said the provincial health budget was stretched to the limit and Victoria's casualty unit was one of many priorities.

The involvement of the private sector was vital in looking after community facilities.

Pharmaceutical company Parke-Davis has responded to Victoria Hospital's plea for help with a pledge of R50,000 to launch a fund-raising drive to raise the R1.3 million required to upgrade the casualty unit.

Marketing director Mr Ian Robertson said Parke-Davis staff would be involved in fund-raising projects for the hospital and all funds would be channelled to the South Peninsula Hospital Board.

A barometer will be erected outside the hospital to measure donations.

"We would like to invite community support for, for instance, golf days, fun runs or premières," he said.

The director of professional services in the health department of the Provincial Administration, Dr Hannah Rees, said the gesture by Parke-Davis was "wonderful and magnanimous" and the involvement of the community was to be welcomed.

Anyone who would like to help with the fund-raising project should call Mr Rosemary Harre on 786 7682.

Pictures: LEON MILLER, Weekend Argus.

LONG WAIT: This patient, who had been stabbed in the eye, spent a long and uncomfortable night in a wheelchair waiting to see a surgeon. There were no beds available.

TIGHT SQUEEZE: Porter Mr Richard Gabell, above, pushes a tiny casualty victim through the narrow and crowded passages of Victoria Hospital's emergency unit on a typical Friday night.

EMERGENCY: An ambulance, left, pulls up at Victoria Hospital casualty unit, having negotiated a convoluted route full of potholes and bumps.

CHIEFS: The head of the casualty unit, Dr Harold Scheinfeild, and the nurse in charge, Sister "JB" Russell, in the background with Dr Cath Newman, attend to a patient.

Picture: WILHE DE KLERK, Weekend Argus.
Urgent baby deaths inquest sought

AT LEAST 60 deaths are suspected to have resulted from infected Sabax drips — all of which may have been avoided had the Government reacted timeously to original complaints relating to the first baby deaths last year, attorney Peter Soller has stated.

In a lengthy letter to Minister of Justice Kobie Coetsee this week, Mr. Soller — who is representing a host of parents whose babies allegedly died as a result of the infected drips — appealed for an inquest as soon as possible.

A hearing was urgent

HELEN GRANGE

"in order to determine the cause of so many and so unnatural deaths which took place in a sophisticated medical society — and which, 18 months later, has never been clarified''.

Mr. Soller added that families were being broken up and "lives destroyed" because of the trauma suffered by families ignorant about the cause of death.

Affected families had even emigrated because of the "disturbing fact as to what the future holds in respect of hospital services and medical treatment — seen against the background of the failure to take positive measures in this matter".

Mr. Soller said his clients had sanctioned him to appeal to the Government to "see to it that justice is now done".

Responding to the letter, the Justice Ministry said everything possible was being done by the department to expedite the investigation in order to finalise the matter so that justice could take its course.

The Attorney-General of the Witwatersrand had, according to the department, completed his investigations in the shortest possible time, considering the complexity of the investigation.

The Attorney-General had decided that no criminal prosecutions would follow the deaths of the infants concerned, but an inquest hearing would be held soon.

The police investigation into the deaths of the adults had also been completed. This matter was now under consideration by the Attorney-General and his decision on whether prosecutions would follow was expected soon.
A SEMI-CONSCIOUS man suffering paralysis on one side of the body was this week discharged from Kalafong Hospital in Atteridgeville, Pretoria, and sent home hours later.

The hospital confirmed it discharged Enos Phafadi, 29, of Atteridgeville, 12 hours after he was admitted, but has denied allegations that he was sent home "to die".

Phafadi is now at the Eugene Marais Hospital in Pretoria where a spokesman told City Press he was admitted in a serious condition and doctors would operate on him tomorrow.

Kalafong Hospital medical superintendent Dr Ronnie Joyce said Phafadi was admitted for a short stay because when he arrived he was under the influence of alcohol and "disoriented".

According to Phafadi's medical file, the doctor who discharged him observed Phafadi had a "slight" head injury and gave him a clean bill of health after tests.

"These things happen in all hospitals and there is no way Phafadi could have been discharged if the doctor had observed his symptoms," Joyce said.

The doctor who referred Phafadi to Eugene Marais said he was shocked to find his patient was discharged although his right hand was completely paralysed.

"For that type of head injury they should have investigated his condition thoroughly and conducted a brain scan and other tests," said the doctor, who cannot be named for professional reasons.

Phafadi sustained serious head injuries in an attack at a stoep last weekend.
Deadly shigella strikes again

Staff Reporter 27/5/91

Another patient has been admitted to the isolation ward at Lentegeur Hospital as the deadly shigella dysentery continues to plague the complex.

The debilitating dysentery epidemic has killed nine people since it broke out in May.

There were 13 people in the isolation ward at the Mitchell's Plain psychiatric hospital yesterday, including yesterday's admission, after three had been discharged at the weekend, the hospital said.

A new generation of antibiotic drugs was donated to the hospital to combat the disease, which has infected 87 people in three mouths.
Health spending injection queried

By Carina le Grange

Health bodies last night welcomed the R64 million the Government has allocated to health services in announcing an aid package of R1 billion but was critical about the way the money is to be used.

The National Medical and Dental Association (Namda) and the SA Health Workers Congress (SAHWCO) both questioned whether the building of 141 new clinics would be the best way to spend the money in view of staff shortages.

Dr David Green of Namda said: "It would be hard not to welcome the relief, but the way in which it is spent should be decided after consultation with communities.

"Is there staff for clinics? Capital expenditure may not be what is needed at the moment."

Dr Green also said lower-paid workers, who would be hardest hit by the introduction of VAT on basic foodstuffs, would not benefit from the relief.

Dr Aslam Dasoo of SAHWCO said any attempt to improve social services was welcomed.

"This is unfortunately, however, fundamentally flawed, as extensive research has indicated that the deficiencies in health services are not structural — the major problem is a lack of staff. What is urgently needed is an injection of funds into the training of health personnel, or we will have clinics but no staff."
Hospital pharmacies ‘in chaos’

Pretoria Correspondent

Pharmaceutical services at State hospitals are on the brink of collapse as pharmacists resign in droves, with those left behind battling to cope with the workload.

Chronic staff shortages have led to a chaotic situation in which some pharmacists are dispensing up to 120 items to out-patients every hour — compared to the norm of seven in the private sector.

Pressure of work has resulted in falling standards and an “overwhelming” potential for the theft of medicines and poor control of medicine supplies at State hospitals.

This was the gist of a memorandum submitted yesterday to the South African Pharmacy Council by the South African Association of Hospital and Institutional Pharmacists.

The association said it was extremely concerned about deteriorating control of State-supplied medicines and had turned to the council as a “last resort”.

It had exhausted all other official channels, including a meeting last October with Dr Rina Venter, Minister of National Health and Population Development.

The association said the crisis in pharmaceutical services at State hospitals had arisen because of a shortage of hospital pharmacists.

While the State was the single largest purchaser of medicine and handled about 80 percent of all medicine supplies, it employed fewer than 12 percent of registered pharmacists.

As hospital pharmacists had to dispense medicines to millions of patients a year, they were being forced to neglect stock control and the counseling of patients.

Ethical and legal requirements were being ignored and general assistants were carrying out pharmacists’ functions.

The association did not believe State hospitals were providing a cost-effective pharmaceutical service, nor that the present situation was in the best interests of the public.

Morale among pharmacists was extremely low and turnover among staff was high, due to poor salaries and impossible workloads.

A Human Sciences Research Council study last year had shown male pharmacists in the public sector earned an average of 25 percent less than other public sector graduates.

In many cases, those resigning had five to seven years’ experience, while many pharmacists who remained were young and inexperienced, or had retired from retail pharmacy.

The Pharmacy Council instructed its executive committee to take urgent steps to resolve the crisis and to report on its progress by November.
Fears of killer epidemic fade

MORALE has overcome the fear of the killer shigellosis epidemic at Lentegeur Hospital.

A sign at the entrance proclaims: "Wash your hands and stay alive." The ritual washing of hands has become routine.

Since May the dysentery has killed nine patients at the 1500-bed Mitchells Plain psychiatric hospital.

Fourteen patients remain in the isolation wards at the hospital and although staff believe the epidemic is tailing off precautions are not.

The 17 day nurses, six night nurses, two doctors and one occupational therapist don boot covers and gowns and shower before entering and leaving.

The ward has processed more than 160 people with symptoms of the disease, but 87 have been confirmed infected.

Suspected cases are isolated, but routine controls are difficult to enforce for the severely mentally handicapped who comprise most victims.

A student nurse has been the only confirmed case among the staff and has recovered.

The isolation ward will remain on stand-by for a week after the last patient has left.

A "terminal disinfection" (scrubbing of all wards in the hospital) will be undertaken to minimise reinfection.
Hay fever threatens Reef health

By Brian Sohats

Witwatersrand hospitals are bracing for a hay fever epidemic as the level of airborne pollen soared to six times more than the safe level set by the World Health Organisation (WHO).

The University of the Witwatersrand's pollen laboratory yesterday recorded a count of 362 pollen grains in a cubic metre of air. According to the WHO, counts higher than 50 are hazardous to health.

Dr Ann Cadman of the palaeontology department, who is a researcher at a pollen laboratory, said the spread of hay fever could be traced to trees, mainly those imported from the northern hemisphere, which relied on wind-blown pollen for fertilisation.

Few indigenous trees relied on wind pollination.

Hay fever spread rapidly when dry winds spread wind-borne pollen.

Dr Cadman said a pollen count was taken daily.

"In spring, the spread of pollen, particularly in the urban areas where many of these imported trees are planted, is worse."

"The only way out for us is to avoid planting imported trees such as ash, plane and cypress, which are wind-pollinated."

There were ways of minimising pollen-related allergies.

"People should take anti-histamine medication or have desensitisation treatment if they prefer not to move to Namibia or the Karoo."

In summer and autumn, grass pollen caused itching eyes, she said.
Hospital bills 'doctored'

By SOPHIE TEMA

PATIENTS are being swindled out of thousands of rands every year by unscrupulous hospital clerks, some of whom have been pocketing about R3 000 in a fortnight.

This was revealed during investigations by hospital officials following reports of swindles in some hospitals on the Reef and in the Vaal Triangle.

Recently some patients have been taken to court for not paying hospital bills they know nothing about.

City Press sources said the swindling was most rife at Sebokeng Hospital and has been going on for about four years. This has been brought to the attention of the hospital authorities.

Superintendent Anne van der Spuy this week confirmed that allegations were being investigated and that so far only two hospital employees had been taken to court.

Admission clerks are known to have falsified records and receipts and changed the amounts paid or owed. Other methods are also used.

Most victims are the aged, people who cannot read or write and migratory workers.
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OFFICIAL SNIP: Dr Coen Slabber cuts the ribbon at the official opening of the Primary Health Care centre in Site C Khayelitsha.

Healthy living comes to squalid shanty town

EDWARD MOLOINYANE, Staff Reporter

A PRIMARY health care centre, the first of its kind in the Cape, has been opened in Site C, Khayelitsha's most squalid shack settlement.

Officially opening the Nolungile centre, Dr Coen Slabber, director-general of the Department of National Health and Population Development, said the joint project involved a large number of organisations.

These included the Department of National Health and Population Development, the Cape Provincial Administration, the Western Cape Regional Services Council, the maternity and obstetric unit at Groot Schuur Hospital, the Department of Community Health at the University of Cape Town and the South African Christian Leadership (Saccha).

He said the Western Cape Regional Services Council had enlisted Saccha's help in training 10 community workers and had reached an agreement with the organisation, which would be responsible for the community health workers.

"These services must be accessible — that implies that they must be available to all people and that they must be within reach of every household," he said.
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No new cases of Shigella at Lentegeur

Medical Reporter

NO new cases of shigella dysentery have been confirmed at Lentegeur Hospital for more than a month and doctors are cautiously hoping the epidemic is over.

The epidemic, which began in May, claimed nine lives, and 180 cases were confirmed.

Medical Superintendent Dr. Fouad Gamieldien said: "I hope we're over the worst, but we're still keeping a close eye on the situation to avoid a resurgence.

"What can happen is that people relax and stop observing the stringent anti-infection measures, such as washing their hands, and you get a second outbreak."

There are still 14 people being treated for diarrhoea in the clinic, set up specially to deal with the epidemic victims, but they are not confirmed shigella patients.

"Research shows that often when one has an outbreak of shigella in an institution as many as 50 percent of the population of that institution can be affected.

"We have 1,500 patients here and more than 2,000 staff, so the fact we had only 180 cases of shigella shows that we have done well I think."

Shigella is an very infectious bacterium that causes stomach cramps, diarrhoea, fever and nausea. It is spread from infected faeces, which is a problem in a hospital where some of the patients are incontinent and mentally handicapped."
J G closed for new ICU admissions

By Carina le Grange
Medical Reporter  6/9/91

J G Strijdom Hospital's intensive care unit is "in operation and medical cover is being provided by part-time specialists", the Transvaal Provincial Administration said this week.

However, the hospital's superintendent Dr Chris Visagie confirmed last week that the ICU was closed for new admissions due to a lack of staff and that the move could be considered a "crisis".

The official TPA response was the result of questions put by The Star this week.

The TPA was asked what its plans were with regard to the closure to new admissions. It was also asked to respond to allegations that medical and surgery admissions to the hospital had been severely restricted this week.

The TPA's statement merely said that the interests of patients received priority at all times.

When it was pointed out that no clear answers were given on whether alternative plans were being made or whether surgery and medical admissions were restricted, a spokesman reiterated that "all patients that could be coped with are admitted" and that patients were being helped as far as was possible.

The J G Strijdom Hospital experienced a severe crisis in 1989 when it lost its academic status with the pull-out of the University of the Witwatersrand after the hospital was declared an "own-affairs" hospital. With the exodus of the Wits staff, the hospital closed wards and became severely under-utilised.

Last year it was decided to amalgamate the J G Strijdom Hospital with the over-utilised Coronation Hospital. The surgery department at Coronation was moved to J G Strijdom.

A spokesman for dissatisfied doctors at J G Strijdom who were concerned over the closure of the ICU to new admissions said last week that the authorities were dragging their feet in transferring other departments and that this affected the standard of care at the hospital.
Govt fund to build creches for squatters

By Helen Grange
Pretoria Bureau

Some 64 creches are to be built in squatter areas throughout the country with the R2 240 000 allocated by the Government to the South African National Council for Child and Family Care.

Announcing the major projects to be embarked on as a result of the Government's recent R1 billion donation to the poor, Minister of Economic Enterprises and Public Enterprises Dr Dawie de Villiers said the projects would greatly benefit school children.

An amount of R84 million of the R1 billion fund had been ploughed into health and welfare by the Government. The money would also be used to build 131 clinics in the country and the self-governing territories.

Participation

The Department of National Population and Resources Development would act as co-ordinator of these projects. Health authorities would be responsible for the buildings. Moves were afoot to establish a community committee for each project to ensure the active participation of the community.

The building of clinics would ensure that the lack of infrastructure caused by urbanisation would be partially overcome, Dr de Villiers said. At the same time, it would create employment for semi-skilled and unskilled workers. A training programme for workers would also be undertaken. Apart from creating employment, other upliftment could take place by means of community involvement.
JOCELYNE KANE-BERMAN

Business at the bedside

"Hospitals are a big business," says Jocelyne Kane-Berman when asked why the Executive Women's Club would bestow its Businesswoman of the Year award on a medical manager. "We're not in it for a profit, but we have to use all our resources effectively and efficiently and with high productivity. I think that's business."

As chief medical superintendent of the Groote Schuur Hospital Region, which stretches from Cape Town to George, Kane-Berman (58) oversees a R357m budget. Testing her administrative abilities has been the 15% budget cut this year for Cape health services. She admits it is agonising.

"We are tremendously proud of Groote Schuur and the other hospitals in the region. To damage or destroy what's been built up over a long time is difficult and stressful. People get demoralised. Trying to maintain morale is one of my major tasks."

She sees "some form of national health service" and increased taxes as just about inevitable under a future government. She also sees an "enormously unexpressed need" coming from rural people who move to the city and quickly realise they can get health care for their children and themselves. "That is going to erupt on us like a volcano."

Kane-Berman's father, a Johannesburg dentist, urged her to study medicine and her teenage desire to save the world made it easy to go along with his wish. Her love of children pointed her towards paediatrics at the University of Cape Town. The day after

graduation, she married Bill Ritchie, an architecture student. Since then, she has retained a love for design, including four years spent planning the new Groote Schuur.

She also retained her maiden name. "I'm happy to be a Kane-Berman," she says, ticking off some illustrious relations (including cousin John, who heads the Institute of Race Relations; uncle Louis, who led the Torch Commando; and a grandmother who was Chief Commandant of the Red Cross).

While her four children were young, she worked part-time in clinics and schools, but, in 1970, she tried her hand at medical administration and loved it. She went on to earn a Master's in public administration.

"I'm not a yeller and screamer," she says of her management style. "I would much rather work with a team. But clearly, one has to be autocratic sometimes. A hospital cannot always be a democracy."

She's very concerned about the flight of young doctors out of the country. "They may have to be coerced into staying if they cannot be persuaded. They can't take and not give in return — thinking the world owes them a living. And she doesn't limit her tough talk to interns. "Doctors need to be humble. We need to come off our pedestals. In fact, society is already knocking us off our pedestals."
A fund-raising drive to upgrade Victoria Hospital's casualty unit has been launched with a R50 000 cheque from pharmaceutical company Parke-Davis.

The conditions at the hospital were highlighted in a recent Weekend Argus report.

Marketing director Mr Ian Robertson handed the cheque to chairman of the South Peninsula Hospitals Board Mr Koos Moolman to start the fund which has a R2 million target.

Company staff will be involved in fund-raising activities like golf days, fun runs and premieres and they plan to encourage the participation of the community the hospital serves.

Anyone who would like to help can call Ms Rosemary Hare on...
Row over emergency case rule

Staff Reporter

EMERGENCY maternity cases would be taken to hospital only if it was so arranged by the woman's gynaecologist or private doctor, a Peninsula Metro spokesman said yesterday.

He was responding to an attack by Mr. Obedyullah Slamang of Grassy Park, who said that on September 3 CPA ambulance men refused to take his pregnant wife, who was bleeding profusely, to a private hospital. The Metro spokesman said it was policy not to take maternity patients to hospitals without their gynaecologist's personal direction unless the woman had collapsed.

He said it was not true that they did not take patients to private clinics or hospitals. Mr. Slamang said he had received a call at work that his seven-months pregnant wife Buddernisa was bleeding.

He said that by the time he reached his home he found the ambulance men already at the scene, having "normalised" his wife's traumatic state, but that they then refused to take her to the Constantiaberg Hospital in Plumstead.

Mr. Slamang said he had had to take his wife to the hospital, where she later gave birth to a premature baby.

He said both mother and baby were doing fine.
Woman's hands were cut off

When an Inkatha member with an ugly bullet wound in the head arrived at Baragwanath Hospital at about 2pm on Sunday a doctor at the hospital became extremely worried. "I knew there was going to be trouble here."

He did not have to wait long before his fears became true.

According to Ms Sengnet van Vuuren, a spokesman for the hospital, 57 people were treated at the hospital on Sunday, five had died on arrival and three died in resuscitation by the end of the day.

Yesterday 25 more people were treated at the hospital after being hacked, stabbed, shot, hit with sticks and flung or jumped off two trains travelling from Soweto to Johannesburg.

One of the injured, a young woman, was in a serious condition after one of her hands had been hacked off, leaving her "physically and mentally scarred for life," according to the doctor.

"Her chances of earning a living are diminished. Her total outlook on life is now seriously affected," the doctor said.

Mr David Banda (38) said he was walking in White City just after 5pm when he saw people come running in his direction.

"There was wild shooting all over. People were screaming and running away. I think I heard a hand grenade or two explode moments before that," he said, from a stretcher at the hospital. - Sowetan Correspondent
Apartheid 'still rules health care'
By Michael Chester

Big business warned the Government yesterday that health care problems had reached crisis levels and urged sweeping action to abolish the remnants of apartheid in medical services.

The South African Chamber of Business (Sacob) disclosed it was seeking urgent talks with National Health Minister Dr Rina Venter over the crisis.

Studies by a special social affairs committee showed that racial segregation was still encountered in the hospitals, despite Government assurances that apartheid had been abolished by public sector health services.

A special report released at a news conference in Johannesburg said Government statements had left too many loopholes to ensure real integration.

It claimed most superintendents at provincial hospitals still refused to desegregate wards, using the excuse that they still awaited written instructions.

It urged the creation of a single central department of health that guaranteed equal treatment for all.

"Much of the blame for the health care crisis in South Africa must be placed squarely at the door of the Government and the Department of Health," said the report.

Dr Mike Baker, one of the authors, issued a warning that medical aid costs were set to increase by at least 25 percent this year.

"Yesterdays interests are fighting to maintain a status quo," he said. "It will take courage to press ahead with changes."
Hospital re-opens after deadly epidemic

Staff Reporter

LENTEGEUR Hospital re-opened yesterday after an epidemic of shigellosis which caused nine deaths at the psychiatric facility since May.

The Mitchells Plain hospital also treated 180 people with symptoms of the disease in a special ward.

Senior medical superintendent Dr Found Gomeldien said yesterday 12 people remained in the ward, but "no one" showed symptoms any more.

"No new cases of confirmed shigellosis have been reported during the past month," he said.

But he stressed the quarantine would be lifted for psychiatric admissions only.

The return to normal functions at the 1500-bed hospital would be slow and admissions for mentally retarded patients remained closed, he said.

Public use of the hospital's sports facilities and halls would also remain closed "until further notice".
Bara like a war zone

By ISAAC MOLEDI

A BARAGWANATH Hospital trauma ward on Monday looked like a makeshift military hospital.

Victims of violence in Soweto occupied every conceivable space, sleeping in pairs on single beds. Men and women from 18 to 71 years of age dragged their aching bodies to the nearby sinks. Others groaned and twisted in excruciating pain while their equally tormented neighbours looked on helplessly.

Injured township residents slept peacefully next to hostel inmates. No trace of malice was apparent between the groups who two days ago faced each other as enemies.

Distracted people could not believe that the "nightmare" really happened.

Seventy-one-year-old Mrs Cynthia Mphotha of Mofolo South, Soweto, who had multiple panga, stab and gunshot wounds, could only be thankful that she was alone when "all hell broke loose".

She said after the rampaging mob entered her house, they began chopping and hacking her with pangas, axes and spears despite her frantic pleas for mercy.

She sustained several wounds on the head and stomach and a broken arm. "Two of the men produced pistols and shot at me three times on the abdomen and on the thighs as I pleaded 'take all my belongings and leave me in peace,'" she said.

"My child, I have never seen such horror. I do not know what could have happened if all my children and grand children were with me."

Most of the victims, who could not manage to utter a word because of the extent of their injuries, were those from Nancefield Hostel who were injured in a hand grenade attack.

Patient Fani Nzuzu only managed to tell us he was shot on the buttocks.
Beating Cancer

According to NOA, public relations officer, the 3rd annual "Beating Cancer" benefit in the community, which are open to all those who have served in the armed forces.

The NOA is now running in Virginia Towns.

If the only cancer center in the Western world Cancer was too hot, the Sour Lake Cancer was the best. The Sour Lake Cancer was a cancer center in 1987. When did you know what was going on with them? It was not the best. Sour Lake Cancer did not exist at any age. It was not the best. Sour Lake Cancer did not exist at any age.
White patients chase blacks from hospital

By Carina le Grange

White patients in a Chamber of Mines' hospital ward on Tuesday night "chased away" a black patient admitted to the ward, a sister at the Rand Mutual Hospital told The Star yesterday.

The black patient had to be accommodated in another ward for the night. The chamber integrated the hospital earlier this year.

The senior general manager, Dr Daniel Pollnow, confirmed the incident.

The sister, who asked not to be named, said a similar event occurred a week ago and a month ago one of the white patients also assaulted a black sister.

She said black nurses were virtually running the hospital and did not expect this kind of behaviour.

Dr Pollnow said the behaviour of the patients was also not tolerated by the Chamber of Mines. In future senior management staff would be called in to deal with similar events should they occur. The integration of the hospital would not be reversed, he said.

"Both times these black men were admitted it was after hours. The staff were perhaps not forceful enough to insist that the rights of the black patients were respected and they were admitted to the unskilled category wards."

Dr Pollnow said the cases were isolated and there had been many other black patients admitted to the skilled category wards — which are integrated — without incident. Senior management had "unambiguously told staff and patients what the hospital policy is".

With regard to the assault of the sister, he said she had laid a charge of assault with the police.

"The patient was removed from the hospital."
Race row at mine hospital

By DESMOND BLOW

AN ugly racial situation is developing between white patients and black nursing staff at the Chamber of Mines's non-racial Rand Mutual Hospital in Eloff Street Extension, Johannesburg.

The black staff claim the white patients are racist; are threatening towards black patients and that one patient assaulted a black nursing sister recently.

White patients, again, claim that black nursing staff refused to nurse them properly.

They claim the patient assaulted the sister in desperation because he was in pain and the sister ignored his pleas for help.

The sister has laid a charge of assault.

The superintendent of the hospital, Dr Daniel Pollnow, confirmed there was trouble in the ward set aside for category nine patients — white and black skilled workers who pay for their medical aid — but stressed there had only been three racial incidents in six months.

He defended his black staff and put the blame on certain white patients whom he said resented being nursed by black nurses.

He said the first incident occurred about a month ago when a white patient assaulted a sister.

A second incident occurred last week when white patients objected to a black patient being admitted to the white ward.

The patient was initially removed to another ward, but the following day the management of the hospital moved him back and "I read the white patients the riot act," Pollnow said.

The third incident occurred this week when a black health official was admitted to the ward with a bleeding ulcer.

He was removed to a private ward after an hour because it was feared the attitude of the nine white patients would cause stress and aggravate his ulcer.

The black patient, who asked not to be identified, said he was first put in a general ward with unskilled black patients.

"After a day I complained because I was a category nine patient and expected better facilities. The management apologised and moved me to the category nine ward.

"All the patients there were white and the atmosphere was tense. No one spoke to me. After an hour the black staff said they were moving me to a private ward because they feared for my safety.

"None of the white patients made any remarks. It was just their attitude."

The white patients denied they had been antagonistic.

"There is a lot of snobbery on the mines. A mine manager lay here for two weeks and refused to speak to anyone else. He thought he was better than the rest of us," one said.

The white patients said they had resented it "when a black was brought in last week, because we thought he was a labourer."

They said they accepted his presence when it was explained to them that he was an official and also a category nine patient.
No race bars at hospital mine

WHITE patients at Rand Mutual Hospital in Johannesburg allegedly refused to share a ward with two blacks because they were "kaffirs".

Refuting allegations by black patients and nursing staff last week that there were separate wards for whites, Dr D Pollnow, senior general manager of the Chamber of Mines, said the mine hospital had separate wards for skilled and unskilled workers.

He denied there was racial discrimination at the hospital.

Pollnow said that while the majority of skilled workers were white, all skilled workers, including blacks, were admitted to category 9 wards.

The alleged incidents at the hospital followed the closure of Cottesloe Hospital - which catered mostly for whites - in March. Patients at the hospital were transferred to Rand Mutual.

Black staff from Rand Mutual told Sowetan yesterday that they were angered by the attitude of white patients who refused to share wards with blacks.

Pollnow yesterday attributed the incidents to a misunderstanding by junior staff members.

"The patients involved were admitted after hours and the skeleton staff we had did not have the authority to address the problem. They therefore decided to remove these patients to ordinary wards and the white patients objected," he said. - Sowetan Re
HOSPITAL STAFF OBJECT TO F W INVITATION

DENNIS CRUYWAGEN
Political Staff

GROOTE Schuur Hospital staff, including professors, senior consultants and registrars, have objected to President De Klerk officiating at a dedication ceremony at the hospital.

The invitation to Mr De Klerk to lead the ceremony tomorrow had reduced it to a political act, more than 100 staff members said.

"Mr De Klerk leads a government and a political party which had constitutionalised the policy of apartheid. This has caused suffering, social degradation... and death," they said.

The group includes Professor Solly Benatar, head of the division of medicine, Professor Ralph Kirsch, professor of medicine, neurologist Dr B M Kies, haematologist Dr Errol Holland, and radiotherapist Dr Anne Hacking.

Recognising recent endeavours to move towards a new non-racial South Africa, the group said none of the apartheid structures had been removed from health care.

Health care was still fragmented and the public sector which cared for 80 percent of South Africans was becoming increasingly underfunded.

"Groote Schuur has a proud record of standing firm on the elimination of racist practices. By endorsing this testimony, we earnestly dedicate ourselves to maintain that tradition."

Commenting, Dr Jocelyn Kane-Berman, chief medical superintendent at Groote Schuur, said: "This is a time in our history to move forward and to advance the principles GSH stands for. We earnestly appeal to all our staff to join us in this endeavour."

At the time when the decision was taken to invite President De Klerk, all groups in the hospital were consulted. At that stage only one department objected, but agreed to accept the majority's decision, she said.

"We therefore proceeded with the arrangement in the belief that we had the support of most of the hospital staff and the medical faculty."

The hospital believed it was appropriate to "express our appreciation to the State President for the facilities and other resources which have been provided for the GSH region."

This included the building and commissioning of the new hospital and three new midwife obstetric units in Khayelitsha, Guguletu and Mitchell's Plain.
GSH plans to picket FW's visit

Staff Reporter

MORE THAN 100 Groote Schuur Hospital staff members have objected to a visit to the hospital by President F W de Klerk.

The group includes professors and doctors.

Mr De Klerk has been invited to officiate at a dedication ceremony at the hospital tomorrow. Those objecting to the visit say the event has been "reduced to a political act".

Members of the medical staff, including professors, senior consultants and registrars of the clinical and teaching departments, have signed a statement objecting to "the Nationalist government and its health policies".

The hard-hitting statement opposing the visit said: "Mr De Klerk leads a government and a political party which constitutionalised the policy of apartheid which has caused suffering, social degradation, dehumanisation and death."

While recognising recent endeavours to move towards a new non-racial democratic South Africa, the statement said, it should be noted that despite the recent abolition of discriminatory laws, none of the apartheid structures had been removed from the country's health care structures.

"Health care in our country remains fragmented and the public sector, which cares for 80% of South Africans, is becoming increasingly underfunded."

Neurologist Dr Brian Kies said "various forms" of protest were envisaged and it was likely that the State President's visit would be picketed.

"The Hospital Workers' Union has planned to picket the visit and hand over a list of demands to Mr De Klerk."

Chief medical superintendent Dr Jocelyn Kane-Berman said that when the decision was taken to invite the State President, all groups were consulted and at that stage only one department voiced its objections, and agreed to abide by the decision of the majority.

"We therefore proceeded with the arrangements in the belief that we had the support of most of the hospital staff and medical faculty."

Senior specialist Dr Errol Holland said a "wide cross-section" of medical staff at the hospital were objecting to Mr De Klerk's presence because of the government's "wasteful health policies" and the racial segregation practised in hospitals. "We want the public to know how we feel," he said.

Dr Kane-Berman said a boycott of the dedication ceremony was not anticipated. If there were demonstrations she expected them to be "peaceful and well-controlled".

A spokesman for the office of the State President in Pretoria said Mr De Klerk would attend the ceremony in spite of the opposition to his visit.
Hospital staff reject FW for ceremony

CAPE TOWN — Groote Schuur Hospital staff, including professors, senior consultants and registrars, have objected to President de Klerk officiating at a dedication ceremony at the hospital.

The invitation to Mr de Klerk to lead the ceremony today had reduced it to a political act, more than 100 staff members said.

"Mr de Klerk leads a government and a political party which had constitutionalised the policy of apartheid. This has caused suffering, social degradation and death," they said.

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Commenting, chief medical superintendent at Groote Schuur Dr Jocelyn Kane-Berman said: "This is a time in our history to move forward and to advance the principles the hospital stands for. We earnestly appeal to all our staff to join us in this endeavour.

"At the time when the decision was taken to invite President de Klerk, all groups in the hospital were consulted. At that stage only one department objected, but agreed to accept the majority decision," she said. — Sapa.
PRIMARY CARE AT THE HEART OF HEALTH NEEDS
Demo fizzes as FW uses side door

Staff Reporter

A DEMONSTRATION by Groote Schuur Hospital staff against President F W De Klerk's official opening of the new hospital fizzled out yesterday after the State President and Mrs De Klerk entered the building through a side door.

Some 400 chanting members of health workers' unions and their striking counterparts of the Transport and General Workers Union at UCT waved banners reading: "Get rid of FW and keep our jobs", "No retrenchments" and "Nurses demand a living wage".

They dispersed when Mr De Klerk failed to show up in the main road leading to the hospital.

Before Mr De Klerk's visit, Groote Schuur Hospital staff, including professors, senior consultants and registrars, objected to his officiating at the dedication ceremony, saying it reduced the ceremony to "a political act" because his party had institutionalised the apartheid structures that still fragment health care.

In his speech at the opening ceremony, Mr De Klerk said the protest was a sign of the growing pains in an emerging democratic South Africa.

"Some people feel the need to march and others feel the need to talk," he said.

He warned that South Africa would not be able to afford dramatic changes to its health budget. "Until we have a strong and stable economy we will have to cut our coat according to the cloth," he said.

The decision to transfer management and control of academic hospitals from the provincial administrations to a supervisory board at each complex would eliminate duplication and provide for the involvement of the community, the university and the relevant health authorities, he said.

He hoped the new dispensation would be accepted as a sincere effort to establish an improved system that would be more cost-effective and efficient.
President de Klerk has warned that South Africa will not be able to afford any dramatic adjustments in health spending for years to come and will have to cope with available resources.

Officially opening the new R186 million wing of the Groote Schuur Hospital, Mr de Klerk said health was a priority and would not be neglected, but the fact was that there were several areas of critical need, such as housing and education.

"Until we have strong growth in the economy based on sound economic policy and principles, we will simply have to cut our cloak according to the cloth," he told the gathering.

Mr de Klerk evaded a phalanx of protesters at the official opening of the new hospital wing, but was unconcerned about what he regarded as a reflection of the "growing pains" of the new South Africa.

As protesters voiced their opposition to the newly built wing at the main entrance, Mr de Klerk slipped in through a side entrance.
Mums die in hospital
Doctors oppose forced integration of wards

By CLAUDIA KING

LOCAL doctors have made an urgent appeal to the Fish Hoek town council to send a delegation to the Minister of Health regarding the rearrangement of wards at False Bay hospital.

It states that the private practitioners in the area are concerned about the recent closure of one of the wards and the forced integration of patients irrespective of their social status.

‘High-handed’

The letter says: “The future of this hospital is dependent on the active participation of all the inhabitants of the southern peninsula group of local authorities including Simon’s Town, Fish Hoek, Kommetjie, Scarborough, Noordhoek, Ocean View, Kalk Bay, St James and Muizenberg.”

It adds that there should be a protest against the high-handed policy changes by the hospital management, taken without prior consultation with local authorities and doctors using the hospital.

It concludes: “There are sound medical and social reasons for an urgent reappraisal of the hospital patient distribution.”

One doctor said that he and his colleagues were concerned about the acute problem regarding the management of the hospital while the Cape Provincial Administration “is more interested in long-term solutions”.

He said: “Nobody asked the patients or the nursing staff for their opinions regarding the rationalisation, either.

“It would appear that the most acceptable proposal to the CPA and the local community is that of a Province ally-aided hospital run by the local authorities and not a private clinic.”

The deputy director general of hospital and health services in the CPA, Dr H R Sanders, confirmed this week that consultation was continuing between the CPA, the Western Cape Regional Office, the management of False Bay Hospital, local private doctors and the hospital board on rationalisation within the hospital.

Dr Sanders said: “It is anticipated that a practical long-term solution will be reached taking into consideration all the relevant factors.”

Steering committee

In the meantime, as the public becomes more concerned with the situation and facilities at the hospital, the newly elected steering committee chaired by Fish Hoek’s deputy mayor, Miss Marequita Townley-Johnson, this week met representatives of all the concerned communities in a bid to establish the needs and requirements of the hospital.

It was decided that a delegation would be sent to the head of hospital services in the Cape, Dr George Watermeyer, requesting that the situation be investigated urgently.
PESTICIDES were not found in
the blood, organs or stomach of
Miss Carol Meyers, state patholo-
gist Professor Gideon Knobel told
the straitjacket death inquest in
the Wynberg Magistrate’s Court.

Professor Knobel was asked to
examine the possibility that the
poison used to kill lice in prison
could have caused Meyers’ death.

He told the court yesterday or-
ganophosphate or organochloride
pesticides could not be found in
her body tissue.

But a product of muscle break-
down, myoglobin, was present in
Meyers’s kidney tubular casts, he
said.

Earlier, he told the court “pro-
longed restriction of blood sup-
ply” could be the cause of the
muscle injury.

Meyers, who was tied into a
straitjacket in Pollsmoor for 24
hours, collapsed in her cell after
the straitjacket was taken off.
She died in Groote Schuur Hospi-
tal two days later on Sunday,
July 2 1989.

She was “vomiting blood” upon
admission to the hospital and on
Sunday morning she was “bleed-
ing profusely,” Prof Knobel said.
Her heart stopped at 11.20am
and she died at 11.40am on Sun-
day after final attempts to save
her life through resuscitation had
failed.

Professor Knobel will be cross-
examined later.

Magistrate Mr N Jones post-
pioned the inquest to January 15.
Mr J Whitehead appeared for the
Meyers family. Mr N Treurnicht, in-
structed by De Klerk and Van Gend,
appeared for the Department of Cor-
rectional Services and individual
members. Mr F van Zyl represented
Dr P Fisher and Mrs Y Nel prosecut-
ed.
Duduza makes history

A CLINIC constructed out of tin containers, the first of its kind in the Southern Transvaal has been opened in Duduza, Nigel.

A group of local businessmen who call themselves Corporate Outreach Trust, donated the containers towards the clinic's construction.

Dr Rina Venter, Minister of National Health Services and Welfare officially opened the clinic which is situated in the middle of the township's informal housing sector.

She spoke of the poor socio-economic conditions and how they lead to consequent health problems in poverty-stricken communities.

"The rapidly increasing urbanisation process has had vast implications on the health situation of communities living in informal housing around our cities," Venter said.

"The prevailing poor living conditions and unemployment in the areas have also led to the lowering of the standard of living and consequent health problems in these disadvantaged communities."

She said that provision of primary health services helped to prevent unnecessary deaths and alleviated much human suffering.

Primary health care services entail health education on many aspects of health as well as a healthy lifestyle, advice on nutrition, mother and child care including family planning, immunisation and the treatment of diseases that are common in the community.

Venter said the Government, health authorities and the private sector could only be defined as facilitators and that without community participation it was unlikely that primary health services would succeed.

"Although the Government is responsible for ensuring that health services are available, it does not mean that the Government has to render the health services on its own."

We have evidence of community participation through the involvement of the Duduza Town Committee," she said in praise of the association.

Dr W Clowlow, of Barlow Rand Limited and a member of Corporate Outreach Trust, said it was sheer ingenuity on the part of Duduza businessmen that they had the vision to convert the containers into something.

Businesswoman Angie Makwetla presents a cheque for R200 to Buli Siwani of Sowetan Woman. The cheque will go to the Sowetan /DMZ Relief Project. Makwetla has challenged all businesswomen to equal or exceed her donation to the project which will benefit victims of the recent spate of violence in the Reef.
Lentegeur dysentery epidemic is over

VIVIEN HÖRLER
Medical Reporter

THE dysentery epidemic at Lentegeur Psychiatric Hospital, which has claimed nine lives since May, is officially over.

Medical superintendent Dr. Fouad Gamiedien said there had been no new cases for a month and all quarantine restrictions would be lifted from today.

"We have decided to lift quarantine from both the psychiatric and care and rehabilitation sides of the hospital from today, and to open all recreation halls and sports fields.

"Members of the community are once again welcome to use the hospital's facilities."

"We, the management, staff and patients of Lentegeur Hospital, extend our heartfelt appreciation and thanks to all who supported us and helped us during the epidemic."

Dr. Gamiedien said it had been decided to set aside 10 beds in the hospital's clinic for severe diarrhoea cases in future.

"Until this epidemic we treated cases of diarrhoea in the wards, but we have decided that from now on we will have special beds set aside in the clinic.

"If a patient develops severe diarrhoea we will move him or her to the clinic and quarantine the ward immediately, so that if the cause of the diarrhoea is indeed shigella dysentery, the ward will already be isolated."

He said he and his colleagues felt "great relief" that the epidemic was over. "We have not traced the source, and believe that it was probably brought in from outside by a visitor. But shigella is endemic in the community — it could have come from anyone."
A RETREAT hospital has closed 100 beds to tuberculosis sufferers "by edict of the Cape Provincial Administration" in order to save money while another hospital has a waiting list of 68 patients.

It was simply unthinkable that in the midst of a TB epidemic in the Western Cape, hospital beds which were available for sufferers could not be filled because of CPA restrictions, City Medical Officer of Health Dr Michael Popkiss said.

In documents before an amenities and health committee meeting this week, Dr P G Morris of the Brooklyn Chest Hospital (BCH), said the hospital, with 320 beds available for both adults and children, was full.

However, at the D P Marais Hospital at Westlake, near Retreat, 300 beds were available but only 200 could be used "by edict from the CPA due to financial stric
tures".

The hospital had 228 patients and until that number fell below 200 the BCH was "prohibited" from transferring patients there.

The BCH's waiting list stood at 68 and increased by about five a day, Dr Morris said.

He said there was "patently a desperate need" for more hospital accommodation.

Dr Popkiss suggested that the council object to the situation in the strongest possible manner and that representation be made to the CPA.

He said last night that the move did not save the country money because the staff were still employed.

"I find it a false economy." Dr George Watermeyer, the CPA's deputy director of hospital and health services, could not be reached for comment yesterday.
It's extortion - medical scheme R1 000 for 7 km trip to hospital

By Louise Burgers Municipal Reporter

Johannesburg's municipal medical scheme is to "get tough" with medical services. After what it claims have been "extortionate and scandalous" instances of overcharging, in one instance a municipal pensioner was billed R1 000 for a 7 km ambulance trip.

Jomed vice-chairman Rhett Gardener said the Johannesburg City Council medical aid scheme had decided to get tough after receiving calls totally out of proportion to medical care rendered to some clients.

In two cases, patients were charged at least R1 000 for an ambulance call by the Garden City Clinic for the 7.4 km journey between the clinic and the Johannesburg Hospital when a municipal ambulance, only four minutes away, would have cost between R25 and R40.

A council pensioner was charged R1 000 by UCB Criticare for a 7.4 km ambulance trip from the Garden City Clinic to the Johannesburg Hospital.

In another case, a baby was transported from the Garden City Clinic to the Johannesburg Hospital at a cost of R1 100 for the 7.4 km trip, plus an additional charge of R2 for a kilometer and an extra R125 for waiting time in an ambulance called by the clinic. This is a scandal, he said. "This sort of thing happens all the time and the patient is often not given a position to argue and is given transport at a cost totally out of proportion to the value of the service." Mr. Gardener said.

A private ambulance from De Vries Ambulance would cost between R137 and R205 (for an intensive care unit ambulance) over the same distance, depending on the level of care needed.

Rescue company

UCB Criticare executive director Dave Marais said it was not merely an ambulance shuttle service, but a medical rescue company unique to South Africa.

He said patients could be charged anything from R500 to R1 200 for transport in special ICU units. For an ordinary ambulance shuttle service, they would charge about R125, which was comparable to other services. "We are an ethical company and we operate ethically. Our ambulances are full intensive care units."

Clinic Holdings executive director Graham Anderson said big hospitals did not call ambulances according to tariff. "If a patient requires an ICU ambulance, one has to have an ambulance that can deal with them. Nine times out of 10 we get no response from the municipal ambulances, they are very busy, which is unacceptable. On investigation, our staff have found the equipment used by UCB staff to be tops."

Mr. Gardener cited several other cases of "overcharging":

- A nursing home overcharged Jomed by R138 for a 2 percent solution of iodine in 70 percent alcohol which should have cost about 20c.
- A council employee who went into one clinic for a circumcision, was charged for 150 m of gauze bandage - "enough to wrap him up like an Egyptian mummy."
- In three months, a doctor overcharged the scheme by R205 000 by charging every patient he saw for an injection.
- Jomed is investigating "dozens" of other cases.

"I am of the opinion that this kind of charging may well be fraudulent," Mr. Gardener said.

Jomed has been forced to employ a private practitioner to check hospital accounts twice weekly for mistakes, "and every month he uncovers mischarging by hospitals in excess of his salary."

"There is a limit to what one can do. We are getting tough now and are advising members to keep a check on their medication when in hospital," he said.
Top medical talks on crisis over ‘TB beds’

CLIVE SAWYER, Municipal Reporter

TOP Provincial Administration and city council medical officials are to meet over the controversial “closure” of 100 hospital beds for tuberculosis patients as the killer disease spreads in the Western Cape.

The number of hospital beds available for TB victims was cut by 100 by a Provincial Administration directive.

The cuts, intended to save money, coincide with an influx of patients from the Eastern Cape and abroad as exiles return.

By August more than 3 000 new tuberculosis cases were reported to city health authorities.

Brooklyn Chest Hospital medical superintendent Dr F G Morris said his 320-bed hospital was full while at D P Marais Hospital only 200 beds were available.

Admission to both hospitals is controlled by Brooklyn staff.

D P Marais has 300 beds but 100 may not be used in terms of the CPA directive.

Dr Morris said the situation was critical and the only solution was to open the unused 100 beds at D P Marais.

Brooklyn Chest Hospital also had to take patients from the Stellenbosch and Somerset West areas because Paarl and Breuwswood hospitals were full.

City council medical officer of health Dr Michael Popkiss said it was “simply unthinkable” that in the midst of a tuberculosis epidemic in the Western Cape, hospital beds for TB patients could not be filled because of the CPA directive.

“We are dealing with a lack of hospital beds for people suffering from a highly infectious notifiable disease,” Dr Popkiss said.

The council would object to the CPA about the situation at a meeting of top medical officials next month.

Appeals to the CPA by officials involved in tuberculosis treatment have so far failed.

According to city council figures, 3 008 cases of pulmonary TB and 117 of other forms of TB were reported by August this year.
THE Representative Association of Medical Schemes yesterday announced an average 16 percent increase in its 1992 scales of benefits for doctors and dentists as well as for private hospitals and day clinics.

The increases - which take effect from January 1, 1992, come on the back of an eight percent hike granted by Rams on September 30 to compensate for the effects of VAT.

Other practitioners such as psychologists and physiotherapists - get a straight 15 percent across the board.

The increases for private hospitals and day clinics average out at about 16 percent. At the top end of the scale in this sector is a 33 percent rise for intensive care units.

SAPA

"The heavy costs of specialist (mainly imported) equipment, combined with the salary levels of highly skilled nursing staff, have placed a great deal of pressure on intensive care units in the past year - and it was clearly necessary for their needs to be addressed," Rams Executive Director Mr Rob Speedie said in a statement.

Although the average 16 percent increase for 1992 is more or less in line with inflation, Rams says it is gravely concerned that the total payout next year could go up by well over 20 percent because of persistent overutilisation/overprovision of health care products and services.

"Rams figures show that this is certainly proving to be the case for the current year - so much so that some medical schemes had to implement interim increases," Speedie said.

"For the man in the street, private health care is becoming increasingly unaffordable with the passing of each year," Speedie added.

To illustrate the point, he said medical schemes will probably pay out an average of R275 a member each month for health care services in 1992, compared with R220 this year and R98 only four years ago in 1987.

"The unfortunate result of spiralling consumption will be an inevitable limitation on, or reduction in, the benefits granted by medical schemes as they strive to contain increases in their subscription rates."

Speedie noted that the cost of health care will rise by more than R1 billion to reach R7.6 billion in 1992.

Top union official ambushed, shot

A top official of the National Council of Trade Unions was shot and injured in an ambush near Tokozwa on the East Rand at the weekend.

Mr Boaz Mashele (45), national treasurer, was hit in the private parts when two armed men opened fire on him.

He is being treated at Natalspuit Hospital.

A hospital spokesman could, however, not comment on his condition.

East Rand Police spokesman Captain Ida van Zwiwel said yesterday the incident had not been reported to the police.

A union spokesman said Mashele was attacked when he stopped to inspect damage to his car after another vehicle had hit his from behind.

"The assailants from the car which had hit him from behind opened fire, hitting him in the private parts," union spokesman Mr Cunningham Ngekuna said.

The union has blamed the attack on the "agents of apartheid."

"We believe that the attack was perpetrated by agents of apartheid who are opposed to freedom and democracy," a statement released by the union said.

A man inspects the body of a woman, one of the 10 people killed on night when an armed gang opened fire on people at the Tselelo Lounge in Mapetla, Soweto.

PIC: LEN K
Apartheid disease thrives at hospital

By MONWABISI NOMADLO

APARTHEID has not been forgotten at the JG Strijdom Hospital, says Josiah Bushy Lekoaletso of Kagiso township on the West Rand.

Lekoaletso, 35, alleged he was badly treated by white staff at the hospital two months ago.

The Johannesburg City Council employee was taken to the JG Strijdom casualty section on August 11.

He says he was treated like a second-class patient.

"I was referred to the X-ray department, and waited there for four hours while white patients who were behind me were wheeled in.

"Eventually I was taken to a lower ground section where I was attended to after again waiting for more than three hours."

He said he was taken back to the casualty ward on a stretcher, and after examining his X-rays, a doctor told him there was "nothing serious" wrong with him.

"I complained of a pain in my neck, but the doctor insisted that I was okay. He removed the drip and I was discharged, but before I left the doctor put a brace round my neck," Lekoaletso said.

After phoning his brother-in-law, Sipho Tini, he was ordered to wait for him outside the casualty ward.

"I told Tini to take me to Baragwanath, where I was taken to the X-ray department, and to my astonishment, I was quickly admitted and I spent six weeks in traction because my cervical spine was cracked," he said.

He later got a bill for R174.20 from JG Strijdom for medical services.

"I'm not going to pay. I got raw treatment, and I think the doctor was negligent," he said.

The hospital superintendent, Dr CJ Visagie, said the matter was being investigated.
Hospital ‘favours ANC’

THOKOZA hostel residents have alleged that Inkatha supporters who are patients at Nataalspruit Hospital are being mistreated by nursing staff.

Hospital authorities have agreed to investigate the claims.

Thokoza Hostel Dwellers’ Association chairman Zakhile Mlambo said yesterday that since violence erupted in the East Rand townships of Thokoza and Katlehong last year, hospital personnel had been hostile towards Zulus and Inkatha members.

On October 9 a Zulu hostel resident, injured in an attack on a Wadeville-bound train, was allegedly beaten up by nurses when he was admitted to Nataalspruit Hospital, Mlambo said.

“The incident incensed us so much that we sought a meeting with the hospital administration to discuss it and other grievances we had about the hospital.”

Other grievances the association raised with hospital authorities included the display of ANC posters in wards and use of the hospital as a “refugee camp” by township residents when violence erupted in Thokoza and Katlehong.

WILSON ZWANE

“The hospital administration promised to look into our complaints,” Mlambo said.

Nataalspruit Hospital superintendent Dr Norman Kernes confirmed that he had met the Thokoza Hostel Dwellers’ Association and had promised to investigate the October 9 incident “because it is hospital policy to treat patients without taking note of their political affiliations”.

Kernes said the hospital would remove the ANC posters as they might create a perception that the hospital was favouring one organisation over others.

“The people who come to the hospital during unrest situations are not invited by us. But the hospital has adopted a sympathetic view, as these people come here under exceptional circumstances,” he said.

Mlambo dismissed rumours that Zulu-speaking hostel residents had planned to attack the hospital to get even with staff members.

“We want peace, and the fact that we requested a meeting with the hospital administration to discuss our grievances is proof of that,” he said.
Lamprécht Clinic was ideal candidate

NINETY-FIVE percent of employees at the Lamprécht Clinic in George are women.

This made it an ideal candidate for the SA Federation of Business and Professional Women’s annual Gold Award.

But the progressive policies for its staff are what made it a qualifier for the award.

The clinic’s Dalene Munro says the private, service-orientated organisation believes in making patients feel at home and well cared for.

“Our philosophy speaks of love and care.

“We believe women have it all and can give what it takes.

“We believe in making our ladies’ role as mothers and professional women or domestic workers as easy as possible by accommodating their personal needs. This makes them more relaxed and happy at work,” she says.

The clinic operates on a support group approach and team work is of the essence.

“A well-organised in-service education programme sees to the developmental needs of all.

Negotiation

“Our conflict situations are solved by negotiation and the best possible psychological approach for the situation.”

The Lamprécht Clinic staff claim to be experts in negotiation skills. Munro says, “and as we are all women, we do it better”.

“We are proud to be a predominantly female company. Our results tell the story,” she says.
Pupils’ row over their final marks

BY DON SEOKANE

SCHOOLING at Leolo Secondary School near Burgersfort has virtually come to a standstill following allegations that some teachers awarded girls additional marks in return for sexual favours.

About 200 Standard 9 pupils have threatened not to sit for the year-end examinations following disclosures of discrepancies in allocation of marks for Standard 9.

The pupils have demanded the dismissal of four teachers, who were responsible for compiling Standard 9 class schedules last year. Two of them were threatened with violence.

The school’s principal was not available for comment. A senior teacher and head of department, Mr Freddy Nkwane, dismissed the allegation of marks for sex favours.

Nkwane said the controversy arose because of irregularities.

“A solution was reached last Friday with the pupils who failed last year, agreeing that they would be allocated 12 percent to their examination marks. But on Monday they changed their minds. They demanded the dismissal of four teachers who were responsible for the schedules.

“They also demanded that those who failed Standard 9 last year should be allocated 30 percent to their final marks.”

Nkwane said the school could not agree to the demand because that would mean pupils would only work for 10 percent since the passing mark is 40 percent.

On Monday a meeting was held with community representatives including vice-chairman of the Northern Transvaal region of the ANC Dr Aaron Motsoaledi, and the SRC.

Nkwane said the meeting ended in deadlock.

Sekoto show to open

By VICTOR METSOAMERE

AN exhibition of striking socio-politically-conscious drawings by Paris-based South African Gerard Sekoto opens at the Evangectical Lutheran Church in Pietersburg on Sunday at 11am.

The Sovetan bought the collection in order to display Sekoto’s talents more widely in South Africa.

The newspaper realised with sadness that Sekoto’s work had been ignored for decades because he settled in France more than 40 years ago.

The collection has so far been shown at several

Unrest taking toll on services

- Hough

IT costs an average of R16 000 to treat a victim of unrest violence, Transvaal Administrator Mr Danie Hough said yesterday.

The thousands of frightened residents who occupy hospitals while fleeing from unrest situations were placing an additional burden on already overextended hospitals and personnel, he said.

Hough spoke about the violence during the official opening of additions costing R4,9 million to Vereeniging Hospital.

Two new surgery theatres were installed and extensions made to the X-ray and central sterilisation departments. The additions were completed in February.

Limited number of nurses, unprecedented migration to the PWV region, the high birth rate and spiralling costs of treating unrest victims had all placed provincial hospitals under tremendous pressure and made budget planning difficult, Hough said.

South Africa now had one nurse for every 484 people. The ideal ratio set by the World Health Organisation was one nurse for every 416 people, he said.

Hough called on young women to join the nursing profession. "We need your diligence, enthusiasm and sparkle in our health services." - Sopa.
Violence costs R16 000 a victim

IT costs an average of R16 000 to treat one victim of unrest or violence, according to the Transvaal Administrator, Mr Danie Hough.

The thousands of frightened residents who occupy hospitals after fleeing from unrest situations placed an additional burden on the already overstretched TPA hospitals and personnel, he added.

Hough made the comments during the official opening of additions - at a cost of R4,9-million - to the Vereeniging Hospital.

Migration

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South Africa now has one nurse for every 484 people - while the ideal balance, as set by the World Health Organisation, should be one nurse for every 416 people.

Sparkle

He called on young women to join the nursing profession: “We need your diligence, enthusiasm and sparkle in our health services.”

-Sapa
Hospitals are

By SOPHIE TEMB

THERE has been a drastic and rapid collapse of health services in black hospitals, according to a discussion document submitted to the ANC at their recent conference.

Appalling conditions in these hospitals are blamed on the brain-drain of medical professionals who have either left the country or joined the private sector.

The authorities' fragmentation of health services was also cited as an important cause of the collapse.

In most black hospitals patients still sleep on the floors and doctors and nurses are unable to cope with the flood of the sick and the dying, says the document.

It says there are so many health departments that it is impossible to plan or co-ordinate health care.

The document states that conditions at Bara and elsewhere are no different to those described four years ago by Bara's retiring chief of medicine, Professor Leo Schamroth. Schamroth called the wards "horrendous, disgusting and despicable".

Soon after Schamroth left, 101 doctors and professors at Bara signed a letter of protest which was published in the South African Medical Journal.

The ANC document says that despite increased fees and the hospital's R8-million budget, there has been no improvement.

It protests the fact that health services in black hospitals are still largely and unequally segregated.

It says: "A history of apartheid, oppression and exploitation has created conditions which have affected the health services. Despite promises made by Government and the repeal of the Separate Amenities Act, there are major differences in access to good health care between black and white, rich and poor, urban and rural communities.

"The most advanced hospital care is inaccessible to the majority of people because of the costs and time involved in travelling to the major urban centres where these hospitals are.

"There are serious problems where the Group Areas Act and forced removals have distorted patterns of settlement."

It says about half the money spent on health care is paid to doctors, dentists and pharmacists in the private sector.

The hospitals' share is only a quarter.

Public funds are used for training health workers who drift to the private sector.

Only five percent of state doctors work in the homelands which the document says underlines the fact that the private sector focuses its efforts on those who can pay for treatment - which causes neglect of the task of preventing disease.

The document concludes that a new national health service will have to make use of traditional healers.
New hospital means test—more qualify

Medical Reporter

A NEW means test to qualify as a State patient will be introduced on Friday, November 1, at provincial hospitals throughout South Africa.

The income limit will be raised by 10 percent, qualifying more people to be treated at low tariffs.

The maximum monthly income for a family rises to R2 391, and for single people to R1 375. People in this category pay R103 a day at State hospitals, which includes all treatment, operations, food and medication. This fee drops to R81 a day at small regional hospitals.

In the next category, in which patients pay R52 a day for all treatment, the new maximum salary for a family is R1 741 a month, and for a single person R916 a month.

The fee at regional hospitals is R41 a day.

In the cheapest category, in which patients pay a one-off fee of R21 regardless of how long they remain in hospital and what treatment they have, the maximum monthly salary for a family is R1 191 and for a single person R641. The fee at regional hospitals is a one-off R17.

People who earn more than the maximum monthly income, and all people on medical aid schemes, will be treated as private patients and will pay private rates.
Never again at Zola Clinic

I wish to appeal to private clinics and doctors to keep their prices as low as possible. I say this because of the horror my wife and I experienced at a clinic in Soweto.

Never ever will we set foot in a clinic unless a judge orders that they pull us and push us into Zola Clinic, a place I hate to see when we pass by.

It is not that we consider the nurses to be inefficient. Surely they know their jobs and we don't rule out the possibility that there could be heroines among them. However, we are convinced that there are enough individual unreliables to make it risky.

For nine months we waited and prepared for our baby. On October 18 my wife felt labour pains. As she was already booked at Zola Clinic, I quickly organised a taxi and within 7 minutes we were inside the clinic — before 07h30.

I assisted my wife into the reception where I unknowingly committed a crime by ringing the bell and informing the nurse/sister who took her time to come, although she and about four others were watching us.

She ignored my respectful approach, and abused me, ordering me out “because we don’t need you and you are not the one feeling the labour pains”.

It was as if I was a thief but I apologised and left. As I went, they remarked mockingly that my wife “thinks she is special. She comes escorted by her man.”

In the evening I hesitantly returned to the clinic. Many thanks to the nurse/sister who surprised me by her kindness when I was expecting insults.

She said my wife had been taken to Baragwanath Hospital.

At Baragwanath a student nurse accompanied me after Mr Mpungose (a security man) had phoned and escorted me to the maternity side after another security guard had turned me away for more than an hour: to them, many thanks.

Inside I learnt that our baby had passed away at night.

I was not surprised when my wife told me she that she had been ignored when she was at Zola Clinic. They had left her without assistance and no one responded when she screamed that the baby was coming; the nurse/sister entered the ward only to mock. On being informed about a liquid discharge she told her “to leave it alone because it should come out whenever it feels like doing so. What do you want it to do?” She left her screaming.

My wife thinks it was around noon when she noticed that part of the baby was already out. A different nurse entered and called others.

Surprisingly, the nurse she had initially thought to be her specially assigned guardian asked her (my wife) why she had not reported to her when she discharged a liquid substance, yet she had previously ordered her to leave the substance alone when informed.

If our boy’s fault was merely that I (his father) escorted his mother to and assisted her into the clinic, it’s unfortunate for them because our boy was and will always be innocent and blameless, for he abused no one, lost nothing, burnt no property and spared no one. Up in heaven he may have the chance to forgive them but the right to clear them rests with the Lord.

Philele and Dumisani Mabaso-Mlilo
Emmendeni, Soweto

Dr G M Louw, senior superintendent of Soweto Community Health Centres, replies: I extend my personal heartfelt condolences to Mr and Mrs Mabaso in this tragedy. May God carry them through their time of grief.

Regarding the allegations of abusive language from the nursing staff on arrival, staff in question chose not to respond. In view of the fairness with which Mr Mabaso describes the good treatment he received the following day, I must accept that there must have been some clash of personalities. On behalf of the Soweto Community Health Centres, I apologise for this.

I have studied the maternity records and the reports of the staff concerned and I have found:

The routine progress monitoring was recorded and showed no cause for alarm.

During the second stage — which is the actual process of delivery, Mrs Mabaso was attended by two midwives. The first indication they had of problems was when they noticed that the fluid coming from the womb was meconium stained. This is an indication that the baby is distressed.

The cause of the distress was determined soon after when the head was delivered. At this point it was found that the umbilical cord was tightly wound twice around the baby’s neck, choking him. (There was no way in which this complication could have been discovered earlier.)

At this point the nurses called the senior doctor urgently but the baby delivered before he arrived (usually after the head delivers the rest of the baby delivers in a matter of seconds). The time of delivery was 11h45. The baby was found to be very weak and not breathing. The nurses started resuscitation and when the doctor arrived a few minutes later (11h55) he took over the resuscitation, entubated the baby and did all the necessary procedures.

In the meantime an ambulance was called to transfer the baby to Baragwanath Hospital.

At 11h20 the baby was breathing on his own and had a good pulse rate. He was transferred to Baragwanath for admission to Neo-natal ICU accompanied by a senior midwife. I have learnt from Baragwanath that they were not able to sustain the baby and that he died at 22h30 that night.

I have no doubt that medically the staff at Zola Maternity Ward performed their duties correctly. However, tragedies like this do occur and I can only say that all the staff concerned will continue to do their best to keep such tragedies to an absolute minimum.
Aid for 'death' hospital

Sowetan
Correspondent

PHILADELPHIA Hospital, dubbed "the death trap" by local residents due to a lack of equipment and serious staff shortages, is to be upgraded.

This follows the take-over of the hospital by the Transvaal Provincial Administration of the hospital from the Department of Development Aid.

The 520-bed hospital near Groblersdal in the Eastern Transvaal has been blamed for poor patient care, drug and staff shortages, a lack of equipment and poor administration.

More serious cases are referred to either Garankuwa or Kalafong hospitals - more than 150km away.
Johannesburg will become one of the first municipalities to take over the provision of primary health care when it signs an agreement today with Health Minister Dr Alma Venter.

The agreement allows the Johannesburg City Council to provide primary medical services to the (coloured) southwestern areas of Johannesburg for the House of Representatives.

Up to now, local authorities have only provided preventive health care at clinics and could not treat illness or provide medication.

Health workers can now diagnose and treat illness and injury and provide medication.

More emphasis will also be placed on teaching correct feeding methods, for example, to combat such problems as malnutrition.
New system gives autonomy to hospitals

VIVIEN HORLER
Medical Reporter

TWO of Cape Town's hospitals have been the first in the country to experience a new system designed to meet the crisis in academic hospitals and give them more independence.

The new system is also intended to streamline the administration of academic hospitals, and to attract and keep quality staff.

The head of Tygerberg Hospital, Dr J G L Strauss, welcomed the first step towards greater autonomy which was taken when the hospital's new supervisory board met for the first time yesterday.

Dr Strauss said he believed the new system, known as framework autonomy, had great potential, giving hospitals more control over their own finances.

"It won't mean we have unlimited funds, but it will mean we have greater control over our own resources and will be able to allocate funds to different areas of the hospital as we see fit."

The new system, to be introduced at seven academic hospitals around South Africa, was also implemented at Groote Schuur Hospital yesterday when its supervisory board met for the first time. Its superintendent, Dr Jocelyn Kane-Berman, was unavailable for comment.

The supervisory board will be a forum where the health authorities and the universities can meet. Legislation is currently being drawn up to grant the boards statutory powers and should be tabled in 1993.

The target date for the implementation of the new system countrywide is April 1993.

Speaking at the Groote Schuur meeting, Dr Coen Slabber, director-general of the Department of National Health, said the new boards would enable problems to be sorted out more quickly and effectively.

The boards would be a mechanism for liaison between the government and the public, aimed at promoting the interests of the hospital and the community it served.

The board would also promote liaison and consultation between the universities and the health authorities.

Dr Slabber said the system had been introduced to help solve the crises in academic hospitals.

"There is an exodus of top-level manpower and it is becoming increasingly difficult to recruit quality staff," he said.

This was partly because of greater demand for health services, a flawed system of referral of patients to the right health facility, and medical staff becoming bogged down by numbers of patients. There was also a problem with staff administration and appointment delays, as well as a cumbersome procedure for the purchase and replacement of equipment.

"This list can be added to — academics would say almost indefinitely. What I am trying to say is there are problems and that some of them are the result of an administrative system that no longer meets the requirements of a dynamic institution."

"With the new model there will be an effort to have decisions of local concern taken by people who know the local circumstances, to involve communities in academic complexes, and to make the administrative channels as short as possible."

Dr Strauss described the new model as an improvement on the present system.
ANC foresees control over private health

By Carina le Grange, Star Medical Reporter

The ANC envisions a future health service in which the private sector would be accountable to the Government and in which funds would be redistributed from the private to the public sector, in a comprehensive national health service, Dr Aslam Dasoo of the ANC's health department has said.

He was speaking in Pretoria yesterday at a seminar organised by the Pharmaceutical Manufacturers' Association.

Incorporated

Other speakers included representatives of the National Party, the Pan Africanist Congress, the Democratic Party and Inkatha Freedom Party.

The private sector would in the long term become incorporated into the national health service "so that it becomes accountable to, and is under the overall control of, the Government", Dr Dasoo said.

"In re-organising the health services, the Government will aim to attract staff and to absorb a major section of the private sector."

He said the ANC did not intend to nationalise the private health sector, and the fact that the ANC believed there should be some control of this sector implied that the organisation accepted its existence.

Dr Dasoo said the private sector thrived at the expense of the public sector in matters such as the training of personnel, on which it drew heavily without giving anything back.

Earlier, he had characterised the present health care system as "an obscene perversion" in which the majority of people had been "subjected to one of the most bizarre, inhuman and unjust systems ever devised ... which is still perpetrated".

Apart from the redistribution of funds from the private to the public to finance the service, other people would contribute through taxation or contributions to the national health fund.

The ANC also proposed to establish a national medicines policy to deal with availability, distribution and pricing.
Lesedi probe

"Lesedi rejected our offer and decided they would manage themselves. They then appointed (Dr) Maseke to clean up the maladministration," he said.

The three managers at the centre of the scandal are said to have bought lavish houses in the suburbs of Kelvin, Buccleuch and Bryanston.

Our source said: "There is every possibility that Lesedi money was used to acquire the properties. That too is under investigation."

Acquisition of credit cards on Lesedi's account without the board's knowledge was being probed. Portuguese series Three coins (more valuable than Kruger Rands) had been bought on the credit cards.

Several unauthorised trips abroad had also been debited to these cards.

The source said two of the managers were known to have sent their children to private schools in America and the United Kingdom.

It was in the face of the impending scandal, said the source, that one of the managers resigned in August.

The scandal was uncovered in the middle of July. The financial problems affected the quality of food given to patients. A catering group had since been engaged to rectify this.

Lesedi is South Africa's first black-owned private clinic.
Commission to probe Soweto clinic scandal

The first black-owned private hospital, Lesedi Clinic in Soweto, has been rocked by a scandal involving the alleged embezzlement of nearly R8 million.

A Johannesburg Sunday newspaper reported that the scandal was uncovered four months ago but remained a closely guarded secret.

According to the newspaper's sources, three managers are implicated — one has been fired, another resigned and the third disappeared last week. The men were said to have bought lavish houses.

A commission of inquiri—
Hope for teaching hospitals

The first steps towards overhauling the management of South Africa's seven academic hospitals have been taken with the appointment of supervisory boards for Cape Town's two teaching hospitals.

Dr Coen Slabber, director-general of the Department of National Health and Population Development, said Mr C Louw-scher had been appointed chairman of the supervisory board of Tygerberg academic hospital.

Professor G Everingham is chairman of Groote Schuur's board.

The two boards have already held their first meetings and the boards of the five other academic complexes will meet soon.

Slabber said the establishment of supervisory boards was the first step in creating greater management independence for academic hospitals.

Their main role would be to protect and promote the interests of hospitals and the community they serve, by acting as a link between Government and the public.

Boards will also promote liaison between universities and health authorities.
Lesedi staff are back after work boy

By JOE MDHLELA

WORKERS at Lesedi Clinic in Soweto yesterday returned to work after embarking on a one-day work stoppage in protest against the alleged disappearance of R6 million from the hospital.

The decision was negotiated by the National Education Health and Allied Workers Union after meeting the clinic’s management committee.

A union spokesman said should management fail to meet the workers’ demands, employees would resort to strike action again.

Some of the demands by the workers included the freezing of a moratorium on wage increases because the clinic was said to be “technically insolvent”.

Nehawu representative Mr Alfred Motsa said the workers were hard-hit by economic-related problems and would not accede to the company’s request to “freeze” wage increases until November next year.

The union also claimed that the clinic continued to make illegal pension fund deductions from the workers’ salaries although the company handling the fund had not received contributions since August.

The company, Alexander Forbes Consultants and Actuaries, yesterday confirmed they had not received contributions from the clinic since August.

Meanwhile, the clinic’s chairman Dr Nhato Motlana admitted yesterday that R400 000 had been embezzled at the hospital.

He denied allegations that R6 million had been misappropriated and said the clinic was doing everything possible to recover the missing money.
Military institution could save Victoria, its civilian neighbour

HOSPITAL TO THE RESCUE?

LINDA GALLOWAY
Weekend Argus Reporter

The military hospital in Wynberg could be in a position to provide life-saving treatment to its ailing neighbour, Victoria Hospital, if an innovative idea to "demob" military installations is put into effect.

Already the South African Medical Service (SAMS) arm of the South African Defence Force, admitting to declining bed-occupancy levels, is holding discussions with "various bodies" to find "alternative clients".

The Democratic Party MP for the area, Mr Jan van Eck, said he believed it was a great opportunity for the military to put something back into the community.

He said he will speak to the director general of the Cape Provincial Administration, Mr Herbert Botes, to find out how far co-operation could extend between the province and the SADF.

"After all, empty white schools have been made available to the military and the police in the past.," Victoria Hospital is right there and struggling.

The CPA has just turned off the taps to hospitals. If even a wing of the military hospital could be made available, it would help.

Mr Van Eck said there was also the question of other military facilities which were under-used now that the "total activity of the defence force has been scaled down."

But Brigadier T A Dippenaar, Director of the SAMS, said frankly that he thought opening up military hospitals to civilians was "a losing idea."

Military hospitals were not meant to be full.

"We hope that they would never be full because that would mean a full-scale disaster has overtaken us. We have a strategic reserve capacity for this and naturally we can't over-inundate ourselves but also cannot be caught napping."

Brigadier Dippenaar confirmed that bed-occupancy levels had declined in recent months, with the halving of national service and a decrease in operational activities. But this had also meant a halving of the medically-trained personnel. Military hospitals, he said, while under-used, were not over-staffed.

To describe No 2 Military Hospital as a "white elephant" was inflammatory and untrue, because military hospitals could not be equated with civil institutions.

"Obviously a higher bed-occupancy level is more cost-effective and a way to make a maximum contribution to the overall health of the country, not just in a military context," he said.

"But there is a security consideration. Open doors are not compatible with the security required by a military installation.

"We have been busy with contingency planning to provide some occupancy levels for some months, looking at alternative clients, but with several qualifying criteria."

This involves all military hospitals and other smaller installations.

Opening military hospitals to civilians was not realistic, Brigadier Dippenaar said. There were many examples of military co-operation with civil institutions in the medical field.

"In time of disaster we take anybody who comes to us. In the case of an emergency on our doorstep we take any patient and keep them for as long as required. This has always been the case."

"We have facilities not readily available in the private sector and have been approached by the public and private sector requesting use of these facilities. We have always agreed."

The Institute of Macmillan Medicine at Simon's Town is called on regularly for assistance in diving accidents.

The medical service had a wing at Addington Hospital to treat defence force members. The doctor on duty there helped out in the casualty unit when he was not required in the army unit, Brigadier Dippenaar said.

But a spokesman for the SAMS said the hospital was not open to civilians.

Military hospitals were staffed in proportion to the work load. In the past, doctors on national service had been made available to hospitals in black "homelands" but with the halving of national service this was no longer possible.

The medical service took most of its patients from national servicemen, Permanent Force members and their dependents, some Citizen Force members doing camps, pensioners and disabled services.

While the number of medically-staffed staff available had halved, the workload had dropped by only 10 percent.

"We do not have the number of doctors sitting around drinking tea and playing bridge," he said.

"If you force more patients into the sausage machine, you get more. We cannot let standards drop."

Brigadier Dippenaar said it was not within the power of the defence force to rectify the problems at Victoria Hospital. "We would help out in a crisis, where we could, but we are not omnipotent."

To improve bed occupancy levels staff would have to be increased. "To be able to recruit and retain staff the SADF must be competitive. This is a dilemma."

The chairman of the Medical Association of South Africa (KwaZulu) in the Western Cape, Dr Abdul Barady, said he thought it would be a "wonderful idea if the liaison between various departments could be worked out."

But a spokesman for the regional medical association, the ANC-aligned National Medical and Dental Association, said they would reject the scheme until the defence force had been restructured democratically for a new South Africa.

Spokesman Dr Leslie London said there were more pressing areas of concern on the health front, for example the lack of hospitals in areas like Khayelitsha and Mitchell's Plain, and a redistribution of primary health care resources.

"Piecemeal solutions like this are not the answer," he said.

The Minister of National Health, Dr Nina Venter, refused to comment and the Minister of Defence, Mr Roelof Meyer, referred the query to the medical services arm of the SADF.

The medical superintendent of Victoria Hospital, Dr Andrew Louwers, also refused to comment on the possibility of assistance from the military hospital next door.
UWC’s new school a giant step for health

By GLENDA NEVILL

THE first School of Public Health will open at the University of the Western Cape in 1993, marking a giant step forward in primary health care in South Africa.

Co-ordinating the initiative is Dr Olive Shisana, a social epidemiology graduate of the Johns Hopkins University’s School of Hygiene and Public Health in the US.

Pietersburg-born Dr Shisana returned to SA recently after 15 years in exile to take up a post as a specialist scientist at the Medical Research Centre and to develop the School of Public Health.

She was the acting chief and registrar of the Research and Statistics Division in the Department of Human Services for the District of Columbia Government when she decided to end her exile.

"The first step is a colloquium early next year which will include representatives from the Department of National Health, Stellenbosch University, UCT, UWC, Pentech, Cape Tech, nkon, nursing colleges and non-government organisations like the ANC," she said.

The aim of the colloquium is to work out the finer details of the course, including funding and the syllabus.

"We are hoping the Department of National Health will help with funding as it is really the government’s responsibility. The department has committed itself to attending the colloquium, but not yet to the funding," Dr Shisana said.

South Africa faces major public health problems as large sections of the population have poor access to health services. Ill-conceived health policies have led to a lack of health planning skills and of trained public health personnel.

"Besides the lack of personnel, no research is being done in this field," said Dr Shisana. "In my opinion we need at least three public health schools to make a difference."

In a paper she wrote on the subject, Dr Shisana defined primary health care as "an approach to health services delivery that provides appropriate, accessible and affordable care and promotes equity."

The School of Public Health will offer a Masters degree in public health as well as a diploma course.

UWC will offer short courses during 1992 designed to upgrade the competence of untrained or under-trained workers in the field while the proposal for the School of Public Health is being fine-tuned.
LACK of primary health care in the workplace has led to a crisis in SA, causing unnecessary absenteeism and death.

The new Primary Health Care Project, launched in conjunction with the Department of Health and the Epidemiological Research Council, plans to tackle the problem. There are about 700 health care projects in SA, all of which need visual material to do their jobs properly. Health Care Project offers a set of eight video modules in English, Xhosa, Zulu and South Sotho.

Businessmen are offered a set for R4 700. For each set they buy, they will be given a second one which they can give to a clinic of their choice with their logo embossed on the cover.
TELEVISION producer Ms Elna Boesak has lashed out at the SABC for allegedly censoring an in-depth documentary on the crisis at Tygerberg Hospital.

She has also accused the SABC of bias towards Minister of Health Dr Rina Venter in the programme screened this week.

"I distance myself from the superficial manner in which Agenda handled the serious problems at academic hospitals," said Boesak.

"This action can be interpreted as nothing less than the protection of the Minister of Health. I want to personally apologise to all the staff and patients at academic hospitals."

Boesak's original 25-minute documentary included interviews with a dozen medical personnel and the dean of the University of Stellenbosch medical faculty who warned of a looming catastrophe at the hospital.

Details which were not screened included controversy over a million rand cut in the expansion of the hospital since the beginning of the year, the freezing of posts, cutbacks on beds, the use of outmoded equipment in life-and-death situations and the turning away of seriously sick patients.

Boesak said the eventual broadcast of five minutes of the 25-minute programme followed by an interview with Dr Rina Venter was screened without informing her as producer of the programme.

According to Boesak, the editor of Agenda had agreed that the programme would be cut to 15 minutes followed by a debate between the minister and representatives of medical schools in South Africa.

"I find the manner in which Agenda glibly brushed over these serious problems totally unacceptable," said Boesak.

Mr Johan Pretorius, editor-in-chief of Agenda, said the SABC wanted to make doubly sure of all the facts before responding to Boesak's claims. He said the SABC regarded the matter in a serious light.

"If necessary we may have to implement our internal personnel regulations on the basis of our disciplinary code," he said with obvious reference to Boesak's public criticism of the SABC.
While hospital facilities are desperately limited, available medical care resources are not being used in the most effective way. This is the finding of researchers at the Medical Research Council (MRC).

The research found high-level health care facilities are being used by patients who do not need them.

Researchers believe over half the days patients spent in a ward at a large academic hospital in Cape Town could have been spent receiving cheaper and less sophisticated but equally effective care.

The study, in the latest South African Medical Journal, showed nurses spent too much time attending patients who could have been treated at lower levels.

The aim of the study was to determine levels of care necessary as opposed to the amount of professional care provided.

The researchers also tried to estimate how much of the tertiary hospital's resources were being expended on patients who required lower-level care facilities.

Of the total number of patient days (the days every patient spent in the hospital), 54.5 percent could have been spent at a lower level of care, researchers found.

They said 27 percent of patient days could have been spent in a hospital that did not have full-time specialist care, while 20 percent could have been spent in a convalescent hospital with patients seeing a doctor only once every two or three days.

Home care would have been appropriate for 6.8 percent of patient days.

Dr Merrick Zwarenstein, the project's principal investigator, said health care could be provided more economically if more lower-level facilities — primary health care clinics or non-specialist hospitals — were available.

"To lighten the load for our specialist hospitals, primary health care facilities should be expanded and referral patterns improved," said Dr Zwarenstein.

"The plight of South Africa's public sector hospitals has been highlighted in the media over the last year. We must plan for and develop the necessary community health infrastructure if we hope to preserve our sophisticated tertiary health services.

"We must provide appropriate, affordable, quality health care which is accessible to the community."

He said work was necessary to confirm the findings at other hospitals, and a national plan needed to be formulated so that all hospitals and health care resources were used in a cost-effective, coordinated way.
SABC may discipline Elna Boesak

By CHRIS BATEMAN

THE SABC may convene a disciplinary hearing into TV producer Mrs Elna Boesak's claims that her documentary reporting into the "life-threatening" crisis facing academic hospitals was "watered down to insignificance".

Mrs Boesak fired a fresh salvo yesterday, challenging the SABC to show the documentary in full and "let people decide".

Monday's Agenda documentary, compiled after several months of investigation and interviews at Tygerberg Hospital and the Medical Faculty of the University of Stellenbosch, was cut from 25 minutes to five minutes.

After this, Agenda screened an interview with National Health Minister Dr Rina Venter instead of a planned debate between the minister and top medical school experts.

Mrs Boesak said Dr Venter had used the platform to describe the brief TV insert on the situation, said by some participants to be a "national disaster", as a "misrepresentation".

"These actions by Agenda could be interpreted as nothing less than the deliberate protection of the minister, and such an interpretation could confirm claims that the SABC was an extension of the government," Mrs Boesak added.

Among the items cut were scenes showing "reject" ICU equipment being used on patients, and top specialists' claims that lives were at stake because of the million-rand hospital budget cutbacks.

SABC-TV news editor-in-chief Mr Johan Pretorius said yesterday that Mrs Boesak's allegations were regarded in a very serious light.

"We'll be dealing with them on the basis of our internal personnel regulations and, if necessary, according to our disciplinary procedures," he said.

"Our reputation is at stake," he added.

Mrs Boesak, at present on three months' maternity leave, said last night that while she did not question Mr Pretorius's integrity, "certain people made a decision which I cannot accept".

She would probably decide today whether to go through with the disciplinary hearing, or resign.

"I did what I did because I felt the public were not getting the facts," she explained.
The hospital daily, some for follow-up treatment.

Doctors were all busy in the wards and theatres.

Women were complaining about the high fees.

Voters said doctors at the hospital's maternity section were telling patients they had to go to private hospitals.

Doctors were Joseph E. O. and the hospital's senior doctor.

The fees could not be verified by the hospital's senior doctor.

These women were treated at the hospital this week. However, some women were treated at the following number of hospitals:

BY IKE MOTSAPLI

Thirteen teenagers - some as young as 14 - were treated for botched abortion.

Group lends support to Bara Abortion.
Clinic fraud 'only R400 000'

By LEN KALANE

LESEDI clinic chairman Dr Nthato Motlana has refuted claims that the private hospital has been hit by the embezzlement of nearly R6-million.

He acknowledged, however, that investigations were being carried out into allegations of misappropriation of funds against three senior managers.

He said R400 000 had been pilfered, as against the R6-million initially reported by City Press.

Motlana added that extensive investigations by independent auditors were almost complete and the extent of the misappropriation was not expected to escalate beyond R400 000.

The Lesedi cash scandal was brought to the attention of City Press about three weeks ago by well placed sources who said R6-million had been misappropriated. Three managers had been implicated in the scandal which had been kept a closely guarded secret.

City Press established that one of the managers had resigned in the wake of the impending scandal, another had been fired and the third disappeared during a crucial board meeting when the subject of embezzlement was brought up.

The Lesedi statement added that last year a substantial loss was suffered during the structural expansion of the clinic. This matter was reported fully to the directors and shareholders.

The ongoing remedial measures will be reported to the shareholders later this month. A large portion of the loss was used to repay the expanded debt used to finance the 200 percent increase in capacity.

Motlana said financial restructuring at the clinic was receiving urgent attention.

Dr Motlana added: "It is not true that R6-million is missing or had been embezzled, nor is R6-million suspected to have been misappropriated."
Lydplaat lifts dividend

Finance Staff

Platinum investment group Lydenburg Platinum (Lydplaat), a subsidiary of Old Mutual, has increased dividends by 10.8 percent to 265c (185c) for the year to October.

Earnings rose 12 percent from 231c to 238c, excluding a special dividend of 6 124 800 Potgietersrust Platinum (PPRUST) and 2 112 000 Leplat shares received from Rustenburg amounting to R27.4 million.

Lydplaat derives a major source of its income from Rustenburg Platinum (Rusplats) and other platinum investments.

The total market value of its investments was R384 million at year end from R761 million last year.

Mossgas ‘flares’ first well

Mossgas's first production well on the FA gas field was completed last week with the first gas being flared on the production platform.

The platform stands in 105m of water, 65km south of Mossel Bay.  

In a statement on Friday Mossgas said the well would be capped until late in the first quarter of 1992 when on-spec gas from two production wells would be piped to the onshore plant approximately 11km west of Mossel Bay.

Drilling on the second production well is due to commence at the weekend and will take approximately 81 days to complete.

The gas from the just completed well, which has been drilled to a depth of more than 3 000 metres below the seabed, is of an excellent quality and contains no impurities the statement said.—Sapa.

Medi-clinic profits up 32% 

In spite of the prevailing economic climate, Medi-Clinic has reported a profit increase of over 32 percent for the six months to September.

The group said distributable profits were R12.95 million compared with R9.78 million during the same period last year.

Earnings a share were 7.5c, compared with 5.8c, while an interim dividend of 2c (1.5c) was declared.

The group said that in spite of the stringent economic climate, admissions remained at a satisfactory level.

The board said that negotiations to sell part of the Mitchell's Plain Medical Centre are at an advanced stage.—Sapa.
More admissions boost

**earnings at Medi-Clinic**

HELPED by a growth in admissions and higher operating margins, private hospital group Medi-Clinic reported an earnings boost of 32% to R12.9m from R9.7m for the half-year to

September.

A dividend of 2c (1.5c) a share was declared on earnings a share of 7.6c (5.2c).

Operating income at the group, in the Rembrandt stable, rocketed 67% to R11m from R11m on a 21% injection in turnover growth. (No turnover figures were given.)

Although earnings were helped by the rise in interest received to R2.5m (R1.4m) this was more than offset by the sharp rise in the tax charge which jumped to R8.5m (R3.2m).

As the convertible debentures in issue were considered to be permanent capital, the interest charge was deducted below the earnings line.

This debenture interest charge, at R4.32m, was slightly down on last year's R4.34m as debentures in issue had dropped to R78.5m from R79m.

Directors said occupancy levels were satisfactory despite indications that the average length of stay by patients was dropping. They also said negotiations to sell — under sectional title — the unutilised area of Mitchells Plain Medical Centre were at an advanced stage.

The first patients at the new Stellenbosch hospital would be admitted in April next year.
Bara's abortion shocker

GRD statistics released to Sowetan this weekend reveal that an average of 380 women are treated for incomplete abortions at Baragwanath hospital in Soweto every month.

For the period October 22 to November 22, about 288 women were admitted to the hospital's maternity ward for this kind of treatment. These startling figures were supplied by Mrs Magogotsi van Vuuren, public relations officer of Baragwanath Hospital.

She was responding to a request by Sowetan to confirm that 70 women were treated for incomplete or botched abortions last week.

Breakdown

The official figure for the number of women treated from Monday to Friday last week is, in fact, 73.

Van Vuuren said the monthly average of such cases here at Baragwanath is 380.

"With regard to the age breakdown of patients, very few are teenagers. Only 11.5% are under 20 years of age."

"The majority of women are in the 25 to 35-year age group."

"It is important to remember that not all these abortions are the result of interference."

"Although it is very difficult to obtain accurate figures, we estimate that about 60% percent are the result of interference and 40% percent are 'spontaneous' miscarriages." "Figures for the week November 16 to 22 are:"

16: 104 cases.
17: 176 cases.
18: 214 cases.
19: 166 cases.
20: 131 cases.
21: 126 cases.
22: 104 cases.
14: A name, who declined to be named for professional reasons, has confirmed that women who opted for backpath abortions are risking death.

Killing

She says these women only think of killing their unwanted babies, but forget about the risks they are facing when doing so.

She said: "The risks these women are facing are either drastic or kidney failure."

"What normally kills these women is something called septicaemia. This occurs in a person who has an uncontrollable infection."

"There is no substitute for legal abortion, and what is called 'decriminalised' abortion is a very serious matter."

Death

"During this stage these women develop what is called septic shock. They become swollen and they no longer respond to treatment resulting in death." She says another complication which the women encounter is infertility.

"Those who survive suffer permanent psychological effects such as guilt." Social worker Modile Moleka says cases of abortifacients are the following:

Problems

I. They do not want the babies.
II. Failure of contraception.
III. Abortion by boyfriends.
IV. Unplanned pregnancies, and,
V. Marital problems.

"There are lots of other factors but those are the main causes," the say.
Private hospitals ward off recession

RECENTLY announced interim and year-end results from private hospital groups had shown how well this sector had operated through the recessionary climate.

Yesterday Medi-Clinic — in the Rembrandt stable — announced interim results showing a 67% surge in operating profit to R19m (R11m) on the back of a 21% rise in turnover.

Although the 32% rise in earnings, at R12,9m, was more moderate, this increase was equally impressive after taking into account the sharply higher tax charge of R9,5m (R3,1m) endured by the group.

At the beginning of the month African Oxygen (Afrox) recorded a 29% jump in earnings to R83m for the year to September. The group is SA’s second largest private hospital group.

Afrox’s trading profit was up 20% to R215m on the back of a 15% turnover hike to R1m. Although it was difficult to analyse the growth of the healthcare division, chairman Peter Joubers said its contribution to consolidated profits had increased to 20% (15.5%).

President Medical Investments (Presmed), announcing its interim results, recorded operating income up 36% at R5,2m. Turnover, at R34m, was 41% higher while earnings surged 45% to R1,8m.

An industry source said Clinic Holdings, with about 2 600 beds, was the largest group and then came Afrox (about 1 900), Medi-Clinic (about 1 600) and Presmed (about 800).

But the market had accorded the various “full” hospital groups — Clinics, Presmed, and Medi-Clinic — differing ratings. Presmed and Clinics, at about 8.8 and 9.1, had the lower price to earnings ratios whereas Medi-Clinic was given a ratio of about 12.1.

An analyst said one reason for this was that properties within the Clinics and Presmed groups were owned by outside entities who leased the properties to the hospital groups.

Medi-Clinic, on the other hand, owned the properties and so its shareholders benefit from capital appreciation in the properties.
Patients anger as Bara closes cafe

By ALI MPHAKI

THE closure of the only canteen at Baragwanath Hospital has irked most patients, who are now forced to leave the hospital premises if they want to buy.

Patients have now to walk about half a kilometre to the shops.

Depending on their illness, patients have either to wait for a Good Samaritan or limp their way through to the shops.

"The closure of the canteen is killing me as I have to use my crutches all the way outside the hospital and back," complained Mr Jabu Ximba, who is suffering from a broken thigh bone.

Another patient, Mr Lucky Monpane, said the closure of the canteen showed the insensitivity of the hospital's administration toward its patients.

But Mrs Heister Voster, Baragwanath's public relations officer, said the canteen was closed after consideration.

"Our concern is the health of the patient, and we had to utilise any available space for their own good."

The canteen had been converted into a medicine store-room.
Private blood bank for city

CAPE TOWN will get its own private blood bank in January, when people concerned about health risks associated with transfusions can build up their own blood supplies.

The Private Blood Bank of SA was established in Johannesburg earlier this month to provide "autologous" blood transfusion services, in which a patient's blood is collected and then reinfused into his or her body when needed.

This method reduces the possibility of contracting AIDS and other blood diseases, although SA is said to have the best transfusion service in Africa.

The charge for storing one 450ml unit of blood is R160 for the first nine months. After this it is reduced to R80 a year.

Advanced technology at the bank — which is operated by 22 staff members and has a storage capacity for 45,000 units of blood — allows for blood to be preserved for up to five years instead of the usual 35 days. — Staff Reporter and Own Correspondent

Clinics at centre of charges row

DAVE LOURENS

THE Johannesburg municipal medical aid scheme has accused two private clinics of charging more than R100 for four disposable gowns which, it claims, should have cost just a few rand.

The clinics claim the scheme has got its facts wrong and that they have been unable to locate so cheap a gown.

Jomed vice-chairman Rheid Gardener yesterday accused private hospital chain Clinic Holdings of gross overcharging.

Gardener said serious overcharging on disposable surgical gowns at the Garden City and Rosebank clinics had been brought to his attention. Patients had been charged more than R100 for four gowns used during operations, and in one instance a patient was charged R329.

He said disposable aprons used by the Johannesburg Hospital cost only 50c each, and it was unlikely that disposable gowns cost much more. "In our endeavours to cut costs, we have gone to considerable effort to secure a local operating gown which is much cheaper than those usually used. The local gown retails at R26.40 as opposed to R80. We would be grateful if Mr Gardener could assist us in locating a gown at 50c. Unfortunately he has not been able to do so."

Medicaid Administrators MD Jeff Sloane said: "Problems are certainly not confined to Clinic Holdings; there are problems with the majority of private hospitals, stemming from the current system.

"It allows private hospitals to add all sorts to patients' bills which they may or may not actually be using. The way around that is to introduce a fixed fee for certain operations, which would remove the incentive.

"There is also the problem of patients being kept in hospital for longer than necessary. This form of abuse is particularly widespread," said Sloane.

Representative Association of Medical Schemes (Rams) executive director Rob Speedie said he had no knowledge of the

Clinics

From Page 1

Jomed Clinic Holdings dispute but reports Rams had received from medical schemes indicated the loading of bills was a "fairly widespread" practice. The area of most disagreement was that of consumables such as drugs, medicines and dressings.

"We need the automatic guarantee of payment to disappear to allow medical schemes to question accounts," said Speedie. "At the moment medical schemes have to pay up without question."

Proposed amendments to medical scheme legislation are at present before National Health and Education Minister Dr Rita Venter.
Plans shelved

The Government has decided not to continue with the envisaged building of three academic hospitals at the universities of Pretoria, Medunsa and Natal. It has been decided, however, to continue with the upgrading of existing facilities.
Elna Boesak faces SABC disciplinary hearing

CAPE TOWN — Two professors from Tygerberg Hospital yesterday supported television producer Elna Boesak in an SABC disciplinary hearing into allegations that she broke personnel regulations by criticising the corporation.

The SABC alleges that Mrs Boesak broke personnel regulations by criticising the SABC in the Press for cutting her documentary on the “life threatening” crisis facing academic hospitals to shreds.

Professor W.L. van der Merwe and Professor M.L.S. de Kock of Tygerberg Hospital and the University of Stellenbosch Medical Faculty supported Mrs Boesak’s view that the programme was “deliberately structured to support and protect the Minister of Health, Dr Rina Venter”.

Professor van der Merwe said Tygerberg Hospital academics were unhappy with the way the documentary had been robbed of its essence during the four-and-a-half minute screening given on “Agenda”.

Mrs Boesak had shown the academics a 25-minute edited version of her in-depth documentary which had been a “balanced view of the current problems at academic hospitals”, said Professor van der Merwe.

Mrs Boesak, the wife of ANC Western Cape chairman Dr Allan Boesak, was accompanied to the SABC building in Sea Point by her lawyer, Bashier Waglay, her advocate Denzil Potgieter and the national organiser of the Southern African Union of Journalists (SAUJ), Karen Stander.

Mr Waglay said: “Sadly, Mrs Boesak was allowed no legal representation.”

A three-man delegation from the SABC in Johannesburg declined to comment on the hearing, which continues today. — Sapa.

Boesak case: Unit had to use reject equipment

By BRONWYN DAVIDS

FOOTAGE cut from an Agenda TV documentary had shown Tygerberg Hospital doctors having to use reject monitoring equipment in the coronary unit, an SABC disciplinary panel heard yesterday.

The panel sat for two days to hear evidence in support of SABC television producer Mrs Elina Boesak, who allegedly broke the SABC personnel code by speaking out after her documentary on crisis in academic medicine was cut from 25 to four minutes.

Mrs Boesak alleges that her documentary was cut and restructured in a way that protected the Minister of Health, Dr Rina Venter.

The panel chairman and SABC group personnel director, Mr Fred Coop, yesterday declined to comment, saying judgment would be given today.

Last night Professor Wynand van der Merwe of the Tygerberg Hospital anaesthesiology department and chairman of the Academic Personnel Society disclosed the contents of the footage cut from the documentary.

Professor Van der Merwe said Mrs Boesak had filmed doctors using equipment that had been rejected as being defective. The equipment was in daily use in the coronary care unit and the cystoscopy theatre (urological procedures).

Drastically reduced

"Doctors told Mrs Boesak that because of the shortage of equipment much more stress was placed on the clinical expertise of doctors to look after the patient, whereas they would normally have been able to rely on sophisticated equipment for help," Professor Van der Merwe said.

He said senior staff in the paediatric intensive care unit had told Mrs Boesak that the number of patients admitted to the unit had to be restricted because nursing staff had been drastically reduced.

Professor Van der Merwe, with the dean of medicine at Stellenbosch University, Professor H P Wasserman, and urology department head Professor Thinus De Kock, supported Mrs Boesak, said the programme had to be screened.

"The programme shows the extent of the problem faced by all the major academic hospitals."

He said the universities of Natal and Witwatersrand's medical facilities were in a worse shape than Tygerberg's.

There appeared to be no end in sight. Dr Venter had spoken of the autonomy of academic complexes.

"This would take away the red tape, but that does mean there will be funds to replace the equipment," Professor Van der Merwe said.

Yesterday Professor Wasserman submitted an affidavit in which he said a good documentary had been suppressed as an embarrassment to the government and Dr Venter, because it highlighted the conditions under which academic hospitals were operating.

Dispute: SABC staff 'concerned' — Page 6
SABC to show full Elna film

By DANIEL SIMON
and YAZEEF FAKIER

THE SABC is to re-screen in full a documentary compiled by Mrs Elna Boesak on the crisis facing academic hospitals after it showed a watered-down version during an interview with Health Minister Dr Rina Venter on a TV1 Agenda programme.

The corporation's decision came after an SABC disciplinary panel found Mrs Boesak guilty of breaking two regulations of the staff code by publicly criticising the SABC for editing her 25-minute documentary, which showed "life threatening" conditions in Tygerberg Hospital.

Mrs Boesak complained to the press after a five-minute version of her documentary was screened on TV1's Agenda programme, saying that it had been edited so as to protect Dr Venter.

Following this week's two-day disciplinary hearing, it was recommended that Mrs Boesak be given a final written warning. It was also recommended that Mrs Boesak retain her position as specialist producer but be placed under the editorial control of the SABC in Cape Town.

Before the documentary rumpus, Mrs Boesak in her capacity as a specialist producer reported directly to the executive producer of Agenda in Johannesburg.

The panel's judgment and recommendations must be confirmed by the director-general of the SABC, Mr Wynand Harmse.

SABC senior executive of television news Mr Christo Kritzinger said that given the public interest in the matter and the outcome of the disciplinary hearing, the corporation had decided it would re-screen the documentary in full.

He added that he wanted to "emphasise" that the editing of the documentary had not been an attempt at censoring Mrs Boesak's work.

Commenting on the outcome, SA Union of Journalists national organiser Ms Karen Stander said she and Mrs Boesak feared the panel's recommendations could have implications for her job and possibly make it impossible for her to remain with Agenda as a specialist producer.

Reacting to the finding, the Western Cape branch of the ANC said last night it was "time that the SABC realises it is paid by — and is supposed to serve the interests of — the public and not those of the Broederbond and its members".

The finding was "even more scandalous" in view of the severe crisis the government had caused in the health service.
FUND CUTS TIE DOCTORS' HANDS
AS TAXPAYERS' HEALTH SUFFERS

Hospital ‘chaos’ as wards ‘wasted’

WARDS and operating theatres are standing unused at city hospitals, including Somerset Hospital which is being given a R20-million revamp — a situation that doctors have described as a “scandal” and “shocking state of affairs”.

Dr John Sonnenberg, a city councillor and member of the Somerset Hospital board, lays the blame for the medical crisis at the feet of the government.

In an angry broadside, he said health services were a “shambles” and that overworked medical staff were fighting a losing battle with dilapidated equipment and shortage of funds.

“The effect of the ideology of apartheid on health planning is directly to blame for the chaos. The chickens are now coming home to roost,” Dr Sonnenberg, former health spokesman for the former Cape Provincial Council, said this week.

He was responding to a complaint by a city doctor who described the underuse of facilities at Somerset Hospital as a “scandalous waste of taxpayers’ money”.

Because of the lack of funds and staff at Somerset Hospital, some wards and a suite of four “small and outdated” operating theatres were not being used, Dr Sonnenberg said.

“Our overworked staff members have their jobs made all the more difficult by having to work with faulty, outdated equipment which is falling to bits and should be on the scrapheap.

“Posts have been frozen and the impression given that the hospital is fully staffed, when in fact more posts need to be created.”

The conditions at Somerset Hospital were similar to those in provincial hospitals throughout the Peninsula, said Dr Sonnenberg.

“At Groote Schuur wards are not being used and I believe the situation is the same at Woodstock, Victoria, Red Cross, Conradian and Tygerberg.

“Hospital's are operating on shoestring budgets. Generally it's a chaotic state of affairs caused by maladministration and reflected in a countrywide dropping of standards. Johannesburg General is in terrible shape and Baragwanath is falling to bits.”

By KURT SWART

Strong

Dr Sonnenberg expressed sympathy for National Health Minister Dr Rina Vonter. “She has a small budget and because she isn't a strong minister she is unable to demand more money.”

STRANGLING ... Samantha Jenkins, 11, whose half-naked body was found near her family home.

Girl, aged 11.
STRANGLING... Samantha Jenkins, 11, whose half-naked body was found near her family home.

Girl, aged 11, found raped and strangled

By EUGENE ABRAMS

A FRANTIC all-night search for a missing 11-year-old schoolgirl ended in horror yesterday morning when the family dog found her half-naked and mutilated body less than 100 metres from her house.

Police believe that Samantha, a St 2 pupil at St Mary’s Primary, had been raped and then strangled to death.

Samantha, of Runge Way, Retreat, was last seen at 8.15 pm on Friday night when she went into a backroom of her home to make a bed.

Her father, Mr Samuel Jenkins, became worried when he could not find her in the house and started to search for her.

Neighbours and relatives joined in the search which continued until the early hours of the morning. After a break of a few hours, they resumed the search early yesterday morning.

While the hunt was continuing in the area around her home, the searchers were alerted by the barking of the family’s dog, Butch, and went to investigate.

They found her half-naked and mutilated body concealed in grass next to the Calfa Primary School.

Shorts

She was wearing only a T-shirt and was naked from the waist down. Although her panties were found near her body, the knee-length shorts she had been wearing could not be found.

The police, who have opened a docket for murder and rape, have appealed to anyone who can assist them to contact the investigating officer, Det-Constable Merwin Kammenev at 021-7011331 or to call 10111.

New Rescue Station at Docks

THE National Sea Rescue Institute’s new Table Bay rescue station, costing R200 000 and featuring a glass boathouse, was opened yesterday.

The new complex - considered to be the flagship of the NSRI’s 24 stations nationally - consolidated two NSRI stations within the Cape Town harbour area and is located at Quay 4 at the Victoria and Alfred Waterfront.

Strong

Dr Sonnenberg expressed sympathy for National Health Minister Dr Ria Vanier. “She has a small budget and because she isn’t a strong minister she is unable to demand more money.”

The alleged censoring of Mrs Elma Bosak’s recent SABC television programme on the medical crisis had been an attempt to spare the minister and the government embarrassment, Dr Sonnenberg said.

The government had worked up 10 years too late to the fact that massive amounts should have been spent on day hospitals and clinics instead of building big academic disease palaces.

Ten years ago “more progressive people” had realised the country was facing a tremendous health crisis, but warnings were ignored, Dr Sonnenberg said.

The government had duplicated medical services in the homelands and the tri-camera parliament had produced further fragmentation.

When the government commissioned a multimillion rand extension of Groote Schuur hospital in 1989, he had praised for more medical institutions on the Cape Flats, Dr Sonnenberg said.

“They laughed at us when we asked for hospitals to be built in Khayelitsha and Mitchells Plain 10 years ago. Instead millions were spent on big, half-fused edifices.”

Career

There was a need for big academic hospitals for training, research and the treatment of difficult cases.

“However, these hospitals are being inundated with daily cases and the sort of patients who could have benefited from skilled primary health care staff at smaller, community-based facilities.

“People should not have to trek into city centres for health care. Johannesburg General stands half-empty.”

Cape Provincial Administration spokesman Mr Andries Visser confirmed that a Somerset Hospital theatre suite had been mothballed because of the rationalisation of services and shortage of funds.

“The hospital has been reorganised for optimal use. There is absolutely no waste of money.”
Hospitals unable to treat extra patients

AMID fears that major medical aid hikes will drive patients out of private hospitals, the Transvaal Provincial Administration (TPA) has said it does not have enough money to provide services to an increased number of patients.

Medical aid scheme administrators fear subscriptions may rise by up to 40% in the new year, forcing many patients out of the private health care sector.

The TPA confirmed at the weekend that 2 400 beds in 80 hospitals under its control were not used because of a shortage of funds and personnel. If patient numbers increased more medical staff would be needed to cope with the workload, a spokesman said.

Proposed amendments to the Medical Schemes Act have sparked calls for National Health Minister Rina Venter's resignation.

The Medical Association of SA (Massa), which represents about 13 000 of SA's 24 000 doctors, led the growing body of organisations demanding that Venter step down.

The Representative Association of Medical Schemes (Rams) is adamant the amendments are needed to keep medical aid costs within reach of private individuals.

They are supported in this view by brokers Price Consultants. Joint MD Bryan Hirsch said the whole medical aid system was collapsing with growing numbers of schemes facing insolvency.

"Despite the steep rise in medical aid contributions, the gap between the Rams scale of benefit tariff and the tariff recommended by Massa is widening. This means people are paying higher medical aid fees and getting less," said Hirsch.

Rams has consistently supported the introduction of managed health care systems, citing the example of the Vaalmed scheme in Vanderbijlpark which serves 20 000 members at about 60% of conventional medical schemes costs.

Massa federal council chairman Dr Bernard Mandell said Massa rejected the proposed amendments and called for a joint consensus forum representing all health roleplayers.

In addition to Rams, Venter has received support from other health-related interest groups, such as the National Council Against Smoking.

Director Yusuf Scaledy said in the past other ministers had made appropriate noises but taken no action.

"Minister Venter has shown courage and a belief in doing what is right for public health. It would be disastrous if she was forced to resign now."
Bank still supports clinic despite missing funds

By JOE MDHLELA

Lesedi was experiencing "severe growing pains."

"The number of beds have increased from 78 to 235 in just one year. The turnover increased from R6 million to over R9 million.

"This growth not only stretched management to the full, but also created an opportunity for dishonesty," Motlana said.

THE First National Bank will continue to support Lesedi Clinic despite reports to the contrary, said chairman of the clinic Dr Nhlabo Motlana.

Motlana said the board of directors were investigating instances of misappropriation by three senior managers.

"Appropriate action will continue to be taken to recover as much as possible of the missing R400 000. Extensive investigations by independent auditors are almost complete and the extent of the misappropriation is not expected to escalate," Motlana said.

He said the reports which gave the impression that R6 million had been embezzled were mischievous and could not be substantiated.

Motlana said the misunderstanding that existed between the clinic and its staff had been resolved.

"The union and management resolved the misunderstanding and the clinic is now running smoothly," he said.

He dismissed as untrue earlier Press reports that the FNB would pull out because of the misappropriation.

"The truth is that the FNB has been supportive. It is totally untrue to sug-
Thefts of cars hamper Soweto health services says TPA chief

By ISAAC MOLEDI

The Transvaal Provincial Administration’s health services department warned yesterday that it might suspend services rendered by the Soweto Community Health Centres if theft of its vehicles continued.

Since December 1989, the centre has had 35 vehicles of the Community Health Centres stolen at gunpoint by robbers.

Dr Pieter van den Berg, the TPA’s chief director of Hospitalisation and Health Services, said at a Press conference at Baragwanath Hospital that intimidation of staffs and the theft of cars had seriously hampered essential services to the Soweto community.

Services affected include district nursing, which involves the treatment of diabetics, paraplegics and elderly patients at home, the inter-clinic transportation of patients and the supervision of clinics.

He warned that if the situation was allowed to continue the clinics affected would not be able to replace the stolen vehicles and that the TPA would be forced to suspend the services.

Van den Berg said Baragwanath Hospital was not big enough to accommodate the outpatients if the services were stopped. “At present, the hospital treats more than 3,000 outpatients every day. We expect the number to increase if we have to suspend the services,” he said.

Van den Berg said he expected the situation to worsen unless the community assisted the centre. “Many people are still under the impression that by stealing a Government vehicle they were injuring the Government and not themselves.

“People should know that these cars belong to them and render services to them.”

“We appeal to our people in Soweto to help centres in their areas by reporting such matters to the police whenever robbers steal these cars in their presence,” said Van den Berg.
Hospice-in-the-West, an independent organisation which for the past 10 months has been rendering free services to terminally ill patients on the West Rand, this week appealed for donations from the public.

Director Marisa Wollheim said her organisation, an affiliate of the Hospice Association of South Africa, depended on volunteers in its work and faced a bleak new year as “funds are drying up”.

Calendars

“We have started with fundraising in the area by selling tapes, calendars and Christmas cards at our Krugersdorp offices, but this is not enough,” said Mrs Wollheim.

“Next year we will need more volunteers as we plan to create hospice sub-committees for each area on the West Rand.”

Families

“We had also been making available caregivers to families,” she said, adding: “We have attended to about 80 families since being established.”

Donors and volunteers should write to Hospice-in-the-West, Box 1694, Krugersdorp 1740.

Telephone inquiries can be made on (011) 953-4868 or (01352) 131.
Clinic’s bill over R1 000 too much

By Jacqueline Myburgh

The delivery of baby Amy Duke in the Park Lane Clinic in January could have cost her parents almost R1 400 more than they paid, had it not been for her father Neil’s vigilance.

Mr Duke, an electrical technician, said the account from the private hospital contained errors amounting to more than R1 000 and when he queried certain items, the Park Lane credited the account without fuss.

“How many people aren’t checking their accounts and are paying more than they actually owe?” he asked.

Mr Duke’s story comes amid accusations from various quarters that “mistakes” in private hospital bills are in fact deliberate over-charging. Clinics have denied such practices.

Errors on the account for Amy’s delivery included:

● A charge of R800 for disposable stitch cutters — neither Mrs Duke nor her baby received stitches.

● R350 nursery fees — Amy was never in the nursery, she was in the neo-natal unit from birth and received a separate account.

Mr Duke’s initial account was R2 947.86.

Clinic Holdings, which owns the Park Lane, has rejected the suggestion that “mistakes” on hospital bills are deliberate.

“Like in any other businesses, mistakes do occur,” executive director Graham Anderson said. “But if they are brought to our attention we correct them.”

Mr Anderson expressed regret that incidents of over-charging were regularly reported in the press, but that the frequent “undercharging” on accounts was never reported.

But Medscheme, the administrators of Mr Duke’s medical aid, are concerned at regular reports of errors on private hospital bills.

Managing director Keith Hollins said rigorous checks conducted on all accounts revealed many mistakes.
DURBAN — A special police unit has been established to investigate criminal networks which are plundering scheduled medicines worth millions of rands from South African institutions and feeding them back into legitimate markets.

The medicines, most of them prescription drugs of Schedule 3 and upwards, are disappearing in massive numbers from within the pharmaceutical industry, and also from provincial and state hospitals.

Pharmaceutical Manufacturers' Association executive director John Toerien said today nobody could get to the bottom of how medicines re-entered the legal market:

"Those on Schedule 3 and upwards can only be held, sold or prescribed by doctors, pharmacists, dentists and veterinarians."
Doctors on Elna's programme talk of 'emotional strain'

DENNIS CRUYWAGEN
Staff Reporter

DOCTORS at Tygerberg Hospital daily made ethical decisions on the treatment of children which put them under emotional strain, said specialist paediatrician Dr Robert Gie in the controversial programme produced for Agenda by Mrs Elna Boesak.

The SABC screened the full 25-minute programme on academic hospitals in its Breakfast TV slot today because of the interest and controversy around it, presenter Bettie Kemp said.

Segments of the programme were shown on Agenda on November 18.

Mrs Boesak subsequently complained to the Press that the documentary had been edited in such a way as to protect Health Services Minister Dr Rina Venter.

Last week a two-man SABC disciplinary committee found her guilty of breaking the corporation's staff code.

Mrs Boesak's full programme painted a bleak picture of conditions at academic hospitals.

She said: "In countries such as Britain and America, appointments at academic hospitals are sought-after positions. But this is not the case in South Africa. Financial cutbacks are a big problem."

On the night that the Agenda team visited Tygerberg, the trauma unit had informed Metro that it could not accommodate more patients.

Trauma head Dr Richard Muller said he had a staff of 13 when the minimum requirement was 20.

"If I have to cut the staff by 10 percent I would have to think of closing the unit and turning it into a casualty."

Head of Urology Professor Thinus de Kock showed viewers a fully equipped theatre which has not been used since 1979 because it had not been provided with an operating table. It now serves as a store-room.

Because of the financial cuts, doctors were working longer hours and the morale of interns was low, said Dr Heinz Modler.

Colleague Dr Tony Browning said: "The pressures on us are increasing and we have little time for research."

Dr Gie said the public did not realise that health services staff worked under tremendous pressure.

Colleague and specialist paediatrician Professor Budgie van der Merwe said the unit was not working to its full capacity. Twenty of 40 beds were being used.

"We cannot handle big numbers if we want to deliver a good service."

Dr George Watermeyer, deputy director-general of hospital and health services, Cape Provincial Administration, said in the programme that the administration would continue "to give a top-class medical service".
OVER-STRETCHED staff at Groote Schuur Hospital’s trauma unit are dreading the upsurge in violence expected in the next three weeks, peaking at Christmas and New Year.

“Violence is threatening to overwhelm the country’s medical services, especially in the Cape. We are barely coping at the best of times,” the unit’s acting head, Dr P C Bautz, said today.

Groote Schuur’s trauma unit was functioning at maximum levels, but was stretched to breaking point every weekend, when the doors were frequently closed.

“We are dreading what's going to happen in the next three weeks. We have the highest trauma rate in the world. America can't compete with us. It's almost a daily event, this rumbling that goes on outside.”

Huge demands would be placed on Groote Schuur when factories closed next week, and on Christmas Eve, Christmas Day, New Year’s Eve and New Year, he said.

“Workers must be careful next week. People know that they are getting paid and will be waiting to prey on them. There are many illegal guns floating around and it is no longer a case of patients being knocked over the head,” said Dr Bautz.

High bed demand

The demand for beds is high. “At weekends, and on Mondays and Tuesdays our beds are often full.”

“Because of the heavy workload and trauma that comes in, the entire staff is over-stretched. The level of anxiety and stress caused by these patients is unrivalled in other professions.”

Many of the patients admitted to the unit were under the influence of alcohol, he said.

“This also increases stress levels because they often become abusive.”

Less severely injured patients may find that they have to wait many hours before being seen by a doctor.

“Patients at knife’s edge must get priority. Patience on the part of patients will be greatly appreciated. We are doing our best, but we are completely snowed under,” said Dr Bautz.

If his wishes were granted the people of Cape Town and visitors would stay indoors and drink less.

At Somerset Hospital, at an average of 80 patients, the majority of them accident victims, were treated in the emergency section every 24 hours, said medical superintendent Dr P J W Roux.

He appealed to the public to check safety measures at swimming pools.

“Pools are our biggest problems. We see a lot of drowning victims... far too many.”

The victims were usually toddlers who appeared to be fascinated by water.

“I’ve seen some real tragedies in the past few years. The tragedy is that even if one saves toddlers they usually have brain damage.”

(Turn to page 2, col 8)
24-hour trauma unit opens

Garden City Clinic in Johannesburg has opened a fully equipped 24-hour trauma unit to provide for rapid treatment in cases of extreme medical emergencies.

The R5 million unit is the first in a private hospital and one of only three in South Africa (others are in Johannesburg and Groote Schuur hospitals).

The unit caters for adult, paediatric and neo-natal emergencies which include trauma (head injuries; pedestrian, motorbike and crash injuries; stab wounds; gunshot; burns; traumatic amputations; and spinal column injuries); assault and rape cases; and medical, surgical as well as obstetric emergencies (ectopic pregnancies, emergency deliveries and miscarriages).

Clinic Holdings chairman Barney Hurwitz said yesterday the ultra-modern unit had doctors, nursing staff, a radiographer and a laboratory technician on site "24 hours a day, seven days a week and 365 days a year".

The unit also has special resuscitation trolleys, a pathology laboratory and a 24-hour helicopter landing facility.

"Members of the public should be encouraged to use the facilities in an emergency," Mr Hurwitz said.
Treatment is shabby - patients

MORE than 300 patients at Santa TB Hospital in Soweto yesterday staged a lunch-time demonstration to protest against what they described as "unhealthy food".

The singing and chanting patients refused to eat and alleged that they had been treated shabbily "because we happen to suffer from TB".

A spokesman for the patients, Mr Simon Nkoma, accused the authorities of not caring for the welfare and care of the sickly people.

He claimed that:

* Patients are starving;
* The authorities do not allow patients to go outside to buy better food;
* The kitchen is stinking and unhealthy;

and that

When food is available, patients are forced to eat rice and chicken almost everyday.

Nkoma said: "We are really having it tough here. We are even forced to buy milk whenever we need it."

"When we complain that we do not get meat, we are told that we should go and slaughter sheep and goats ourselves."

A Mr Swanseaol, an official at Santa, refused to talk to Sowetan.

Santa PRO Ms Julia van Heerden said: "The problem arose when the kitchen was being renovated. Everything is now back in place."

By IKE MOTSAPI
Blowing the Whistle on the Gray Train

FOCUS: How private hospitals make a profit
Public 'blind' to crisis in health top medic

SOUTH AFRICANS do not appear to be aware of the crisis in medical services, the president of the College of Medicine of South Africa, Professor John Terblanche, claims.

He was responding to a programme on the crisis compiled by Mrs Elza Boesak and broadcast by the SABC on Good Morning South Africa on Thursday.

Professor Terblanche said the college had pointed out that medical services had been on the decline "as far back as September 1988".

"Underfunding and understaffing has now reached the critical point where several teaching complexes the imminent collapse."

The academic institutions would continue to run ineffectively in a situation where they are facing increasing numbers of patients and an ever-decreasing budget.

"It would take generations to repair the damage." If academic institutions collapsed, public and private medical care would be dealt a mortal blow, Professor Terblanche said. "We need action immediately."
Clinic Holdings’ earnings leap 25%

Clinic Holdings (Clinics) defied the recession by reporting a 25% jump in earnings to R23m from R18m on the back of a 30% rise in turnover for the year to September.

The private hospital group also announced a restructure to make it more tax effective.

Clinics, some of whose hospitals have recently been criticised for instances of alleged overcharging, declared a final dividend of 8.3c (7c) to take its total dividend to 11.5c (11.5c) a share. On earnings a share of 29.8c (23.9c), dividend cover widened marginally to 2.2 (2.1).

Finance director Stan Berger attributed the narrower operating margin to the rent increase paid by the Clinic Holdings trading operations to the property holding companies.

Before Clinic Holdings went public in 1987, the properties were taken out of the trading operations and are now owned by the Hurwitz family, who also control Clinic Holdings through a 50.4% interest.

"For the three years following the listing in 1987, rent paid by the trading operations to the property holding companies had been predetermined. But this past year was the first year in which the rent paid by the trading operations was related to their location. New hospitals were governed by the issue of permits by government which were not easily attainable, he added.

Despite this, the group was looking to extend its operations all the time. He believed the medical insurance products being marketed by some insurance companies would have little benefit for his group. One reason for this was that the average stay in a hospital was three-and-a-half days, but the top-up insurance system generally did not apply to a patient’s initial few days stay.

Hurwitz was confident the group would produce real growth in earnings in the coming year.
Mine hospital sold

The Mines Benefit Society (MBS), which provides care for 47,000 workers and their families in the gold and platinum mining industries, has sold the MBS hospital, office block and nurses' home complex in Joubert Park, Johannesburg. The MBS plans to vacate the 226-bed hospital in early 1994. MBS general manager Brian Cook said a new hospital was being planned.
Please be ‘bloody-minded’

VIVIEN HORLER, Medical Reporter

THERE is a critical shortage of blood in the Western Cape and the WP Blood Transfusion Service has had to dip into its three-day reserves of O-positive.

“We’re desperately worried because we are approaching two short weeks when we are not able to collect much blood,” said Ms Riette Burger, a spokeswoman for the service.

“There have been predictions of a violent Christmas and we simply may not be able to cope.”

The service had a daily target of 490 units of O-positive blood. Yesterday it collected 376.

“This means we’ve had to go into our reserves, and we have only enough reserves for three days.”

Miss Burger said people were not responding to calls for help.

“We had a caravan at the Boat Show where the response was awful — one day we took only 12 units, At the Waterfront yesterday we took only 21 units all day — and we’d hoped for 60.

The service is holding several clinics in the next few days in a bid to build up stocks for the Christmas break.

Friday: Tyger Valley Centre, le Rendezvous, 10am to 2.45pm.
Westgate Mall, Mitchell’s Plain 10am to 2.45pm; Mitchell’s Plain Town Centre 10am to 2.45pm; Mitchell’s Plain.
Town next to Alabama Restaurant, West Quay 11am to 2.45pm; Waterfront next to Alabama Restaurant, opposite the Pump House on West Quay 11am to 2.45pm; and WP Blood Transfusion Service HQ, old Midpark building, Foreshore 3.30am to 3.45pm.

Saturday: WP Blood Transfusion Service HQ, old Midpark building, Foreshore 8am to 11.30am.

Sunday: Westgate Mall, Mitchell’s Plain 10am to 2.45pm; Sandal Centre, Parow, 10am to 2.45pm; Waterfront next to Alabama Restaurant, West Quay 11am to 2.45pm; Volkskas Centre, Bellevue 11am to 2.45pm; Grassy Park public library 4.30pm to 7.15pm; and WP Blood Transfusion Service HQ, old Midpark building, Foreshore 3.30am to 4.45pm.

Tuesday: N1 City 8am to 12.45pm; Westgate Mall, Mitchell’s Plain 8am to 12.45pm; Waterfront next to Alabama Restaurant, West Quay 11am to 2.45pm; Golden Acre at OK Bazaars entrance 9.30am to 12.15pm; Cavendish Square lower level 11am to 2.45pm; and WP Blood Transfusion Service HQ, old Midpark building, Foreshore 8.30am to 12.30pm.

UCT loses a ‘unique professor’

CLOSE SHAVE: Mr Rubin Simpson, a driver for a Woodstock fish company, losses from his head.