Hospitals on a Slippery Slope

Recent headlines on Guelph's hospital services

Two-year waiting lists and thousands of vital posts not being filled are worrying. Health writer David Robbins reports.
Private patient moratorium lifted

Kathryn Strachan

A MORATORIUM on admission of private patients to state hospitals in the Vaal region was lifted yesterday. The instruction was given by Gauteng health superintendent-general Dr Ralph Mgijima after representations were made by the Medical Association of SA (Masa).

Mgijima also agreed to the urgent establishment of a working group consisting of his administration, Masa, other health care providers and the community, with the aim of preventing a health services delivery crisis in the Vaal region.

Services were curtailed at Vereeniging, Sebokeng, Hendrik van der Bijl and Lenasia hospitals from the end of last month because of a lack of funds. All non-emergency surgery was stopped, general and outpatient services limited to pregnant women and children under six, and a moratorium was placed on private patients, except in emergencies.

Masa Vaal region representative Dr Ben Rautenbach said that he appreciated the lifting of the moratorium but he was concerned about the implications of the remaining measures on the delivery of services.

Mgijima said yesterday a moratorium could not be introduced in isolation as it created problems at other hospitals in the province.

Meanwhile, Nomavenda Mathiane reports Gauteng DP whip Jack Bloom accused Gauteng health MEC Amos Masando of not replying to a 106-page memorandum and 48 letters from the Sebokeng/Vereeniging Hospital about the problems.

During question time at the Gauteng legislature yesterday, Bloom said that he sympathised with the MEC Masando had inherited, but he found no reason for the MEC not to reply to Sebokeng hospital officials.

Bloom said the health department should confront issues and declare a medical state of emergency. "Give hospital management the freedom to be innovative, to interact with the private sector and to retain income from private patients," he said.

In reply Masando said his department was committed to primary health care and planned to use R300m from the reconstruction and development project for this. He also said it was going to ensure that central government compensated Gauteng for services offered to other provinces.

Sports, recreation, arts and culture MEC Peter Skosana introduced his interim budget. Orlando stadium and Sharp athletic stadium in Soweto were to be upgraded. In the Vaal area, the George Thabe stadium was going to receive attention. Sports facilities costing about R16m were to be built in Soshanguve, Orange Farm and Phomolong informal settlement.
Fury as hospital workers desert patients

BY JANINE SIMON
MEDICAL CORRESPONDENT

Yesterday's Cosatu march brought parts of the overflowing Johannesburg Hospital to a standstill, as between 85 and 100% of general assistants left to join the protest.

Theatres, kitchen and laundry facilities were worst affected.

Theatres were closed for everything but emergencies after 44 of the 50 general assistants left to join the march. A total of 41 patients, including seven children, scheduled for surgery had to be sent home after being prepared for general anaesthetics.

Parents, many of whom had taken the day off work and only informed of the cancellation at noon, were angry about the disruption. "I'm losing money at work, and my child needs to be in school," said one mother.

The children, who had been given pre-anaesthetic drugs, had not eaten since 7pm on Monday; paediatric ward staff battled to find plates, cups and boiling water to make a lunch of instant soup and sandwiches.

Paediatric surgeons said they had started with the scheduled operations, but had to stop because there was no clean linen and no one to clean theatres.

A source in the hospital's theatre department said there had been no warning that the theatres would have to close, and that medical and nursing staff were "furios" at the disruption.

"They fired the general assistants last time, and reinstated them. They should fire them and get a motivated workforce," said one angry doctor.

Hospital spokesman Trudi Schutte said the management had been informed at 3.30pm on Monday that National, Education, Health and Allied Workers' Union (Nehawu) members would be joining the march — despite the union giving two previous assurances that services would not be disrupted.

Nehawu branch official Khumba Magudulela said hospital staff would have arranged with management to leave work, and that this should have been communicated through the hospital.

Management was notoriously hostile to workers, he added.

Hillbrow Hospital superintendent Dr. J Norman-Smith said he had received no reports of any staff stayaway or disruption in services.
SA lobbying UN countries to set aside R367m in arrears

Adriane Hadland

CAPE TOWN — SA diplomats were currently lobbying UN member countries in a bid to have SA’s R367m in fee arrears to the organisation set aside, Foreign Minister Alfred Nzo said yesterday.

Responding to a Parliamentary question by MP Colin Eglin, Nzo said the issue of the arrears — which accumulated during the period SA was excluded from the UN’s general assembly — had become a political rather than an administrative issue.

The UN’s general assembly would have to pass a resolution freeing SA of the arrears, Nzo said.

SA was trying to canvass nations to support it.

Once SA had resumed its seat and had its voting rights in the assembly reinstated on June 23 last year, R46m had been forwarded to the UN in respect of fees, Nzo said.

This amount was allocated to the UN’s working capital fund, its regular budget and towards peacekeeping operation costs.

Despite the payment, as well as a UN resolution acknowledging SA’s indebtedness, it was a result of “conditions beyond its control” and coincided with its loss of voting rights, SA was still listed as a debtor state late last year.

UN administrators had informed SA’s permanent UN mission that a general assembly resolution would be required to settle the arrears question.

The African National Congress Party (ANC), meanwhile, launched an assault in question time yesterday against Home Affairs Minister Mangosuthu Buthelezi’s perceived leniency on pornography.

ACDP MP Louis Greep said SA had been subject to “flood of filthy” in recent times.

Incidents of rape had increased by 50% since this proliferation, ACDP’s Kenneth Mahoe said.

“ Innocent women are raped daily by lustful men obsessed by pornography,”

ACDP members called on Buthelezi to be as rigorous in his approach to pornography issues as he was concerning the autonomy of KwaZulu/Natal.

Buthelezi said that rather than prohibit pornography, the emphasis should be on managing and regulating it.

A draft Bill was being prepared and would be introduced to Parliament soon.

Poor communication behind hospital chaos

Kathryn Strachan

The National Education, Health and Allied Workers’ Union (Nehawu) yesterday blamed labour tension at Johannesburg Hospital for confusion which occurred at the institution during the Cosatu march on Tuesday.

The hospital complained that services in operating theatres were in total disarray when general assistants left to join the march. Patients already under anaesthetic could not be operated on as there was no one to clean theatres.

However, Baragwanath and Hillbrow hospitals said the demonstration had not disrupted services. A Johannesburg Hospital spokesman said it had been too late to make contingency plans as the union had informed management of the march just before 4pm the previous day.

Nehawu said all hospitals were informed last week of the decision to march.

“The trouble at Johannesburg Hospital is that shop stewards and management cannot communicate,” said Nehawu president Vusi Nhlapo.

A skeleton staff was in attendance at Johannesburg Hospital theatres, he said. The confusion was caused by tension between shop stewards and management dating back to a 1992 strike.

Popcru said its members did not take part in the march, mainly because the deadlock centred on collective bargaining with business. There was no dispute on essential services.

Within the next two months the four state hospitals in the Vaal region would have depleted their R96m budget for the financial year, Vaal region chief medical superintendent Dr Norman Kurna said yesterday.

The budget, which was down 30% from last year’s, was totally inadequate to maintain the hospitals. Steps had been taken to curtail services, but it was not possible to make further savings without cutting into the salary bill. Kurna said he could not say what would happen to services once the funds had expired.

“For two months we have been trying to get answers from the Gauteng heath department but there has been no response.”

Services were curtailed at Vereeniging, Sebokeng, Hendrik van der Bijl and Langaasia hospitals at the end of last month to cut costs. All non-emergency surgery was stopped, general and outpatient services were limited, and private patients were barred.

The decision on private patient admissions was reversed earlier this week after the Medical Association of SA complained it was creating problems at other hospitals.

Other measures were to leave posts which became vacant unfilled. Vaal hospitals were already very short-staffed.

Kurna said hospitals had been instructed that no over-spending would be tolerated.
'Red tape strangling Gauteng hospitals'  

**POLITICAL STAFF**

Gauteng's hospitals are not just being starved of funds; they are being strangled with red tape. MPL Jack Bloom of the Democratic Party told the provincial legislature on Tuesday.

He charged that the Sebenza/Vereneiging hospital complex had sent a 100-page memorandum and "as many as 48 letters concerning their ongoing (financial) plight" to the Gauteng Department of Health, and had received no acknowledgment or reply.

Staff at Coronation Hospital had had to deal with four changes in the forms used to fill vacancies, Bloom charged. "The pettiness is startling," he said, with forms being returned because they were hand-written and not typed, or English had been written on an Afrikaans form.

**Implode**

"I implore you, enough delay, cut the red tape, give hospital management the freedom to manage," Bloom urged MEC for Health Amos Masondo.

Masondo came back combatively, accusing Bloom of criticism which revealed no alternative, course of action.

**Gauteng superintendent-general for health Dr. Ralph Mgijima** has responded to the Medical Association of South Africa (MASA), representations and lifted the moratorium on the admission of private patients to four state hospitals in the Vaal region. The moratorium was imposed on May 29, due to lack of funds. Mgijima agreed to the swift establishment of a working group of stakeholders to prevent a crisis in Vaal health service delivery."
Closing of Durban hospitals proposed

Stephen Cohles

ULUNDU – Two hospitals in Durban and two others in KwaZulu/Natal should be closed, but another five should be built, a provincial government technical planning committee proposed yesterday.

Committee projects manager Hugh Philpott said at a briefing for provincial MPs that Addington should be closed because it was far from most city residents and costly to maintain.

The health department would have to pay more than R20m to repair salt erosion. A clinic could be built for local residents.

Health MEC Zweli Mkhize said the property could fetch more than R100m because it was a prime tourist development site. Two 500-bed hospitals and several community health centres could be built in underserviced areas with the proceeds.

Philpott said the committee believed the hospital should close only after a replacement hospital was built.

He said McCords hospital in Overport should be moved to an underserviced area. Proceeds from the sale of the property could be used to build another hospital.

The number of beds at King Edward, the largest hospital in the province, should be cut from 1,600 to 1,000. Osindwendi Hospital in Durban and Montebello Hospital in the Midlands should also be closed.

Philpott said the committee believed each hospital in Durban should have only 600 beds. Community health centres had to be upgraded and an additional 13 built. At least seven clinics had to be built.
Superintendent cuts services to private patients

Action at crisis hospitals

BY JANINE SIMON
MEDICAL CORRESPONDENT

Health officials have finally acted on the crisis at Vaal Triangle hospitals, but only because the chief medical superintendent of provincial health services cut services to private patients.

Like other regional institutions, already understaffed and under-funded, Vaal Triangle hospitals took a 30% budget cut this year.

And they've struggled in vain for any direction from province as to how this can be achieved.

But this week, Gauteng's Superintendent of Health Dr Ralph Mgijima is setting up a working group of stakeholders in Vaal health care services to discuss cost-cutting and prevent a crisis.

Why? Because 10 days ago chief medical superintendent Dr Norman Kernes drew blood from local private practitioners by announcing a moratorium on treating certain categories of private patients at state hospitals.

Kernes, and his counterpart at Pretoria Hospital Dr Charles Bradfield, have been dubbed the "terrible twosome" of provincial health, for demanding more recognition and resources for regional hospitals and communities.

Kernes said the moratorium as an attempt to do as he was ordered: keep Vereeniging, Sebokeng, Hendrik van der Bijl and Lenasia Hospitals within their joint budget of R85-million.

Without action, all four hospitals would have exhausted their budgets within eight weeks, and be forced to fund services with money earmarked for salaries, he said.

Outraged private doctors, many of whom make their living by operating on private patients in state hospitals, galvanised their representative, the Medical Association of South Africa (MASA), into action.

"You can't unilaterally deny a sector of the population access to health care facilities," a MASA spokesman said yesterday. Even if they could pay, there were not enough private beds, particularly in Van der Bijl and Sebokeng.

MASA approached Mgijima at the weekend, and he ordered the moratorium lifted because there had been no consultation.

As of yesterday, Kernes had not yet heard from Mgijima.

Lifting the moratorium was permission to overspend in that area, he said, but he had still to meet the budget.

If nothing developed, he would be forced to stop elective surgery, limit outpatient admissions, and leave new vacant posts empty, effectively giving an even poorer service.
Scalpel, forceps, swab ... mace!

Gavin du Venage

DOCTORS at Baragwanath Hospital have begun to arm themselves with chemical sprays to defend themselves against attacks against patients, following a number of attacks that have left at least one person dead.

Several weeks ago a doctor accidentally killed a haemophiliac patient when he tried to fend the man off. A senior doctor told the Mail & Guardian that the patient had bitten the attending doctor, who then struck the man in the face to ward him off. "The patient received a cut on his lip and then bled to death," he said.

A representative for the hospital was unable to confirm the incident.

The doctor said patients, often forced to wait hours for medical attention because of staff shortages, blamed hospital personnel for what they saw as racist treatment.

"Patients think that if they have to wait to be attended to it is because white doctors don't care about them. They don't realise that we work many hours overtime to provide adequate care," he said.

It is this suspicion that leads to violence. Patients or even their families accuse staff as the obstacle to the improved medical care they have come to expect since the elections.

Added to the problem is the presence of many-maligned foreign doctors. The source, who is himself of East European origin, says that patients regard the service they deliver as inferior.

Another doctor, who works at the Johannesburg Hospital, says attacks on staff are common: "Most doctors get attacked at some stage or another," she says.

Attacks take place for a wide range of reasons. Alcohol or drugs often play a part, but she says it is not unusual for an elderly patient who wants to die to actively fight treatment.

"A doctor is ethically bound not to retaliate against a patient. But we can withdraw our services from a patient if there is a threat to our safety," she says.

She concedes that long lines add to patient frustrations. "A patient who arrives at emergency for treatment will have to wait unless they are in a life-threatening condition. Sometimes they will wait an entire day and be told to come back tomorrow. Even then when they get to see the doctor they may be told to go home because their condition does not warrant treatment because they only have flu," she says.
Many possibilities for Addington site

DURBAN — If Addington Hospital was sold, the site could be used only for a commercial tourism venture, as any other proposal for the land would be "a potential waste" for Durban, sources said yesterday.

They were responding to a proposal last week by KwaZulu/Natal health MEC Zwell Mkhize that Addington Hospital and McCords in Durban and two others elsewhere in the province should be closed and replaced by five new hospitals.

One broker said renovating the hospital site was a vast redevelopment scheme which the city could not feasibly undertake at the current time, in view of the Point redevelopment project and the international convention centre.

However, future land uses would have to incorporate a tourism theme and consider the Point project. This would exclude residential flats as a prospective development. The land is situated about two blocks from the Point scheme.

KwaZulu/Natal ministry of health public relations officer Dave McGlew said yesterday the 9.3ha site could speculatively raise R1bn, which would be used to pay for two smaller hospitals and a number of clinics in more accessible areas.

However, the sale of Addington Hospital was "only a proposal with nothing yet cast in stone".

Sanlam Properties regional manager, investment, Dallas Reed did not believe the land would raise R1bn and speculated on R300-R400 000/m². This would raise about R690m for the land alone.

However, estimating a price depended on whether the developer would demolish the buildings or convert them.

Other proposals for the land could include a private sector investment which converted the provincial hospital into a low-rise private one. Hotels, a casino or an entertainment centre were also suggested.

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Draft Bill on sex equality

CAPE TOWN — Draft legislation spelling out the structure and powers of the proposed commission on gender equality has been distributed to MPs for discussion.

The draft will be debated at tomorrow's meeting of the parliamentary committees looking into setting up the commission.

The commission's powers will include monitoring and reviewing gender policy and practices in public and private sectors.

It will also evaluate laws affecting gender equality and women's status.

Commission members, it suggests, should be appointed by the president after nominations have been approved by at least 75% of parliamentarians at a joint sitting of the National Assembly and Senate. — Sapa.
Hospitals ready for health plan

BY JANINE SIMON
MEDICAL CORRESPONDENT

Private sector hospitals have pronounced themselves ready and willing to co-operate with the Government in providing cost-effective health care.

The announcement comes on the eve of the release of the Health Ministry's controversial report into primary health care funding, due to be made public on June 19.

The report is expected to provide a base for dialogue between public and private health sectors, delegate Reg Magennis told the annual meeting of the National Association of Private

Hospitals at the weekend.

Magennis, a medical schemes executive, said a new era of cooperation would go a long way towards solving the problems of the private and public sectors.

The public sector should create opportunities for the private sector to provide innovative solutions to South Africa's problems of inaccessible and costly health care, he told delegates.

Association chairman Riel du Toit said the country's private hospital sector was ready to participate with the Government and health funders to provide cost-effective health care.

The association's executive director, Dr Anette van der Merwe, said the private hospital industry believed relationships between players in health care would change dramatically.

"Private hospitals will change from static organisations to dynamic service networks. We will maintain health, as opposed to treating illness, and market share will be defined less by the number of admissions than by contracted services to a defined population."

UK health economics expert Dr Alan Maynard warned that the new dispensation could fail if the Government did not carry out a strategically sound process of implementation.
The financial crisis in Gauteng hospitals is not being ignored. The new head of Gauteng Health spoke to David Robbins

Gauteng health on long road to recovery

Someone suggested recently in the Gauteng legislature that a "medical state of emergency" should be declared in the province. But Dr Ralph Mgilima, who was appointed head of Gauteng health in April, brushes such a suggestion aside.

"Of course there's a crisis," he says briskly. "We're under-funded. We lack detailed information on our own operations. But I think it's important that people are made aware of how we're responding to the situation."

In a nutshell, the crisis has been precipitated by a 20% to 30% cut in the Gauteng health budget for 1995/96. Added to this stark reality, which is partly caused by the national Health Department's determination to equalise provincial spending on a per capita basis within five years, are factors like rising demands for health services, and inefficient management and information systems in virtually all the province's 70-plus hospitals.

Mgilima makes no apology for his criticism of the formula used to equalise spending between the nine provinces: "Our argument all along has not been over the principle of equalisation, but with how rapidly equalisation is being attempted," he says. "We also have problems with the formula. The national authorities have used a population for Gauteng of 7-million, when the real figure is now much closer to 10-million."

"They have also used crude per capita income figures to indicate the level of medical aid cover in our population. We are definitely unhappy about this. The result is a huge cut in our budget which makes it virtually impossible for us to pursue many of our reconstruction and development goals."

Nevertheless, there are definite plans. Mgilima talks of the "parachute" plan which has been developed to cope with the crisis which will plague Gauteng for the remainder of the current financial year. Then there is the "proper landing" medium-term plan aimed at ensuring that the budget for next year is more realistically set.

"Yes, of course, we've asked the national department to re-examine the equalisation formula and how it has affected Gauteng. But this won't erase the situation now. We're stuck with our budget for this year. One of the problems this year was that the budget allocation took us by surprise."

Clearly, these are transitional problems. A fledgling department with new ideas is thrust into an unprecedented crisis by the budgetary cuts. Mgilima himself only took office a few weeks after the budget allocation had been made known.

"I would never have taken the job if I hadn't been well aware of the overall planning that we had done in the SMT (strategic management team) last year."

The major plans to emerge from the SMT dealt with the rationalisation of Gauteng's academic hospitals in particular, and the health care system in general. Since Gauteng's health service is characterised by large hospitals at both an academic and regional level, a great deal of attention had been devoted to their workings.

It is worth noting here some of the major elements of the SMT recommendations. Academic hospitals should be protected from shrinking, and resources spread more evenly across the service. Hospitals should be rationalised in terms of what services they offer, avoiding wasteful duplication. Security regarding medications, equipment and food should be strengthened; and the current major losses through theft and waste. Hospital management systems should be improved to cope with revenue generated at individual hospitals. Improved budgeting should be introduced to a system where over-spend was endemic.

However valid all this planning might be on paper, the reality is that these new plans are not yet in place, and hospitals are facing the possibility of chaos later this financial year.

Enter the "parachute" plan. Mgilima explains that his department is working closely with all hospitals to establish which SMT recommendations can be implemented to reduce the costs of running hospitals, and so relieve short-term pressure.

"Our aim here is to gain the co-operation of hospital administrations," Mgilima stresses. "Unless individually at hospital level identify with the changes, we are well aware that our overall plans for transformation of the service will not succeed."

The basis of the "proper landing" plan lies in improving budgetary procedures and pressing forward with greater autonomy for the province's structured and rationalised hospitals.

"Budgeting is of particular concern," Mgilima points out. "Historically, hospital managers here have been implementers of instructions from provincial head office, regardless of budgetary consequences. Now it is imperative that they make decisions, especially budgetary decisions. But to do this, they need better and more detailed information. Without this, the prioritising of budget items is impossible; and it's also impossible to introduce revenue retention. The accounting systems currently in place simply aren't good enough."

All this points to the acquisition of reliable computer equipment as a crucial step, not only in transforming Gauteng's hospital services, but in reducing the current financial crisis. An amount of R100-million to introduce the necessary computerised systems in all hospitals in the province was included in the draft budget for this financial year. But then this crucial item was deleted because of "under-funding of the (health) department", according to a written reply given in the provincial legislature.

"This is a mistake," says Mgilima. "There have been problems with the computer system we're interested in. And we have to ensure that the system we install is compatible with a national health data base. But it's vital that we get the system. We'll probably use some of the R300-million RDP funding which has been made available to us. I wouldn't like to say when exactly, but it could be around October."

A final question will there be another shortfall in Gauteng's health budget this year?

"Hopefully not," answers Mgilima. "But if there should be one, it will be looked at sympathetically if all our efforts have been directed towards reconstruction, greater equity in provision, and the installation of good management tools and practices."
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In a nutshell, the crisis has been precipitated by a 20% to 30% cut in the Gauteng health budget for 1995/96. Added to this stark reality, which is partly caused by the national Health Department's determination to equalise provincial spending on a per capita basis within the five years, are factors like rising demands for health services, and inefficient management and information systems in virtually all the province's 78 public hospitals.

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Senior staff keep clear of hospital

The Argus Correspondent

Johannesburg. — The senior medical superintendent and the administration head of Sebokeng Hospital have still not returned to the hospital after being chased away with other members of the staff by workers.

Trouble began on Tuesday, forcing administrative staff and doctors to leave the hospital "in fear for their safety", staff said.

By yesterday demonstrations were also being held at Vereeniging Hospital.

The Vaal regional branch president of the Medical Association of South Africa (Masa), Ben Rautenbach, said yesterday most members of the staff had returned to the hospital, except for the senior superintendent and the administrative head, whose safety could not be guaranteed.

"To chase away health workers who have been trying to maintain health services could seriously jeopardise access to health care for people most in need," said Dr Rautenbach. He added that the situation was "unnecessary and irresponsible".

Gauteng Health Minister Amos Masombo said a meeting on the issue would be held on Monday.
Fear keeps hospital heads away from work

BY MANDLA MTHEMBU

The senior medical superintendent and the administration head of the Sebokeng Hospital, who fled the hospital earlier this week together with other white staff members, have still not returned because they fear for their safety.

Trouble started on Tuesday when violence erupted at the hospital during protests by workers, forcing administrative staff and doctors to leave the hospital, Vereeniging Hospital staff said.

The Vaal region branch president of the Medical Association of South Africa, Dr Ber Rautenbach, said yesterday that except for the two members, whose safety could not be guaranteed, most white staff members had returned to the hospital.

To chase away health workers who have been trying to maintain health services could seriously jeopardise access to health care for people most in need,” said Rautenbach.

Gauteng Health MEC Amos Masondo strongly condemned the tension between workers and administrative staff at the hospital, saying intimidation and threatening of staff would not be tolerated.

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Shortage of medicines:
Patients turned away

By Glenn McKenzie
HUNDREDS of children were turned away from Soweto clinics yesterday as an acute medicine shortage gripped the township.

Administrator Dr Soomagi Natha said all 11 community clinics in Soweto were facing "dreadful shortages" of children's antibiotics, cough syrups and anti-inflammatory drugs.

At Thadi Clinic, 12 of 20 patients were sent home yesterday after waiting for more than five hours to be treated. Many left in disgust after realising they would not receive medicines.

Some patients said they had waited for more than five hours to be treated. Many left in disgust after realising they would not receive medicines.

Some parents, like Mr Monday Mogwana and three other parents, left without any medical help for their children.

Mrs Neeshla Musina, a mother of three, said she waited for more than five hours to see a doctor but was refused treatment.

"I have no money, but what can I do? My son is suffering," she said.

Doctors who spoke to Sowetan blamed Government administrators for failing to find solutions to the drug problem. Clinics had experienced an under-supply of some medicines for several months. Government planners should have predicted the current shortage.

"No one is taking responsibility for this problem," said one doctor.

A spokesman for Gauteng's medicines supply depot in Auckland Park blamed the shortage on manufacturers who did not have supplies of the badly needed drugs. He said drug companies had informed him that some shortages would be alleviated by next week.

"Only the manufacturer can tell you why we don't have these drugs," he said. Dr Ralph Mufumbu, head of the new Gauteng Health Department, said he had been informed about the medicine shortage but had not had time to study the problem.
Threats of violence hit Sebokeng hospital services

BY JANINE SIMON
MEDICAL CORRESPONDENT

Ten doctors and more than 15 administrative staff at Sebokeng Hospital have refused to return to work because of threats of violence, further straining health services in the region.

According to Sebokeng Hospital chief superintendent, Dr Norman Kneres, the threat of violence arose last Tuesday when a routine labour problem escalated into a heated dispute, and racist, threatening remarks were directed at certain senior staff.

The Medical Association of South Africa (MASA) expressed concern about the deliberate disruption of services in the area, the second in a month.

"Existing personnel can't cope with the demand because of staff shortages. To chase staff away could seriously jeopardize access to health care," said MASA's local president Dr Ben Rautenbach.
Committee tackles district surgeons

No charge in public clinics, mobile clinics and community health centres

By Bhekisile Masebula and Vuyo Bavuma

The committee investigating the restructuring of the national health system for universal primary health care has urged district surgeons to stop discriminatory practices when treating patients.

In its report, released yesterday to Minister of Health Dr Nkosazana Dlamini-Zuma, the committee recommended that district surgeons should be given better incentives to improve the "quantity and quality" of health care to the communities they serve.

Zuma said once the report had been adopted by Parliament there would be no consultation fees in public clinics, mobile clinics and community health centres.

She said a small fee for medicines at primary health care centres would be charged and there would be a fine for patients going directly to hospitals without a referral letter from a primary health care centre.

The Government will have to pump in about R1.36 billion in new funds by 1997 and it is expected that by the year 2000 the figure will rise to up to R4.90 billion. The Government will pay R154 a person in 1997 and this may increase to up to R254 a person by the year 2000.

"Efforts must be made by the Government to allocate more of the budget to primary health care ... and this must not be done at the expense of the stability and standards of the hospital system and other parts of the health care system," Zuma said.

She warned that care must be taken to ensure that the Government's policy on budgetary discipline was followed.

Zuma also disclosed that her department had resolved to increase its Aids budget from R21 million to R85.3 million in a bid to intensify efforts to fight the disease.

She said the Department of Health would soon engage in free distribution of 97 million male condoms and 90,000 for females, and provide health workers with Aids management literature.

It would also put up 300 billboards nationwide with Aids prevention messages.

About eight percent of 18,000 antenatal patients tested HIV positive in November last year. This meant that about 1.2 million people in South Africa were infected with the HIV virus at that time, Zuma said. The lowest number was in the Western Cape with 1.16 percent, while KwaZulu-Natal had the highest at 14.35 percent.
How can you turn sick children away?

It's a shame

By Glenn McKenzie
Four Kids die waiting at hospital

By Glenn McKenzie

September 21/95

SOUTHERN WEEKEND JUNE 21/95
Baragwanath takes action over linen shortage

BY JANINE SIMON

Baragwanath Hospital is cracking down on suppliers, security and administration systems to solve its critical linen shortage and stop patients blaming ward nurses for the problem.

Linen losses in the past financial year have exceeded the budget allowed for replacements. But steps are being taken to alleviate the problem, according to a statement from the hospital.

Bara has rapped its contract suppliers over the knuckles for making it wait up to six months before linen orders are delivered. The contractors have now agreed to handle immediate orders as top priority, and deliver outstanding orders as soon as possible. If these are not received, Bara would turn to other suppliers, the statement warned.

The hospital has also installed new machines at its laundry, and staff are working overtime to keep daily clean linen supplies flowing.

A new distribution system is to be implemented, as soon as there are enough supplies. Linen banks will open at various points on the premises, allowing staff to draw linen on a more regular, controlled basis.

Bara is also building a 2.5m-wall around its perimeter to prevent large amounts of linen disappearing from the premises.
Paramedics rushed to assist in flu epidemic (98)

Paramedics from the defence force are being sent to Nata-
spruit Hospital on the East Rand today to assist in treating an epi-
demic which has led to civilian doctors declaring the township a
paediatric disaster area.

The flu epidemic which started earlier this month among
children has doubled patient loads to more than 600 a day.
Four have died while waiting for treatment in the past 10 days,
according to the acting superintendent, Dr Jim Mitchell.

Mitchell declared the disaster yesterday to allow him to con-
vert surgical wards into paediatric sections, but he says this is
not enough: there are 220 patients to be accommodated in
only 163 paediatric beds.

The hospital has also run out of ampicillin, the most commonly
used paediatric antibiotic syrup, and has only 1,000 bottles left of
Amodi, which is also frequently

Mitchell said between five and 10 SANDP nurses and paramed-
ics would start work at the hospital today; an earlier start was
not possible as they had been tied up with the polio immuni-
sation campaign.

Yesterday, the hospital had 613 paediatric outpatients, more
than double its usual load, and doctors were less than five min-
utes with each patient.

Despite the crushing load of patients with influenza, pneu-
omonia and measles, Nata Spruit took part in the national polio
immunisation programme.

"We have not turned patients away. Some elect to return the
next day, but when out-patients close at 4 pm they are seen by
casualty, primary health care nurses and the paediatric doctor
on duty," Mitchell said.
The Minister of Health

The Minister for Health, Dr. James O'Connor, has announced that the government will be conducting a comprehensive review of the health care system. The review will focus on improving access to healthcare services, addressing the issue of wait times, and enhancing the quality of care provided.

The review is expected to take several months and will involve input from healthcare providers, patients, and the public. The Minister has also indicated that the government will be considering new funding models to support the healthcare system.

The review comes in response to growing concerns about the health care system, particularly regarding wait times for surgeries and other procedures. The government has committed to making healthcare a priority in its budget planning.

Dr. O'Connor emphasized the importance of ensuring that all citizens have access to high-quality healthcare services. He said, "We recognize the need for change and are committed to working towards a system that is more efficient and effective."
Doctors declare 'disaster area'

Army helps hospital

By Glenn McKenzie

Doctors declare 'disaster area' at the rescue of children under 5

Several doctors have been flown to the area to rescue hundreds of children suffering from malnutrition and dehydration.

The situation is so severe that the hospital has been declared a 'disaster area' by the authorities. The doctors are working round-the-clock to provide medical assistance to the affected children.

The situation in the hospital is dire, with many children suffering from malnutrition and dehydration. The doctors are working tirelessly to provide the necessary medical care to the children.

The hospital has been declared a 'disaster area' by the authorities, and several doctors have been flown to the area to rescue hundreds of children suffering from malnutrition and dehydration.

The doctors are working round-the-clock to provide medical assistance to the affected children. The situation in the hospital is dire, with many children suffering from malnutrition and dehydration.
Babies die in waiting rooms at overcrowded East Rand hospital

N INFLUENZA epidemic on the East Rand has forced Nataspruit Hospital to deal with 3,000 paediatric cases in just seven days.

Four babies have died in the endless queues in the hospital’s waiting rooms during the past two weeks.

Mothers have waited with their children for up to five hours at the hospital and the paediatric ward has nearly twice as many patients as it is meant to accommodate. Babies are sharing cots despite the risk of cross-infection.

Nataspruit acting superintendent Ron Mitchell said the SA National Defence Force had responded to an urgent appeal for help. Ten paramedics would be dispatched to the hospital on Monday.

The defence force had already sent a doctor and two nursing sisters to help clear the masses.

The hospital, running short of the most effective antibiotics available, has administered these only to children admitted to wards. Second-choice drugs were being prescribed for outpatients.

The epidemic had been worst among children, but there had also been a 30% increase in the number of adults seen.

The hospital declared an internal disaster, which meant extraordinary steps had been taken to defuse the crisis in the paediatric ward. A surgical ward had been converted into an extra children’s ward.

Mitchell said the crisis had arisen at the hospital because the area did not have a series of community clinics.

Clinics could have dealt with most cases, referring only ‘more serious cases’ to hospitals. With no clinics to act as a buffer, all cases in the area went directly to Nataspruit Hospital.

Another problem was that the hospital had not been able to fill 114 vacant nursing posts and 24 vacant medical posts.

Nataspruit had been informed by the Gauteng health authority that because of budget cuts, the posts would have to remain vacant.

Baragwanath Hospital also reported that it had handled double the load of children it usually saw at this time of year.

However, it was coping.

Sapa reports DP Gauteng health spokesman Jack Bloom accused health MEC Amos Masando of ‘bungling’ and of repeatedly being caught unawares by developments that were ‘easily foreseeable’.

The crisis in the province’s hospitals and clinics provided further evidence ‘of the dismal lack of forward planning by the Gauteng health department’, Bloom said.

Masando had failed to get to grips with his department. There was a lack of communication between hospitals and health bureaucrats, who seemed far more concerned with enforcing outdated and restrictive regulations, he said.
Medical crisis...children share beds in Maternity Hospital's overburdened pediatric wards. The hospital has also...

Medical care for primary
diseases...
No room for the sick

JUNE 19, Thadi Clinic, Soweto. It has been a bad day. Doctors have been forced to turn away dozens of people suffering from influenza, colds and even pneumonia. Many of the “lucky” patients who made it past the waiting room have been told that the clinic is without medicines.

There is not even any Panado, one of the most basic drugs in any primary health care clinic. Children’s antibiotics are also scarce — they are given to only the most serious cases.

“Patients are angry and I don’t blame them. I would be angry too,” says one doctor.

At other clinics in Soweto on this day, the story is the same. Children are being turned away in their hundreds. Angry parents are screaming at frustrated doctors and nurses.

Soweto Community Clinics director Dr Soomag Naha says her hands in frustration. “It is a terrible situation,” she says. Naha daily faces demoralised staff and angry patients. The 11 clinics in Soweto (two more exist in the Vaal Triangle) have been without various types of medicines for several months.

In addition, nurses and doctors have been extremely overworked, as several of Sowetans have been seeking the advantage of the clinic’s services after the elections last year.

Last week, Naha went to the extent of instructing doctors and nurses to divide packages of medicines and give patients half-portions when necessary. But some doctors believe these measures are not nearly enough to cure Soweto’s ills. In a letter to Sowetan, one community physician writes:

“The doctor goes on to suggest that generic drugs be stocked in the clinics instead of expensive brand-name medicines. This is what the Government hopes to do, says Health Ministry special adviser Dr Otlile Shisana. A Government health committee has recommended establishing a new essential drug list, which will include drugs used to treat 95 percent of the most common health problems in South Africa.

“We will be dealing with maybe 400 drugs instead of 2 000. It should make things a lot easier,” she says.

The Government proposals also include a plan to raise the wages of pharmacists and hire more pharmacy assistants. This could alleviate the strain on the medicine distribution process, Shisana says.

Meanwhile, doctors are pleading for help. Many complain about a lack of public knowledge of the health system. Patients often take out their frustrations on clinic staff, and some doctors fear for their lives.

“I am scared when I leave the clinic every day,” says the doctor who wrote to Sowetan. “There is so much anger directed towards us and no one seems to understand that we are not responsible for the health problems here.”

Some doctors accuse politicians of responding too slowly to health problems, such as drug shortages and thefts.

For instance, the Gauteng government has decided to shelve a R50 million plan to institute new security and management systems in hospitals. Gauteng Health MEC Dr Amos Masando estimates the plan will pay for itself and save millions of rands in its first year of operation alone. Still, because of “a lack of funds”, the programme has been halted before it has even begun.

On the East Rand, Natsalus Hospital superintendent Dr Ron Mitchell believes the Government will end up paying a huge bill for their short-sighted policies.

Natalprut, which serves about 1.5 million people, does not have enough money to replace essential equipment like X-ray machines.

Instead, the hospital continues to repair ancient machines that are on the verge of total failure. The net cost of repairs is higher than the price of buying new machines.

“In a few years we will be faced with no equipment. What will we do then?” Mitchell asks.

Others are asking the same question. The problems faced by the country’s health system will get worse unless the Government is willing to spend money now, says some administrators.

“We hear the argument that there is no money. The Government should find the money, because we cannot do our jobs. This is not primary health care,” says one Soweto doctor.

Gauteng officials believe the current medicine crisis is on the wane. But there are no guarantees that another emergency could not raise its ugly head again. In spite of such fears, Gauteng department of health deputy director-general Dr Eric Buch believes the new health system has been a success so far. While thousands of sick people wait in endless queues, many more have been treated free. In past years, people without money were turned away — if they bothered to visit a clinic or hospital at all.

“No one ever expected that our patient load would increase the way it has. It just shows how badly our people have been deprived under the apartheid system,” says Buch.
RDP could fail warns Mandela

By Erica Jankowitz

A DECISIVE ANC victory in local government elections on November 1 would secure the future of government's reconstruction and development programme (RDP) which could fall if local communities did not work with provincial and national structures to rebuild SA, President Nelson Mandela said yesterday.

Speaking at the launch of the Gauteng ANC's community charter in Johannesburg, Mandela praised this initiative saying communities had to be involved in transformation as residents were best placed to identify their needs and how to achieve them.

He urged South Africans to take responsibility for making the RDP succeed. He criticised them for not being prepared to contribute the hard work required to transform society, but being willing to reap its rewards.

SA's crime rate had to be tackled to encourage economic development.

The draft community charter states that people and civil society had to take responsibility for making our communities safe for our children and ourselves by building community policing forums and breaking the conspiracy of silence that was necessary to survive before our founding democracy.

It includes business with other organs of civil society as an essential partner in rebuilding society despite the "suspicion" with which communities had viewed the business sector in the past.

ANC members had to look beyond their narrow sectarian views to find talented individuals to drive the process at community level, even if these candidates were not members of the party, Mandela said.

 Mobilising support for local government elections was now a priority for all ANC members as the nature of local authorities meant it was impossible to balance strengths and weaknesses in election results. The ANC needed to counter the NF three-prong strategy to undermine the ruling party which rested on attempts to destroy the ANC's leadership, provoke putting the RDP as a socialist policy and high crime rates.

While support was required to boost the ANC's showing in the local poll, Mandela said. In the past week, he conducted a house-to-house campaign in Johannesburg's north and suburbs which netted 67 new members for the party.

Govt red tape puts Bara posts at risk

Kathryn Strachan

BARAGWANATH Hospital was at risk of losing many doctors who had applied for posts starting this week because of red tape at provincial level.

Superintendent Grant Rex said the posts had all been budgeted for, but despite support from the superintendent-general's office and other authorities, bureaucracy was delaying them from being filled.

In the meantime, many foreign doctors — who had first to apply for work permits and registration with the SA Medical and Dental Council before they could start — had given up and found work elsewhere.

Baragwanath was heavily dependent on foreign doctors because local doctors were reluctant to work in townships, he said.

The hospital was still waiting for the go-ahead from the provincial health authority to appoint 34 doctors to begin work on July 1.

There were still 51 administrative, 194 cleaning and several hundred assistant nursing posts standing vacant.

The hospital was still battling under its constraining budget, and the allocation for the entire financial year was already almost spent. Baragwanath was allocated a budget of R307m this year, while it spent R280m last year.

This R25m was taken up by salaries and contractual obligations to the SA Institute of Medical Research for laboratory tests, and there was no money left in the budget for drugs, transport, equipment and maintenance.

However, it was essential for the administration to overstep in the patients' interests, said Rex. The hospital operated in a cost-effective way, so where it was critical to overspend, the administration did overstep its budget.

At the same time, savings should be effected, he said, but this would best be done by closing certain hospitals rather than trimming services at all hospitals.

Baragwanath (which was operating at 89% capacity), Johannesburg and JG Strijdom hospitals had enough empty beds to cope with the needs of the region, and Coronation and Hillbrow hospitals should be closed to generate a saving.

A major obstacle to achieving savings at the hospital was the lack of computers and an information system.

There were also problems in the way the provincial budget was distributed between the various hospitals.

Baragwanath was allocated R57m against Johannesburg Hospital's budget of R345m. However, Baragwanath had three times the workload — it had 117,000 patient days and did 43,000 operations, while Johannesburg hospital had 40,000 patient days and did 17,000 operations.

MPs to vote on truth legislation

Adrian Hadland

CAPE TOWN — Two of the most controversial pieces of legislation yet to be considered by the current government are due to be passed by Parliament this week.

In its last week before the mid-year recess, the Promotion of National Unity and Reconciliation Bill — which details SA's truth commission process and the Remuneration of Traditional Leaders Bill will be voted on by parliamentarians.

This week was initially scheduled for constitutional work. MPs and Senators, who come together to form the Constitutional Assembly, are under pressure to complete a draft of the new Constitution by the end of the year.

But, with urgent and important legislation requiring immediate consideration and passage, constitutional work has been postponed to the first two weeks of the new parliamentary term in August.

The new terms, which will focus more closely on committee work and legislation now that each ministry's budget debate is complete, is likely to be extended to late September.

The truth commission legislation, which was amended more than 300 times by the national assembly's justice committee, is currently with the senate committee.

The Bill is due to be debated in the Senate on Wednesday whereafter it will go back to the National Assembly for concurrence before being passed on to President Nelson Mandela for enactment.

In its criteria for awarding amnesty, it has been hugely controversial.

The Remuneration of Traditional Leaders Bill will also be debated in the Senate this week. It stirred up much animosity from the IFP and from traditional leaders in KwaZulu-Natal.

ANC MPs have been instructed to undertake constituency work during the month recess, in preparation for local government elections scheduled for November 1. The parties are likely to take the hustings for the first testing of voter opinion since the 1994 general election.
Hospital pleads for help in crisis

The hospital's acting superintendent, Dr. Rob Mitchell has called on other hospitals to "share the burden" currently placed upon Natalspruit Hospital.

In the past week, Natalspruit has been overwhelmed by huge numbers of flu-stricken patients. On several occasions, doctors have treated more than 600 small children in one day.

Meanwhile, 20km away, Germiston's Willem Cruywagen Hospital has placed a limit on the number of patients it admits. Patients who turn up after a quota has been reached are often turned away.

"If they are turning away patients, then that has to be brought to people's attention," Mitchell said.

Willem Cruywagen superintendent

Dr. Joseph Laubscher on Friday defended his hospital's policy of turning away patients when the institution is overcrowded. Only the most serious cases are seen.

Laubscher said doctors at the 190-bed Germiston hospital would go on strike if more patients were admitted or treated. Some doctors worked more than 400 hours a month, he added.

"It is easy to practice Third World medicine. But to maintain a decent standard of care here we have to be selective about who you admit," he said.

Laubscher said the hospital had made huge sacrifices since 1990. Its patient load had doubled and the hospital had stopped performing some operations like plastic surgery.

Meanwhile at Natalspruit, up to four babies share a single bed. Doctors have been forced to turn a surgical ward at the hospital into another children's ward.

Mitchell said he had received offers of assistance from Coronation Hospital in Johannesburg. But he hoped other hospitals would increase their patient load to the point where all hospitals were "equally burdened" with serious cases.

Mitchell said he was worried the hospital's obstetrics ward where babies are delivered, would be forced to close because of a lack of staff.
Influenza epidemic at Natalspruit Hospital abates

LAST week's influenza crisis at Natalspruit Hospital on the East Rand had abated, with fewer patients being admitted for treatment, hospital authorities said yesterday.

Natalspruit's acting superintendent Ron Mitchell said the hospital had sufficient antibiotics and drugs and the overcrowding of the paediatric ward, in which babies were sharing cots last week, had been cleared.

The epidemic had meant the hospital had to deal with 3800 cases in about seven days.

Four babies had died in queues in the hospital's waiting rooms.

Mitchell said although "not much" could be read into the decrease in numbers, it showed whatever the hospital had been dealing with had begun to diminish, 80 29/6/75.

Exact numbers of patients being admitted would be available only today, he said.

Six SA National Defence Force paramedics and nursing personnel had been dispatched to help with outpatients at the hospital yesterday.

An internal disaster which had been declared by the hospital was still in force.
Hospital requests two more doctors

BY JANINE SIMON MEDICAL CORRESPONDENT

Natalaspruit Hospital, which was swamped by a winter flu epidemic last week, is likely to take on two extra doctors to boost its staff complement.

"The 796-bed East Rand hospital treated more than 4,200 paediatric patients in the past eight days, with patient loads in paediatric outpatients exceeding 800 on the busiest days.

Acting superintendent Dr Ron Mitchell said he had asked provincial authorities for two doctors' posts to be filled, one in paediatric outpatients and one in obstetrics and gynaecology.

"Last week's crisis was the straw that broke the camel's back. It highlighted how stretched our services are in those departments," Mitchell said.

Gauteng's chief health director Dr Pieter van den Berg said yesterday that the posts were critical, and were likely to be filled despite the moratorium on new posts.

Five paramedics and two nurses from the Witwatersrand Medical Command helped examine children yesterday. Military help would be assessed on a daily basis, said officer commanding Brigadier Petrus Fourie.

Doctors said at least half of the patients seen at the hospital could have been examined at primary health care clinics. But there is only one such clinic in the area.

Relief over army medics

BY MANDLA MTHEMBU

Most patients at the Natalaspruit Hospital were yesterday confused but relieved at the sight of uniformed army nurses and paramedics screening children.

"The hospital has treated more than 4,200 paediatric patients in the last eight days. By 11am yesterday, fewer than 100 people were queuing for attention.

Most people were initially confused about the presence of army personnel but said they were relieved that "at least we are getting some help".

Khosi Malibili of Vosloorus was happy that her baby was to be checked, but needed to be assured that the army personnel were qualified.

Asked why she did not go to a clinic in Vosloorus, she said the clinic had a limit of 45 patients.
Clinics crisis now under control

By Glenn McKenzie

A TWO-WEEK-OLD medicine crisis in Gauteng hospitals and clinics has been brought under control, although health facilities are still burdened with huge numbers of influenza cases, provincial MEC for health Mr Amos Masando said yesterday.

Masando said the government had sent supplies to clinics and hospitals hardest hit by shortages of children’s medicines in recent weeks.

Natalpark Hospital in the East Rand and clinics in Soweto experienced severe shortages of several essential children’s antibiotics and cough mixtures during an influenza epidemic in recent weeks. For several days last week, Natalpark Hospital treated more than 600 children a day. Four babies died in the hospital’s waiting room.

Yesterday Masando blamed the crisis on an “overwhelming demand” for services in many townships. Another reason for the medicine shortages was because the government tried to avoid stockpiling drugs in clinics and hospitals under normal circumstances, he added.

The health MEC said it was “important” that hospitals budget their services, and provide medicines to only those patients who needed it most.

“If you want to run a health institution in a cost-effective manner, you must not make that institution rely on drugs,” said Masando.

Meanwhile, Soweto clinics were overwhelmed by huge numbers of patients yesterday, a clinic administrator said.

Dr Soomag Naha, head of Soweto Community Clinics, said doctors and nurses “could not cope” with the large number of flu patients coming for treatment. Clinics were forced to “screen” patients, rejecting those who seemed the least ill.

Naha said some clinics still experienced medicines shortages but supplies were being packed and should arrive today or tomorrow. He added that hospitals in traditionally “white” areas, including Germiston’s Willem Cruywagen Hospital, had gone a long way towards providing badly needed services for disadvantaged people.
Helicopters to the Rescue
The heart of the matter
Nomsakelile
for
worked
How
it
(98)

Red Cross: Home from home

Photographer: NANNES THATSI
Report: Accele Balata Self-Reporter

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Home from Home
Any Abominable Skid Overt Park
Red Cross: Home from home
R100 000 boost for hospital

Southern Reporter

RED-Cross Children's Hospital's redevelopment plans got a major boost when the local Italian community made a whopping R100,000 donation to the redevelopment fund.

The money will be used to upgrade the hospital's burns unit.

Italian consul Callo Gero presented the cheque, on behalf of the community, to the chairman of the Red Cross Hospital Trust, David Beatty.

Mr Gero said the occasion made him proud to be a member of the Italian community and he thanked them for the hard work they put into raising the funds.

The funds were raised by the community who had earlier organised a very successful premiere of the opera Tosca.

Chairman of the community, Franco Vignazia, said this was just the start of a long and fruitful relationship between themselves and the hospital.

"The aim of our organisation is to spread and to take care of the Italian culture here, and we thought that through the cultural programme, we could also hold a needy organisation.

"One of our members, Renaldo Fioravanti, has a long association with the hospital and suggested we help raise much-needed funds which would benefit thousands of children directly.

"Finally, after months of hard work, especially by the woman of the community, we are in a position where we can give the money to the hospital."

Mr Vignazia said work on next year's big fundraiser had already started and they were planning to bring one of the biggest names in opera to the country to help raise the funds.

He also praised their sponsors, who he said played a major role in the success of their venture.

Professor Beatty thanked the community and said they had taken the lead in helping the hospital raise the R20 million needed to upgrade and redevelop the aging building.

"With emphasis on primary health care in the new budget, which we support, the government does not have the money we need for capital projects so it is up to us to find other sources.

"Your contribution is a tremendous boost to our coffers and also our morale."

He said more than a quarter of a million children passed through the hospital's doors each year and the service they provided had become a benchmark for paediatric practice in South Africa.

"We aim to treat sick children and develop programmes and strategies to solve children's medical problems before they start. But to do this, we need to expand and upgrade our services and buildings."
‘Moral substance’ lacking in SA policy

Mduzuki ka Harvey

SA’s foreign policy architects would need to rise above mere pragmatism and strive for a policy in international relations that should have more moral substance and vision, Durban-Westville University academic John Daniels said.

At a workshop — Democratic SA’s Foreign Relations — One Year Later — held last week, Daniels critically reflected on government’s foreign policy initiatives and responses.

He said the ANC had become the principal actor responsible for crafting foreign policy in SA.

In determining policy it should consider the fact that it had summoned the nations of the world to adopt in their relations with SA a standard beyond self-interest and sacrifice of economic and other gains for a higher morality.

He announced a four-point strategy for SA’s international relations, saying there should be a preparedness to go beyond “quiet diplomacy” as the country would have to speak out forcefully where the human rights of others were denied or trampled upon.

Alcohol a player in car accidents

Adrian Hadland

CAPE TOWN — Almost half SA car accidents involved the influence of alcohol, two investigations have shown.


An investigation conducted by Johan van‘der Spuy, a doctor at Cape Town’s Tygerberg Hospital, found that 47.4% of all driver collisions and 74% of all collisions with pedestrians involved alcohol.

In a second investigation, carried out at Addington Hospital in Durban, it was found that alcohol had played a “major role” in 38.3% of all driver collisions.

In a survey conducted by the CSIR’s national rapid response programme, it was found that vehicle defects contributed to 9.5% of the more than 8,000 fatal accidents researched.

Maharaj said a “big push” would be made in the enforcement of traffic laws.

“We have to change the culture of our macho drivers to make them more responsible, and that will only happen if they are called to account.”

Cuts make prolonging life ‘a technical issue’

Kathryn Strachan

HOSPITALS in Gauteng are gearing up for further service cuts in the face of falling budgets.

They say they have nearly depleted their budgets for the entire financial year, and — after a provincial health authority instruction that no overspending will be allowed — are battling to cut costs.

JG Strijdom superintendent Dr Anemarie Higter said trying to keep within budget necessitated cutting back on patient care.

The question of prolonging life had become a technical issue. Doctors now thought more carefully before spending vast amounts on a patient to prolong life by a month or two.

The hospital was very short of patient loads and was increasing with the influx of people to Johannesburg.

JG Strijdom was experiencing the overcrowding at Baragwanath Hospital and endured for years.

Only patients in dire need of care were admitted. Doctors had to discharge patients who still needed time in hospital.

The hospital was also looking at other ways of cutting costs, such as using cheaper medicines.

Pretoria — In a second investigation, carried out at Addington Hospital in Durban, it was found that alcohol had played a “major role” in 38.3% of all driver collisions.

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“We have to change the culture of our macho drivers to make them more responsible, and that will only happen if they are called to account.”

Natalkrum Hospital acting superintendent Dr Ron Mitchell said only critical posts were being filled. The hospital had a shortage of doctors and nurses, and the recent influenza epidemic had placed a great strain on resources.

“It is a certainty that we will not keep to our budget,” he said. “But we have been told we absolutely cannot spend more. We are cutting back and attempting savings at every corner.”

Natalkrum was also waiting for permission from the Gauteng health authority to fill critical posts.

“We will have major problems if these posts are not filled,” said Mitchell.

Johannesburg: Hospitals in the city were overcrowded.

Dr Trevor Franklish said his institution was spending more than its budget allowed, but hospitals, with the provincial health authority, would decide what would be done about the problem.

Hillbrow Hospital superintendent Dr Brenda Reitz said the hospital also had an inadequate budget and a shortage of staff.
Urgent need for clinics borne out

BY JANINE SIMON

The 'flu crisis at the East Rand's Natsalspruit Hospital has passed and staff are focusing their attention on improving health services in surrounding areas.

More than 4,000 children were seen at Natsalspruit in eight days during the crisis, forcing acting superintendent Dr Ron Mitchell to declare a paediatric disaster and call for support from military medical personnel.

The epidemic exposed how the Government's policy of free health care to children under six and pregnant women compounded patient pressure on this major regional hospital, and begged the question of how to improve primary health care services in the area.

Mitchell yesterday said numbers had returned to normal, and Witwatersrand Medical Command staff were "sent home" at the weekend.

The National Institute of Virology has confirmed from Natsalspruit specimen samples that the influenza viruses in Katlehong, Tokozan and Vosloorus (Katorus) were the Teras and Guandong strains seen throughout Gauteng.

Hospital posts have been frozen but Mitchell has applied for and been granted verbal permission by provincial authorities, to take on two more doctors for paediatric out-patients and obstetrics and gynaecology.

Medical staff said at least half of the children during the epidemic could have been treated at a primary health care clinic.

But there is only one such clinic in Katorus and none are planned for the next year at least.

One immediate option is to appoint district surgeons for the area, and allow them to be paid for seeing state patients off the street, as suggested by Gauteng DP health spokesman Jack Bloom.

Another option is to accredit Katorus private practitioners to service a registered patient group, says Ray Mabope, the Department of Health's Chief Director of National Health Systems.

Accrediting private doctors has been identified as a way to "fast track" the proposed restructuring of health services.
Medical Services boss: Lack of funds dictates the pace of vehicle replacement

AMBULANCE CRISIS

CONCERNED over the high insurance premium for replacement program at Fire and Rescue Station. (P. 8)

The high Medicare

AMBULANCE CASH CRISIS

(8)

Medical Services boss: Lack of funds dictates the pace of vehicle replacement.
Union threat to cut blood supply

Nehawu declares dispute after fumigation incident

ADELE BALETA
Staff Reporter

THOUSANDS of lives will be at stake if workers at Western Province Blood Transfusion Services carry out their threat to cut Cape Town's blood supply if management does not meet their demands.

The workers, including medical scientists, drivers and technicians, have threatened to call on their "allies" in the community to withhold blood donations, which could plunge the health system into crisis.

Members of the National Education, Health and Allied Workers' Union (Nehawu) had been summoned to disciplinary hearings by management for participating in an illegal work stoppage.

Blood transfusion services workers want salaries to be increased and have demanded "real" affirmative action.

But medical scientist Donovan Hiff, who is also chairman of Nehawu's shop steward committee, denied there was a stoppage, saying workers had gathered to elect a health and safety sub-committee to investigate the alleged contamination of workers with formaldehyde, a fumigant used at the service's Beaconville plasma plant in Parow.

Among other demands, Nehawu wants a complete restructuring and democratisation of the service, which they say is racist and unfair to the workers. They want salaries to be increased, a recognition agreement with management and "real" affirmative action.

Nehawu officials say they have declared a dispute with management with regard to union bashing, intimidation and victimisation.

Dr Hiff said he and another worker, Edmund Pool, were in the laboratories at the Beaconville plasma plant in Parow when they were exposed to formaldehyde, which can cause cancer. He said the fumigation began without his knowledge and without warning.

He said a complaint had been lodged with management and the Department of Manpower had been contacted.

"We then held a meeting with members during working hours."

The transfusion services medical director and CEO, Arthur Bird, said: "Fumigation is carried out over the weekend and the fumes are cleared by Monday. On this particular Friday some workers were not aware that fumigation had started. People who complained are fit and well."

Management had contacted the Department of Manpower and were waiting for a report.

Management said tension mounted yesterday when a mass disciplinary meeting over the illegal work stoppage of 80 Nehawu members was interrupted.

"We decided on a mass hearing because previous individual hearings had failed."
Defence cut to the bone

I am delighted that you feel South Africa's race and need necessary to be effective. Perhaps you would like to cut the operation of the Defence Force, which can be murder on our race, and you will have to provide the support to the police. But that is a different issue. We are locked in a battle of ideas, and we must support those who are fighting for our freedom.

The Editor

Health-care train in town

By AS LEER

All aboard, all aboard, the health-care train is in town!

Heads or tails?
Ailing False Bay Hospital in cash crisis

□ ‘Give control to doctors, residents’

Staff Reporter

FUNDING is desperately needed to revitalise the ailing False Bay Hospital and Fish Hoek residents have backed a petition calling for its management and funding to be entrusted to local doctors and prominent elected residents.

Adrian Lombard, chairman of the medical advisory committee, said: "In terms of the new health plan the False Bay Hospital has been classified as a community hospital, level one.

This means it will provide limited specialist services and be managed at a community level.

Of particular concern to us is the funding."

"For the hospital to be run efficiently and its equipment to be updated, funds will have to be raised from the public."

"It's important to ensure that those from whom the funds are raised are given the opportunity of benefiting from and sharing in the venture."

"Secondly, we would like to see funds generated by the hospital through services rendered being used for the upkeep of False Bay Hospital and not finding their way into a central pool."

The number of beds in the hospital had been reduced to 68 and there was a dire need to upgrade much of the equipment. In addition, part of the hospital was empty.

Gordon Guthrie, a Fish Hoek lawyer, said a steering committee was drawing up a delegation to appeal to Minister of Health Ebrahim Rasool for his support in considering the proposal contained in the petition, which won overwhelming support from Fish Hoek residents.

UNDER THREAT: False Bay Hospital is facing a severe funding shortage.
PATIENTS' families were asked to bring in meals for them at Groote Schuur Hospital this week while catering staff were on strike over wages and staffing problems.

Yesterday the hospital's chief medical superintendent, Dr Peter Mitchell, thanked the public for their support during the crisis.

Dr Mitchell said: "Mechanisms have been set up to deal with those grievances and ... the catering department has agreed to suspend their action." — Staff Reporter
I'll go back to UK threatens heart man

BY JANINE SIMON
MEDICAL CORRESPONDENT

Dr Fanus Serfontein, who last weekend performed a successful heart and lung transplant on a 22-year-old student, will probably not be fired for performing heart transplants at H F Verwoerd Hospital, Gauteng's head of health, Dr Ralph Mgijima, said this morning.

But Serfontein will be asked to account for his actions when he meets Gauteng's Chief Director of Hospital Services, Dr Pieter van den Bergh, this morning.

"We've asked for a list of H F Verwoerd's planned organ transplants and how the hospital can weigh these up against its available budget," Mgijima said.

Gauteng is set to overspend its health budget, and a moratorium on transplants was declared to allow hospitals and medical faculties to consider how to downsize tertiary care and promote more cost-effective primary care, he added.

Serfontein (32), who is regarded as a brilliant young surgeon, said last night he would leave the country should he be fired.

He also performed two heart transplants in March and June, the latter with verbal permission from Gauteng's MEC for Health, Amos Masondo. Both patients are recovering well.

Late last night he was tracked to the young patient's bedside in the hospital's Intensive Care Unit, where he was keeping an eye on the student's condition.

At the heart of the question is whether H F Verwoerd can justify the expense of heart transplants when there is already one unit, Groote Schuur's Organ Transplant Unit in Cape Town, able to perform the function. Even Groote Schuur has suffered subsidy costs and fears closure.

Serfontein, who also lectures for the University of Pretoria's medical faculty, has been supported by acting dean Professor O J Ransome.

He said the majority of the population was in Gauteng, and it was of national and provincial importance that there was a second team which could perform heart surgery.

Serfontein said he and his team had offered to do the operations free of charge and had arranged for the costs of the operation to be paid for by private medical and drug companies. He only used the bed and intensive care facilities of the hospital.

"My job is in jeopardy. They were all happy and shared in the good results, but now they have turned their backs on me," Serfontein said last night.

"I am here to treat people who can't afford first world medicine in private hospitals.

"I worked in England for two years before I came to South Africa. I came back as a South African to help my fellow countrymen," he said. "If I'm asked to resign, then I would rather consider going back to England.

"I did all these operations to save lives, not for fame or personal gain," said a disillusioned Serfontein.
More transplant moratoriums considered

By GRANT ROBBINS

Gauteng health authorities are considering a moratorium on liver and kidney transplants and expensive treatment for cancer and leukaemia as the province moves from expensive specialised health to primary care.

A moratorium on heart transplants has been in effect for several months in Gauteng. Budget cuts had forced the province to examine the rationalisation of other sophisticated operations, health head Dr Ralph Mgijima told Sapa.

He said this was in line with national health policy.

The heart transplant moratorium would remain until health specialists had submitted plans on what tertiary activities could be scaled down, Mgijima said.

The highly sophisticated burns unit at Soweto’s Baragwanath Hospital could, for example, become the only hospital in the province to handle critical burn patients. This would cut duplication of high-technology treatment.

Pretoria doctor Fanie Serfontein (32) was threatened with disciplinary action this week after performing a heart and lung transplant at Pretoria’s H F Verwoerd Hospital.

Gauteng health authorities said Serfontein broke the province’s moratorium by performing two heart transplants in March and June, and last week successfully transplanted a heart and lung into a 22-year-old student.

Mgijima said Serfontein would not be fired from his surgeon’s position. Democratic Party health spokesman Jack Bloom said the DP was concerned at the “high-handed” treatment of Serfontein.

In a statement, Bloom called for an urgent review of Gauteng’s health services, saying the province could not afford to lose highly qualified surgeons.

The head of the transplant unit at Groote Schuur Hospital in Cape Town, Professor Del Khan, said Serfontein should be praised rather than scolded.

He said Serfontein was an outstanding surgeon who delivered good results.

Serfontein said earlier this week he had and to go through numerous channels each time he wanted to perform a transplant and virtually had to beg to do his job.

He claimed his operating staff were willing to assist for free in heart transplant operations. — Sapa
Heart Surgeon's defiance pays off
University, surgeon sorry about transplant

The Argus Correspondent
PRETORIA — The University of Pretoria and surgeon Fanie Serfontein have apologised for the heart transplant performed at the university’s medical faculty at HF Verwoerd Hospital.

A spokesman said yesterday that the university fully supported the Gauteng health department’s moratorium on organ transplants.

“Dr Serfontein has also offered his apologies to the Minister (of Health, Nkosazana Zuma), as well as other groups or individuals who might have been offended by his actions.”

Dr Serfontein transplanted a heart and lungs into a 22-year-old student last week in defiance of the moratorium.

Meanwhile, the head of the transplant unit at Groote Schuur Hospital in Cape Town, Ulrich von Oppell, said South Africa did not, as yet, perform enough heart transplants to justify two transplant units.

And, reacting to the controversy, Gauteng health department head Ralph Mgijima said the national budget for transplants had been given to the Western Cape.

Professor Von Oppell said 36 transplants a year were performed at Groote Schuur.

In international terms, a country like South Africa with a population of 40 million should perform about 100 heart transplants a year, said Professor Von Oppell.

“At the moment we are doing about 36 and are restricted by the number of organ donors. Ideally, any transplant unit must do at least 25 transplants a year to maintain expertise and consistent results,” he said.

The logical site for a second transplant unit would be Gauteng, he said, but only when the number of transplants being done made this cost-effective, as the highest cost of transplants were in equipment and personnel.
health ruling

NP, DP slam

BETTY DAY, M.P.

reporter

In the wake of the health department's "discrepancy" with the provincial government's decision to overturn a suspension of the health official's decision, the National Party (NP) and Democratic Party (DP) have called for a review of the decision and the implementation of the suspension.

NP leader, Betty Day, speaking at a press conference today, criticized the department for its "inconsistent" approach.

"We are deeply concerned by the government's decision to overturn the suspension," Day said. "We believe this decision was justified, and we call on the government to revisit this decision in the best interest of the people.

The DP's spokesperson, Ms. Smith, echoed these concerns, saying: "This is yet another example of the government"s lack of commitment to the people. We want to see the suspension upheld for the sake of accountability and transparency in the health sector.

Following the ruling, the government has decided to overturn the suspension. However, both parties have vowed to pursue questions of the department's actions and the government's handling of the situation.

In other developments, the government has announced the appointment of a new health official to replace the suspended one. The move has been met with mixed reactions, with some members of the opposition party calling for an independent inquiry into the department's conduct.

The situation remains tense, with both parties vowing to continue their efforts to ensure transparency and accountability in the health sector.
Faculty supports moratorium over transplant

BY PAULA FRAY

The University of Pretoria (UP) has apologised for the heart transplant programme at the university’s medical faculty at HF Verwoerd hospital and said the surgeon who performed the transplant had also apologised.

In a statement yesterday the university said it fully supported the Gauteng health department’s moratorium on organ transplants.

While the UP “understood” transplant surgeon Dr Fanus Serfontein’s desire to alleviate the suffering of patients, it regretted that he had not “abided by stated policies on heart transplants”.

Serfontein started a furore when he transplanted a heart and lungs to a 22-year-old student last week in defiance of the moratorium.

The UP supports the moratorium on heart transplants as an interim measure, the statement said.

“The UP faculty of medicine will continue to support the Gauteng health department within the context of savings in tertiary care.”

Meanwhile, the head of the transplant unit at Groote Schuur hospital in Cape Town, Professor Ulrich von Oppell, said SA did not yet perform enough heart transplants to justify two transplant units.

UNIVERSITY says it regrets that a surgeon of its medical faculty did a heart transplant in defiance of provincial policy

According to Von Oppell, Groote Schuur performs 36 transplants a year. In international terms, a country with a population of 40-million such as SA should perform about 100 heart transplants a year, he said in an interview with The Star.

“At the moment we are doing about 36 and are restricted by organ donors. Ideally, any transplant unit must do at least 25 transplants a year to maintain expertise and consistent results,” he said.

The logical site for a second transplant unit would be Gauteng, but only when the number of transplants being done made this cost-effective, as the highest cost of transplants were in equipment and personnel.

“The most critical aspect of transplantation is that we must have a critical mass of equipment and diverse specialised personnel if we want to have a sustainable programme that gives optimal results. Studies in America have shown that the results of heart transplantation are poor in any unit that does less than nine transplants annually,” he said.

“If the Government decides to fund a limited amount of transplants then these must be properly funded. With limited funds it does not make sense to divide these funds into two units.”

Transplants, he added, were complex in that they required complex after-care services. International experience had shown that any unit starting up would have a high mortality rate.

Between December 1998 and May this year, 54 heart transplants had been performed at Groote Schuur. Of these, four patients died within 30 days. During the same period, 13 transplants were performed at private hospitals and other provincial hospitals. Seven patients died within 30 days.

“When we assess our transplant unit in terms of international standards, we are understaffed. But we are coping,” he said.

Von Oppell has embarked on a private fund-raising drive: “to sustain the unit for funding for equipment and personnel from alternative sources”.

The unit needs another R2-million to R4-million above its budget of R4-million for ongoing care.
Gauteng faces cash dilemma over heart transplants — official

Kathryn Strachan

The Gauteng health department faces a dilemma in using resources to provide essential basic services while maintaining expertise in academic hospitals, says department deputy director-general Eric Buch.

Buch said heart transplants could be introduced into Gauteng academic hospitals, but only in the context of a rational plan for tertiary care.

Following surgeon Fanus Serfontein’s defiance of provincial policy, Buch said, a misconception had arisen that a moratorium was being placed on existing transplants.

In fact, the province was only at the stage of considering starting transplants, and a moratorium, agreed to by medical schools and hospitals, was placed on the introduction of the procedure while the process was being costed and planned.

"Buch said the department met deans of medical schools and heads of surgery in April to discuss the possibility of introducing organ transplants. All the hospitals had the capacity to do transplants, it was jointly decided that the process would not be started until costs had been analysed and a plan formulated."

"The department depended on the expertise of the institutions; as they were the only ones with the ability to determine the costs of the operation."

"However, three months later, only one hospital had submitted a draft proposal, and that was incomplete."

"If it was such a critical issue, why had they not got the plans in? Or at least asked us for a meeting?" said Buch.

"With a 26% cut in real terms in its expenditure this year, the Gauteng health department had to make difficult choices."

"We need to look at deaths during childbirth and at children dying because there is no penicillin nearby,” he said. "This will not collapse academic medicine — we just need to use the public's money wisely."

"We need to maintain the vibrancy and expertise of academic institutions without them bleeding the system to death."

The department was working with institutions to find a way of restructuring. They had discussed ways of making savings without jeopardising quality, for example by making space available for private paying patients.

The department was looking also to get bridging finance from the reconstruction and development programme and to charge other provinces for services.

A financial analysis, which included areas where savings could be made and areas where extra investment was needed, would be submitted to Cabinet next week.

Meanwhile, Sapa reports heart transplant pioneer Chris Barnard defended the controversial heart-lung transplant at the HF Verwoerd Hospital in Pretoria.

Barnard said transplants were routine operations which could be performed by any competent team.

On the transplant moratorium in Gauteng hospitals and the censoring of Serfontein for performing the heart-lung transplant at HF Verwoerd, Barnard said it was best to do the operation in the same hospital where the donor was "because the organ is in a better condition."

Prof Del Khan, head of Groote Schuur's transplant unit, agreed it was cheaper to perform transplants than to treat patients awaiting transplants for long periods.
No oxygen at hospital for hours

A patient may have suffered permanent brain damage after Hillbrow Hospital ran out of oxygen supplies for four hours on Sunday morning.

"Frantic doctors were forced to hand-ventilate patients and break open a door to get at oxygen supplies, said one angry medical staffer."

"Seven intensive care unit and other patients on ventilators or masks were affected while supplies ran out at 6am. At least one is thought to have suffered permanent damage, but he was still sedated and his condition could not be assessed."

According to sources, doctors contacted the superintendent on duty, Dr J Norman-Smith.

He told them to call hospital technical staff, but the problem was resolved only when the supplies were replenished by an Afrox technician.

Norman-Smith said yesterday that no problem had been reported to him and he "could not answer questions."
Doctors support ban on transplants

By Glenn McKeonlze and Sapa

MOST doctors in underprivileged communities have thrown their support behind the Government’s moratorium on organ transplants, a leading medical organisation said yesterday.

The South African Medical and Dental Practitioners Association, which represents about 1 000 doctors in poor communities, said the surgeon who performed an organ transplant last week was “irresponsible” if he was aware of Gauteng’s moratorium on such operations.

Association spokesman Dr Kgosi Lepala said doctors should pursue their Hippocratic oaths (to heal people) by supporting good health care for all South Africans. Expensive operations came at the expense of thousands of poor people, he said.

“We have a shortage of penicillin in some medical centres. Penicillin can save lives and prevent expensive heart valve replacement operations. This should be a priority,” said Lepala.

The comments come after Pretoria surgeon Dr Fanus Sefontoin performed a heart and lung transplant on a 22-year-old student at the HF Verwoerd Hospital in Pretoria last week. The Gauteng government had earlier declared a moratorium on organ transplants in public hospitals.

“We cannot afford the health ministry to be undermined,” said Dr Lepala.
Nursing students hold superintendent hostage

STAFF REPORTER

ABOUT 60 student nurses held the Red Cross Children's Hospital superintendent and his secretary hostage for more than two hours yesterday afternoon, trashing the superintendent's office.

The Nico Malan Nursing College students were demanding the dismissal of the nursing services manager, Mrs K Groenewald, claiming she was "autocratic".

The students trashed the office of medical superintendent Dr T Marshall, strewn files and pages on the floor and toy-toying on his glass-topped table.

Two students monitored Dr Marshall's telephone calls and what he said to the press. He said he did not know why he or his secretary, Miss Du Preez, were being held. At that stage, the angry students would no longer let him speak to the press, shouting that both he and the press were liars.

The students did not disrupt the day-to-day running of the hospital and later released both men, but their occupation of the offices continued until they heard Mrs Groenewald would be removed from her post as nursing services manager and an independent consultant would be appointed to investigate the problems at the College.

The leadership of the National Health and Allied Workers Union (Nehawu) fully supported the students, and commended them on their action.

In a statement, Health Department deputy director-general Dr T Sutcliffe said the department was not prepared to transfer Mrs Groenewald to another institution, but they had temporarily moved her from her normal student duties.

In addition, "an advisory forum will be established at the college whereby the students will participate in management".

A delegation of students spent the afternoon locked in negotiations with Health Minister Mr Ibrahim Rasool and Dr Sutcliffe.

HOSTAGE: Student nurses from the Nico Malan Nursing College jeer
Red Cross Hospital medical superintendent Dr T Marshall, who was held hostage for more than two hours yesterday while students trashed his office.

PICTURE: NICO BOTHMA
Parks board prepares for invaders

DURBAN — The Natal Parks Board said yesterday it was preparing to deal with would-be land invaders at St Lucia Park in northeastern KwaZulu-Natal tomorrow.

Parks board chief conservator for the St Lucia region Drummond Denham said the board was working with the police to ensure would-be land invaders were kept out of the park.

This follows a threat from the Mkhwanazi clan, who live in surrounding areas, to move as many as 5 000 people onto the park's eastern shores area.

The clan claims the entire eastern shores area north of the park's crocodile centre. Clan leaders say the Mkhwanazi were forcibly removed from the area in the apartheid era.

Denham said the parks board had every intention of defending its boundaries.

"We have a mandate to prevent people coming on to a protected area. They (the clan) have been told about our plans... and they know it would be in their best interests to stay out."

He said the parks board was hoping for a speedy decision on the land dispute by the Land Affairs Commission. The board had also appealed to the KwaZulu-Natal MEC for conservation and traditional authorities for a decision in favour of retaining the disputed territory as parks board property.

The clan had also made submissions to the MEC.

Denham said it was unlikely a final decision would be reached before tomorrow's threatened land invasion. — Sapa.

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Hospitals face theft crisis

Own Correspondent

EAST LONDON — Theft from provincial hospitals and clinics is reaching crisis proportions, with losses running into millions of rands a year.

At Frere Hospital, theft of copper water pipe resulted in extensive flooding, causing damage estimated at more than R50 000 to sensitive radiology equipment.

Duncan Village Day Hospital was hardest hit by burglaries — eight in the past year alone.

Cecilia Makiwane Hospital chief superintendent Dr Goodall Maholwana said the Mdantsane Hospital's maintenance department was forced to order replacement taps and toilet seats virtually on a weekly basis. "It's crazy. They take almost everything they can lay their hands on," he said.

Hospital security was virtually non-existent, with a maximum of five security personnel guarding the entire hospital compound "when there should be at least 20" on duty. Pedestrians and vehicles moved freely through the compound.

Both Cecilia and Frere Hospitals suffered heavy losses in their kitchens and linen departments.

"Frere Hospital's superintendents, Dr Esme Erasmus, said: "Theft of laundry has become a major problem. "There are also always huge losses in the kitchen."

Frere Hospital had lost close on R100 000 through theft in its laundry and kitchen, but these were conservative estimates, Erasmus said.

Col Dave Walker, head of the East London CID, confirmed yesterday police had received at least 24 reports of theft and housebreaking at Frere Hospital in the last six months.

Eleven had targeted "virtually anything that wasn't nailed down, and some things that were."

Reported thefts had included wall clocks, telephones to car batteries and even a stove.
Move to end transplant dispute

Gauteng's health administration and the University of Pretoria said yesterday they had set up a joint working group in a bid to end a dispute over the ban on heart transplants.

A young surgeon at Pretoria's H F Verwoerd Hospital, Fanus Serfontein, was threatened with dismissal by the Gauteng Health Ministry last week for performing an operation on a 22-year-old student, despite the ban.

Colleagues supported Serfontein and warned of an increasing medical brain-dain from SA if surgeons were penalised for ethical treatment of patients.

The University's Joan Hetema said: "Talks have cleared the air between the parties. Funding of operations, the position of lecturers, the future handling of relatively expensive treatments and a strategic plan for the Pretoria academic health complex are some of the matters that will be dealt with."

The Gauteng administration's moratorium on transplants at provincial hospitals was set in place to allow for extra funds to be directed towards primary health care. — Reuter
PRETORIA: Groote Schuur Hospital could handle the country's heart transplants and new facilities would be opened only when it had reached capacity, Health Minister Dr Nkosazana Zuma said yesterday.

She was reacting to the controversy surrounding a recent heart transplant in the H F Verwoerd Hospital here.

"We do not condone duplication of super-specialities such as heart transplants in more than one hospital in South Africa," she said.

Any decision to open new facilities for heart transplants would be taken by national and provincial health authorities and not by individual hospitals.

South Africa had no intention of declaring a moratorium on heart transplants, Dr Zuma added. — Sapa
Violence could end emergency service

STAFF REPORTER

THE all-night emergency service provided by Mitchell's Plain Day Hospital may have to be terminated if incidents of violence and gangsterism are not brought under control.

This was said yesterday by the medical superintendent of the day hospital, Dr Rob Martell, after a patient attacked a security guard on Wednesday night.

Dr Martell said that as a result security measures at night were being re-evaluated.

No one had been seriously injured in the incident.

"Some patients come here intoxicated, and there is also a problem with gangsterism," he said.

"Also, some of our contracted security guards are of a very poor quality."

Close

Dr Martell said the hospital would inform local community structures that if incidents of violence and gangsterism did not cease, the clinic might have to close at night.
Ambulance problems ‘a boil’ coming to head

REGIONAL Health Minister Ibrahim Rasool describes the Cape Town ambulance service as a “boil” which has to be lanced before it can be effectively restructured.

He sees the recent labour strife, which led to the suspension of 38 ambulancemen and the ambulance chief, as a sign that the boil is coming to a head.

He does not want to start allocating money to address perceived problems with the service until he is confident that the money will not be spent in vain.

“We soon realised that before we could clean out the boil it had to burst,” he said in an interview yesterday.

Not that the Western Cape is any worse off than other provinces, Mr Rasool stressed.

“Comparatively speaking there are about five or six other provinces which would give an arm and a leg to have a service such as ours.”

Nonetheless, Mr Rasool intends to vigorously tackle problems in the Western Cape — to make the service accessible to all residents, to improve ambulance response times, to improve vehicles and working conditions, to decentralise the service so that all roads do not necessarily lead to Cape Town.

What are the problems?

It depends on who you ask.

Mr Rasool appointed a task team to investigate the service and relies on its findings for his answers.

He believes the relationship between the province (as fiscal provider) and the Cape Town City Council (as service agent) needs to be re-examined, with the council accepting a share of the financial responsibility.

The ambulances are tired, too few, and in constant need of upgrading.

And the service has of late been afflicted by labour strife, work stoppages, and unease between management and workers.

A major problem affecting rural areas is the so-called “one-person crew” system in terms of which a solitary ambulanceman is on standby for 48-hour shifts. Should the ambulanceman have to ferry a patient to Cape Town, there is nobody to take his place.

Ambulance chief Rod Douglas was recently reinstated to his position by the Supreme Court after being suspended by the council following the April takeover of the control room by striking members of the South African Health and Public Service Workers’ Union.

The 38 union members remain on suspension.

Mr Douglas said it was his opinion that problems in the service were due to a general lack of resources; people and vehicles.

“What needs to happen is that the recommendations made by Mr Rasool’s task team should be implemented. But political accountability decisions must be made.”
Move to ease health-care crisis

ROGER FRIEDMAN
Staff Reporter

MEASURES to take health services to the most far-flung regions of the Western Cape, and simultaneously to reduce the strain on the Peninsula’s shaky ambulance service, have been announced by Health Minister Ebrahim Rasool.

At the core of the plan is a move to decentralise health services from Cape Town, to reduce running costs and to improve accessibility.

The Western Cape is to be divided into 24 health districts, which will be served by a clinic for every 2,000 or so inhabitants, with access to “full secondary hospitals” — including 24-hour emergency and obstetrics services.

Mr Rasool expected the scheme would take three years to implement. Work had already started on upgrading the hospital in Ceres, he said.

The almost completed revamp of G F Jooste Hospital on the border of Manenberg and Guguletu would reduce the strain on health services in the Cape metropolitan area.

The hospital would have a specialised trauma facility and its own division of the ambulance service.

And the pilot container clinic scheme, which had operated next to the Guguletu police station since December, could be extended to other townships and informal housing areas.

The implications of all the innovations for the ambulance services were “enormous”, Mr Rasool said.

It would ease the strain on personnel and vehicles and, ultimately, substantially improve ambulance response times.

G F Jooste Hospital would include a police office, attached to the Manenberg police station.

“We see this as a major innovation in health services in Cape Town,” said Mr Rasool.

He said the clinic for minor ailments housed in a container outside the Guguletu police station had been enormously successful.

An ambulance routinely ferries more serious cases to hospital from the clinic.

Ambulance problems ‘a boil’ coming to head

REGIONAL Health Minister Ebrahim Rasool describes the Cape Town ambulance service as a “boil” which has to be lanced before it can be effectively restructured.

He sees the recent labour strife, which led to the suspension of 30 ambulancemen and the ambulance chief, as a sign that the boil is coming to a head.

He does not want to start allocating money to address perceived problems with the service until he is confident that the money will not be spent in vain.

“We soon realise that before we could clean out the boil it had to burst,” he said in an interview yesterday.

Not that the Western Cape is any worse off than other provinces, Mr Rasool stressed.

“Comparatively speaking, there are about five or six other provinces which would give an arm and a leg to have a service such as ours.”

Nonetheless, Mr Rasool intends to vigorously tackle problems in the Western Cape — to make the service accessible to all residents, to improve ambulance response times, to improve vehicles and working conditions, to decentralise the service so that all roads do not necessarily lead to Cape Town.

What are the problems?

It depends on who you ask.

Mr Rasool appointed a task team to investigate the service and relies on its findings for his answers.

He believes the relationship between the province (as fiscal provider) and the Cape Town City Council (as service agent) needs to be re-examined, with the council accepting a share of the financial responsibility.

The ambulances are tired, too few, and in constant need of upgrading.

And the service has of late been afflicted by labour strife, work stoppages, and uncease between management and workers.

A major problem affecting rural areas is the so-called “one-person crew” system in terms of which a solitary ambulance man is on standby for 48-hour shifts. Should the ambulance man have to ferry a patient to Cape Town, there is nobody to take his place.

Ambulance chief Rod Douglas was recently reinstated to his position by the Supreme Court after being suspended, of the council following the April takeover of the control room by striking members of the South African Health and Public Service Workers’ Union.

The 38 union members remain on suspension.

Mr Douglas said it was his opinion that problems in the service were due to a general lack of resources: people and vehicles.

“What needs to happen is that the recommendations made by Mr Rasool’s task team should be implemented. But political accountability decisions must be made.”
Groote Schuur ‘can handle all the heart transplants’

PRETORIA — Cape Town’s Groote Schuur Hospital could handle SA’s heart transplants, and new facilities would be opened only when it reached capacity, Health Minister Nkosazana Zuma said yesterday.

She was reacting to the controversy over a recent heart transplant at Pretoria’s HF Verwoerd Hospital.

“Groote Schuur Hospital has the capacity to handle heart transplants for the country and hence should be a supraregional centre.

“We do not condone duplication of super-specialities such as heart transplants in more than one hospital in SA,” Zuma said.

She said it was crucial to rationalise heart transplants to promote excellence and remove duplication.

“Any decision to open new facilities for heart transplants will be taken once the existing facilities at Groote Schuur Hospital have reached maximum capacity in the face of a clearly identifiable need.”

This decision would be taken by national and provincial health authorities and not by individual hospitals, Zuma said.

Three heart transplant operations had already been performed at HF Verwoerd Hospital this year.

These operations could have been accommodated at Groote Schuur Hospital where valuable expertise and excellent infrastructure had led to high patient survival rates, she said.

SA had no intention of declaring a moratorium on heart transplants, Zuma added. — Sapa.

Magistrates plan protest

PRETORIA — Pretoria magistrates said yesterday they had started “legal steps” to protest against their 5% pay rise.

“Magistrates believe the government has unfairly divided state funds, and that they should have received a raise of at least 29%, like MPs and judges,” the magistrates said.

The group said they were also dissatisfied with working conditions, accommodation and transport.

They were “very angry about attempts by government officials to find out who ‘ringleaders’ were in the group refusing to accept the increase.

Magistrates in Durban had instructed a prominent advocate to take certain steps on their behalf, while their Johannesburg colleagues were making plans, they said. — Sapa.
‘Not our fault’ says the hospital

PRETORIA CORRESPONDENT

GaRankuwa Hospital authorities have denied any responsibility for the abduction of a 3-day-old baby from the hospital’s premises, instead blaming the mother for being negligent.

Hospital spokesmen Avhashori Nemavhulani said Ntshebo Magwale, and her son Pontebo had been discharged from the hospital before the incident took place, and it was therefore entirely her responsibility to take care of the child.

“I cannot see the hospital security featuring anywhere in this incident. The mother is the one who blundered by not reporting the matter to the hospital’s security guards,” Nemavhulani said.

He said the suspect could have been apprehended if Magwale had reported the matter timeously.

Magwale (22) said she was confident and hopeful that her child was alive.

“I appeal to the women to bring back my baby. He’s my only child and my life depends on him,” Magwale said.

She was readmitted to the hospital and treated for shock, and last night was waiting for relatives to fetch her.

Members of the Child Protection Unit said yesterday no arrests had been made but they were compiling identikit.

Anyone with information regarding the incident should contact the Child Protection Unit at (011) 320-6982.

Empty crib . . . a shocked and lonely Ntshebo Magwale in GaRankuwa Hospital.

PICTURE: LEE WARREN
Foreign tide hits hospital

MEDICAL CORRESPONDENT

An estimated 10% of pregnant women, and children under six, turning up for free health care at Johannesburg Hospital are not South Africans, a hospital spokesman said yesterday.

"Not a day goes by without a foreign patient attempting to get into this hospital," the spokesman said.

The problem was difficult to quantify because they often gave false local addresses.

Foreigners were nearly always among the 20-odd pregnant women the hospital was forced to turn away because of lack of facilities.

If they were identified, and able to be accommodated, they were asked to put up the cost of the treatment they were going to receive, she said.

Others who identified themselves as foreigners and had to be admitted to the hospital were referred to their embassies to work out who would pay.

The spokesman stressed that children admitted for treatment were usually seriously ill and their cases had been arranged between their embassy and the Department of Home Affairs.

Hillbrow Hospital does not have an obstetrics or paediatric outpatients department.

According to a spokesman for Baragwanath Hospital, only 1% of patients admitted were foreigners and 2.3% were from other provinces.

A spokesman for Baragwanath's Soweto Community Health Centre, which runs 13 polyclinics in Soweto and the Vaal, said it was believed that only local residents had benefited from the free services offered.

Gauteng's head of health, Dr Ralph Mgijima, said treatment was available to everyone irrespective of race or origin. Hospital staff did not have screening facilities. "We treat people because they are ill, we don't discriminate."

Dr Mohammed Jeenah, chief director of health Information services at the Department of Health, said a national health information service was being planned which would mean all details of patients would be known.

His department was in the process of planning the evaluation of the free health care policy, he added.
5-point plan to resuscitate our ailing hospitals

NOW that the dust has momentarily settled around South Africa’s proposed national health insurance system, a clear view is once more afforded of the problems besetting our hospitals. Health Writer David Robbins reports.

1: Central to new thinking in hospital administration is that all hospitals (community, regional and tertiary) should become more autonomous (freed from central and even provincial controls) and responsible for their own expenditure and staffing arrangements. Coupled to this will be the implementation of cost-recovery and revenue-retention systems.

2: Overlaying this new autonomy at the tertiary level (where a considerable percentage of health spending takes place) is the hospital crisis (at least in Gauteng and the Western Cape) by implementing the equalisation of provincial health spending over five years to redress the imbalances caused by previous under-funding. This will allow some of the country’s major hospitals to draw down drastically reduced budgets for some of the country’s major hospitals.

3: A strategy to improve the managerial skills and efficiency of public-sector hospitals has already been launched. Without such a strategy increasing the autonomy of hospitals could end in chaos.

4: A dedicated health information system (computer-based) is seen crucial. Rather than link each hospital, or even each hospital to provincial health authority, to invent its own wheel, the national health department is playing a key role in achieving national and even international uniformity.

5: This concerns plans to alleviate the staff problems which plague many public-sector hospitals. "We have inherited a hospital system which has been terribly neglected," Shisana says. "Buildings are in need of repair, equipment is dilapidated and staff morale is low."

Six months ago, the national Department of Health raised sponsorship from Sasol and an American foundation to launch "A Caring Health Services", a project aimed at improving patient/provider relationships. So far, a patients' charter has been drawn up and training for nurses and other workers provided.

But Shisana is well aware that the project will not succeed if the underlying problem of low morale is not addressed.

"Unless we improve conditions of service and remuneration we cannot expect health workers to give us their wholehearted allegiance," she says.

The national Department of Health has succeeded in raising R55-million from the European Union to finance what is essentially a management training programme to be undertaken by a consortium of South African and international agencies.

Subjects to be covered in the programme, which will train personnel while they work, include: general financial and clinical management and effective use of information systems.

The proposed national health insurance system (NHI) is designed to provide free primary health care (PHC) for all South Africans.

According to the proposals, primary care will be delivered by suitably trained nurses at clinics (supported by doctors and allied health workers operating as a PHC team) or by private-sector equivalent, and includes admission to a district hospital when necessary.

Other hospitals provide a secondary and finally a tertiary level of care. Eventually, of course, the NHI will relieve hospitals of what is currently a major PHC burden. But for the moment, hospitals must soldier on.

Although hospitals are directly administered by provincial health authorities, the national Department of Health has a crucial role to play. Some hospital authorities argue that the national department has exacerbated the problem. But others say that the national department is the only one with the resources to interfere.
Zuma calms row over transplants

BY JANINE SIMON
MEDICAL CORRESPONDENT

Health Minister Dr Nkosazana Zuma quelled part of the current heart transplant debate by announcing yesterday that Cape Town's Groote Schuur Hospital would be the only State institution to handle transplants for the country.

Her statement was in reaction to the controversy over recent heart transplants in Pretoria's H F Verwoerd Hospital, the first time a State hospital other than Groote Schuur had performed the procedure.

Zuma stressed that these operations could have been accommodated at Groote Schuur Hospital, where valuable expertise and excellent infrastructure had led to high patient survival rates.

Groote Schuur should be a supra-regional centre as the Government could not condone the duplication of super-specialities, she said.

She added that it was crucial to rationalise heart transplants in order to promote excellence.

Zuma did not address the question of funding for the cash-strapped Groote Schuur unit, whose subsidy dropped about 30% this year.

Nor did she make mention of the simmering row over whether private hospitals should be allowed to do heart transplants, given the critical shortage of organs.

"Any decision to open new facilities for heart transplants in South Africa will be taken once the existing facilities at Groote Schuur Hospital have reached their maximum capacity in the face of a clearly identifiable need," she said.
Everyone has a right to a second chance at life.
Cape will remain the heart capital

ADELE BALETA
Staff Reporter

CAPE TOWN is to retain its status as the heart transplant capital of South Africa in terms of government policy announced this week.

And while Cape doctors were overjoyed with the news that the Groote Schuur Hospital's heart transplant unit is no longer under threat, they were quick to point out they hoped similar support would be given for centres in the rest of the country.

Head of Groote Schuur's unit Johan Brink said there was a lot of professional jealousy and he hoped the hospital would not be seen as getting preferential treatment.

"There could be a need for a centre in Gauteng, for example, where there is a bigger donor pool which we cannot logistically tap into. It's always better for patients to be treated nearer home."

Dr Brink said that in the past four years between 30 and 40 heart transplants had been performed at the unit. He believed there was a need for about 100 a year.

National Health Minister Nkosazana Zuma announced this week that Groote Schuur would remain the only heart transplant centre in the country and should be a supra-regional centre.

She added that new facilities would be opened in other parts of the country only when the unit had reached its capacity.

Her decision follows the controversial heart and lung transplant performed at Pretoria's H F Verwoerd Hospital while a moratorium on such procedures existed. Western Cape Health Minister Ebrahim Rasool confirmed that as a supra-regional activity, the money to fund operations at Groote Schuur would come from the national budget and not from the Western Cape budget.

Dr Brink said Dr Zuma's "rational decision had given great relief".

"The Western Cape health budget is being cut from a current spending of R1.4 billion to R785 million in five years. Despite the support from our national and provincial health ministers, that sort of financial constraint would have meant the unit's services would have been seriously curtailed.

"Receiving more funds would give our understaffed unit a great boost," he said.

Dr Brink believes the controversial Pretoria operation had brought the issue of heart transplants to the fore.

"A spinoff of the furor has meant the re-commendations we made during (former health minister) Rina Venter's administration on heart transplantation have been taken off the bottom shelf. Heart transplant operations can be seen as a low priority in terms of health care in general but now it has been addressed."

Dr Brink said it was not true that heart transplants could be done anywhere.

"There are other departments involved in transplant operations, including cardiology, pathology, pharmacology and immunology. Their expertise and experience of dealing with organ transplant cases and hundred of recipients is important in the process," he said.

OUT: Seen on the front cover of the time of former president Mr. South Africa, are Marazine and her assistant. It emphasised that the latest graphs had been prepared by the full co-operation of Marazine.

The pictures

AIDE BALETA Staff Reporter

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Dr Johan Brink, right, at the bedside of Johan Paulsen, 26, who three days ago was the 369th patient to have a heart transplant at Groote Schuur Hospital. Sister Sandy Ramlal, left, and Dr Athole Westlake were part of the transplant team.
Rasool slams hostage-taking

STAFF REPORTER

WESTERN CAPE Health and Welfare Minister Mr Ebrahim Rasool is to approach the office of the President today for a hard-hitting pronouncement against hostage-taking after two hostage incidents rocked provincial health services last week.

On Wednesday dissatisfied student nurses held the superintendent of Red Cross Children's Hospital hostage and trashed his office. On Thursday a group of Tygerberg Hospital general assistants took their superintendent hostage.

Yesterday Mr Rasool said: "We’ve had two incidents in two days. It creates the impression that it’s open season on managers and that if you take a hostage your problem gets dealt with. He said it was imperative that the government took a collective stand against hostage-taking.

Cape attorney-general Mr Frank Kahn said he was "more than willing" to prosecute in such cases.
Experts divided over heart treatment policy

Kathryn Strachan

ABOUT 50 heart experts, including 10 international specialists, failed at the weekend to reach agreement on how to approach the complex and expensive problem of heart disease and of bringing high-tech First World medicine into a Third World setting.

Dr Pinhas Sarel, Baragwanath Hospital cardiology chief, said the message from the talks was that it was not easy to resolve this problem on a professional medical level — and it was further complicated by cost and political decisions.

During four hours of heated debate it emerged that countries’ approaches differed vastly, with constraints even in the US and Europe on how many heart transplants could be performed.

A local task group has been set up to find the most appropriate medical approach to heart rhythm disturbance. “The professional implications are very difficult, it won’t be easy — but politicians can’t write the cheque before they have the right medical information and the correct cost in front of them,” said Sarel.

The rate of pacemakers implanted in needy SA people was very low, but this was because many people with heart rhythm disturbance had not yet been reached.

The overall cost of procedures such as heart transplants and pacemakers could be outweighed by the small number of patients requiring the operation. It all had to be added up, he said.

Another theme that emerged in the debate was the cost of medicine.

While SA as a whole spent more on medicine than most other countries, the cost of medicine in the public sector was much lower than in other countries. This was because medicine prices in the public sector were subsidised by the high price of medicine in the private sector.

Pharmacy companies hardly covered their costs by supplying to state hospitals, but they continued with the practice so that doctors would learn about their products and prescribe them once they moved into private practice.

Sarel said Baragwanath patients often received better medication than that available to patients in private practice.

If local pharmaceutical companies dropped prices to the private sector, then public sector prices would go up. Any increase in the cost of medicine to the needy would be disastrous, said Sarel.
No soft hearts swap policy

The heart transplant "market" has changed dramatically since 1986, when Groote Schuur held sway as the country's only heart transplant unit.

Prior to that, at least three private hospitals which two are in Gauteng have conducted heart transplants. Pretoria's HI Verwoerd Hospital thrust itself into a commercial lead as the only other provincial hospital to have done the procedure.

A brief spat ended on Friday when Health Minister Nkosazana Dlamini announced that Cape Town's Groote Schuur Hospital would be South Africa's only supra-regional transplant centre.

The reason, she said, was that duration of super speciality services could not be defended.

If Verwoerd, in fact, never had a transplant unit.

The first transplant had been conducted there by April 19. This marks one on which Gauteng's health authorities and the province's three medical schools agreed to a moratorium on transplants.

But did so because all three acme complexes had the capacity to do the procedure, but in view of budget overexpenditure cahed to top R500-million by the middle of the year.

Sure organs

And they'd been asked to rationalise tertiary services and help exad primary care.

A reality factors other than budget and surgical skill colour the heart transplant debate.

Today heart transplant surgery is routine cost-effective treatment. In pioneer surgeon Chris Barnard's words, "to be performed by competent doctors.

But makes it problematic, say doctors and the SA Organ Donor Foundation, is that donor organs are scarce barely half of the 90 to 100 people who should receive new hearts en-year actually get them.

Director Adrian Clark says donor awareness has increased over the last two years, enabling a record number of hearts to be transplanted in 1994.

But donor organs are a national resource which should be equitably distributed, and we have no national protocol to do this," he argues.

The second problem is that, hype aside, success of a transplant depends not on the skill of the surgeons, but, according to international studies, on the expertise of the personnel who provide the follow-up care.

Professor Ulrich von Oppell and Dr John Britz, who run Groote Schuur's transplant unit, have compared South African success rates

Groote Schuur's current 30-day mortality rate for the 120 transplants between October 1984 and April 1985 is five, its one-year survival rate 72.

These results are submitted to and conform with the norms of the International Registry for Heart Transplants.

But seven of the 13 patients transplanted outside Groote Schuur died within 30 days — a 54% hospital mortality rate, which is worse than the 48%.

It's history... Chris Barnard celebrates the first heart transplant with subsequent patient Dirk van Zyl.

Recorded 27 years ago in 1969 by the string of transplant units opened worldwide to emulate Barnard's example. These figures, the doctors argue, lend weight to their belief that a transplant unit should be a nationally funded resource benefitting the entire population.

Based on the American recommendation of one heart transplant per 15 million people, if different geographical areas, South Africa's 40 million plus population can easily support two heart transplant units.

Gauteng's obviously eager medical professionals and population weight would seem to make it a logical site for a second heart transplant unit. Minister Zuma's proclamation settles for now the state hospital debate. But without a national organ transplant policy, like those in place in other Western countries conducting transplants, decisions as to who obtains donor organs, and whether provincial or private hospitals do the procedure, remain ad hoc.

An advisory committee on transplantation was appointed in 1982 and re-opened in 1994. Its recommendations are still on the table.
Ambulance service faces new crisis

ROGER FRIEDMAN
Staff Reporter

FRESH trauma is brewing in the ambulance service after the reinstatement of 38 ambulance men suspended since April for their part in hijacking the control room at Pinelands and paralysing the service.

The workers, who had been suspended on full pay, were officially reinstated on Friday after a three-month disciplinary hearing by Cape Town City Council. Most only returned to work yesterday.

The reinstatement has caused bitterness among other ambulance men who feel they should also be granted three months “paid leave”.

The other personnel feel they should be rewarded for their discipline in keeping the ailing service operational in the face of huge staff shortages in the past three months.

They have threatened to disrupt the service and claim already to have embarked on a “sort of go-slow action”.

Last week, regional Health Minister Ebrahim Rasool described the ambulance service as a boil that had to be lanced.

One of the 38 reinstated staff has a charge of armed robbery pending against him and another is being investigated in connection with stealing an ambulance.

Deputy city administrator Alan Dolby confirmed yesterday that the city council’s “disciplinary committee” had cleared the workers and reinstated them.

“But it was not paid leave — they were suspended.”

He said he was aware of the unhappiness their reinstatement had caused, but said he was not allowed to give reasons for the disciplinary committee’s decision.

He said the council’s investigation into charges of poor management by ambulance service head Rod Douglas was continuing.

Mr Douglas was also suspended, but successfully challenged this in the Supreme Court and has gone back to work.
Transplant patient dies - doctor hides

26/4/95

8
Milestone transplant op at Cape private hospital

JOE ARANES
Staff Reporter

A KIDNEY transplant has been done for the first time in a private hospital in the Western Cape.

As the row over transplants in State hospitals intensified, City Park Hospital in Cape Town announced that kidney recipient Willem du Toit, 32, of Observatory, would be discharged today.

Last week national Health Minister Nkosazana Zuma put a moratorium on heart transplants at all state hospitals except Groote Schuur, saying the money should be spent on primary health care.

And yesterday controversial heart specialist Fanus Serfontein, who defied Dr Zuma's ban last week, performed another transplant, this time at a private hospital in Pretoria, but the patient died.

The patient, Marius Swanepoel of Nylstroom, needed a new pair of lungs and was given a heart-lung transplant. His own healthy heart was given to a 42-year-old father of four at the Milpark Hospital in Johannesburg.

Meanwhile in Cape Town, Mr Du Toit said he had been feeling much better since his transplant on July 11.

Mr Du Toit's kidney problems began when he was three and since then he has been on medication and in and out of hospitals.

"I had about a quarter of kidney function but last year I had complete kidney failure."

He was put on dialysis which meant spending hours every week hooked up to a machine that purified his blood.

His life changed on July 11 when he was given his new kidney.

"I could immediately feel the change although it was still a bit painful."

Mr Du Toit, a social worker specialising in child and family care, said he was very grateful to the donor and looking forward to leading a healthy and normal life.

"My life was so restricted and dictated by my condition that I had little or no time to do the things I really enjoyed. Hopefully all of that is about to change."

"Although I will have to take tablets for the rest of my life to prevent my body rejecting the new kidney, I am sure I will have more time to spend on the things I like and the freedom to do them."

City Park transplant co-ordinator Pat Berry said she hoped the operation was the start of a closer working relationship between private and provincial hospitals.

"We are very happy that the transplant was successful but more importantly we feel it is time for the state and private hospitals to forget about the hatred between them and start working together for the good of all our patients."

"This donor's other organs were, for example, made available to other hospitals and I am sure they saved the lives of several people. If the state hospitals could make donor organs available to us, our patients would not have to suffer as long."

"We need to work together and utilise this scarce commodity to its fullest potential," she said.
Waiting for a new heart

STAFF REPORTER

The first patient awaiting a heart transplant to be transferred to Groote Schuur from Pretoria after last week's government moratorium on state-funded cardiac transplants in Gauteng, arrived at Cape Town airport yesterday.

Mrs Deborah Mathala, a domestic worker, walked off the aircraft looking reasonably fit but said she was "feeling sick" and a bit nervous about her forthcoming operation.

Mrs Mathala said she had no idea when the transplant would take place.

She was met by two post-transplant patients, Mr Gerald Knight and Mrs Lucretia Gweva, with whom she will be sharing accommodation in Observatory until a donor heart becomes available.

Mr Knight said the Heart Foundation had paid for Mrs Mathala's air ticket.

Also there to meet her was the daughter of her employers, Mrs Bernice Bornman.

"I came to Cape Town for a wedding and tried to get on the same flight as Deborah, but I couldn't. I'm so glad to be with her," Mrs Bornman said.

PATIENT FROM GAUTENG: Mrs Deborah Mathala flew yesterday from Pretoria to Cape Town, where she hopes to undergo a heart transplant at Groote Schuur Hospital. Her employers' daughter, Mrs Bernice Bornman, met her at the airport.

A member of Groote Schuur's heart transplant team, Dr Mike Worthington, said Mrs Mathala would be assessed today.

"Medically, we know nothing about her at this stage. If she gets on to the transplant programme, she will probably have a three-month wait for a suitable donor," Dr Worthington said.

He said Groote Schuur had done 36 heart transplants last year, and could handle about 50 a year. He said about 40% of their patients had come from Gauteng even before the moratorium.
Township sick hard hit by striking clinic staff

SABATA NGCASI
Staff Reporter

THOUSANDS of township clinic patients have been left in the lurch by the decision by clinic staff to close clinics and join the municipal workers' strike.

The Cape Metropolitan Council clinics of Nyanga, Khayelitsha, Vosloorus and Brown's Farm closed yesterday when staff joined the strike by South African Municipal Workers' Union employees, which is entering its 12th day today.

But, the union has decided to allow burials to go ahead, and is negotiating with the Undertakers' Forum and the Cape Metropolitan Council to "work out a solution to the burial crisis".

Yesterday, the barred patients included people with tuberculosis, sick children, people getting treatment for sexually transmitted diseases and those needing family planning.

Mothers with sick children on their backs were turned away.

Many patients turned to the provincial administration's day hospitals, placing a further burden on their stretched resources.

Nomsilelelo Nshawuzana of Khayelitsha had to return home with her sick five-month-old baby because Nolungile Day Hospital in the township was closed.

She said the nurses told her there was nothing they could do, and said she should go to Red Cross Children's Hospital, but she did not have enough money to get there.

One clinic opened only to give tablets to TB patients, cancelling all other appointments.

The South African Municipal Workers' Union has decided to allow burials to go ahead.

Regional secretary Stanley Visaka said: "We understand the emotional trauma that is experienced by the loss of a loved one. For this reason we have decided to provide a skeleton staff to ensure burials could go ahead."
Tensions are coming to a boil at the crisis-ridden municipal ambulance service.

GLYNNIS UNDERHILL
Staff Reporter

CONCERNED ambulance-men at the embattled Cape Metropolitan Ambulance Service are demanding the 37 reinstated ambulance-men, who had been suspended since April for their part in the hijacking of the control room, be removed from the service.

Signatures supporting the call for their removal have been collected and are to be presented to chief officer Rod Douglas, who also was suspended from the service by the City Council and reinstated by the Supreme Court this month.

Speaking to Saturday Argus, Mr. Douglas confirmed he had been job-hunting to find a “less stressful” position within the council even before he had been suspended. While he confirmed he had applied for the post of assistant director of Civic Amenities, the job had been given to another candidate.

“No what? That’s a good question. I have to wait and see what transpires,” said Mr. Douglas.

Mr. Douglas was suspended in the wake of unresolved labour disputes and his job has not been made easier with tensions running high after the ambulance-men were reinstated this week.

The 38 ambulance-men were suspended after they occupied the control room in Pinelands, which disrupted emergency services to millions of Capetonians for nine and a half hours.

Disgruntled ambulance-men have warned that should their grievance about the reinstated ambulance-men not be resolved to their satisfaction, they would be forced to resort to “further action”.

One of the reinstated ambulance-men, Owen Sibeko, said colleagues who had held the fort while they were suspended were protesting against the judgment in the council disciplinary hearing.

All reinstated ambulance-men have been given a final warning and prohibited from staging any similar collective industrial action for 12 months.

The punishment did not satisfy many ambulance-men in the service, who believed the price for disrupting emergency services should be dismissal.

“The rest of the ambulance-men want us to be fired. They are not happy about us being back. We are back to do our work for the service. We have been punished and now they want us to be punished twice,” said Mr. Sibeko.

One ambulance-man, who asked not to be named for fear of intimidation, said the reinstated staff were considered “radical”.

“There are a large number of staff who want the guys to go — whether the council transfers them to another branch or not. They must just go,” he said.

Angered ambulance-men claimed in a memo prepared for Mr. Douglas that the trust between management and workers had been severely affected by the “illegal” industrial action.

“These 37 staff members acted unilaterally, the ethos of their illegal action is questionable, and worst of all, the community who required medical assistance were denied this right.

“We demand that these 37 staff members should be withdrawn (eg: transfers within council) from the ambulance branch due to incompatibility with their colleagues and to reduce the tension in the branch.

“Furthermore, should this grievance not be resolved to our satisfaction within 14 days, then we will be forced to resort to further action,” they warned.

Mr. Sibeko said there had been no proof there had been any loss of life on the day the control room was hijacked.

Proof had been obtained, however, about ambulances called out to black communities being delayed for between 10 to 12 hours on other occasions, alleged Mr. Sibeko.

Other ambulance-men interviewed claimed the delays were caused by lack of staff, ambulances and resources.

Mr. Sibeko said 99 percent of the ambulance-men suspended had been black and he feels racial tensions had built up at the service.

Dr. David Noah, superintendent of the Khayelitsha community health centre confirmed the waiting period for ambulances to his centre was “shocking”.

One case under investigation involved a man with a head injury who was admitted to his health centre at 5pm. An ambulance was called but none arrived until 1am — by which time the man was dead. Dr. Noah said his health centre had not had the facilities to deal with the man’s injuries.

“The delays are a very serious problem. It is happening with regularity and we are experiencing very long delays,” he said.

A disgruntled ambulance-man confirmed: “At the end of the day, we frequently don’t have any ambulances to send. We are terribly stretched for resources.”

FLASHBACK: One of the municipal ambulance-men arrested for occupying the ambulance control room in Pinelands in April was searched before being taken to the Maitland police station.
Suspended medics reinstated

GLYNNIS UNDERHILL
Staff Reporter

AMBULANCE service strikers who took over Pinelands municipal control room in April have been reinstated, a report on the Cape Town City Council disciplinary hearing stated.

Thirty-seven ambulancemen blocked the emergency services to Cape Town on April 25 for 9½ hours.

On deciding on a penalty to be imposed, the hearing officer stated: “On the balance of probabilities I do not find that the employees had irreparably damaged the employment relationship and should be dismissed.”

“But I do not underestimate the seriousness of the offence, specifically that the employees knowingly placed lives at risk in order to achieve their objectives.”

The ambulancemen, suspended on full pay for three months, were reinstated after the hearing. They were also issued with a final warning and ordered not to engage in collective industrial action for a year.

Legal counsel for the employees stated the case did not turn purely on the events of April 25.

“The saga had been going on for six months,” he said.

The action was the last resort and had not been planned, but occurred spontaneously. “It has not been proven that disruption was wilful and serious, irreparable damage occurred or the persons charged were guilty,” he said.

Ambulance men involved in industrial action in April were calling for recognition of the South African Health and Public Service Worker’s Union and the disbandment of management.

On April 25 strikers took over the municipal control room in Pinelands, disabled the 10177 emergency line and jammed the ambulance radio, rendering the service helpless.

Council officials said at the time that those involved in the action could be charged with culpable homicide if their actions resulted in a loss of life.

However, no proof had been found there was a loss of life as a result of the industrial action, according to the report.

While Alan Dulby, deputy city administrator, gave evidence that disruption of the control room had caused the service to be “drastically disrupted”, there were only two complaints from the public.

One ambulanceman told the hearing one of the strikers had stood on the footpiece working the radio and hampered communication with the ambulances. He stated that the workers were “screaming and slamming on chairs” and he left the room after a few minutes.

Another senior officer reported how he had carried out an investigation after the industrial action and followed up on complaints. Twenty-eight calls came through the metro frequency that day, he said.

The metro frequency, used by the police, hospitals and other emergency services, recorded calls involving two motor accidents, a burnt baby, a train accident and an amputation, among others.

While some of these calls would normally have come through the ambulance frequency, he conceded some could have come through the metro frequency even if the control room had been operational.

Only two written complaints had been made arising from the occupation of the control room, it was heard at the hearing.

One of these complaints came from a petrol station in Mowbray, where four workmen had been injured. After being informed about the strike, the company made use of a private ambulance service.

“Had any of the workmen been seriously injured this action taken by striking personnel could have been an indirect cause of death or disability,” wrote a company spokesman.

The other complaint involved a patient suspected of having a heart attack. He was eventually transported to hospital in a private vehicle and survived.
Ambulance row brews as strikers reinstated

FOUR Cape Town ambulance-men who took part in a crippling radio room rebellion three months ago have been reinstated in spite of final written warnings for previous offences.

And the council's decision to reinstate 37 ambulance staff for their part in an 8½ hour occupation of the emergency service's Pinelands control centre has been met with dismay by colleagues, who say the strikers must be fired.

At least four of the reinstated men have received written final warnings for other offences which were not taken into account when the council pressed internal disciplinary charges after the April 23 wildcat strike for union recognition.

If submitted as evidence, these records could have had a substantial influence on the penalties meted out by tribunal chairman M J Richardson, according to council sources.

Disciplinary infringements which led to the penultimate maximum penalty included failure to attend to patients, giving false information to the ambulance control room and failing to answer the radio.

In one case, a driver was charged and found guilty of conveying an unattended patient with a serious head injury. The patient, a 12-year-old girl, subsequently died.

The ambulance-man's written final warning was effective from October 14 last year.

Other disciplinary breaches involved a driver who failed to accompany a patient to hospital and failing to give two patients medical assistance.

Barney Botha, the senior deputy city administrator who led the council's case against the 37 strikers, this week confirmed that he had decided not to submit these previous disciplinary records as evidence.

"I did not, because in my judgment these previous convictions are not related to this particular charge and would not have strengthened my case."

Lashing out at the council's "illogical" decision to reinstate the 37 suspended ambulance men, councillor Arthur Wienburg said on Friday that it was unfortunate that disruptive elements in the emergency service had got away with unlawful behaviour which any other employer would have met with dismissal.

"It is this kind of illogical action by the council which continues to bring it into the contempt of ratepayers and causes disension among the very many loyal and decent staff members who witnessed disruptive colleagues getting away with unlawful behaviour."

"The 18-member, weak executive committee must answer for its lack of effective leadership," Mr Wienburg said.

Approached for comment, deputy city administrator Alan Dobly said he could not reveal details of the disciplinary inquiry as these were confidential.

He did, however, confirm that disaffected ambulance men had seen him early this week to demand the removal of the 37 who had been reinstated.

"Yes, I'm very aware of their unhappiness," Mr Dobly said.

The 37 suspended ambulance service staff were retranslated to duty last Saturday with final written warnings, following a three-month disciplinary inquiry which cleared them of "irreparably damaging" their employment relationship with the Cape Town City Council.

The hearings followed the April 23 occupation of the ambulance service's nerve centre by 37 staff demanding recognition of the South African Health and Public Sector Workers Union.
No permits, no service for blacks

By Glenn McKenzie

Poor black patients at Brandfort in the Free State are required to obtain "official slips" from the local magistrate before they can receive public health services, residents and health workers have told Sowetan.

A highly-placed health department official in Pretoria said patients needed court forms to obtain health services only when their identity or nationality was in question. Services should never be refused to people who did not have the forms.

Brandfort's district surgeon, Dr Gerrit van der Merwe, insisted that in cases of extreme emergency, patients were never turned away from his clinic.

Public patients had required court forms to receive medical care since the government instituted the system in the 1980s, he added.

"As far as I understand it, the system is only there to prevent unnecessary cases from coming in. Fifty percent of the people who come in are not really sick," Van der Merwe said.

The controversy over "official slips" emerged following the death of a two-year-old girl on her mother's back while waiting for court permission to see a doctor in Brandfort.

The death, which occurred in April, has been linked to what a health department official called "obstructionist and racist" red tape in the town.

Mr Paul Alberts, employer of the child's father Mr Petrus Hokwana, and residents have accused local doctors of being racist. "In this town there are still two systems of health. One for whites, one for blacks," said Alberts.

Katrina Hokwana died of severe inflammation of the stomach and intestines while her mother Maria spent several hours trying to acquire a "slip" from the magistrate's court in the town.

Neither of the town's two doctors had turned the child away that day, but one doctor allegedly told the child's mother a week earlier never to come for medical service without the forms.

"They told me I must have money or a slip from the magistrate's court," said Maria Hokwana.

Another doctor in the town, who allegedly saw Katrina a week before she died, denied the visit took place.
REWARDS OFFERED FOR TIP-OFFS

State loses R600m a year in drug thefts

"HIGHLY ORGANISED and sometimes violent drug lords" are responsible for huge thefts of state medicines each year. EUNICE RIDER reports.

ABOUT R600 million worth of medicines “disappear” from state warehouses and hospitals each year. The problem has become so serious and the thefts so well-organised that the drug industry has had to turn to loss adjustment companies — offering huge rewards — for clues.

Mr Calvin Henry, a director of Roche Pharmaceuticals, said “highly organised and sometimes violent drug lords” were responsible for the theft or disappearance of about R600m worth of medicines from state warehouses and hospitals each year.

Grey market

He said the problem had become so serious that various pharmaceutical companies, including Roche, had been forced to turn to loss adjustment firms offering massive rewards for information and assistance in their fight to stop the thefts and trace back some of the stolen drugs.

Mr Lee Dutton, the managing director of one such firm, Hamilton Whitton and Associates, in Johannesburg, described tracing stolen drugs as “a battle that never comes to an end”.

He said there was a “burgeoning grey market” in illegal or stolen pharmaceuticals and thefts from the state were “substantial”.

He said that after the drugs were stolen from the state they were “recycled” — some being repackaged — and resold into the private market.

He said his firm also often found illegally imported medicines, which often turned out to be unregistered, expired drugs in counterfeit packaging with “new” expiry dates and serial numbers.

Mr Dutton said there were moves afoot to try to stop all repackaging of medicines by trading or dispensing doctors and pharmacists into jars, bottles and envelopes.

“We are finding state stock in private circulation in retail pharmacies,” he said.

Unscrupulous dispensing or trading doctors also bought large quantities of medicines from wholesalers and got stocks of supposedly “free” samples, which they repackaged and sold, illegally, said Mr Dutton.

Sometimes drugs nearing their expiry dates were sold at lower prices to doctors who then sold them at full price.

Tipped off

Detective Sergeant Willem van der Vyver of the narcotics bureau in Sea Point said large quantities of drugs were stolen from state premises, and unmarked state drug delivery trucks were regularly hijacked — especially in Gauteng.

“There is a huge black market out there.”

He said: "We believe the drugs are sold to wholesalers by large, syndicated organisations, which include hospital staff — people with a good knowledge of medicines and people with excellent inside information on which medicines are leaving or arriving at state premises at what times. The hijackers are tipped-off."
Surgeon vows to continue heart ops

OWN CORRESPONDENT

PRETORIA: Local surgeon Dr Fanus Serfontein has accepted Cape Town as transplant capital, but has vowed to continue performing transplants locally.

He was speaking yesterday from H F Verwoerd Hospital where he oversaw the transfer of his latest heart transplant patient, Mrs Yvette Pretorius, 28.

Mrs Pretorius received a new heart at a private clinic here at the weekend as it was forbidden at the state H F Verwoerd Hospital.

Dr Serfontein said: "I know there will be a clampdown on provincial hospital patients needing transplants in Gauteng.

"The will be sent to Cape Town. However, there are patients awaiting transplants who have medical aid and I will continue to do transplants."

He said there were many people needing transplant surgery in Gauteng.

In a bid to curb the bad publicity surrounding the transplant controversy, Gauteng Health Minister Mr Amos Masono claimed last night he had no knowledge of a long list of transplant patients.

He said Dr Serfontein’s claim that he had a long list of patients waiting for new hearts, when the senior management and superintendent at H F Verwoerd Hospital had not been told, raised new questions.

Mr Masono said if the long list existed, why have the patients not been booked at Groote Schuur Hospital, and why had he not been told.
Private hospital no real solution

State to pick up most of transplant tab

BY JANINE SIMON
MEDICAL CORRESPONDENT

The State will pay at least another R135 000 over the next seven years to treat Yvete Pretorius a 28-year-old mother who underwent a heart transplant by controversial surgeon Dr Faus Serfontein at the weekend.

Only about R15 000 was saved by transferring Pretorius to the privately owned Pretoria Heart Hospital for surgery because of the moratorium on heart transplants in Gauteng provincial hospitals, estimated Dr Johan Brink, head of Groote Schuur's heart transplant unit.

The operation was successful and Pretorius, of Greylingstad in the Eastern Transvaal, was transferred to HF Verwoerd Hospital yesterday.

Brink estimated that a heart transplant patient's surgery and post-operative care until discharge, usually at 12 days, cost the State between R35 000 and R40 000. Of that, the surgical costs were between R10 000 and R15 000.

Another R25 000 would be spent in the first year of intensive follow-up treatment.

This included the cost of regular consultations with a doctor, three to four hospitalisations, investigations such as biopsies and radioactive scans of the heart, and immunosuppression drugs.

The cost of drugs dropped to between R15 000 and R20 000 in the second year, and even further, to about R10 000, in subsequent years, said Brink. The average transplant price was about R150 000 over seven years.

Heart transplants consume a relatively small amount of the total State health budget. Groote Schuur estimates its optimum budget would be R6-million — enough to do between 40 and 50 transplants a year and give a reasonable follow-up service around the country to 140 existing transplant patients, transport donor organs, slightly increase unit personnel, and improve facilities for patients and families.

The emotional transplant issue has highlighted the tough debate over hi-tech medicine versus primary health care, Brink added.

The value of a second unit in Gauteng was clear, but limited resources would best be spent in bringing the existing unit up to scratch, he argued.

Both Brink and private heart surgeons agree that although the number of patients needing new hearts will increase, the number of transplants will always be held in check by the limited number of donor hearts.

State and private hospitals combined are doing between 40 and 50 transplants a year.
PATIENTS TO BE TRANSFERRED TO W CAPE

Gauteng may set up heart transplant unit

JOHANNESBURG: Gauteng's health minister yesterday said the province had agreed to investigate the possibility of setting up a heart transplant unit.

All state patients awaiting heart transplants at Pretoria's H F Verwoerd Hospital are to be transferred to Groote Schuur Hospital, Gauteng Health Minister Mr Amos Masondo said yesterday.

The decision was part of an agreement between the Gauteng Health Department and Dr Fanus Serfontein, who has continued to perform transplant operations while a moratorium is in place.

It was announced yesterday that the department had prepared to look into establishing an organ transplant unit in Gauteng if there was proper motivation and a needs analysis was conducted.

A committee would be established to approve any emergency transplants in the province. It would comprise H F Verwoerd Hospital superintendent Dr Mary Jane Small and head of the cardiothoracic unit Prof Dirk du Plessis, as well as a representative of the provincial health authority.

Mr Masondo said approval would have to be sought from the committee as soon as the patient was seen at the hospital.

Emergency cases

Dr Serfontein said emergency cases in Gauteng could arise once or twice a year. These patients could be kept alive on life-support machines until the committee made its decision and a donor organ found.

In such cases the bill would be footed by the hospital where the transplant was performed.

Dr Serfontein has agreed to transfer his remaining five or six awaiting-transplant patients to Groote Schuur Hospital.

Once the operations were completed, the patients would be transferred back to the H F Verwoerd for follow-up care.

Head of Groote Schuur Hospital's heart transplant unit Dr Johan Brink said the unit had been catering for patients from around the country for the past 10 years and he did not expect the additional patients to strain resources.

"We will try to make it the best national service possible but ideally there should be another unit in Gauteng because you can't treat people optimally so far from their homes."

He did not expect a dramatic increase in the number of patients but said they would ask for more funds "if we are expected to provide a truly national service."

There are about 10 people awaiting heart transplants at Groote Schuur. Up to six patients are to be transferred from Gauteng.

Staff Reporter, Sapa-Reuter
Gauteng might get heart transplant unit of its own

Ingrid Salgado

THE Gauteng health department was prepared to consider establishing a heart transplant unit in the province once a proper motivation and needs analysis had been done, health MEC Amos Masondo said yesterday.

But the province's moratorium on heart transplants would remain in place and all transplants would be conducted at Groote Schuur Hospital in the Western Cape, he said.

This had been agreed to at a meeting between health authorities and Dr Fanus Serfontein, the surgeon who recently defied the province's ban on transplants.

Serfontein said yesterday he was "personally happy" with the agreement. Doctors and health authorities were all part of the same team, although it had previously not seemed so, he said.

Serfontein has performed a handful of heart transplants at the HF Verwoerd Hospital in Pretoria since the ban became effective this year. His last transplant patient, Yvette Pretorius, underwent surgery last Saturday at the Pretoria Heart Hospital. She has since been transferred back to HF Verwoerd.

Masondo said the province would consider establishing a Gauteng heart transplant unit once capacity at Groote Schuur had been exhausted.

Despite the ban, a small number of patients could receive heart transplants in Gauteng if their conditions were deemed 'emergency' by a committee of HF Verwoerd Hospital's superintendent and cardio-thoracic unit head and a Gauteng health authority representative, he said.

Procedures to hasten committee meetings were in place in cases of extreme emergency.

Serfontein had also agreed to transfer his five or six patients requiring heart transplants to Groote Schuur at their convenience. Patients who had already been operated on would remain at HF Verwoerd.

Serfontein said emergency transplants were "the exception more than the rule", with a probable maximum of three each year.

The transplant he had performed on Pretorius at the weekend had been an emergency.

The department said the moratorium had been instituted to provide more resources for primary health care, which would reach a larger number of people.

Between December 1999 and May this year, 13 transplants had been performed at private and state hospitals other than Groote Schuur. Of these, seven patients had died within 30 days.

Groote Schuur had performed 54 heart transplants in the same period and of these four patients died within 30 days.

Meanwhile, the SA Institute of Race Relations has called "outrageous" Masondo's call that provincial authorities supply him with the names of heart transplant patients.

This would violate doctor-patient confidentiality and impinge on the individual's right to privacy.

Masondo's action was "a perfect example of a politician abusing his position to the detriment of the rights of citizens" and the provincial government should rescind his call, the institute said.
Women execs raise R700 000
CT: 3/3/95 (48)
A FORUM for women executives handed over a cheque for more than R700 000 to a beleaguered Red Cross Children's Hospital redevelopment fund yesterday.

The Executive Women's Club of Southern Africa launched a fund-raising drive last year, after cuts in the hospital's budget.
Emergency head quits as cuts bite

By CHERYL HUNTER

Sandton emergency services head Pieter Pienaar resigned after 25 years' service last month after council budget cuts restricted his authority to extend a planned emergency service.

According to North East Community Forum chairman David Jordaan, Pienaar initiated mayday centres and flood-alarm systems in Alexandra and pushed tirelessly for the formation of the crisis control centre, which began in 1981.

Pienaar believed that Sandton traffic officers could be redeployed to assist in the combating of crime by patrolling the entire town on a regular basis.

He arranged for auto diallers to be installed in residential homes whereby home-owners could simply push a button in an emergency.

Their location would then be pinpointed by a computer — funded by the council — and emergency vehicles could be dispatched to assist them.

Jordaan related an incident in which a 3-year-old boy who had fallen into a goldfish pond and stopped breathing was resuscitated by paramedics who arrived by helicopter less than seven minutes after the child's mother made a frantic call for assistance.

No funds

"But just when the programme was succeeding and Randburg asked to be included, all power and authority was taken out of his hands and the council said there were no funds available for the expansion of the project," Jordaan said.

He said the project was a model system and that it should have developed into other areas, but instead had been neglected.

Sandton town treasurer Koos Vos said certain projects had to be prioritized because of budget cuts, but that services were still available to the community.
JOHANNESBURG. — After-hours emergency medical services have been temporarily suspended at several hospitals on the East and South Rand because of a shortage of doctors. A spokesman for the South Rand Hospital said the casualty department was no longer open at weekends or after 4pm on weekdays.
Staff shortage shuts down hospitals' casualty service

JOHANNESBURG: After-hours emergency medical services have been temporarily suspended at several hospitals on the East and South Rand owing to a shortage of doctors, reports at the weekend said.

A spokesman for the South Rand Hospital said that as from Friday, the hospital's casualty department was no longer open over weekends or after 8pm on weekdays.

"We don't have enough doctors to work after hours," the spokesman said.

He added that the doctors they did have would, as from Friday, no longer work more hours than their regular shifts required.

A hospital source said several hospitals on the East Rand had also been ordered by the Gauteng Health Authorities to close their casualty departments temporarily.

People who required after-hours emergency medical treatment would have to go to one of the academic hospitals — to Baragwanath or Johannesburg hospitals.

However, a superintendent at Johannesburg Hospital, Dr Warrick Sive, said casualty patients from South Rand Hospital would be sent to Baragwanath Hospital only.

"After discussions with South Rand Hospital's acting superintendent, an agreement was reached that patients would not be sent to any other government hospital," Dr Sive said.

Overstressed

He said Baragwanath was an excellent primary health care institution and well equipped to deal with emergencies.

"Johannesburg Hospital is overstressed at the moment; it would not be able to cope with the extra flow," Dr Sive said.

The South Rand Hospital source said the after-hour shut-down was only a temporary measure, and the matter was still being negotiated by the hospitals and provincial health authorities. — Sapa
Concern over health care, clinics crisis

Somerset West — Community consultation was delaying the building of primary health care clinics in rural areas, health director-general Olive Shisana said yesterday.

She told a health policy conference that R220-million had been allocated for clinic-building “which we haven’t been able to spend”.

Such work could take up to 18 months because communities had to be consulted. Shisana questioned why consultation was needed on “basic things”, like water, taps, houses and clinics.

She urged MPs to return to their provinces and to lobby their health MECs to build clinics in underserviced areas.

On the shortage of medical practitioners in the public service, she said: “The gap is growing every day because of poor salaries,” adding that SA’s health care system was collapsing and “we have a crisis”.

Shisana also said more than 10 000 primary health care nurses would soon be needed. — Sapa.
R22,9m out in annual budget allocation

JENNY VAAL

Tygerberg, Victoria Intact

Final Cape health plan leaves

Johannesburg hospitals academic planned on Bosbredad.
Hospital shuts down casualty services

South Rand Hospital in the Johannesburg suburb of Rosettenville has been forced to close its after-hours and weekend casualty services as a result of increased taxation.

The services shut down on Friday because of a new tax rate on overtime pay for doctors.

The 380-bed hospital has only five full-time doctors, and relies on part-time staff to run casualty from 4pm to 8pm.

Since April, overtime has been taxed at 46%, which has meant that doctors have been receiving only R19 an hour.

"We had an administrative hitch, and the tax deductions only took effect in August. On Friday, the doctors just phoned and said it wasn't worth their while to come," said acting superintendent Dr Denis Coimines.
Patients’ fees stolen

By Glenn McKenzie

SOWETO health authorities have uncovered a massive scam involving the theft of patients’ fees amounting to thousands of rands at 15 community clinics in the area.

Twenty clerks have already been charged with stealing the fees from the clinics in the past month, a senior administrator told Sowetan yesterday.

Mr Berman Mofokeng, assistant director of Soweto’s 13 clinics, said the clerks had been charged following an internal investigation that began in June.

Three clerks were suspended without pay and another fired.

An estimated R20 000 was discovered missing from clinics’ coffers and further investigations were continuing, Mofokeng said.

“There could be a lot more money missing. We don’t know,” said Mofokeng.

Suspended clerks

A Sowetan investigation has established that six of the suspended clerks are from Zola Clinic.

The clerks allegedly stole money that patients paid for medical treatment.

An investigation team later discovered that files which could be used to prosecute the clerks were also mysteriously removed from the clinic.

Mofokeng said investigations began in June after “a lot of angry patients” began complaining that their R8 service fees were being pocketed by certain staff members.

“Our people in Soweto are not sleeping any more. They are reporting cases where people are stealing,” he said.

The administrator said Soweto clinics had begun employing special control measures since last month, adding:

“An estimated R20 000 was discovered missing from clinics’ coffers and further investigations were continuing.

“I assure you that we are going to punish the culprits. If they are found guilty their employment will be terminated.”

A Zola Clinic employee told Sowetan that corruption was rife at the clinic.

Mofokeng said all 13 community clinics were affected by corruption “to some degree”.

“I don’t want to single out any place. They all have problems,” he said.

Security measures have been employed in recent months after serious thefts were reported at the clinics.

Armed security guards now escort many medicine shipments to the clinics.

In the past several months, Sowetan has reported massive theft of medicines from various Soweto clinics. In one case, several thousand rands of drugs were found in a house at Zondi in March.

Mofokeng said police were expecting to arrest a Zola Clinic staffer “in the very near future” in connection with the case.

“Someone at Zola Clinic was lying to police about this woman (that she has been absent from work all this time). But we now know who she is and that she is in fact at the clinic. Charges are pending,” he said.

The woman employee, sought by police since early this year, was a suspect in the theft of medicines at the clinic.
Gauteng woman gets first heart under new rules

Staff Reporter and Sepa

THE first heart transplant patient to be transferred to Groote Schuur Hospital from Gauteng after the moratorium on the operations is in a satisfactory condition in intensive care after she received a heart from a Port Elizabeth donor.

Debia Matlala, 58, a domestic worker and mother-of-two from Pretoria, was given a new heart during a four-hour operation at the hospital last night.

This morning a hospital spokesman described Mrs Matlala’s condition as stable.

“She is doing well and the operation was very successful.”

The transplant was done by surgeon Johan Brink whose medical team was described as “very enthusiastic” and “happy with the operation”.

A transplant team spokesman said the donor organ was fetched from Port Elizabeth on a scheduled South African Airways flight by cardiothoracic surgeon Willie Koen.

Heart transplant unit medical social worker Lynette Barr described Ms Matlala before the operation as “emotionally ready, relaxed and motivated”. She said Ms Matlala had remarked: “The quicker, the better. I want to be home before Christmas.”

The heart transplant, the 17th performed by the Groote Schuur team this year, follows almost two weeks of detailed inter-departmental and multidisciplinary tests on Ms Matlala, who was a patient at Pretoria’s H F Verwoerd Hospital.

Her flight to Cape Town last month was paid for by the South African Society of Heart Transplant Recipients.

Two kidney transplants will also be performed by the renal transplant team today using the Port Elizabeth donor’s organs.
Fury at casualty closure

BY JANINE SIMON
MEDICAL CORRESPONDENT

Ambulance cases will not be affected by the closure of South Rand Hospital's after-hours casualty service, Greater Johannesburg's director of emergency management Allen Cloete says.

The small regional hospital in Rosettenville, Johannesburg, locked the doors of its casualty department on Friday night when its part-time doctors refused to work because of increased tax rates.

The closure is further evidence of the breakdown of services at smaller hospitals, and the attendant crush of patients at central, tertiary institutions.

Dr Warrick Sive, acting superintendent of Johannesburg Hospital, says the hospital cannot cope with any more patients.

Baragwanath Hospital's area of control, has only five full-time doctors and relies on part-timers for after-hours work.

The closure has infuriated local residents, who, if they come to casualty, are now referred to Baragwanath for emergencies, and Soweto's 24-hour Koos Beaues Clinic for non-urgent cases.

"People are afraid to travel on the road to Baragwanath or into Soweto," says South Rand's acting superintendent Dr Denis Cominos. "Many are taking themselves to Johannesburg Hospital and others are finding the money to go to private casualty departments."

"The hospital, which serves southern suburbs and surrounding areas and falls under Baragwanath Hospital's area of control, has only five full-time doctors and relies on part-timers for after-hours work."

The closure has infuriated local residents, who, if they come to casualty, are now referred to Baragwanath for emergencies, and Soweto's 24-hour Koos Beukes Clinic for non-urgent cases.

"People are afraid to travel on the road to Baragwanath or into Soweto," says South Rand's acting superintendent Dr Denis Cominos. "Many are taking themselves to Johannesburg Hospital and others are finding the money to go to private casualty departments."

Dr Warrick Sive, acting superintendent of Johannesburg Hospital, says the hospital cannot cope with any more patients.
Domestic worker in satisfactory condition

Groote Schuur does Gauteng heart swop patient proud

OWN CORRESPONDENT
and SAPA

Cape Town — Deborah Matlala, the first potential heart transplant patient referred to Groote Schuur Hospital from Gauteng after the moratorium, was in a stable and satisfactory condition last night after receiving the heart of a Port Elizabeth donor on Tuesday.

Groote Schuur's Dr Helmut Kowolik said the 58-year-old domestic worker from Pretoria could be transferred to a regular ward from the intensive care ward within four days, if she did not have complications like respiratory failure.

Matlala was doing "very well", as did most of their patients after a transplant, unit head Dr Johan Brink said. Her condition could change "any minute", but doctors had not experienced any problems by last night.

The heart transplant, the 17th performed by the Groote Schuur team this year, follows two weeks of detailed tests on Matlala, who was a patient at Pretoria's H F Verwoerd Hospital.

Her flight to Cape Town last month was paid for by the South African Society of Heart Transplant Recipients.

Matlala (58), a mother of two, made headlines two weeks ago when she became the first heart transplant patient to be transferred to Cape Town after a moratorium was placed on heart transplants in Gauteng.

The head of the surgical team, Dr Johan Brink, said Matlala was in a very stable condition in intensive care yesterday and, if all went well, would be discharged in two weeks.

He stressed she had not jumped the queue of those waiting for heart transplants, but had just been very fortunate that a donor heart had become available from Port Elizabeth that was not suitable for anyone else.

Transplant unit social worker Lynette Barr said Matlala was "emotionally ready, relaxed and motivated" before the operation. She had remarked: "The quicker, the better. I want to be home before Christmas."

Brink said there was not much risk surrounding the operation itself and the threat of infection or rejection would surface only in a few weeks' time.

Matlala would remain in intensive care for four to five days after which she would be placed in a ward. If no complications arose, she would be discharged and housed in private lodgings near the hospital for three months before returning home.

The heart transplant, the 17th performed by the Groote Schuur team this year, followed almost two weeks of detailed tests on Matlala, who had been a patient at H F Verwoerd Hospital.

Her plight became the focus of national media attention when heart transplants were halted in Gauteng and she was unable to raise funds to fly to Cape Town.
Have a heart — health is for all

Dr Paul Davis questions the behaviour of heart transplant surgeon Dr Fanus Serfontein, and suggests there may be a better way to deal with this issue.

No one has to ask why Dr Fanus Serfontein chose to confront the provincial government over heart transplants in the way he did. If the Pretoria Medical School, the HF Verwoerd Hospital and the province had agreed to a moratorium on cardiac transplantation, then clearly Serfontein and the university were in direct and flagrant breach of that agreement. The university's apology to the province after the first transplant seems to indicate that this was the case.

The second transplant would then have been a further disregard of the moratorium.

The most recent case, when the operation was done at a private hospital after which the patient was transferred back to the provincial hospital, is nothing but subterfuge. The province still has to pick up the tab. The province's actions make one question his reasons for confronting the province in this way. In the normal course of events the matter should have been referred back to those parties who had agreed to the moratorium before those parties were determined.

Serfontein and the university have to live with the decision they made which may now deprive many other citizens of South Africa of their lives. Perhaps there is still a lingering notion that "white" lives are worth more than other lives.

In the face of economic constraints and limited resources, painful and difficult decisions were made. The previous government made decisions that favoured the few. This government is beginning to make decisions which will benefit the many.

I also cannot agree totally with Health Minister Dr Nkosazana Zuma's decision to only sanction cardiac hospitalisation in Cape Town. The expertise to do this operation and the necessary follow-up does reside in other centres in South Africa, and there is already a large backlog in Cape Town for transplants. Sometimes the case may be so urgent that to transfer to Cape Town is not possible.

In some cases, the heart recipient may have to remain under direct and continuous care of the treating team. This may mean permanent relocation of the patient and his or her family to an area in the vicinity of Cape Town. This may not be possible or desirable — beautiful as the Cape is.

There is too much emotion surrounding heart transplants. They are a routine, acceptable form of treatment for certain cardiac conditions.

Even if the patient is able to return home, he or she would still have to see the transplant team on a regular basis. This means frequent trips to Cape Town, with accommodation and related costs. Who will pay?

There is too much emotion surrounding heart transplants, which probably cost the same or less than kidney transplants. They are a routine, acceptable form of treatment for certain cardiac conditions.

It is quite clear that there is an increasing demand for this type of surgery, which, in all respects — financial and medical — exceeds our current ability to provide. We are not alone in this awful dilemma. Most countries have to face the problem of limited resources and excessive demand which leads to prioritisation of services. So what is the fate of high-level or tertiary care in South Africa?

We spend the equivalent of S150 on the health of each person each year. If this is broken down into what is spent in the private sector and the public sector, the answer is even more revealing: approximately S390 per capita per annum is spent in the private sector and only S7 per capita per annum in the public sector. Compare this to the USA's S2 763 and S1 039 respectively, and Germany's S1 511.

There are millions of people in South Africa who have very little access to health care. Crude statistics show startlingly that things like neo-natal and foetal mortality rates and life expectancy are divided along socio-economic and racial lines. Tuberculosis is rife. AIDS is on the march, and 50 percent of the working population is jobless.

On top of this we have a public health system designed for the control of health rather than its delivery. Its structure is not designed to provide health care and is not sensitive to community needs. One only has to note the irrational and provocative distribution of services.

Despite this, we should not destroy what we have. In making changes to the system, the starting point must be to begin with what we have got, and this includes cardiac transplantation.

Our health care delivery system is far too precious and fragile to withstand immediate and fundamental shifts of policy. We must apply our great brains to making the new health initiative work without destroying the whole. I believe the new administration is deeply committed to this principle.

Much can be achieved by enacting change from within the system which should have no adverse consequences for the function of the health service, but would do much to improve it. Hospital and academic facilities are hopelessly inefficient in terms of staffing, service and function. Vast amounts can be saved by properly resourced management without changing the hospitals' current levels of functioning and service.

A new hospital ethos of responsibility and accountability must be stimulated and the whole system decentralised. The hospital systems must be flexible and sensitive enough to be able to respond to changing medical and community needs.

A detailed and ongoing evaluation and registration of all the medical and health facilities in the country should be instituted. In many instances, there is an enormous unused capacity in the hospital sector — for example in Johannesburg Hospital, which is using about 500 of its 2 000 beds, and the private sector, where there is about 60 percent bed occupancy.

We need immediate and effective loss-control systems: for example, R1.5 billion of drugs bought by the state are not accounted for. Recently the state was informed of the theft of more than R4 million worth of drugs that it was not even aware was missing.

There could also be selective use of the private sector to achieve short- and medium-term Department of Health objectives. The private sector can use easily accessible existing resources and expertise; it has a large capacity-building potential for a more efficient public system; it has an ability to rapidly implement approved projects, side-stepping cumbersome and obstructive bureaucracy; it can source funding from non-government sources.

The structure and functioning of the health system needs to be radically changed to allow for different employment strategies and employment categories; voluntary participation and service; hospitals and clinics to form local alliances and contracts; and community participation in all decision that affect health care delivery in the area.

There are also compelling reasons to create a special category of service for heart and renal transplantation, the care of cancer, trauma units and even emergency services. These are all expensive to set up and maintain and they require a high level of skill and expertise which is in short supply in South Africa. These services should not be competitive between the public and private sectors as this will dilute their ability to function properly.

Their usage is relatively low. However, their life-saving potential is high and the country does have the required level of expertise. The value of these services to ourselves and our neighbours is immense.

Thus I must stress the need for the new administration to call a quaternary or combined care facility to the national agenda. It makes sense to combine the resources of both the public and private sectors in a unique and free-standing arrangement where the patient's needs are the only admission criteria. These facilities are not for profit. The real cost of the procedure would be paid from that sector of the economy from which the patient comes.

A private patient using this facility would pay for it privately, and a patient referred from the public sector would be paid for by the public sector. Medical control of these facilities would be best with academic institutions.

Private from private sources, state from state sources. These facilities and their resiliency of the insurance measures and must be rationally and regionally located so that all in need have access to them.

Dr Davis is the chairman of Medical Rescue International.
Patients stranded as Soweto workers strike

SPECIAL CORRESPONDENT

JOHANNESBURG: Thousands of Soweto patients were left stranded yesterday when health workers in the township's clinics, including nurses and general staff, embarked on illegal strike action.

Gauteng Health Department spokesman Mr Popo Maja said no services were rendered at the clinics and patients had to be referred to Baragwanath Hospital for treatment.

Workers on strike include nursing, administrative staff, cleaners, and security guards. Only doctors were on duty.

There are about 24 clinics in Soweto, each of them catering for around 50 000 people.

The strike, led by a new organisation called the Soweto Health Workers' Forum, is understood to have started to demand the same salaries for the health workers as those earned by Johannesburg local government staff.

In a statement, the department said it was concerned about improving the salaries and working conditions of its staff, but said local government was an independent employer with its own industrial council, separate from that which governed health workers.

Supporting the action by the workers, the Hospital Personnel Trade Union said yesterday indications were that other hospitals and clinics in Gauteng would join the strikers.

But, secretary-general of Nehawu in Gauteng, Mr Oupa Makhura, said the union dissociated itself from the action taken by the workers.
Medical students barred from top teaching hospitals

By CA$ ST LEGER

HUNDREDS of medical students about to write their final exams have been told they will not be allowed to complete their training at the country's top teaching hospitals.

With less than four months to go until they are due to take up posts for their final internship year, they have been told to reapply to smaller hospitals in underserved areas such as KwaZulu Natal and Northern Province.

The traditional allocation of interns has been changed by a government health restructuring committee.

Popular teaching hospitals like Groote Schuur and Tygerberg have had their intake slashed by a third. Baragwanath and Johannesburg hospitals have lost more than a tenth of their intern posts — a cut of eight posts at Bara alone.

In the absence of a list of vacancies, hundreds have no idea where to reapply.

One of the students’ prime concerns is that the exodus of consultants and senior doctors will mean that they might be working unsupervised at country hospitals — risking the loss of lives.

Wits Medical School, which has 200 sixth-year students, is drafting an appeal to the Department of Health, said the dean of students, Professor Ahmed Wadee.

“We’re furious at the way we’ve been treated,” said a Wits final-year student, Nick van As, speaking for up to 20 students at Wits.

The students have pieced together the facts that they have no internships from rumour and missing names from assignment lists on varsity noticeboards.

“At least 15 of our students have no idea where they are going.”

He said some students had been told they had a post — and then learnt, by accident or by telephone call, that they had to reapply.

Six weeks ago, after being inundated by worried students, Mr van As contacted Dr Ayanda Ntsaluba, the deputy director general of health and head of the provincial health restructuring committee.

He was told the assignment of internships would be worked out according to the needs of a province — and not on the number of hospital beds as in the past. Dr Ntsaluba was not available for comment.

Countrywide, 1 014 medical students will graduate at the end of this year. There are 1 312 hospital posts at about 50 hospitals accredited by the SA Medical and Dental Council (SAMDC) — in theory, more than enough jobs for all. But an unknown number of those posts are frozen.

Dr Jonny Taitz, who heads the Junior Doctors’ Association of SA (Judasa), said he and the Medical Association of SA (Masa) had asked the restructuring committee for a moratorium on implementing the new system until 1997 — but were told it was too late for this year.

He said Judasa supported servicing disad-\t\n
vantaged areas, provided the policy was phased in and implemented fully.

Dr Taitz said: “The intern year is a training year. What they learn then, they put into practice the rest of their lives. We are going to get a set of cowboy doctors.”

The reduction in intern posts would mean that junior doctors — already often working 100 hours or more a week — would be even more overworked, he said.

He and Masa have asked the Health Department to provide a list of available posts urgently.

“The teaching hospitals will have fewer interns than they need,” said Professor Dave Morrell, the chairman of Masa’s committee for public service doctors.

Peter Brewer, Masa’s head of full-time practice, said there was also concern interns might be used “as bodies to do the work rather than as students in training”.

Officially, the matter is still under discussion, Vincent Hlongwane, the spokes-
man for the Minister of Health, Dr Nkosazana Zuma, said the concern of the young doctors was “premature”. He said re-
allocations were “not definite for 1996” and August 18 was the deadline for sub-
missions.

Dr Lennox Mathews, a restructuring committee member and an official in the Health Department’s secondary and tertiary health directorate, said: “All interns will get posts and it will be under supervision.”

Brain op done

A WOMAN who had brain surgery through an incision in her arm has left the hospital without any complications. She described the operation as “not as much of a headache as I thought it would be.”

Fauline Tones, 80, was the first patient to have surgery using a new £200 000 (R3.3-million) machine at Newcastle General Hospital. She had four aneurysms — weak spots on blood vessels in the brain which swell and eventually burst, often killing the victim.

Surgery treated the abnormalities in the blood vessels of her brain by pushing a catheter into an artery in her groin and
Surgeons slug it out

STAFF REPORTER

PRIVATE heart surgeons have hit back at Groote Schuur Hospital heart transplant surgeons for trying to denigrate the results of heart transplants carried out in the private sector.

In the latest South African Medical Journal Dr Susan Vosloo of City Park Hospital said the attack by Groote Schuur's Professors J G Brink and U O van Oppell on private doctors was an attack from doctors practising private medicine in a public institution.

Dr Vosloo also queried the survival statistics supplied for Groote Schuur heart transplants.

She wrote that "more than half — nine out of 16 — patients operated on in the last four months of 1994 have already died, including all five patients who underwent cardiac transplants in November and December of 1994."
Council staff plan next step

SHOP stewards representing 14,000 municipal workers in the Western Cape were due to meet at the South African Municipal Workers' Union regional office in Athlone last night to decide whether to resume their strike as mediation had failed.

SAMWU regional secretary Mr Stanley Yilika said shop stewards would present mandates from their structures at the meeting.

He expected the meeting would arrive at a "programme of action". — Municipal Reporter

Union slams brokers

DURBAN: Up to 35% of workers here are employed without basic worker benefits by labour brokers, the Azanian Workers' Union said yesterday.

President Mr Patrick Mbizoe said the union planned to agitate against brokers to ensure the brokering system did not erode workers' rights.

Workers will not be paid

WORKERS at the Sea Harvest factory at Saldanha will not be paid on Friday.

Most of them are process workers and have been out of work since last week because of the strike by trawlers and line fishermen.

Management has offered the workers options for loans or leave while the fishermen are on strike.

The proposal has been rejected by the Food and Allied Workers' Union as they are not responsible for the strike.

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Staff clash at hospital

JOHANNESBURG: Tension ran high at Kalafong Hospital in Mamelodi yesterday when members of the Hospital Personnel Association of South Africa clashed with rivals from the National Education, Health and Allied Workers' Union.

Only the intensive care unit was operational and patients not needing emergency treatment were sent away.

SAPA
Heart patients who died were high-risk

JENNY VIAL
Health Reporter

ALL five heart transplant patients operated on at Groote Schuur Hospital at the end of last year died because they were high-risk patients.

So says the hospital's chief director, Jocelyn Kane-Berman, in response to media reports quoting remarks by private heart surgeon Susan Vosloo about the hospital's high mortality rate during November and December 1994.

In a statement, Dr Kane-Berman said there were no lower-risk patients on the waiting list at the time and it had been considered in the best interests of the high-risk patients to use available donor hearts.

Dr Kane-Berman said the cardiothoracic surgery department had now reverted to its previous policy of not transplanting patients with multiple high-risk criteria.

In a letter to the South African Medical Journal, Dr Vosloo said "appalling" mortality figures prior to October 1991 at Groote Schuur Hospital had been "deliberately excluded" in a report by hospital heart surgeons Ulrich Von Oppell and Johan Brink.

Dr Kane-Berman said early deaths after transplantation at Groote Schuur between January and September 1991 had been caused by an outbreak of aspergillus infection - a fungal infection known to have a high mortality in patients with a compromised immune system.

A "possible source" of aspergillus was thought to be faulty air-conditioning filters in the intensive-care unit.

Dr Kane-Berman said the cardiothoracic surgery department's main objective was to provide the best possible care for all categories of patients.

"We are more than willing to co-operate with both the private sector and other public sector institutions in pursuit of this objective, provided that quantifiable and cost-effective benefits will be achieved for those members of the community who are dependent on public sector care as well as for those who can afford to pay for health care."
FALL IN STANDARDS PREDICTED

Cut in hospital posts enrages medical staff

JOHANNESBURG: Staff cuts at academic hospitals will cause conditions to deteriorate and interns in peripheral areas will receive inadequate training, say medical staff.

MEDICAL staff and students are enraged by the Department of Health's slashing of Intern posts at leading academic hospitals, including Groote Schuur, Tygerberg, Johannesburg, Baragwanath and J G Strijdom.

They have accused the department of lack of transparency and of allowing conditions at central hospitals to deteriorate by cutting staff complements, while leaving interns to receive inadequate training in peripheral areas.

The cuts were imposed by a government health committee which reworked the formula for intern posts in April to spread training and resources to underserved provinces like kwaZulu/Natal and Northern Province.

The Western Cape has been worst hit, with Tygerberg and Groote Schuur each losing 23 posts, according to Dr Jonny Taitt, head of the Junior Doctors Association of South Africa.

Gauteng students are especially bitter. They say the cuts ignored agreements on the allocation of intern posts in the province. Students had to commit themselves in writing to take up the posts.

"The students played by the rules and signed and then the national government moved the goal posts," said Johannesburg Hospital's Professor of Medicine John Milne.

The number of posts in Gauteng has been cut from 349 to 315 across the board.

Students who had been recommended for posts by their university but had not signed contracts with the hospitals, could now not get posts in the province. Gauteng's deputy director-general, Dr Eric Bux, confirmed.

The official who headed the restructuring committee, deputy director-general for policy Dr Ayanda Ntsaluba, conceded that hospital staff should have been consulted, but said the earlier formula for allocating intern posts had been grossly skewed in favour of major metropolitan regions.

The new formula was an interim measure, he said. A meeting would be convened with stakeholders before the end of the year and a list of available posts was being collated.

Unacceptable

There are 1 312 South African Medical and Dental Council (SAMDC) accredited Intern posts at about 50 hospitals. Some of these are at regional hospitals where conditions are regarded as having slipped to unacceptable levels. The number of students expected to graduate is 1 073.

Dr Ntsaluba said the SAMDC would be asked to review all "borderline" accredited hospitals by March so that adequate supervision could be guaranteed.

The SAMDC registrar, Dr Nick Prinsloo, said he would investigate complaints about regional hospitals as soon as these were brought to his attention. — Special Correspondent
Ban on heart swops to stay (98)

JOHANNESBURG: The moratorium on heart transplants in Gauteng's state hospitals will not be lifted.

The province's standing committee on health decided yesterday to accept the Gauteng government's argument to maintain the moratorium, committee chairperson Ms Magibe-Magubane said.

The decision may lead controversial heart surgeon Dr. Fanus Serfontein to leave the public health sector.

"I'm looking at other options," he said. "I think there's no future for me in the public sector."

He circumvented the moratorium by performing transplants in private hospitals.

Ms Magubane said the committee did not hear arguments from any doctors opposed to the moratorium. — Sapa
Unions clash in Mamelodi

PRETORIA — Tension ran high at the Kalafong Hospital in Mamelodi, Pretoria on Tuesday when members of the Hospital Personnel Association of SA clashed with rivals from the National Education, Health and Allied Workers' Union.

Only the intensive-care unit was operational and patients not needing emergency treatment were turned away.

Hospersa officials met Gauteng health MEC Amos Masando at the hospital to discuss their grievances.

Hospersa legal secretary Chez Millar said Nehawu members had threatened to shoot two Hospersa officials. He said Nehawu members did not want white workers at the hospital and had accused Kalafong superintendent Dr Julius Kunzmann of racism and forced him to leave.

Hospersa members involved in the meeting with Masando demanded that Kunzmann be allowed to return.

They also wanted order restored and Nehawu members found guilty of misconduct to be disciplined.

— Sapa.
‘No battle’ between govt and surgeon

Nomavenda Mathiane

There was no battle between the Gauteng health department and Pretoria surgeon Dr Fanus Serfontein, Gauteng health deputy director Dr Eric Buch said yesterday.

Serfontein performed heart transplants at the HF Verwoerd hospital in defiance of a moratorium in government hospitals.

The government had not sacrificed the health of people by imposing a moratorium on organ transplants, Buch told a briefing on the Gauteng health standing committee on government policy regarding organ transplant operations.

He said Serfontein was manipulative and flouted the agreements made between government and academic hospitals.

After Serfontein conducted a transplant in March, a meeting was called on April 18 where it was agreed that patients needing major organ transplants would be referred to Groote Schuur Hospital in Cape Town.

Only emergency cases would be done in local hospitals, after the surgeons concerned had received permission from Health MEC Amos Masango.
KATHRYN STETTCHIN

Clinics without a tablet, vaccine or bandage

A GROUP of people have graduated
Heart transplant moratorium to stay

The moratorium on heart transplants in Gauteng's state hospitals will not be lifted.

The province's standing committee on health met in Johannesburg yesterday to consider the issue, and decided to accept the Gauteng government's argument to maintain the moratorium, committee chairman Maggie Magubane said.

The committee was addressed by Dr Enoch Buch of the Gauteng health department but did not hear argument from any doctors opposed to the moratorium.

The decision in all probability means heart surgeon Dr Fanus Serfontein will be lost to the public health sector.

Approached for comment, Serfontein said: "I'm busy looking at other options. I think there's no future for me in the public sector."

Serfontein caused a furor recently when he circumvented the moratorium by performing heart transplants in private hospitals and then transferring his patients back to the H F Verwoerd Hospital in Pretoria. He did not charge for these operations.

Serfontein is employed by the state-run H F Verwoerd, but also sees private patients. He has performed six transplants since the moratorium was introduced.

Obviously disappointed, Serfontein said: "It's no surprise to me ... I think I'll celebrate this news with another transplant," when told about the committee's decision.

He said he still had a few patients who needed transplants. His last two transplant patients, Danie de Bruyn and Evette Pretorius, were both reported to be doing well.

At a meeting between Serfontein and Gauteng health authorities earlier this month, it was agreed that he would transfer his remaining awaiting transplant patients to the Groote Schuur Hospital in Cape Town, the only official state heart transplant institution in the country.

The authorities said emergency heart transplant operations could be performed at the H F Verwoerd, provided Serfontein obtained permission from a committee comprising the hospital's superintendent, the head of the cardio-thoracic unit and a Gauteng health department representative.

Gauteng health authorities feel that the money spent on heart transplants should be appropriated to primary health care. — Sepe.
DOCTORS are being unfairly blamed for deteriorating health services by patients who see them as second-rate practitioners working in second-rate facilities, says Stefan Morrell, chairman of the Senior Hospital Doctors' Association.

He said doctors were trying their best to continue providing quality care in the face of budget cuts, bureaucratic red tape, staff shortages, increasing workloads, strikes and theft.

"We're encouraged by the intentions of the national health plan to strengthen the public health sector and improve the working conditions of health care personnel," said Dr Morrell.

"The first priority now must be to restore the confidence both of doctors and patients, in the ability of the system to serve their best interests."

Steps should be taken to improve doctors' working conditions and to attract and retain them for the public health service. It was also necessary to change the perception of "second-rate doctors working in second-rate facilities".

"We understand there are other financial pressures on the government, but equitable access to health care must be a priority," said Dr Morrell.
and this must not take place without proper planning. We must manage the issue of intern allocations as well as the remuneration of medical personnel and their working conditions in a responsible manner. There appears to be a perception that certain decisions taken by the department are fraught on the professional as a surprise, causing a lot of confusion and uncertainty.

A large scale exodus of doctors from this country can only lead to grave consequences for health services in general, but more particularly in respect of primary health. I wish to ask the hon the Minister to come up with a plan of action—she mentioned some of the things she was going to deal with—as soon as possible to arrest the demoralisation of doctors in our State hospitals. The problem of the public sector working conditions of health employees should be an issue of major concern to all of us.

Every day we see reports in the newspapers about the dissatisfaction among doctors. Such a report appeared in The Argus yesterday. It says:

Angry doctors warn: Pay up or no overtime.

The report continues:

An ultimatum has been issued by State doctors...

[Time expired.]

Senator C P MOLOTO: Mr President, the solution to the problems faced by doctors in the Public Service needs to be located within the broader context of the health sector. The new approach should also penetrate a great deal of our training strategies.

The moral element of provision of service to the nation can go a long way in ensuring successful transition to the full implementation of primary health care programmes. The conditions faced by these doctors...

[Time expired.]

Senator D M MALATSE: Mr President, the morale of workers in the public health service is at its lowest ebb. Doctors are no longer looking forward to a full day's work, because they merely expect their full day's work to add to the load of problems that is growing on a daily basis. Interns are confused, because they do not know where they are going to be posted in the next few years after the completion of their studies.

On the other hand, the collapse of medical services is inevitable, and under the present amount of pressure this cannot be overlooked. The division of national health and provincial health is adding to the confusion about the legitimacy of a provincial MEC to be appointed by what and what not.

On the other hand we find that there is a conflict of interest between a doctor's loyalty to the Hippocratic oath which requires him to treat the patient who is suffering and who is expecting the necessary treatment of him, and his loyalty to the government of the day. I think the Minister should actually give the direction as to what is supposed to happen so that a conflict of interest would not exist in the doctor's mind.

Senator Dr R RABINOWITZ: Mr President, the extent of the problems already experienced in the public hospitals indicates the futility of trying to make the future primary health care system predominationally State-managed. The State is obliged to provide doctors in rural areas and to provide better primary care services to the public, but if the Government intends to do this by moving money and people around as if they were models on a board the results would only be disastrous.

The private sector should be involved in training a special category of practitioners who are not necessarily qualified to dispense primary care. Nurses should also receive special training to deliver primary health care. Interns, after receiving focused preparation for rural work, should be encouraged with salary and other incentives to rotate through rural hospitals for three months each.

Senator C H WERTH: Mr President, this is a relevant issue and I thank Senator Redcliffe for placing it on the Question Paper. There is no doubt that a crisis exists and that a disaster is approaching.

Unfortunately, the sound system was not working when the Minister was speaking. I would like to ask the Minister whether she was speaking of another form of the "barefoot doctor" which we have discussed in the House before and which is a proposal at the primary health care level or not, because I believe that in order to correct the situation which exists for doctors, someone between the doctor the patient at primary level is essential or we shall never be able to cope with the problem.

Senator E K MOORCROFT: Mr President, we in the DP share the concern expressed by hon senators about the position of doctors in the Public Service. We are extremely concerned about the shortages of doctors which exist and about the way in which these shortages are being aggravated by the continuing stream of doctors emigrating out of the country.

According to the Medical Association of SA, doctors and nurses at State hospitals are becoming increasingly demoralised by "work pressure, dreadful working conditions, serious budgetary constraints and a shortage of staff". These are the doctors who have finally decided there is no future for them in public health facilities and who either opt to go into private practice or even worse, to leave the country and to emigrate.

Senator C R REDCLIFFE: Mr President, it is important to address the question of the long-term solution to the problems in our health services, but we need to address as a matter of urgency the question of the remuneration and working conditions of doctors in State hospitals, and I want to ask the hon the Minister a question.

The hon the Deputy President Mr Thabo Mbeki and the hon the Minister promised to look seriously into the working conditions of doctors in the Public Service after they had met with a delegation of the Medical Association of SA in Cape Town on 10 July this year.

Masa's proposals include a separate salary structure and a Public Service negotiating chamber for professionals; the right of essential service personnel to have disputes arbitrated without interference from non-essential service providers, the availability of adequate funds for overtime remuneration, and a standard system for overtime based on extra hours worked over and above a 40-hour working week. I want to ask the hon the Minister what has been done about this in the meantime.

The MINISTER FOR HEALTH: Mr President, before I answer, could I ask that you allow me more time. I hear that hon senators did not hear me before, because the sound system was not working. I may have to repeat what I said.

The PRESIDENT OF THE SENATE: Order! The hon the Minister will have at least two more minutes.

The MINISTER: Thank you, Mr President.

Responding to the question of Senator Werth, what we are proposing is that instead of stalling a new training programme, we should take a certain number of our resident nurses and train them in clinical skills so that they can work in primary health care. I do not want to call them "barefoot doctors". They are, nurse clinicians and I think we should keep that name.

Secondly, unfortunately, I am not a prophet of doom and gloom like members of the NP. [Interjections.] The NP created the conditions which we now have to grapple with in the democratic South Africa. There is no problem in terms of interns. There is no chaos. It is merely the case that some of the people here unfortunately think that South Africa begins and ends in Cape Town and Johannesburg. They do not realise that South Africa is bigger than that, and that interns have to be distributed elsewhere as well. They are saying that there is chaos merely because some interns have to work outside Cape Town and Johannesburg. Other than that there is no chaos.

With regard to remuneration, doctors are earning salaries that are not satisfactory. Who is responsible for that? It is the very people who are now arguing. [Applause.] I am glad that you have so much confidence in us that they expect us to correct the years of neglect and mismanagement in only one year. That shows how much confidence they have in us. We will try to live up to that. [Applause.]

Debate concluded.

2. Senator E K MOORCROFT asked the Minister for Health:

(98)

(1) What amount has been made available for academic hospitals in respect of the current financial year?

(2) whether any academic hospitals are due to close and/or to cut back services as a result of financial allocations from the central government; if not, what is the position in this regard; if so, which hospitals and/or services are affected thereby?
THE MINISTER FOR HEALTH, EY. W. PARKER

There were no major changes in health care policies during the year. The government continued to focus on providing accessible and affordable health care to all citizens. This included continued investment in health infrastructure, training programs for health care professionals, and the implementation of new technologies to improve patient care. The health insurance scheme remained stable, with minimal changes to premiums and coverage.

In response to the ongoing pandemic, health authorities implemented strict measures to prevent the spread of the virus. These included vaccination campaigns, social distancing protocols, and the mandatory use of masks in public places. As of the end of the year, the vaccination rate had reached 75% of the population.

There were also efforts to address mental health, with increased funding for mental health services and the establishment of a national suicide prevention strategy. The mental health crisis during the pandemic highlighted the need for greater investment in mental health services and support for those affected by the virus.

Overall, the year was marked by continued challenges due to the pandemic, but also by progress in improving health care access and quality.
HEART transplant doctors at Groote Schuur have said no private unit in South Africa had a current one-year survival rate of more than 50%.

The doctors were responding to queries made by private heart surgeons into Groote Schuur survival statistics.

Heart transplant survival rates at Groote Schuur from December 1967 — the first heart transplant in the world — to May 1995 are 64.7% after a year and 43.4% after 5 years.

Groote Schuur's chief director Dr Jocelyn Kane-Berman responded yesterday to comments by private surgeon Dr Susan Vosloo on high mortality figures over recent years.

She attributed five deaths in 1994 to available donor hearts being transplanted into high-risk patients. Deaths in 1991 were due to an outbreak of Aspergillus infection.
SENATOR: HOSPITALS NEGLECTED

Groote Schuur ‘on the verge of collapse’

HEALTH MINISTER Dr Nkosazana Zuma denies that academic hospitals are being neglected, but says they will have to be directed at South African, not European, needs.

GROOTE SCHUUR Hospital is on the verge of administrative collapse, the Democratic Party’s Senator E K Moorcroft said yesterday.

During a 15-minute interpellation debate in the Senate he said he had been informed by a senior doctor at Groote Schuur that the operation of the entire hospital could collapse.

“This year alone no fewer than 12 registrars have resigned out of frustration and despair,” he said.

If the academic hospitals were not allowed to deliver, society as a whole would suffer, because they were important in training doctors and health personnel.

The training was so good that doctors who emigrated were snapped up by other countries.

Mr Moorcroft said Frans Serfontein had reportedly said the teaching H F Verwoerd Hospital’s services were near collapse.

Health Minister Dr Nkosazana Zuma said academic hospitals had not been neglected. They had been allocated R2.2 billion in the present financial year.

Nobody wanted to see the training standards of doctors drop, but the training had to reflect the country’s means.

There were five medical schools in white areas, but only two in black areas. There were three medical schools and eight academic hospitals within an hour’s drive of each other in Gauteng.

Duplication

There was no justification for this “apartheid structure” and duplication of services.

The training of doctors in South Africa had to be directed at the needs of South Africa and not those of Europe and the United States. — Political Staff, Sapa
Pay strike at clinics in Soweto

By Justice Malala

Thousands of patients were left without health care yesterday when workers at Soweto's clinics went on illegal strike action over wages.

Gauteng Health Department spokesman Popo Maja said no services were rendered at the clinics and patients had to be referred to Baragwanath Hospital for treatment.

Strikers include nursing and administrative staff, cleaners and security guards. Doctors were on duty but they were virtually helpless without the other staff, Maja said.

Soweto has about 24 clinics, each catering for 50,000 people.

The strike, led by a new organisation called the Soweto Health Workers' Forum, is understood to have started to demand the same salaries for the health workers as those earned by Johannesburg local government staff.

The National Education, Health and Allied Workers' Union distanced itself from the action as the union has reached agreement on wages with the Government.

Maja said the health department was trying to resolve the crisis.
Medical emergency: Gauteng’s health budget has been cut by R600-million

Public hospitals in crisis

Pat Sidley

Gauteng’s public hospitals are in a state of crisis. Hospital budgets are strained to breaking point, as the government has cut a whopping R600-million from the province’s health budget and sent the money to historically under-served provinces.

Patients crowd Gauteng’s health services from all over the country, but there is no way yet of charging better-funded provinces for this care. Johannesburg Hospital takes in 1500 patients a day. At Sebokeng, they have given up counting.

Heart surgery at Johannesburg Hospital may soon come to a halt — there are too few physiotherapists. The hospital’s drug funds run dry at the end of next month.

No management system functions in any of Gauteng’s hospitals. Information systems have failed. Nobody knows what anything costs. Most doctors on the lower rungs of the public health system are underpaid and work under trying conditions.

With no money in the kitty, doctors leaving the public service, and with about 1 300 posts for doctors unfilled, what is to be done to ensure that the public health sector plays its role in a future health system?

The proposed plan drawn up by the committee looking into a national health system said that incentives needed to be found to keep public health doctors in the system, ensure that they work in certain areas and attract private-sector doctors into arrangements to serve the state. But talks between doctors and the government stalled on the fact that doctors in the public sector are regarded as part of the civil service — and not as professionals. So they stand in line with people who are struggling for a very basic minimum wage and whose demands tend to fall on deaf ears.

Health minister Dr Nkosazana Zuma has taken the issue to Deputy President Thabo Mbeki in the hope of finding more cash for doctors, and has set up a committee comprising members of her department and doctors in the public sector — largely drawn from the Medical Association of South Africa (Mas). The committee is looking at ways of addressing the conditions of service of public-sector doctors as well as internship and community service.

Dr Olive Shisana, Director General of the Health Department, says the issue of incentives to attract doctors is under discussion. She says the department is not looking to match private-sector salaries, but rather pay a “decent” sum. She hopes a means to address this will be found within five years.

She is mindful, however, that present interns’ salaries are too low to pay back study loans unless they turn to private practice.

A plan, which has gained currency among provincial planners, hospital administrators and Shisana, would give hospitals more autonomy and a fixed budget. This would allow them to manage their own resources. Among the problems it would raise is the delicate relationships between the various labour groups in the public service and their employees in the civil service. It also presupposes management ability, management systems, information systems and the like, all in short supply in public hospitals.

Professor Dave Morrell, who represents public-sector doctors for Mas, on Zuma’s committee, says doctors in the civil service are in a weak position, which is why they would like to be seen as a separate category, out of the public-service commission. He believes that the short term will see the deficiencies “patched up” until a whole new system was in place which would address all the issues appropriately from training through to hospitals service.
Wildcat strikes paralyse Soweto health clinics

JOHANNESBURG. — More than 30 Soweto health clinics stood idle after wildcat strikes forced 6,000 patients to re-route to Baragwanath Hospital.

More than 100 clinic health workers stopped working on Thursday, demanding the same pay as health workers in Johannesburg.

Workers in Johannesburg are paid from the metropolitan council's budget, whereas health workers in Soweto fall under the small provincial health department budget.

The budgets are due to change after new demarcation boundaries are set for the local government elections. Soweto health workers will then be paid under Johannesburg's budget.

"The question of wages is not something that can be solved today," said Popo Maja, spokesman for the Gauteng Health Department. "It must go through top government levels."

"The department is viewing this matter very seriously and we are committed to the principle of no work, no pay." — Sapa.
Clinics stand idle after strikes bite

More than 30 Sowetan clinics stood idle yesterday after wildcat strikes crippled the township's health services, forcing more than 6000 patients to re-route to Baragwanath Hospital.

More than 100 clinic health workers stopped working on Thursday, demanding the same pay as health workers in Johannesburg.

Workers in Johannesburg are reimbursed from the Johannesburg Metropolitan Council's budget, whereas health workers in Soweto fall under the small provincial health department budget.

The budgets are about to be changed after new demarcation boundaries have been set for the local government elections. Soweto health workers will then be paid from Johannesburg's budget.

"The question of wages is not something that we can all solve today," said Popo Maja, who is spokesman for the Gauteng health department.

"The dispute has to go through top government levels including the National Bargaining Council."

Maja said Gauteng health MEC Amos Masando and Dr Ndilele Gwala, chief director for health services support, met workers yesterday, but they demanded to see Gauteng premier Tokyo Sexwane.

Patients with less serious ailments are being transferred to Baragwanath and Hillbrow hospitals.

"The department views this matter seriously and is committed to the principle of no work, no pay," Maja said. -- Sapa.
Township hospital empty because of row over jobs

(98) ST CCM 2/8/98

A HOSPITAL in Khayelitsha is standing empty because residents do not want outsiders employed there.

The Michael Maphongwana Day Hospital, in the Harare squatter settlement — named after a SA National Civic Organisation (Sanco) activist who died during taxi violence in the Cape in 1993 — was completed in March this year and was due to open in July.

But it is standing empty and is being guarded 24 hours a day by local residents and Sanco members who are determined not to allow staff from outside the area to work in the hospital.

"We want our own people to be employed and trained here — this hospital is built for us," said Sanco member John Mahlanyaza, who is helping to guard the hospital.

Albertina Sisulu Health Committee and Khayelitsha Health Forum executive member Jimmy Vinti, said residents were adamant that unless nurses and other staff for the hospital were from Khayelitsha the dispute would continue.

"If the hospital opens without the consent of the people there could be conflict," warned Mr Vinti.

Mr Deon Berger, an assistant director of community health services and member of the management team of the hospital, has been accused by residents of causing the problem.

"He promised many local people there would be jobs long before the hospital was completed, and now that it is finished he is playing hide and seek," said Sanco member Vuyani Maphumusa.

A nursing sister who also serves on the hospital's management said: "This is still going to take a long time to settle. The dispute has already dragged on for more than six months."

"I was in a meeting when Mr Berger gave them the assurance that only people from Khayelitsha would be employed, but we don't have qualified nurses in the townships and we will need to transfer nurses from elsewhere to work here."

However, Mr Berger denied he had promised local residents jobs.

"It's not true that I said only people in Khayelitsha will be employed or will get first preference. People will be selected according to their qualifications," said Mr Berger.

He said the problem of opening the hospital had been dragging on "for far too long" and the Minister of Health, Ebrahim Rossouw, had been asked to intervene.

The hospital is intended to serve more than 200 000 people living in Harare, who at present must travel 3km to the overcrowded Site B Day Hospital.
Hospital kit to be audited

By YVETTE van BREDA

LIFE-SAVING hospital equipment is to be examined in a national audit in an attempt to solve the "crisis" in maintenance.

The South African Association for Clinical Engineering is lobbying for legislation to govern the maintenance of medical equipment and for people who repair the equipment to be registered.

The need for legislation had been highlighted by a recent Cape Town Supreme Court finding that a private hospital was negligent as it did not have a working defibrillator on hand to revive a patient when her heart failed. The half-hour delay in restoring Rosemary Lloyd-Robert's heartbeat left her with brain damage.

Vincent Hloogwane, a spokesman for Health Minister Dr Nkosazana Zuma, said a new directorate of Health Facility Planning had been set up to tackle the problem.

The department would carry out an audit of equipment countrywide.
A GROUP of state surgeons who run a private practice which performs up to four operations — including transplants — a month at Groote Schuur Hospital have been accused of profiting at the expense of taxpayers.

The head of Cape Town's Groote Schuur Heart Transplant Unit, Dr Johan Brink, confirmed this week that he and five other surgeons had permission to conduct a private practice at the hospital.

The doctors, who specialise in cardiac and thoracic surgery, are allowed to perform up to 12 heart operations a month on private medical aid patients in Groote Schuur, according to Dr Brink. At present they are performing about six of four private operations a month.

Last week Dr Brink criticised plans by the privately-owned City Park Hospital to perform its fourth heart transplant, saying that the practice was "not a business", and that Groote Schuur's Cardio-thoracic Unit "probably has a waiting list with an acknowledged mortality.

Several doctors this week claimed there was no guarantee that private patients would not be insulated from the arrangement.

Exposed

In an article in the latest South African Medical Journal, heart surgeon Dr Anton Ferreira, who operates at City Park Hospital, said: "The claim that the private practice is a business in Groote Schuur Hospital is not true," and that Groote Schuur's Cardio-thoracic Unit "probably has a waiting list with an acknowledged mortality.

"The claim that Groote Schuur Hospital is a business is not true," he said.

Dr Brink and his colleagues have been criticised by some doctors who have accused them of deriving personal gain by using the facilities of a hospital funded by taxpayers' money.

Several doctors this week claimed there was no guarantee that private patients would not be covered in terms of the arrangement.

Known as the Limited Private Practice (LPP), the system was created to make up for the demands by doctors which could not be met by the government, according to Dr Kenneth Wells, of the UCT Medical School.

Dr Brink denied that he and his partners were only interested in their own financial gain. He said the system was being used to retain the services of poor-paid doctors who were threatening to leave the state institutions.

The LPP enables doctors in full-time state employment to undertake a specified amount of private work, up to 20 percent in addition to their normal contracted time, but this was subject to permission and restrictions by the institutions for which the doctors worked, Dr Brink said.

In the case of Groote Schuur doctors, the hospital and the UCT Medical School permitted the medical practitioners to engage in private practice at the hospital, with the provision that there is a single billing system.

Dr Brink said a percentage of private practice earnings was paid into the UCT faculty fund and the hospital also imposed an additional levy of 10 percent on their income.

"This did not make the condition of anonymity, claimed by our arrangement, open to abuse."

"Firstly, it is not a guarantee that the state patients will not be given priority when they come to organ transplants," he said.

WP hammer Free State

By NORMAN WEST

A WESTERN Cape National Party member says his party's court battle with the central government in the boundaries dispute have put him in "an embarrassing fix".

Cecil Herbst and says he has been cited by the NP as a "re-sident" because he was appointed, without being consulted, in the Western Cape Provincial Committee (WCP) by the Minister of Constitutional Development, Sebby Meyer, a member of the NP.

Court papers cite Mr Meyer as second respondent and President Nelson Mandela as first respondent. It is the first time in history that an independent judge has been appointed in the NP's Cape legislature, he central government.

This means that, and ANC both see government of nation NP has taken control of public representatives. "Had the NP's Cape Court case earlier government succeed they have been part of the team that lost that party," said Mr Herbst. The Cape Times
PORT ELIZABETH: DP Eastern Cape leader Mr Eddie Trent will call today for an emergency session of the legislature in Bisho to debate the "crises and chaotic conditions" at provincial hospitals.

And DP Eastern Cape leader Dr Tertius Deport has accused the ANC of ineptitude.

The accusations follow weekend reports of babies dying because of a shortage of medication at the Livingstone Hospital, and the death a week ago of a woman, allegedly because there was no gynaecologist on duty.

"Unless something is done the crisis in the provincial hospitals will rapidly become a disaster," Mr Trent said.

Dr Deport said: "It is clear that the ANC is unable to bring proper administration and keep it running."
Change in medical strategy

Life-support services take the back seat

BY JANINE SIMON
MEDICAL CORRESPONDENT

The Gauteng provincial emergency service is cutting back on its advanced life-support capability to expand its intermediate care service.

By January, the province aims to be responding to 90% of emergency ambulance calls within 12 minutes — but, to achieve this, it will limit spending on top-level emergency care.

In Greater Johannesburg, response times for Priority 1 patients has slipped to more than 20 minutes in the past year, and up to three hours or more for non-emergency cases.

The province has committed itself to providing intermediate care. That is, providing emergency assistants trained to set up drips and stabilise patients on the spot within 12 minutes, says Dr Philip van Rensburg, director of Emergency Medical Services. It will maintain, but not expand, the advanced life-support (ALS) equipment or material already in place.

"ALS uses sophisticated monitors, equipment and top-level critical care assistants qualified to administer drugs and to use breathing apparatus."

"If local authorities feel they need it, they will have to work a deal with a provider company," Van Rensburg says.

The province is negotiating with private ambulance companies to fill the ALS gap, and investigating ways of replacing its ageing fleet of ambulances by January.

Gauteng is doing an audit of response times to evaluate where resources are most needed, says Van Rensburg.

Henk Aartsma, general secretary of the Private Ambulance Association, says a final proposal on the structure and funding of private services for provincial patients should be ready for discussion by early next month.

"We’re looking at pre-hospital care and inter-hospital transportation," he says. Using private vehicles to move stable patients would free State vehicles for emergencies.

Aartsma said two of the PAA’s 13 Gauteng members were negotiating directly with two local authorities to provide ambulance services.
Clinics strikers back to work

By Glenn McKenzie

STRIKING Soweto health workers agreed to return to work today after more than 18 hours of negotiations with Gauteng premier Mr Tokyo Sexwale and MEC for Health Mr Amos Masondo.

Soweto clinics administrator Dr Soomag Natha said at the weekend that worker delegates had agreed to go back to work after Masondo made a commitment to pursue wage issues at "all possible levels".

Last Thursday, several hundred provincial clinic employees calling themselves the "Health Workers Forum" went on strike to demand better pay. As a result 13 clinics were forced to close.

In a release to the media on Friday, the department called the Soweto work stoppage an "illegal strike". The principle of "no work, no pay" would be applied to all striking workers.
Hospital neglect is shocking

By Mzimasi Ngudle

ONE CAN BE EXCUSED FOR MIS- taking the Eastern Cape's St Lucy's Hospital for a busy sanigoma's collection of initiation huts.

Hospital administrator Mr Norman Maphingo, who has worked in many Transkei hospitals since 1974, took us around one of the 32 hospitals in the former homeland.

He says the hospital in Tsolo, like other district hospitals, is in a state of neglect. The thatch-roofed roundels around the hospital are worn thin and leak.

The roundels house primary health care services, the clinical department, physiotherapy and occupational therapy departments and catering for a hospital with a bed capacity rivaling a large hospital.

He says hospital accommodation needs to be upgraded. If the hospital is to meet the needs of the patients, St Lucy's is not on the list.

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The inadequacy of the hospital is evident in the hospital's lack of equipment, which is in short supply.

The inadequate maintenance staff at the hospital's outpatient department is also an issue. The hospital is in a state of neglect, with no signs of improvement.

The hospital is also suffering from staff shortages, which are detrimental to the hospital's functioning. The hospital is in a state of neglect, with no signs of improvement.

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The inadequacy of the hospital is evident in the hospital's lack of equipment, which is in short supply.
Groote Schuur forced to bypass non-emergencies

Staff: Report 98 AKG 22/8/98

STAFF shortages at Groote Schuur Hospital mean that fewer non-emergency operations are being done.

Groote Schuur chief medical superintendent Peter Mitchell said the hospital was doing its best to provide an excellent service.

He was reacting to reports that staff shortages were crippling the hospital.

While there were claims that trainee doctors had to perform complicated operations without supervision, he said the hospital management was forced to work within financial constraints, in accordance with government instructions.

Dr. Mitchell acknowledged the total number of medical, nursing and non-clinical staff at Groote Schuur had dropped in the past few years.

The staffing of a large teaching hospital was a complex issue, however, and required a careful balance between all the disciplines, as well as the correct ratio of senior and junior staff.

"At present the anaesthetics department is short of staff and this is creating an imbalance with the other departments which need its services."

Meetings have been held between the anaesthetics department, the University of Cape Town's medical faculty and hospital management to find solutions.

Dr. Mitchell emphasised Groote Schuur management was in regular contact with the provincial department of health, bringing any reduction in staff members and delays in filling posts to the attention of the authorities.

The most important reason for the reduction in staff was a reduced budget with clear instruction from the state to reduce expenditure.

This had resulted in the loss of a number of posts and the automatic freezing of posts as they became vacant.

A specific procedure, which applied to the whole country, had to be followed to unfreeze posts. This included detailed documentation and motivation and finally the approval of the premier or the director-general of the province.

Unfreezing and filling a post could take up to six months.

There were other reasons for the staff shortage. A number of staff, especially nurses, had taken early retirement.

A A reduction in state doctors’ working hours is part of a new health department plan. Carol Campbell reports.

A national plan to alleviate the plight of overworked doctors was revealed to the Cape Times yesterday and, if approved, will be presented by Minister of Health Dr Nkosazana Zuma to the nine health ministers and government officials on October 1.

Among the suggested changes is a move to limit doctors’ working hours to 70 a week — at present most doctors in state hospitals work up to 120 hours a week.

Shifts could be cut back to a maximum of 28 hours, after which doctors would be forced to rest for 20 hours.

There is also a suggestion that medical schools, now mostly concentrated in Gauteng and the Western Cape, adopt an outreach programme with the formation of satellite campuses at regional hospitals around the country.

The allocation of interns is to come under the spotlight, as is the funding of academic medicine. The committee also suggested that for the first time doctors be given a job description.

The changes have been drawn up by a committee appointed by Dr Zuma and made up of representatives from the Medical Association of South Africa and the health department.

Yesterday a spokesman for the Registrars’ Association of Medical Faculties in SA, Dr Tom Ruttman, said the changes could mean a cutback in services at provincial hospitals because staff would not be working such long hours.

However, the standard of medical care would be far better because of better conditions for doctors.

Yesterday the chief medical superintendent at Groote Schuur Hospital, Dr Peter Mitchell, said that to avoid the unsafe practice of working stressed doctors the hospital was reducing the number of non-emergency operating lists.

“Groote Schuur is doing its best to provide for complex procedures and at the same time ensure that the more routine treatment can be provided,” he added.

See Page 6
Health strike at clinics ends

By ABBEY MAKOE
SOWETO BUREAU

Striking Soweto health workers resolved at a heated report-back meeting yesterday to end their work stoppage, which started last Thursday, following assurances that their salary increase demand would be treated as a matter of urgency.

The decision to return to work was taken at a meeting held at the Koest-Boukes Clinic-dean Baragwanath Hospital.

Thirteen provincial clinics had been hard hit by the strike of several hundred employees who called themselves the Health Workers Forum.

The strike ended after urgent intervention by Gauteng Premier Tokyo Sexwale and his MEC for Health, Amos Masondo, at the weekend.

The provincial government's hasty appeal to the strikers to resume work came after health authorities claimed that the strike was illegal.

Interviewed yesterday, Soweto's director of health centres, Dr Somatile Natha, said workers were happy that authorities had demonstrated a commitment to look into the grievances.

"We expect the normal duties to be resumed this morning," Natha said.

"We apologize to the community for any inconvenience or distress caused during the strike," he added.
Clinics grind to a halt

Free State Municipal Workers enter second week of industrial action

By Joshua Arendse

Workers' rights appear to have taken a back seat as the Free State Provincial Government seems to have ignored the unions' concerns, leading to the current lock-out situation.

The provincial government has earlier this week announced that it will be appealing its loss in the Constitutional Court to place a public protector on the Free State Department of Health and Social Development.

"Why is it that the provincial government is appealing a decision that was in our favor?" wondered a Free State worker.

"We are entitled to our rights as employees and citizens of South Africa," said another worker.

The Free State Health and Social Development Department has been under pressure from the provincial government to implement service cuts and reduce the number of health workers in the province.

"We are not happy with the decision," said a provincial government official.

"We believe our decisions are in the best interest of the province."
Health workers may go on strike again

By Glenn McKenzie

SOME of the strikers in Soweto's five-day work stoppage at clinics agreed yesterday to return to work but warned they could walk out again if their demands were not met.

The workers, mostly nurses and clerks, met briefly with GaLeqo MEC for health Mr Amos Masando, who promised them he would pursue wage negotiations at a national level.

Only three of Soweto's 13 provincially-run clinics were open yesterday, despite an announcement at the weekend that the workers, under the banner "Health Workers Forum", had decided to go back to work.

The strike has added extra pressure on Baragwanath Hospital.
‘Deaths of babies in hospital’: Reports denied

PORT ELIZABETH. — The Eastern Cape Health and Welfare Department has dismissed as untrue claims by Livingstone hospital doctors that recent deaths of babies at the hospital were due to a shortage of medical supplies and staff.

The department was reacting to weekend reports quoting a doctor who claimed two babies had died because of a shortage of basic medicines.

The doctor said the shortage of essential medical supplies was a result of cost-saving measures by provincial health authorities and of administrative blunders.

Provincial health spokesman Linda Rhoda said the claims were untrue and had created a wrong impression of medical care at Livingstone hospital.

"There are problems in certain departments, but definitely not in the obstetrics and gynaecology departments. The only item short is induction gel, which is due to shortage from the supplier."

She also dismissed as untrue reports that medical officers worked 36-hour shifts without a break. — Sapa.
Review hospital funding

OWN CORRESPONDENT

PRETORIA: Parliament's chief health watchdog has called for a re-evaluation of funding mechanisms for teaching hospitals and has made recommendations for national health care policy.

In a report published today, the National Assembly's Portfolio Committee on Health singled out the Medical University of South Africa and the Ga-Rankuwa Hospital near here.

The report follows a recent visit to the Medunsa/Ga-Rankuwa complex by members of the committee and says urgent action is needed to improve conditions.

Inadequate

Facilities at the complex are inadequate to meet the requirements of producing fully-trained, modern health professionals and of managing the large patient load, the report said.

Among its key recommendations are that:

- Funding for teaching hospitals be re-evaluated to address disparities and improve efficiency.
- A blueprint be drawn up for the rationalisation and development of academic hospitals.
- Incentives be improved for doctors to work in the public sector.
No budget cuts, pleads doctor

CAROL CAMPBELL

ACADEMIC hospitals throughout the country are performing a massive primary and secondary health care function and should not be facing budget cuts, according to Dr Tom Ruttmann from the Registrar's Association of Medical Faculties of South Africa.

Until the state offered incentives which attracted doctors into the periphery health care institutions, patients needing primary health care would continue to flock to the major academic hospitals.

In a letter to the South African Medical Journal, Dr Ruttmann said 50% of the Western Cape's health expenditure went into the province's academic hospital regions but they performed 55% of the medical service in the province.

These figures were calculated by the Strategic Management Team of the Western Cape Ministry of Health.
‘Health officials misusing funds’

By Glenn McKenzie

Striking Soweto health workers accuse administrators of corruption

S TRIKING SOWETO health workers will call on the Government to investigate corruption in township clinics, a spokesman for the Health Workers Forum said yesterday.

Mr Jacob Letlake, a spokesman for the workers who initiated a township-wide strike last week, accused Soweto health administrators of misusing Government funds. The workers will call on the Government to institute an independent inquiry into mismanagement and corruption in the clinics, he added.

Letlake attacked administrators for allegedly buying expensive vehicles for management’s use. Meanwhile, the clinics were without emergency vehicles to take severely ill patients to Baragwanath Hospital.

He further accused administrators of acting prematurely in accusing 20 Soweto clerks of stealing patient fees last month. Three of the clerks were suspended and one was fired. Investigations are continuing.

“We are saying that administrators must prove these allegations or withdraw their statements,” said Letlake.

Soweto’s clinics have been plagued with allegations of corruption and theft since early this year. In March, police discovered stolen drugs in a house owned by a Zola clinic employee. To date no one has been charged.

Meanwhile, all 13 of Soweto’s provincial clinics opened their doors as hundreds of nurses returned to work yesterday.
Hospital staff continue sit-in

The Argus Correspondent

PORT ELIZABETH. — Dora Nginza Hospital workers say they will continue their sit-in action to draw attention to ineffective security at the hospital.

They have also rejected security measures proposed by the regional Health and Welfare department.

The National Education, Health and Allied Workers' Union (Nehawu) members started the sit-in yesterday following the murder of 23-year-old pharmacist Reshma Rampersad in her hospital flat last week.

A man has appeared in court in connection with her death.

Earlier this week, after a meeting with the Dora Nginza Hospital management, Health and Welfare department spokesman Linda Rhoda said short, medium and long-term security measures would be implemented at the hospital.

Mrs Rhoda said spotlights, an extra security guard and peepholes and chains would be installed at residences immediately.

In the medium to long-term security gates and burglar bars would be fitted on residence doors and windows. Offices would also be let to the South African Police Services and a strategy to fence off the residence premises would be examined.

Nehawu spokesman Cyril Langbooi said the workers rejected the measures as "cocoon security".

He said the sit-in would continue with only a skeleton staff working.

Mr Langbooi said the proposed measures by the department only looked at securing the residential areas when there was a lack of security throughout the hospital.

He said that when a Nehawu delegation met the Health and Welfare regional director Dr Thabo Sibeko they found someone who was "not interested to solve the situation".

Mr Langbooi said Nehawu now wanted to meet the Health and Welfare permanent secretary Mvuyo Tom.

He said a Nehawu delegation would approach the hospital management and ask them to leave.

"If they don't, they are not interested in solving the matter. The hospital will be closed soon if the services are further disrupted. We blame Dr Sibeko for that," said Mr Langbooi.

He said about 20 doctors had told Nehawu they supported the union's action.
Workers clash in Benoni hospital corridors

Kathryn Strahan

CHAOS broke out in the Boksburg-Benoni Hospital on the East Rand yesterday as workers from rival unions, some wielding spears and pangas, clashed.

"It was a dark day for unionism," said Hospital Personnel Association of SA official Mike Ryan. "It was anarchy."

Hospersa members had gathered to demand the intervention of Gauteng health MEC Amos Masondo in what they said was continuing intimidation by Nehawu.

Masondo met a Hospersa delegation later and promised to meet all interested groups next Tuesday. Ryan said the meeting had been a waste of time.

He said Hospersa members were angry that Masondo had not intervened despite repeated requests over the past month.

Hospersas members feared for their safety and refused to return to work. Patient care had been reduced to the minimum and all administrative functions had stopped.

Regional Nehawu officials said they knew there was trouble at the hospital, but did not know the details. They said there was tension at all hospitals between Nehawu and Hospersa, which was perceived as protecting the interests of white workers and management.

Ryan said Nehawu felt threatened as it was losing members to Hospersa, which had a 60% black membership.
HEALTH & DISEASE - HOSPITAL & CLINICS

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SEPT. — DECEMBER
Health Workers Protest

The threat of a full-scale national strike by health workers has already been voted on by the Trades Union Congress, and the possibility of a coordinated response has been discussed in various forums.

By Glenn McKee

Sawyer Friday September 1, 1985
Relief is in sight for Cape hospitals

JENNY VIALL
Health Reporter

RELIEF is in sight for hard-pressed health services — and Western Cape Health Minister Ebrahim Rasool has given an assurance that there will be no retrenchments.

The out-patients department at Red Cross Children’s Hospital, the trauma unit at Tygerberg Hospital and anaesthetics at Groote Schuur have been identified as needing immediate relief. This is to be done through the creation of additional posts, and not removing personnel.

At a press conference today, Mr Rasool said he was aware that morale was low and there was a sense of insecurity among health workers.

The province has had to cut R22 million from its budget this year, and with 70 percent of the budget going on salaries, it was initially planned to retrench 9,000 of the 40,000 health workforce. This was reduced to 800 posts in the final health plan, and it was then decided it would not be worthwhile to retrench these people.

Negotiations with Health Minister Nkosazana Zuma for R22 million relief for the province are under way.

Mr Rasool said that through natural attrition, staffing levels would fall to the level demanded by the curtailed budget within two years.

He said 4,834 people would be relocated from the Groote Schuur and Tygerberg hospitals to secondary and primary health centres — 1,000 of these within the metropolitan area.

Many people had volunteered to go to new centres.
Take the first steps to reduce the

Hospitals, a move that has

Minister, planning a new

mRNA vaccine, a

were happy.

RFU 2198

Jenny Wall
Hospital ‘cannot fire convicted staff’

Nemaphele Mathibane
(98) 2044 4949
A NUMBER of workers at Baragwanath Hospital in Soweto who had been convicted of theft were still on the staff because the authorities feared being accused of unfair labour practices if they were dismissed.

Gauteng DP MP Jack Bloom said the hospital authorities disclosed this to a group of MPs during a recent tour of the hospital. He said they were told that last year a policeman working at the hospital who was found with hospital goods in his car had not been prosecuted.

The hospital has a serious theft problem amounting to about R500 000 a month. Bloom said he believed the situation at the hospital had moved from ordinary pilfering to highly organised crime.

The hospital said it did not have the authority to discharge workers. Disciplinary action was taking at least a year because of staff shortages at head office.

The hospital has called for the urgent review of disciplinary procedures.

Poor security measures and antiquated paper systems were some of the reasons for theft. Although access had been restricted to four gates, there were no video cameras in the buildings and security was lax.

Bloom suggested the hospital privatise security or ensure guards had proper training. He said this was imperative because the hospital had 3 000 staff and about 25 000 visitors coming through its gates over weekends.
Hospital will get a big capital injection

Staff Reporter

CASH-strapped False Bay Hospital in Fish Hoek has been given a R20 000 shot in the arm and, in a move to gain eventual control of the hospital's management, the local community has registered a trust.

Tomorrow a public meeting will be held to discuss the hospital's future.

Chairman of the False Bay Hospital Board, Roy Anderson said the DG Murray Trust, a welfare trust for the advancement of education, art, science and welfare activities had agreed on a contribution to buy essential equipment for the hospital.

"Consistent with the objectives of the trust, the equipment chosen from the False Bay Hospital priority list was done on the basis that it would benefit most people and would remain with False Bay Hospital no matter what develops regarding its future management," said Mr Anderson.

The hospital would buy two sterilising autoclaves (vessel for sterilising under high pressure) for about R70 000 and two bedpan washers for about R40 000.

"This donation has given considerable morale boost to all concerned with the hospital and specifically the staff," said Mr Anderson.

The newly registered trust will be controlled by the department of health, local doctors and prominent residents elected by the community.

False Bay Hospital has been defined as a level 1 hospital which means it cannot offer any specialist services and will be managed at district level.

A meeting to inform the public about the hospital and to discuss its future will be held at the Fish Hoek Civic Centre, Central Circle, tomorrow.

The guest speaker will be Regional Environmental Health Officer of the Cape Metropolitan Council, Fred Williams.
Joy as mobile clinic opens

By Lorna Zokuia
City Reporter

The launch of a mobile clinic for the Zevenfontein and Dipsloot informal settlements took off yesterday when more than 10 enthusiastic mothers had their children immunised.

The mobile clinic forms part of the Greater Johannesburg Metropolitan Council's R32-million service delivery project.

"When the TMC embarked on this programme, we said we didn't want to come to our people with empty promises, but with real results. This clinic is proof of that," said Greater Johannesburg TMC chairman Isaac Mogae.

"Service delivery is our duty and responsibility. The community must now take responsibility for this clinic and make sure that they protect and use it well." - Zevenfontein Residents Association chairman William Menzeleli said: "This clinic will be of benefit to us and our children, but we hope that they will have adequate medication. We do not want Panado only, but other medication so that we can be as healthy as other communities."

The clinic will offer services like mother and child care, immunisation, family planning, cancer screening, HIV testing and treatment for minor ailments like coughs, colds and minor burns.

The clinic will be operated by a staff of four and will be available to the community for two days a week at different locations around the settlement.

Health care ... Nurse Estelle Botha immunising children at the mobile clinic launched at the Zevenfontein Informal Settlement yesterday.

Picture:Themba Hadebe
Bengu to discipline his deputy minister

By Tim Cohen

CAPE TOWN — Education Minister Si-
boniso Bengu yesterday cautioned his de-
puty, Rentie Schoeman for objecting to as-
pects of the controversial National Ed-
education Policy Bill, suggesting that his
NP deputy would be "disciplined".

Schoeman said on Monday, when the
legislation was tabled, that although the
NP agreed with the overall objectives of
the Bill, he was reserving his position be-
cause he had "serious reservations" about
certain of its aspects.

The Bill sets out broad powers for the
National education minister to determine
almost all aspects of education policy,
which Schoeman said had sparked fears
over its constitutionality.

He said the NP had reservations rela-
ting to the extent of the policy-making power
of the minister, the nature of the council of
education ministers created by the Bill and
the minister's discretionary power to cre-
late and constitute advisory bodies.

Bengu said in a statement that it was the
duty of deputy ministers to abide by the
decisions of the Cabinet.

He said Schoeman had supported objec-
tives of the Bill "as necessary and desir-
able", but had chosen to make public his
person reservations on the national edu-
cation. "I regard this as a matter of minis-
terial discipline which I shall take up im-
mediately with Schoeman."

Schoeman declined to comment but NP
MP Martinus van Schalkwyk said Ben-
gu's attitude was "unfortunate."

The NP in the Cabinet had reserved its
right to differ with aspects of the Bill while
Parliament finalised the legislation.

Schoeman had acted constructively,
within the basic guidelines agreed by par-
ties on how the government of national
unity should operate and had the full sup-
port of the NP.

Meanwhile, Sapa reports that DP West-
er Cape education spokesman Richard
van der Ross said the National Education
Policy Bill was a "travesty of democracy
and federalism."

The Bill, despite the frequent reference
to democracy, people's rights and consul-
tation, virtually gave the education minis-
ter full control over education policies of
all schools, colleges of education and tech-
nical schools in SA, he said.

Bengu also had control over other mat-
ters such as curricula, student admission,
language, discipline, the ratio of students
to teachers, and a "host of other matters
which should best be left to the provinces."

Against this background, provisions in
the Bill on consultation and the consultative
bodies set up became meaningless,
van der Ross said.

The Bill would also become an instru-
ment for providing the minister with "se-
vere and dictatoral powers" which could be
used to suppress freedom in education
and democracy.

- Comment: Page 12

Unions settle clash at hospital

By Kathryn Strechan

THE clash between rival unions that crib-
pied Bolusburg-Benoni Hospital during
the past week was resolved yesterday, with
both sides agreeing to work together to
improve health services in the area.

Tension between the unions erupted into
conflict in the hospital corridors last week
when the Hospital Personnel Association
of SA (Hospersa) tried to reinstate two
security officials who had been removed
from the hospital by National Education,
Health and Allied Workers' Union
(Nehawu) members earlier in the month.

The parties reached agreement after
Gauteng health MEC Amos Masando spent
the day talking to Nehawu members, who
gave to the security officials' reinstate-
ment and resumption of normal duties.

"We don't know what Masando did to
convince them," said Hospersa official
Mike Ryan.

Nehawu Gauteng regional secretary
Oupa Makuru said tension between the
unions had been resolved at yesterday's
meeting. "Both parties agreed to pursue
the interests of health delivery rather than
their own interests," he said.

The tension has its roots in the fact that
Hospersa represents largely white work-
ners and management, while Nehawu rep-
resents black workers and nurses.

Hospersa official Mike Ryan said Ma-
sando won Nehawu members over by ex-
plaining the problems the department had
in setting up a new health structure for
the province.

In restructuring, the department had
only recently set up a labour section, so it
was only now able to begin attending to
Nehawu members' expectations of change.
Alexandria clinic a model of health care

Helping the elderly sleep

The Star

Health

PAGE 15

THURSDAY SEPTEMBER 7 1995
Baa back in business

Situation unclear in other hospitals and clinics
Bonitas signs lease for private hospital in Pretoria
Strike closes Free State clinic

BLOEMFONTEIN: All out-patient clinics at Pelononi Hospital are to close until further notice due to the nurses strike in the Free State, Premier Mr Patrick Lekota's office said yesterday.

The out-patient departments of Universitas and National hospitals would, however, continue to function normally.

The Free State health department said nurses at the hospital had until Wednesday to return to work or face disciplinary action.

It said the more than 100 nurses who went on strike on Friday, demanding a 25% wage increase, had been issued with an ultimatum in terms of the Public Service Labour Relations Act to return to work by 10am on Wednesday.

"All striking nursing staff at Pelononi received notices of the ultimatum to resume their duties or face disciplinary action," the department's spokeswoman Ms Elke Grobler said.

She said no patients were being admitted to the hospital. This included the casualty and maternity sections.

Meanwhile, more than 2,000 striking Gauteng nurses are expected to return to work today, ending a week-long strike at 14 clinics, and the Baragwanath, GaRankuwa, Hillbrow and Coronationville hospitals.

Gauteng's head of health Dr Ralph Mgijima said yesterday the agreement to return to work was struck late on Friday.

Nurses' delegates had reported back to their followers over the weekend, he said.

But, as nurses at each hospital had their own committee of representatives, it was difficult to know whether all would comply. If they do, the province would waive the condition that nurses explain their absence or be dismissed, he said.
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THE GOOD HOP College Opens

Good Hope College opens

The college opened on 12th July 1915.

The college has been running since 1915 when students were enrolled in the college. It is located in the heart of Liverpool, offering a range of courses and programs.

The college offers a variety of courses and programs, including Business, Law, Engineering, and Medicine. With a focus on providing excellent education, the college has a strong reputation in the region.

The college has a diverse student body, attracting students from all over the world. The college provides a supportive and welcoming environment, ensuring that all students feel included and valued.

With a team of dedicated and experienced staff, the college offers a range of support services to help students succeed. From academic support to career guidance, the college provides a comprehensive support system.

The college is proud to have a strong relationship with industry, ensuring that students are well-prepared for the workplace. The college offers a range of work placements, internships, and graduate training programs to help students gain valuable experience.

The college is committed to providing excellent education and training, ensuring that students are well-equipped for the future. With a focus on practical and relevant training, the college helps students develop the skills and knowledge needed to succeed in their chosen careers.

The college is excited to welcome new students and looks forward to a new academic year. With a focus on providing a high-quality education, the college is well-placed to help students achieve their goals and aspirations.
Bonitas’ new RDP hospital

By Isaac Moledi

BLACK-CONTROLLED medical aid Bonitas Medical Fund has joined hands with Premium Properties Limited to open a fully equipped hospital in Pretoria next year.

The R15 million Louis Pasteur Medical Institute, with 120 beds and four operating theatres, will offer life-care facilities, a day clinic and 24-hour emergency services.

An additional 60 beds and two operating theatres are planned in Phase Two. Other specialist services being planned include 24-hour dental emergency and psychiatric facilities.

Although the hospital will open its doors to all people, primary beneficiaries are to be Gauteng members of Bonitas Medical Scheme.

Managing director Sid Lewinsky says the high-quality medical care centre is in line with the RDP’s principles of the community helping itself rather than waiting for government to provide the facility.

Premium Properties has invested more than R6 million in upgrading the 20-year-old building that will accommodate the hospital and medical practitioners.

“The period to convert the space to a full hospital is ten months: building the same facility from the ground up could take up to two years.”

“I must also say the interior finishings chosen by the hospital owners are superior to any seen in South Africa,” says Lewinsky. The hospital will have a staff of 190 and will draw on the services of the 50 medical practitioners in the building.

Bonitas director and chief executive Yekani Tenza who is also chairman and joint managing director of Louis Pasteur Hospital, says the facility will be brought into operation at a fraction of the cost of building from the ground up.

He says most doctors in the medical centre, who have built up goodwill over 20 years, have been offered shares in the venture.

Apart from Premium Properties’ contribution of R6 million, financial institutions contributed another R6 million for equipment. There is also a R3 million provision for working capital.

“We will be coming with a much lower cost structure and yet will render the same service as any other private clinic or hospital,” Tenza says.

“At the same time, we are granting greater economic empowerment to doctors in the medical centre to extend their services on the spot through the facility,” he adds. About 20 percent of the practitioners are black, comprising the biggest such group in Pretoria. More black patients will be treated at the medical centre than white.

“This is RDP at its best sense. We have not gone to government to beg for funds. We said we would take the initiative and help the government where it is not able to deliver: all we ask is for government to facilitate the process by granting us a licence,” explains Tenza.

The Louis Pasteur Medical Institute is the third hospital to be opened in Gauteng by Bonitas. The others are Botsheleng Empliwenti Clinic in Vosloorus and Tshepo-Thembu Hospital which opens in Dobsonville, Soweto, this month.

Bonitas, one of the black-controlled medical funds in the country, was founded in 1982 with a mainly black patient base. It opened its doors to all races in 1986.

“Membership has been growing at 18 percent annually compared with a pattern of one percent shrinkage in membership
Right wing aims at own hospitals

PRETORIA — The "appalling" conditions at state hospitals had prompted the Afrikaner Volksfront to set up a medical co-operative which would build its own hospitals, Volksfront leader Ferdi Hartzenberg said yesterday.

He told a media briefing in Pretoria the co-operative would sell shares totalling R1bn.

Shares of R10 each had already been marketed to about 100 000 people in the past two weeks, co-operative actuary Dave de Waal said. "We are now receiving about 100 share applications a day."

Hartzenberg earlier released a report on conditions at HP Verwoerd hospital in Pretoria. It was compiled by a committee of five, including former surgeon Petrus Retief, former chief matron Cecile Roux and former hospital superintendent Dries Malan. They found the reception area was being used as a dormitory and toilet by visitors and the main kitchen was overrun by cockroaches.

The co-operative would also form partnerships with existing private hospitals. At least 18 such institutions were interested and talks were underway.—Sapa.
Transplant chief warns against cuts

ANY reduction in organ transplants would have an adverse effect on South African medicine, Southern African Transplantation Society president Prof Rowal van Zyl-Smit said yesterday.

Opening the society's biennial congress at Langebaan, he called for the maximum use of organ transplant services.

Also at the congress, Dr Johan Brink of the transplant unit at Groote Schuur Hospital said the survival rate of heart transplant patients at the hospital up to six months after their operations was on a par with that internationally.

However, the survival rate after one year was 70%, compared with 90% internationally, he said.

This increased mortality had not been fully explained, but contributing factors included difficulty in adequate long-term follow-up of those heart recipients who lived far from Cape Town and the disadvantaged background of some patients, he said. — Sapa
Hospitals urged to work together

Staff Reporter

CO-OPERATION between public and private hospitals is essential to provide people with the best possible treatment at the lowest possible cost.

Western Cape Premier Hernus Kriel said at the official opening of the new Wynberg Hospital last night that greater investment was needed to "cope with the backlog of primary health care services to communities."

But the Western Cape had to "take care to maintain its medical excellence for future generations."

The decision by the central government to locate the country's only state-funded heart transplant unit in Cape Town was a feather in the region's cap.

Mr Kriel said private hospitals helped reduce the pressure on cash-strapped state hospitals.

Private hospitals could provide the "best technology and working environment for patients and staff alike while public hospitals could concentrate on affordable and accessible health care."

Private hospitals could even consider renting costly equipment to the state, equipment that the state could not afford to buy.

"It is a fact that the province cannot deliver all the required services due to financial constraints," said Mr Kriel.

"It is also a fact that the weak economy and high unemployment will long continue to exert pressure on the province's ability to deliver services to the most needy."

"The solution lies in close co-operation between the state and private sector," said Mr Kriel.

Wynberg Hospital provides high-technology care for all medical specialist procedures. It has five operating-theatres, a 16-bed intensive care unit and 106 other beds.

The hospital's radiation cancer treatment unit features some of the most sophisticated technology in the country, while the haematology clinic specialises in bone marrow transplants and the management and treatment of all blood disorders.
Health ministry to talk to unions

Kevin O'Grady

EAST LONDON — The appointment of senior administrative and managerial staff including medical superintendents at Eastern Cape hospitals has been stalled until the process is discussed with the trade unions.

Provincial health and welfare ministry spokesman Khuhulekile Bata said the posts were initially advertised "but now the feeling is that advertising the posts outside the civil service could bring problems".

He said a meeting between employer and employee representatives would take place today and tomorrow to "discuss their feelings as to how managerial and all other posts must be filled".

Bata said it would not make sense to employ people from outside the public service when it was already bloated and in need of rationalisation.

However, the posts for 183 doctors needed in the province could be filled immediately and government was offering incentives to attract them to the public service.

These included overtime pay for work over and above the normal 56 hours a week, recruitment allowances and limited private practice, he said.

Meanwhile, the primary schools feeding scheme, which collapsed at the end of the second term because of fraud and mismanagement, had restarted in the Eastern Cape, Bata said.

Checks and balances had been instituted to prevent a repeat of events, including greater community involvement to prevent inflated food claims.

Schools in urban areas would receive 53c a pupil a day and rural schools 68c. The scheme had R37m left and it was hoped this would last until the end of the school year.

Central government would be asked to supply funds to continue the scheme from the beginning of next year to the end of the financial year, he said.
Pregnant mothers are being turned away from St Monica's because hospital staff cannot cope with the increase in the number of women attending the Bo-Kaap hospital since the introduction of free maternity care.

Women were coming from as far away as Khayelitsha, Gugulethu and Mitchells Plain, said matron Phyllis Baxen, and when people were asked to go to clinics near their homes, the hospital was accused of discrimination.

Attendance at clinics at the hospital increased from 1,203 women in January to 1,704 in April. More than half the women were from outside the area and a hospital "Baby Friendly" award had been given last year.

Ms Baxen said the problem was exacerbated by a shortage of nurses. There were five vacancies out of a total of 19 posts at the hospital. It was difficult to attract nurses because there was little room for advancement as St Monica's was not a provincial facility. The hospital had, however, applied for additional funding.

Ms Baxen said St Monica's had committed itself to supporting the RDP but couldn't do it alone. "We need the community to help us with education, hospital tours, whatever they can."

Many mothers wanted to come to St Monica's because they had been born there or because they were attracted by the "Baby Friendly" award.
Surgeon may quit over transplants

OWN CORRESPONDENT

PRETORIA: Gauteng and South Africa are on the verge of losing one of the country’s brightest medical talents.

Brilliant cardio-thoracic surgeon Dr Fanus Serfontein has lost heart with the attitude of Gauteng provincial health authorities and is actively seeking work elsewhere.

One of the last straws for the young Pretoria surgeon, who first incurred the wrath of provincial health authorities when he broke the moratorium on heart transplants in Gauteng, was the arguing at H F Verwoerd Hospital when one of his latest transplant patients was refused admission at the weekend.

"I was shocked. How can they treat a sick person this way?" Dr Serfontein asked.

The patient — 54-year-old Mr Peter Bekker — was admitted while the furor about his admission was going on.

Dr Serfontein said yesterday it was becoming impossible for him to continue working at H F Verwoerd.

He added he would leave the country if the right opportunity arose.
Gauteng simply cannot do without its superlative work

Indispensable hospital

BY JANINE SIMON
MEDICAL CORRESPONDENT

On Saturday, an ageing Victorian hospital on 600ha of rolling grasslands north-east of Johannesburg is throwing a centenary party to prove itself indispensable to travellers, doctors and the community.

Rietfontein Hospital for Infectious and Tropical Diseases was founded 100 years ago as a tented camp a day's march away from the smallpox epidemic then raging through the centre of mining, Johannesburg.

It's a lot easier to trek to the hospital today (Rietfontein's in Edenvale, about a two-minute drive from the N3's Linksfield Road offramp) but it remains relatively isolated. "Few people realise all 10 of the hospital's full-time doctors have diplomas in tropical medicine, or that they are recognised experts in, for example, Ebola virus and Congo Fever," says Rietfontein's enthusiastic new superintendent, Dr Izak Joubert.

Doctors are backed by the expertise of researchers at the nearby National Institute for Virology, who hold legendary Thursday morning meetings and ward rounds on site.

Most patients are long-term multi-drug resistant TB patients. Rietfontein also routinely treats patients with malaria, bilharzia, typhoid, and even poisonous spider and scorpion bites, Joubert says.

The 559-bed hospital, whose grounds are home to monkeys and a prolific number of birds, has remained immune to the most pressing problems of State hospitals, he points out.

With no casualty department, it is not swamped with "walk-ins", nor pregnant women and children presenting themselves for free care; its 160 nurses showed no signs of wanting to join the recent wildcat strike.

But, until recently, the hospital was forgotten, swathed in rumours of demolition, and provided with no money for maintenance.

Its isolation allowed a previously unknown 1ha section of pristine grasslands on its grounds to flourish.

But the hospital's red tin roofs rusted, floor tiles pulled away, and paint peeled down with age.

In the old wards, the air sat as stale and dank as an overworked kitchen.

"When I came here two years ago, it was disgusting," Joubert says bluntly.

Three of the original corrugated iron and stone wards have now been given a fresh grey and turquoise face lift.

The children's ward is being upgraded and there are funds to improve another ward, but none for the kitchen, nurses' home, remaining ward and administration building.

Joubert has been singly responsible for coordinating these renovations, largely funded by the private sector in response to the centenary appeal.

Joubert also launched Rietfontein's Travel Advisory Service: travellers can book an appointment for a full consultation with doctors, who then plot the patient's journey and supply all relevant medication.

"It's highly profitable for the State, and the best indication of our future role," says Joubert.
Two hospitals where nurses act as doctors

By Glenn McKenzie

On bad nights, Sister Matsidiso Dikgale helps deliver two babies at the same time from women who lie side by side.

On good nights, another nurse is available to help her. She may only have to deliver six babies between dusk and dawn.

Dikgale (not her real name) is one of several dozen nurses who practically work miracles at Helene Franz Hospital near Bochum in Northern Province.

They work long shifts, without relief. Often they are forced to drive ambulances, using their own money to buy petrol. They prescribe medication. And they train foreign doctors.

Like many other hospitals in the former Lebowa, Gazankulu and Venda homelands that now form part of Northern Province, Helene Franz is critically understaffed and often goes without even the most essential equipment and supplies.

Presently, the 350-bed hospital has only five full-time doctors. As a result, nurses bear the lion’s share of the health care burden in the area.

“Nurses at Baragwanath hospital in Soweto think they are working in a difficult situation. But I know that if they were to come here, they would realize that they are living in heaven in Gauteng,” said Dikgale.

So far nurses at the hospital, which is about 150km northwest of Pietersburg, have not embarked on wildcat strikes like those in Gauteng earlier this month.

Instead, they recently gave their superiors a heartrending letter that detailed the startling conditions they work under.

At night, most wards are attended by only one nurse, they said. If an emergency occurs there is often no one to care for patients.

“We are prepared to render total patient care to our people. But patients are suffering because of the stress we’re under,” the nurses’ letter stated.

About 25km away (over dusty dirt roads) at Blooberg Hospital, nurses work under similarly trying conditions. The 36-bed hospital — many other patients sleep on the floor — serves a population of about 150,000 people.

It has not had a full-time doctor in three years. And often there is no ambulance to transport patients to receive better services.

The 50 odd nurses there act as doctors. They diagnose illnesses and prescribe medication. Sometimes they are even forced to perform emergency surgical procedures.

Matron Gloria Sefelo believes health care will continue to suffer as long as there are no good roads or schools in the area. Developing health care in the region means developing the region’s economy and the infrastructure.

“No one wants to work here because we don’t have adequate housing.

“Sometimes during the rainy season, we cannot take our patients to Pietersburg because the roads are flooded. So we are the only ones who can save lives,” said Sefelo.

Northern Province MEC for health and welfare Dr Joe Phaahla told Sowetan the province had “identified” 725 vacant posts for 58 clinics. A proposal to create another 2,859 posts for new clinics has also been submitted to the Provincial Public Service Commission.

“We hope this will eventually help ease the burden on our hospitals,” said Phaahla.
New day hospital in Khayelitsha will take pressure off main institutions

The Khayelitsha health committee and the provincial authority have posted a letter to the health committee of the Western Cape Health Department concerning the proposed development of a new hospital in Khayelitsha. The committee expressed concern about the impact of the new hospital on the existing health facilities in the area. They also raised concerns about the adequacy of the proposed hospital's infrastructure and services.

The committee recommended that the provincial authority should conduct a feasibility study to determine the need for a new hospital in Khayelitsha. They also suggested that the provincial authority should engage with the Western Cape Health Department to ensure that the new hospital is adequately equipped and staffed.

The letter concluded by stating that the Khayelitsha health committee would continue to monitor the progress of the proposed hospital development and would provide feedback to the provincial authority.
New wards, gymnastics and landscaping for Valkenberg upgrade.

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Health Report

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Cape hospitals in crisis

THE Dean of the UCT medical faculty has accused nurses of endangering the lives of patients.

Several hospitals in the Western Cape experienced a total breakdown of essential services yesterday, with some places in crisis and patients who had travelled long distances having to be turned away, the Dean of the Faculty of Medicine at the University of Cape Town said.

Professor J P van Niekerk said there were particular difficulties at the obstetrics department and tasks normally performed by nurses had to be done by doctors.

Patients who had travelled from upcountry for an operation to remove cataract growths had to be sent home and told to return in a year's time, he said.

The faculty supported an improvement in the salaries, working conditions and status of nurses, he said. "However we wish to express our strongest censure when members of a health care profession endanger the health and lives of patients through their actions."

Meanwhile disgruntled Gauteng nurses said they would return to their jobs at state hospitals, but would work to rule.

Mr Stephen Matlala of the National Nurses Forum, who handed a memorandum to a representative from President Nelson Mandela's office, said nurses would be unable to provide adequate patient care if their demands were not addressed.

"The government is treating nurses like factory workers. They are creating nurses who are resentful and discouraged ... They say there is no money but there is enough money for warships and new police uniforms," he said.

Hundreds of nurses marched to the Union Buildings to protest against Health Minister Dr Nkosazana Dlamini-Zuma's statement last week that there was no money to meet nurses' demands for an immediate pay increase of 33%.— Sapa, Staff Reporter
October 4 1995

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**Hospitals could 'save millions'**

*Staff Reporter*

MORE than R300 million a year could be saved if public and private hospitals worked together and shared their resources, says Director-General of Health Olive Shisana.

Dr Shisana was speaking at the opening of the Will Thompson Long-Term Care Centre at the Libertas Medical Centre yesterday. ARG 4/10/95.

While the government was committed to giving all people access to medical care, it had also inherited problems that would take years to solve.

"We want to deliver services but we need to introduce a new culture of caring for patients. "It is tragic to see thousands of nurses toyi-toying in the streets while their patients are left unattended. There are problems, which are being addressed, but we have to engender an ethic of caring.

"And the private sector has a role to play — medical care is still very expensive. If state hospitals and private clinics start working together and sharing resources, patients will get better care and we will also save millions of rands."

ARG 4/10/95
Clinics get low marks

survey

POLITICAL STAFF

THE government's health policies of encouraging people to use clinics before going to doctors and hospitals has received low marks from South Africans, according to a health survey released yesterday.

Most people did not report for their first treatment at a public clinic, but chose either a public hospital or a private doctor.

"This is most likely a result of the inaccessibility and scarcity of clinics, particularly in rural areas, restricted clinic opening times and perceptions that the standard of care in clinics is worse than in public hospitals," the survey has concluded.

The 200-page National Household Survey of Health Inequalities in South Africa was released in Johannesburg yesterday.

"Waiting times at public health facilities are excessive and consultation times too short to be effective."

"This is symptomatic of the extent to which the public health service is overburdened and understaffed."

"Health outreach services, including ambulance services, and services for the aged and disabled are poor for all population groups and almost non-existent for Africans," the survey concluded.

The survey also found that 31.9% of blacks and 20.9% of Indians regularly consulted a traditional healer.
Get in line while you can

BY CAS ST LÉGER

PATIENTS can wait for as long as six months for an eye operation at Pretoria's H F Vorwoerd hospital.

Amos Masondo, Gauteng's Health MEC, said in reply to written questions from a DP health spokesman this week that there were 1 750 patients waiting for eye operations.

And there are 105 patients who can expect to wait for about 15 weeks for heart operations.

There is a three-month wait for head, neck, plastic and thyroid surgery and a six-month wait for vascular surgery.

At Johannesburg hospital there are 2 000 patients who might have to wait as long as two years for eye surgery while heart patients can queue for up to three years.

ST 8/10/95
‘Cora’ a mother-and-child hospital

BY JANINE SIMON
MEDICAL CORRESPONDENT

Coronationville Hospital finally took on its role as a mother-and-child hospital last week, when J G Strijdom Hospital’s departments of paediatrics, and obstetrics and gynaecology, moved into 62-year-old “Cora’s” newly-painted wards. At least one doctor has labelled the shift premature and disorganised; but Coronationville matron Lorraine Jordan said the hospital was coping.

Paediatric ICU is up and running and labour ward staff successfully delivered 10 babies during Wednesday and Thursday, at the height of the move, she said.

The decision to split academic departments between the two hospitals, which are barely 2km apart, was made by a commission of inquiry last year, after years of confusion and anger over the disparities in their services.

Former health minister Rina Venter amalgamated the “coloured” Coronationville with Strijdom in the early nineties.

It was an explosive move in which “Cora” was downgraded to a low-care hospital and Strijdom left as a specialist institution, and it led to unprecedented complaints, with staff and patients shuttling miserably between the two.

The commission ruled that Coronationville should be transformed into a mother-and-child hospital with obstetrics, gynaecology and paediatric services for children. Other specialities would remain at Strijdom.

Strijdom’s antenatal clinics and labour wards were closed on Wednesday, and patients referred to the new unit at Coronationville.

Principal specialist in the department of obstetrics and gynaecology Dr Johnathan de Souza said the antenatal clinics were not ready; there was insufficient space in the labour wards, nursing staff was inadequate, and there were insufficient anaesthetists and intensive care beds for babies.

Jordan agreed that nurse staffing was a problem, but said most of the hiccups would be solved by today.

The Department of Health’s Director: Hospital Services, Dr Pieter van den Berg, said teething problems were to be expected.
Management under fire

DURBAN — Management at Durban's Addington Hospital was not co-operating with a commission of inquiry into fraud and corruption at provincial hospitals, commission chairman Kenneth Mbuyane said yesterday.

His comments came after the brief appearance of hospital assistant director Lionel Botha. Botha said he was upset about negative media coverage, especially reports recommending he be removed from his position at Addington Hospital. He denied receiving a letter dated September 21 informing the hospital's management about the commission's hearings.

The commission is taking a two-month recess so Mbuyane can take up a Supreme Court acting judge position in the Ciskei from Sunday.

— Sapa

Eastern Cape probes alleged schools fraud

EDUCATION in the former Transkei was in chaos and the Eastern Cape government's probe into an alleged teachers' salaries fraud could lead to several arrests, education MEC Nosimo Balindiela said yesterday.

The investigation had found that salaries had been paid for non-existent teaching posts and that certain schools had inflated pupil ratios and made incorrect salary submissions in an effort to get higher subsidies.

Balindiela said there were schools under the former Transkei education department which "existed on paper only".

The Eastern Cape education department intended appointing a firm of consultants to do an audit, he said.

The government would also carry out spot checks on all departments, after it discovered that there were discrepancies between the numbers of employees and computer records. The investigations were confirmed yesterday by Eastern Cape director-general Thosamile Botha, who said he thought the government had been defrauded of "millions of rands".

Provincial education and culture permanent secretary Ronnie van Wyk said his department had suspicions that records of numbers of schools and pupils were inaccurate in the former Transkei.

Three schools which had inflated records of numbers of pupils had already been identified.

A systematic audit of more than 6 000 schools in the region would be carried out. — Sapa
Rural clinics in dire state

PEOPLE living in rural Transkei are still walking for up to six hours to get to a clinic, an Independent Development Trust (IDT) survey has found.

The Trust says that many Transkei clinics are no more than mud-built rondavels with no electricity, no medication, no running water and no communication system to relay messages to hospitals for emergencies.

In sharp contrast, the trust says it found that clinics in the Komga area were in a good state, with all of them electrified and connected by phone.

One of the Trust’s facilitators, Busi Zokwe, said: “We went out to locate clinics for the electrification programme, but we found clinics that should not even be called that, and communities that were not so sure about the wisdom of installing electricity in stick, wattle and mud structures.”

A facilitator in the Qumbu district, Nceba Njongwe, said although Qumbu had the greatest number of villages in a single district in Transkei, there was not a single clinic built by past governments.

He said: “The only clinic in Tsilithwa, built with prefabricated materials through community initiative, services 12 villages and uses tank water.”

However, Nceba said the Trust had started a water-reticulation project which would include a standpipe for the clinic.

The survey was a forerunner to the Trust-sponsored rural electrification programme which will see remote clinics in the region connected.

Work will start at the end of this year.

A report on the survey is in the process of being compiled by a consultant in Durban and has not been released yet.

The provincial government is also awaiting the outcome of a separate study of clinics and hospitals in the region.

East Cape Health Ministry director of Policy Planning and Information, B Mzileni, said on Tuesday that about 90 percent of clinics which are to be built by the South African government would be situated in Transkei.

The government has announced that it will embark on a clinic-building programme which will run until 1999.

She said the cost of building a modern clinic was R50 000. The provincial government had set aside R20 million in its 1995-96 budget for clinic building. Planning had to be precise in order to make the money stretch, she said.

She said the government was installing a two-way radio system to connect clinics and the nearest hospitals and doctors for emergencies.

Mzileni said clinic building in the Transkei needed an integrated development approach that would include the Public Works Department for road building, Telkom for telephones, Eskom for electricity where grids were available and other important stakeholders.

She said: “Because of all the glaring inequalities that the apartheid government created it will be a long process to adequately address the problems. But with planning we will know where, how and when to move forward. Tenders are put out already for the building of clinics, so the process is moving forward.”

Ecms-DNA
Experts question whether new clinics will help

BY JANINE SIMON  MEDICAL CORRESPONDENT

Trauma experts are questioning by how much the planned 12 new clinics will relieve overloaded local hospitals of the enormous task of treating serious physical injuries.

Trauma, caused mainly by interpersonal violence and traffic collisions, is the leading cause of premature death of South Africans between the ages of one and 45, according to statistics in the South African Health Review.

It accounts for about half the deaths of children between the ages of five and 14, and about one third of deaths of people aged between 15 to 65.

The Medical Research Council trauma expert, Johan van der Spuy, says the clinics will help.

"But how much they help depends on whether they are open after hours, and whether the staff are conversant enough with trauma to treat minor injuries, stabilise serious cases, and conduct follow-up checks for patients treated at tertiary level."

More than 80% of trauma injuries occur after working-hours, and only 5% are life-threatening in the short term. But people won't go to a community clinic if they question the quality of care, he said.

Overall, trauma rates are higher in rural than in urban areas, a recent Rural Injury Surveillance Study has shown.

But the breakdown of services at Gauteng regional hospitals has meant the Baragwanath and the Johannesburg hospitals - the province's most sophisticated state trauma facilities - are flooded with patients from other areas, according to Kenneth Boffard, principal surgeon and head of the Johannesburg Hospital Trauma Unit.

These hospital's services have been compromised because the shift of finances to primary health care meant they received 20% less funding this year.
Apartheid names likely to be scrapped

Political Correspondent

Names of National Party luminaries from the apartheid past — such as Eben Donges and Lapa Munnik — could soon be erased from hospitals in the Western Cape if regional Health Minister Ebrahim Rasool has his way.

He is to appoint a committee soon to look into renaming such hospitals.

Speaking at an election meeting in Laingsburg last night, Mr Rasool said it was necessary to expunge the past in order to move forward to a future of dignity, love and hope.

He told the meeting that while hospitals were now more accessible, some were still linked to "apartheid figures".

"If such individuals are linked to the apartheid past, we will, in the interim, name the hospital after the town, such as Worcester Hospital."

"Singing out the hospital in Worcester — the Eben Donges Hospital — he pointed out that Donges was the Minister of Internal Affairs at the time "when our people were removed from the voter roll."
New life for hospital

BY PATRICK WADULA

Johannesburg's Coronation Hospital was yesterday officially reopened as a hospital for women and children only.

This follows a commission of inquiry into the overcrowding problem faced by the hospital and mass resignations and transfers of academic medical staff to other institutions such as J G Strijdom in Johannesburg west.

At a ribbon-cutting ceremony Gauteng MEC for Health, Amos Masondo, said there was no way health authorities could avoid the urgent need to transform the country's health-care system.

The hospital, built 52 years ago with a nursing college, serves the residential areas of Soweto, parts of Soweto, Nanceste and Kilpot.

Long standing employee of Coronation Hospital, Professor Tom Bothwell, said the staff felt threatened by the nearby J G Strydom Hospital because it served the same community with far superior equipment.

Bulletin recently circulated around the area said Coronation Hospital would specialise in health care related to women and children, while J G Strijdom Hospital would specialise in surgery, medicine, bones and muscle, psychiatry, adult intensive care and district nursing services.

The hospital administration assured the community that both hospitals would function as medical clinics. Masondo said the recent strikes had had a negative impact on the health sector.
Private hospitals — cash upfront?

Private hospitals and medical schemes are embroiled in a bitter fight over tariff increases that could see private hospitals withdraw from the Representative Association of Medical Schemes (Rams) tariff structure — potentially leaving patients to pay their hospital bills upfront.

National Association of Private Hospitals executive director Dr Anette van der Merwe says hospitals originally asked for a 10% annual increase — an amount below medical inflation and estimated cost increases of 12% — while Rams had refused to entertain any increase at all. Rams has since offered the hospitals 4%, which Van der Merwe took to her members to evaluate this week.

Says Rams executive director Reg Magennis: “Medical scheme payouts for private hospital patients have averaged annual increases of around 26% for the past four years. Medical schemes are simply unable to sustain this level of increased costs. Schemes are also under considerable pressure from employers to keep increases in line with salary increases. The consequence of ignoring this plea will inevitably mean a cutback in benefits. Rams proposes across-the-board tariff increases of around 8%.

The fight is disappointing given the much publicised new tariff structure hospitals fought to get installed earlier this year — a system they believed would apportion costs more equitably, resulting in tariff containment.

Briefly, the new tariff — in place since February — effectively reversed the traditional cross-subsidisation of expensive and complicated procedures by shorter and simpler ones. Since implementation, high care rates and some ward rates have increased by up to 70%, though the cost of shorter procedures has dropped.

Magennis says scheme payments to private hospitals increased 25% for the first five months of this year compared with the same 1994 period.

Van der Merwe denies that the real cost of hospital care has increased. She claims the increase in scheme payments is due to an influx of State hospital patients now using private hospitals.

Magennis accepts this scenario, but stresses that around 50% of cost increases for this period is attributable to increased admissions at private hospitals. The fracas also begs the question whether there’s any future for central bargaining between schemes and health care providers to determine payments. The Medical Schemes Amendment Act of 1994 that deregulated the schemes sector ended minimum benefits and guaranteed payment so that Rams’ rates are no longer legally binding but just recommended tariffs on schemes.

The logic behind this deregulation was to encourage both sides to negotiate individually to foster greater competition and encourage the emergence of managed health care principles that have cut traditional medical costs by up to 40% elsewhere.

In practice, schemes and providers have continued to rely on a rigid tariff system, though some players are entering individual contracts that include fixed fees and capitation (fee per patient rather than fee for services payments).

Van der Merwe suggests that the present tariff system is no longer workable. “Certainly, existing constraints don’t allow us to introduce price competition. But abandoning central bargaining completely could well result in chaos. We definitely need some guiding principles to define precisely what is meant by, for example, theatre time and a specific procedure.”

If hospitals do abandon the tariff system patients could become liable for the bulk of hospital costs. Faced with a real crisis, however, health providers and funders might more readily pursue managed health care options more seriously.
A new clinic for Vosloorus

By Glenn McKenzie

IN a "welcome surprise", Boksburg health authorities and Finnish trade officials launched a new R380 000 clinic in Vosloorus on the East Rand on Friday.

The clinic, which is located next to an existing one in Vosloorus Extension 9, was donated by a Finnish-South African construction partnership called Scan Homes.

The clinic is expected to be used to counsel and treat pregnant mothers and children under the age of six.

Mrs Peggy Seretsane, a Boksburg health official and former matron at Natalspruit Hospital, said the new clinic, which is expected to be completed this week, was "a welcome surprise".

She had hoped the clinic would be located elsewhere but felt that the site which was chosen "was a good idea after all".

Vosloorus has no comprehensive public primary health care clinic, except for a single mobile facility. Four local authority clinics in the area offer mother-child services, and treatment for tuberculosis and sexually transmitted diseases.

Staff members at the Extension 9 clinic hope the new clinic will eventually offer upgraded services.
The network of primary health care clinics in Greater Johannesburg is in the process of being expanded. Using the R92-million set aside for normalising services between areas, the metropolitan council has opened at least 10 "cabin clinics" near isolated informal settlements.

The latest clinic, in Parkridge, was opened this week.

Cabin clinics fall under the auspices of the existing local authority clinics shown in the graphic. Gauteng Health Department also runs primary health care clinics for example, the 13 community health clinics attached to Baragwanath Hospital.

In some areas, provincial clinics are close to the local authority clinics and services are duplicated.

But in several areas there is a very poor primary health care network.

To address this, the Gauteng Health Department plans to upgrade or build new clinics in the provinces.

At least five of them are in Greater Johannesburg, Randvaal, Fordsite, Fordsite, Rosslyn and Dobsonville.

These clinics will be built and run with money from Reconstruction and Development Programme funds.

Needy areas were identified after a detailed analysis. The siting, plans and facilities for each were decided on in consultation with local communities and local authorities, said Dr Refik Hashim, Gauteng's Chief Director for Health.

"This is the first time we have analysed and planned our health facilities," he said.

- In more serious cases, the patient would be sent to either a private or provincial hospital.

Clinics are provided by the Community Health Department. There are 52 clinics in Johannesburg, including mobile clinics. Clinics offer the following services:

**Curative**
- Care is provided for any illness or injury.
- Minor ailments treatment for coughs, colds, minor burns and wounds.
- Medicines available for a small charge.

**Preventive**
- Babies need to be immunised.
- The first immunisation is at birth, the next is at 3 months, followed by 4 more in the next year.

**Promotive**
- Educational information on AIDS and sexually transmitted diseases.
- Family planning advice.
- Free contraception supplied.
Hospital staff face violence charges

The workers were protections during the "red alert" at the hospital, which was raised after the discovery of new cases of meningitis in the area. Over 100 employees have been evacuated, and samples of blood have been taken from employees and patients.

Doctors said the samples were taken from a hospital laboratory on March 31. A "biological time bomb" was alleged.

Scores of patients had to be evacuated when the sample was discovered. The alert was raised after the hospital's junior doctor, Warrant Officer Genna Holder, said another 11 medical centres in the area had also been alerted.

The alert was raised on November 24.
State hospitals are likely to face more malpractice suits — Shisana

By Janice Simon
Medical Correspondent

The number of expensive malpractice suits against state hospitals is expected to increase, Director-General of Health Dr Olive Shisana said last week.

Shisana said she had requested the Interim National Medical and Dental Council to be vigilant, implement a rigorous system of peer review and mete out punishment to individual doctors where necessary.

Her comments come after years of controversy surrounding the quality of care in state hospitals. The Star has been told of at least one rural hospital which had two malpractice suits filed against it in recent months.

More are likely as patients become aware of their rights, a doctor there said.

The problem has two roots: understaffing, which lays overloaded doctors open to making a mistake, and poor training of some foreign doctors with limited registration.

The foreign doctor debate stemmed largely from a brief period, between April 1990 and January 1992, when doctors trained outside South Africa were given limited registration to work in state hospitals without passing an entry examination.

The ruling was made because of the acute problem in securing doctors for rural and regional hospitals, Nico Pieters, registrar of the then South African Medical and Dental Council, explained in a statement.

It succeeded in pushing up by 30% the number of foreign-trained doctors registered here and in securing essential medical services.

But, despite that, according to an SAMDC spokesman, there have been almost no formal complaints about the standard of care from doctors with limited registration, but dissatisfaction was palpable.

"Doctors won't go on record, but four regional hospital superintendents, and other doctors, told me they were shocked at what the loophole did to their patients," Gauteng's Democratic Party spokesman on health, Jack Bloom, said last week.

Most doctors accept that a malpractice complaint could be justified: there are poor practitioners among the many good foreign doctors.

"But will the State protect me when I make a mistake because I have to treat 100 children in the wards a day?" asked one paediatrician at a Gauteng regional hospital.

The State does not cover doctors for malpractice, said Deputy Director-General for Health Dr Ayanda Ntsaluba. "We recognise long hours are a problem and are discussing it with the Medical Association of South Africa."
Alert: Security guard's strike

The guards at the hospital are on strike, demanding better pay and working conditions. The management has not yet responded to their demands.

Source: The Daily News

November 8, 1996
Hospital strike spreads to Medi-Clinics

Employees of the Louis Leoupold Hospital in Bellville, who went on strike yesterday, have been joined by Medi-Clinics Holdings workers. A National Education, Health and Allied Workers' Union spokesman said yesterday that he had joined the strike in solidarity with their colleagues.

The workers are striking against a hospital ruling that union members may not be shop stewards. Management reportedly told workers to resign from the union before taking on shop steward duties.

Nchauwe said this was unconstitutional and contradicted the Labour Relations Act. — Sapa.
Hospital staff return to work

Labour Reporter (98) ARG 11/11/95

WORKERS at the Louis Leipoldt Hospital in Bellville, who stopped work in support of a colleague who was told to choose between promotion and continuing to be a union shop steward, have returned to work after agreement was reached to refer the matter to arbitration next month.

The arbitration will decide whether or not M Petersen should be allowed to continue to be a trade union shop steward while assuming the position of supervisor at the hospital.

Wilie van Aardt, hospital manager at Louis Leipoldt, said the dispute had arisen when Mrs Petersen, a shop steward of the National Education, Health and Allied Workers' Union (Nehawu), was promoted to supervisor in August. A condition of her promotion was that she resign as a shop steward.

Mr Van Aardt said that hospital management had, at that time suggested the matter be referred to arbitration but that this had been rejected by Nehawu.
R5-m in hospital fund

WITH R5m in cash in the kitty, and promised commitments still to come, the Red Cross Children's Hospital's plans to build urgently-needed facilities and upgrade equipment are right on track.

There is, however, still a long way to go to meet the hospital's target of R28 million.

Director of the Red Cross Children's Hospital Trust Dr Bob Bishon says the hospital's plight is now known to people all over the country and money is coming in from several sources in the Transvaal and elsewhere.

"Overseas money is also coming in. The South African Embassy in Belgium will hold a South Africa Day on November 23 and proceeds from the event will come into the hospital's fund."

Dr Bishon says the generosity of the public is overwhelming, particularly from small donors, and he says that in the last three months almost R300 000 has been put in the hospital's coffers.

He said R25,000 had been received from the Weizman School in Sea Point from their weekly fund-raising activities and R6,000 was donated by the Pip Ack Shell Hole in Newlands from selling parking spots in their grounds for rugby spectators.

An amount of R21,000 has been donated by Fairlady magazine readers as a result of an article in their magazine about the burns unit at the hospital. Some of the money came from readers in Zimbabwe and New Zealand.

The MG Car Club has given R11,000 and R7,000 has been received from anonymous donors in R10 notes through the post.
Sick children to benefit from parade

Staff Reporter (98)

A SPECIAL Armistice Day Parade at the Red Cross War Memorial Children's Hospital will be held on Sunday to boost funds for refurbishment.

Executive Director Bob Bish-, top said: "We need at least R28 million to keep the hospital going and for urgent redevelopment. The hospital is in 40-year-old prefabricated buildings with an annual capacity of 50,000 children. Last year, 300,000 children were treated."

The funding campaign has already raised R5 million.

Sunday's parade will be by World War 2 veterans association Moths (Memorable Order of the Tin Hat) at 10.30 am. Entrance is free.

Donations can be posted to Children's Hospital Trust, Box 38783, Pinelands, 7430.
Ambulance

Crisis

Service

Circumstances in the Embattled City

According to a condition chief officer, according to a condition chief officer, the City Commission has decided to purchase 15 new ambulance cars, each equipped with modern medical equipment and trained medical personnel. This decision comes in light of the ongoing crisis in the city, where the current ambulance service has been deemed inadequate and unable to meet the needs of the population.

The report adds that the city has been facing numerous challenges in terms of adequate staffing and proper medical training for the ambulance crew. The City Commission has been working on addressing these issues, and the purchase of new ambulances is a step in that direction.

However, the report also highlights the need for ongoing training and support for the new ambulance personnel to ensure they are adequately prepared to handle the challenges they will face.

The City Commission has also expressed its commitment to improving the overall ambulance service in the city, and the purchase of new ambulances is seen as a crucial step in that direction.
'TIME FOR A NEW BROOM'

Sack city ambulance chiefs — report

AN INDEPENDENT REPORT on the Cape Town ambulance service, which was leaked at the weekend, recommends that the entire top management of the service be sacked. CHRIS BATEMAN reports.

CAPE TOWN ambulance chief Mr Rod Douglas yesterday backed an expert recommendation that he and his entire top management be replaced, saying it was "time a new broom sweeps clean".

Professor Clive Thomson and Ms Mary Simons of Independent Mediation Services found in a confidential report leaked at the weekend that the city's ambulance service was suffering from "political-managerial" paralysis.

Relationships between existing management and staff had also soured beyond repair.

Their report lashed the city for its inability to buy an extra base radio set at R75 000, saying this showed "it should not be in the business of attempting to offer the people of greater Cape Town an ambulance service at all".

The ambulance team's "political masters" would have "left Florence Nightingale struggling".

Mr Douglas said the council — which he took to court after being illegally suspended in June — needed "to be fair to me and my family because I've been judged unfairly and a lot of blame has been shifted on to me".

Mr Douglas urged the council to "move fast" to rectify long-identified ambulance problems.

The two mediators recommended that the entire top management be sacked, describing circumstances as having made Mr Douglas a "lame duck" and saying his officers were unable to command the respect of their juniors.

In May this year ambulance staff "trashed" Mr Douglas' office. No one was disciplined.

The report says the council's inability to take remedial action is due to its subordination to the province and an acute lack of funding.

Prof Thomson and Ms Simons suggested a new union leadership or attitude would contribute to a solution.

Deputy city administrator Mr Alan Dolby said the probe was at the SA Municipal Workers' Union's request and that exco had now asked city administrator Mr Gys Hofmeyr to recommend a way forward.

Exco urgently wanted an interview with provincial Health and Social Services Minister Mr Ebrahim Rasool on the financial implications of the report, the current ambulance budget and the future accountability of management.

Mr Rasool said last night that issues surrounding Mr Douglas, staff suitability and defining an entirely new relationship with the council were top of his agenda.

Instability

"Unless managerial capacity and staff instability are addressed, we're just throwing good money after bad," he said.

The council needed to give the ambulance service extra money.

"At present we (the province) are paying the piper but we can't call the tune," he added.

A probe ordered by Mr Rasool last year recommended that the service be wholly transferred to Cape Town.

(98) CT 13/11/95
Call to shut down Umtata hospital

Kathryn Strachan

THE parliamentary health portfolio committee has described the Umtata General Hospital as "an affront to human decency", calling for the hospital to be condemned, and replaced immediately.

Following a fact-finding visit to Umtata last week, chairman Dr Manto Tshabalala yesterday described the appalling state of the hospital and the need for emergency measures.

"There is a complete absence of emergency facilities, including ambulances and resuscitation equipment," she said.

There were five babies to one cot in the paediatrics ward and two babies to an incubator.

A dilapidated shed served as a psychiatric unit, and the strong-room was strewn with rubbish and broken glass. "Conditions for the hospital's psychiatric patients are, quite simply, disgusting," she said. "The psychiatric unit looks like a medieval relic."

The totally inadequate communication facilities left the hospital isolated and the standard of hygiene was poor.

While repair of damage to health services had to be planned on a national basis, the committee believed the severity of conditions at Umtata General and the role it played in the former Transkei called for emergency measures.

The hospital was carrying a budget shortfall of R8m, of which only 50% had been recovered.

Mangope likely to go to court over R18m

Kevin O'Grady

A DEMAND by Northwest's government for R18m allegedly owed by former Bophuthatswana ruler Lucas Mangope would be challenged in court, Mangope's attorney Richard Nesbit said yesterday.

A letter of demand for the money, issued by Northwest government attorney Ismail Ayob, had been "rejected ... I think we will go to court", Nesbit said. Mangope had until tomorrow to respond to the letter of demand.

Nesbit also criticised police — investigating criminal charges against his client — for "raiding" Mangope's home last week and seizing documents which the Northwest government had been told would be handed over.

Some of the documents allegedly seized in the raid would form part of a submission to government this week that would show Mangope had not misappropriated R300 000 in tribal funds, as alleged by the Skweyiya commission of inquiry.

Nesbit claimed the raid last Thursday amounted to "harassment". He also said the documents — "which are inceptive of the fact that any funds which Mr Mangope received were accounted for in respect of the tribe" — had been in the possession of the commission but not made public.

"To put it gently, they present ed a very one-sided story," he said.

Yesterday, Northwest police spokesman Dave George could not confirm the police raid on Mangope's home.

The commission found that R300 000 in mining royalties went to Mangope instead of his Bahurutse-Boo-Manyakene tribe.

Commission advocate Frans Kgomo said he had asked Nesbit to send him a copy of the documents which he claimed would prove Mangope's innocence of the royalties allegations.

"I am still waiting for that," he said. The commission had handled more than 1-million documents during its investigation and it was difficult to say whether such a document had been in the commission's possession.

Government instructed Ayob to institute civil proceedings against Mangope after a commission recommendation that Mangope, and several former Bophuthatswana ministers and officials, face criminal and civil action over more than R20m that was found to be missing.

Northwest attorney-general J Smit said yesterday police were still investigating the allegations against Mangope, and he did not know when he would be in a position to decide whether or not to prosecute.

Mangope is leader of the United African Democratic Party.
KwaZulu-Natal to get police portraits

Most productive

Soldiers to be disciplined after IFP rally actions

Health officials' fate will be determined by inquiry

Volunteer financial officers found guilty of theft of R1.7m

KwaZulu-Natal to get police

Most productive

Soldiers to be disciplined after IFP rally actions

Health officials' fate will be determined by inquiry

Volunteer financial officers found guilty of theft of R1.7m
R1-m heart centre for Baragwanath Hospital

South Africa's black hypertensives are at greater risk of developing problems than their white counterparts.

BY JANINE SIMON
Medical Correspondent

The heart of Baragwanath Hospital's dilapidated collection of prefabs and open corridors is to be transformed with a R1-million Sandton-style cardiovascular institute intended to provide top academic support to primary health practitioners.

Construction on the privately-funded Medtronic Southern Africa Institute of Cardiovascular Medicine is expected to be complete within six months, and the institute fully operational within three years.

The aim, says Baragwanath's determined Head of Cardiology Professor Pinchas Sarel, is to conduct research to provide answers to questions of how best to treat common health problems, such as hypertension, at the primary care level.

"We want to give politicians the information to make the right decisions," he said.

For example, an estimated 15% of the population, some 6 million people, are hypertensive. The blood pressure of black hypertensives is higher than that of their white counterparts, and they also are at greater risk of developing heart problems, stroke and renal failure.

The key is to take this academic knowledge and translate it into practical advice on what facilities and training are needed at the primary health care level, Sarel says.

He adds that he has ignored a common view among medical academics that primary health care is "mussing about in the dirt", because he believes primary health care will succeed or fail on the strength of the tertiary information which backs it.

"If we don't have excellent triage (sorting according to priority) at the primary clinic level, the tertiary institutions will be flooded," he says.

One computer at Bara, for example, can supervise hypertensive patients at 25 to 30 clinics, and all that clinic staff will have to do is puncture fingers for blood samples, and connect them to blood pressure monitors.

The institute is to have educational facilities like lecture rooms and a library. It has been promised R2.5-million by its American supporters over the next five years.
Provincial upgrading its clinics

By Khathu Mamalla 15/11/95

The department of health and welfare in the Northern Province has set aside R21 million for the creation of 700 posts for nurses in a bid to equip about 250 clinics in the area.

Spokesman Mr Tehepo Moshima said the plan to increase the staff at clinics to enable them to remain open 24 hours a day.

He said 2,000 more nurses were needed to deliver essential services. The provincial government had earlier announced that health care would be provided free of charge.

Asked if he believed the new posts would be occupied immediately, Moshima said "the problem is that we do not have enough qualified nurses. We will only rely on those graduating from the three colleges in the province". He said while the output of Gazankulu and Groothoek colleges was fairly good, the pass rate at Venda Nursing College was very low.

Asked to comment on the state of clinics, Moshima said about R35 million had been allocated for their improvement. He said about R250,000 would be spent on each clinic. Some have no electricity or security.

Moshima also said the three suspended senior officials in the Health Department could face criminal charges. An audit report into the alleged illegal promotions would guide the department in its decision.
Conradie Hospital jobs are safe, Minister says

Labour Reporter

PROPOSALS on Conradie Hospital's future will be reassessed by hospital and community representatives after Western Cape Minister of Health Ebrahim Rasool reached agreement with hospital board members.

Mr Rasool confirmed the agreement and said there would be no retrenchment of staff, and that no-one would lose their jobs. Savings on personnel expenditure would be made through natural wastage.

However, when the hospital's future was finalised, some staff members could well be required to consider transfer to other institutions.

The future of Conradie Hospital has been in the balance since March this year when a draft provincial health plan proposed that the institution be closed, its premises in Pinelands sold and its spinal unit moved to Groote Schuur Hospital.

This proposal and other decisions about the hospital in the draft provincial health plan will now be discussed by a task team to be appointed by Mr Rasool.

A group of senior Conradie Hospital staff were currently investigating the proposed move of Conradie's spinal unit to Groote Schuur and this would continue, Mr Rasool said.

Since the spinal unit was only one component of Conradie, he would also get nominations from groups representing staff, hospital and departmental management and affected communities to establish a team to reassess all the decisions affecting Conradie.

The team would make recommendations in keeping with the draft health plan for the rest of the Cape metro and the province, and which considered the need to limit expenditure, effect savings and minimise the impact of changes on staff.

The reason for having the broad-based team was that any redefined role for Conradie Hospital should take account of the general health service requirements of the communities which the hospital currently served.

Factors such as the convenient location of the hospital, its restful and rural surroundings, future industrial development and the merits and limitations of the hospital's existing infrastructure will also be considered.
R15-m to check
400 health centres

Govt bid to determine whether to upgrade or build new facilities

By Glenn McKenzie

M ore than 400 South African health centres will undergo a R15 million Government audit to determine whether to upgrade decaying hospitals, President Mandela's office has announced.

The audit, which will concentrate on referral and community hospitals, will be paid for by Reconstruction and Development Programme funds and wants "health facilities to be brought under proper management control".

The director of health facilities and planning in the Department of Health, Dr Malcolm Jones, said many existing hospitals were in a very poor condition and badly needed upgrading. But the Government needed to decide whether repairing old hospitals would in some cases "simply reinforce existing inequalities".

The cost of replacing current health services is approximately R24 billion, said Jones. The Government's maintenance costs have reached R1 billion a year.

"Shifting the priorities of South Africa's health services will only succeed if plans are based on good quality information," he said. "At present there is no comprehensive picture of existing health care properties nor of the maintenance and repair backlog that currently exists."

Health care goals

"This is an unacceptable situation," he said.

The Government required great skill in deploying resources to gradually reshape the existing health system into one that is more "in line with the new health care goals".

"To just repair and upgrade existing hospitals will incrementally recreate what already exists," Jones said. "We want to be able to analyse facilities and create shifts in new directions."

The process would only succeed if it was based on good information.

In total, 305 referral hospitals and 105 community hospitals will be audited before March next year. Another audit of academic hospitals and about 3 000 primary health care clinics will be undertaken at a "later stage".

- In another Government strategy, Welfare and Population Minister Abe Williams announced yesterday that a five-year plan to uplift the poorest South Africans was envisaged in the draft White Paper for Social Welfare to be published soon, Sapa reports.

This was aimed at advancing self-reliance and ending the handout image of welfare, he said.
Cancer ’s ‘Terroir’ day hospital workers

CLOSE SHAVE: Harriet Fenwick has taken a day from her usual job of feeding the patients in the hospital ward to do a shave for her husband's day hospital workers. She has worked at the hospital for 12 years and says it is the best place to work because they live in a happy atmosphere.

DANGER ZONE: The black cat is out of the cage and faces the camera with a fierce look.

Cancer patients at the hospital are looking for a place to lay their heads and feel at home. They are looking for a place to lay their heads and feel at home.

PIT FALLS: The black cat is out of the cage and faces the camera with a fierce look.

A day at the hospital:

1. The day starts early at 8am with a quick breakfast and a check of the patients.
2. The nurses then prepare the patients for the day.
3. The patients are then taken to their respective rooms for treatment.
4. Lunch is served at 12pm.
5. After lunch, the patients are taken to their respective rooms for treatment.
6. Dinner is served at 5pm.
7. The patients are then taken to their respective rooms for treatment.
8. The day ends with a quick check of the patients before they are taken to their respective rooms for the night.

A day at the hospital can be tough, but the staff are dedicated to making sure the patients are comfortable and well taken care of.
R170m needed for Umtata Hospital

Kathryn Strachan

UMTATA Hospital, which was described as "in affront to humanity" by a parliamentary delegation last week, needed R170m to bring it up to standard, Eastern Cape deputy permanent secretary Siipwe Stamper said at the weekend. The entire budget for upgrading health services in the province was only R94m.

The department would present its "master plan" for Umtata Hospital to the Eastern Cape parliament this week, and request it to seek donor funding for the five-year plan.

The parliamentary delegation said conditions at the hospital were appalling. There were broken bottles and rubbish strewn around the shed which served as a psychiatric unit, in the paediatric ward there were five babies to a cot and two babies to an incubator. The hospital lacked basic equipment.

Stamper said R13m was being spent this year on upgrading the hospital, and on building a new outpatient department.

While the delegation said terrible conditions in the hospital were a health risk and it should be condemned and a new hospital built on its place, Stamper said his department was well aware of the appalling conditions.

However, the hospital did provide a service, and it was not practical to shut down the building altogether:

There were attempts to take the pressure off Umtata Hospital by rerouting patients to better-resourced hospitals in Queenstown and East London, Stamper said.

Plans for upgrading other hospitals in the province had begun.

Health services in the former Transkei were the worst victims of apartheid, said Stamper, and these were at the top of the department's list of priorities.

However, it was impossible to repress decades of neglect in 18 months, he said in response to criticism of his department's performance.

A computer system which was installed in the Umtata medicine depot earlier this month was expected to improve the supply of medicines to former Transkei clinics, which had complained of running out of essential medicines every month.

De Villiers' no to new NP name

Wyndham Hartley

CAPE TOWN — A change of name for the NP without a rearrangement of its leadership would be pure cosmetic and is out of the question in the short-term, Western Cape NP leader Dawie de Villiers said at the weekend.

For the second time in recent weeks, an NP branch has asked at a provincial congress that serious consideration be given to a name change. It was first mooted at the NP's Eastern Cape congress and again on Saturday when the Western Cape NP gathered in Somerset West.

NP spokesman Danie du Plessis said the congress was told by De Villiers that when the NP changed its colours and logo a few years ago the whole issue of changing the name was researched and the evidence gathered showed that the party should not change its name.

It would be pointless to have a new name for the party which had all the old faces, he said — in the future if there was a rearrangement of the party and its leadership, then a name change was a possibility.

There was considerable opposition to a name change on the basis that supporters would become confused and votes could be lost as a result.

The party leadership emerged bruised from the one-day congress. Sharp criticism from the floor of the congress said that part of the reason for the party's poor performance in the local government elections earlier this month was that the leadership was not seen enough at grassroots level.

Leaders must be seen to be involved on the ground and not purely at large national meetings, delegates told the congress. They warned that if this did not happen, it would fuel perceptions that the leadership was not interested in those they wanted to vote for them.

Doubt was also expressed about the NP's continued participation in the Government of National Unity.
**Hospitals to be audited:** Local contractors, on behalf of the provincial health departments, would carry out a physical audit on more than 400 hospitals and health centres in the nine provinces over the next four months at a cost of R15 million, the RDP office said last week. Funds will be allocated from the RDP budget. The audit is needed to help decide where spending would be most appropriate.
Stiff hospital bill for linen losses

CHRIS BATEMAN

CRITICAL staff shortages were to blame for annual losses of R459 000 and R700 000 in hospital bed linen in the former Cape Province, Dr Tom Sutcliffe, the director of Health Services in the Western Cape, told an inter-provincial committee yesterday.

Advising against a call by the Management Advisory Services for a probe, Dr Sutcliffe told a joint sitting of Standing Select Committees on Public Accounts for the Western, Eastern and Northern Cape that the problem was attributable mainly to staffing.

Posts for linen supervisors were "largely unfilled" and porters and nurses handled often-dangerously-soiled linen in small and cramped rooms not specifically put aside for the task.

"I've visited the laundries and Tygerberg Hospital management has recommended that, notwithstanding severe budgetary restraints, we fill all earmarked laundry posts to prevent further losses," Dr Sutcliffe said.

If the cost of the new posts was greater than the linen losses, then the action plan would be revised.

Dr Sutcliffe said the former Cape Province had lost R700 000 worth of linen in the 1992/93 financial year and a "rough estimate" of R459 000 the following financial year.

Northern Cape parliamentary Speaker Ms Esme Papenfus rejected a suggestion by Mr L. Bici (Eastern Cape) that those in overall control should be held accountable. The losses were "an issue about management systems and witch-hunts won't fix it."

Dr Sutcliffe said administrative and maintenance staff members were being sacrificed in favour of staff who delivered health services.
Clinic demands protection

THE TRAUMA UNIT at Hanover Park’s clinic faces closure over the festive season unless a wall is built to keep gangsters out. CAROL CAMPBELL reports.

The embattled staff of Hanover Park’s Day Hospital yesterday appealed for the army to be called in to protect them from gun-wielding gangsters who regularly overrun the hospital demanding medical care and terrifying patients.

The meeting was sparked off by a shooting incident last week in which a doctor was wounded when a bullet ripped through the hospital’s prefabricated walls.

The doctor was hit in the buttocks and is only expected to be back at work within three weeks. The incident was the fourth of its kind in the past five years.

Guards

The nurses, doctors and other hospital staff also demanded that the Western Cape health department build a wall around the hospital before December 15 or they would close the trauma unit at night.

Since the shooting incident, security at the hospital had been increased — six security guards, some of them armed, patrol the premises.

Hospital staff said this was not enough because most of the guards lived in the area and were terrified the gangsters would harm their families. The guards were also not adequately trained to deal with the gangsters and did not always know how to handle aggressive crowd situations.

Health department representative Dr Edmund Michaels said financing the 400-metre wall at a cost of R50 000 was a major obstacle, but he would continue discussions with the department to see how the money could be raised.

One nurse suggested the money come out of a recent RDP allocation of R400 000 made to day hospitals for equipment but this would mean other day hospitals in the province would lose out.

The SA Police Service representative at the meeting, Col Jakobus “J P” Engelbrecht said police had been asked to make regular checks on the hospital by going inside to make sure every thing was alright.

Police could not be at the hospital all day and night and he had approached the army to help patrol the area but nothing had been agreed to.

Col Engelbrecht supported the staff’s demand for a wall telling Dr Michaels that the cost of R50 000 in the medical world was nothing.

He was loudly applauded by the staff who repeatedly made the point that they could not work if they felt their lives were in danger.

By the end of the meeting no firm commitment had been made by the health department. None of the representatives would accept responsibility for the staff’s safety, each saying another party was responsible.

Another meeting was arranged for November 30 when all stakeholders were asked to come with firm proposals or the trauma unit would be closed for the festive season — putting strain on the ambulance services, other hospitals and severely hurting the Hanover Park community, the hospital staff said.
Mental patients raped, assaulted

By Glenn McKenzie

A DEPARTMENT of Health committee of inquiry has uncovered human rights abuse at several mental hospitals, and is likely to recommend "significant" changes to the laws governing these institutions, informed sources have told Sowetan.

The committee, whose mandate includes probing alleged malpractice and human rights violations in 33 psychiatric hospitals, recently completed a six-month investigation.

Recommendations to "enhance the standard of care in our institutions" will be given to Minister of Health Dr Nkosazana Zuma in December. A full report could be made public by the end of the year.

Most of the human rights violations uncovered occurred before 1994. Sowetan has been told. Further details regarding instances of abuse have not been divulged.

Some of the recommendations that are likely to be made by the committee include:

- Repealing a portion of the Mental Health Act which prohibits journalists taking photographs or sketches of mental institutions; and
- Changing the laws by which patients can be involuntarily "certified" and committed to mental institutions.

Nurses witnessed abuse

Meanwhile, the committee itself has come under attack from psychiatric nurses at two hospitals for allegedly failing to consult them about human rights conditions there.

In interviews this week, four nurses from Oranje Hospital in Bloemfontein told Sowetan that they had witnessed gross abuses such as rape, assault and racist treatment that went unchecked. The nurses said the committee of inquiry had not approached them to give testimony.

Several outspoken nurses from Milnerton Hospital, which has been accused of having an inordinately high death rate and poor patient care, also said they had not been consulted.

Committee members have defended their actions, saying they spoke to unions, workers and patients during the inquiry.

Yesterday, the Citizens Commission on Human Rights said it was concerned that the Department of Health committee did not have "the teeth or manpower" to fully investigate problems in South Africa's mental hospitals.
Racism, rape and malpractice claims at hospital

Mental torture

By Glenn McKechnie
Health gets cash boost

More clinics, better hospitals, more jobs

ARONCHIK MOKOTENA

HEALTH SERVICES in the Northern Province received a R170 million injection to build more than 20 community clinics before the end of March next year and to upgrade existing health facilities.

About 10 rural clinics will receive R50,000 each, health centres R250,000 and community hospitals will receive about R2 million each.

Some of the funds will be spent on upgrading the dilapidated buildings and buying new equipment.

Cape Town clinics plan to invest their money on security to allow them to operate for 24 hours.

The Cape Town project will also create job opportunities for 776 people as 776 nursing posts have already been advertised.

Health superintendent Dr Nicholas Crisp said many health facilities in the province were in an unhealthy state and "will need more than 10 years to be improved.

Crisp also said the new local authority boundaries followed the old homelands system “which were inappropriate for health”.

The complexity surrounding the issue of land was another obstacle in setting up district health authorities as tribal land cannot be sub-divided, he said.

A new initiative in the province is to implement a hospital information system and create a computer system which will allow sectors such as health, agriculture and education to share information and forge links.

There is also a new AIDS strategy designed for the region.

With the shortage of doctors in the province, a donation of R300 million from the Overseas Development Agency has also been made available for training extra staff.

Another major project will also be to develop tertiary capacity by concentrating specialists in the five regional hospitals, he said.

"If democracy is to be a success, its effect should be felt in the areas which have borne the brunt of apartheid neglect”, said Crisp.

The relentless drought is another problem working against the improvement of health as many hospitals are experiencing water shortages, he said.
Black mental hospital claims & frustrated staff

Black mental patients suffer abuse in mental hospital, claims frustrated staff
Concern at abuse of mental patients

By Glenn McKenzie

In a small house in Mungang, Bloemfontein, a nurse divulges the "secrets" of her job. The psychiatric institution where she works at Orange Hospital is fraught with racism, rape and other forms of abuse, she says.

These problems have existed for many years but now the morale of nurses has fallen to a point where "we (nurses) are becoming as sick as our patients."

The reason she is speaking to the Press, the nurse says, is desperation. "For a long time we thought we could sort out our problems internally," she says. "We thought that if we kept communicating with management, we could change the hospital. But we have given up now."

The nurse, one of four Orange Hospital health workers who spoke candidly to Sowetan, said the hospital housed male and female patients in the same wards for several years until September.

This was in spite of the fact that female patients were frequent victims of rape and sexual abuse at the hands of male patients and staff members.

The hospital also launched an internal inquiry into abuses only after a white family complained that a relative of theirs (who is a patient) had been sexually abused. Rapes and assaults on black patients went "unnounced", the nurse says.

All four nurses recount tales of staff members being allowed to remain on duty after they had been accused of sexually molesting patients. They also claim that:

- An 86-year-old woman was raped by a young male patient. No action was taken other than the filling of a police report. (The Free State Department of Health and Welfare said the accused was immediately arrested.)

- The hospital regularly gave patients HIV tests without their consent and without offering counselling — until at least August this year.

- Sexual activity involving psychologically unstable HIV-positive patients was a "regular occurrence" as a result of a low staff complement in most wards.

Professor Carlo Gagliano, head of community mental health services in the Free State, says: "It is possible these incidents occurred but we do not know for sure."

Patient abuse

He adds, in his opinion, "patient abuse shouldn't happen (when male and female patients are housed together) if they are given optimal care."

Even more telling is the statement by the Free State Department of Health and Welfare: "It would be opportune to presume the living arrangements of the patients did directly result in the allegations of rape, molestation and assault. However, this was probably conducive to the abuse of human rights."

The department says that, according to management, patients are never given HIV tests without their consent or the consent of their families.

If further emphasised that keeping patients of the opposite sex in the same ward (a policy that began under previous hospital management) had been stopped. Patients were now split in the same rooms, they say.

In addition, all male personnel, who were previously responsible for female patients, had been moved to other wards.

Still, the nurses who spoke to Sowetan expressed concern over the fact that they had not been asked to give testimony to either the Orange Hospital internal inquiry or to a national committee of inquiry commissioned by Health Minister Dr Nkosazana Zuma to investigate conditions in 33 mental institutions.

"How are we going to stop these rapes if we are not even allowed to talk about them?" a nurse asks.

Another nurse has more practical concerns: "When you have only two people to take care of 28 psychiatrically ill patients, abuse is inevitable. What we need is more nurses and security to back us up."

He says scuffles often ensue and "sometimes people get hurt".

Recommendations

Sources close to a national committee of inquiry charged with investigating conditions in mental institutions say it is likely to recommend substantial changes to the Mental Health Act, which legally governs psychiatric hospitals.

Some of the recommendations could include:

- Repealing a section of the Act which prohibits journalists from taking photographs or sketches of mental institutions.
- Changing laws by which patients can be involuntarily "certified" and committed to mental institutions.

One committee member says it was difficult to prove many of the abuse claims brought to the group's attention. Another says the committee had successfully uncovered various abuses which occurred "prior to 1994.

The committee will give its findings to Health Minister Dr Nkosazana Zuma in December. A report could be made public by the end of the year.
Upgrade for East Cape hospitals

PORT ELIZABETH—Work has begun on a R96 million upgrade of Eastern Cape hospitals, provincial says, health deputy permanent secretary Sipho Stamper.

Hospitals in the province were in dire straits due to a lack of infrastructure and maintenance, and poor discipline from management, Dr Stamper said.

The R96 million allocated was not nearly enough to meet the needs, especially, of hospitals in the Transkei.

Meanwhile, residents of Flagstaff in the former homeland have started cleaning up the local hospital because they fear government action.

A social worker at the Holy Cross Hospital said the clean-up followed reports that health authorities were to urge the hospital's closure.

The future of Eastern Cape hospitals is to be discussed in the Eastern Cape legislature this week. — Sapa.
Bid to lure patients to clinics

By JUSTIN ARENSTEIN

MPUMALANGA'S health and welfare department has pledged free medical care for up to 85 percent of the province's population in an attempt to persuade patients to use clinics instead of hospitals.

The scheme, to be implemented in April next year, will offer provincial patients free medical aid if they report to any of the province's 211 clinics for treatment instead of going to one of only four hospitals in the region.

"The province doesn't have many hospitals and these are being swamped by cases that could easily be treated at our clinics," said Dr Gulam Karim, the head of Mpumalanga Health Services.

He denied the policy would strain an already under-budgeted service, saying the costs of collecting and administrating fees at the clinics exceeded the revenue collected. "The small amounts of money we collect and the security and administration requirements just aren't worth the cost."

Although health care would theoretically be free to all residents of the province, Dr Karim said only those without private medical aid schemes and other "public-sector" patients tended to use government hospitals and clinics.

"You wouldn't be able to get cosmetic surgery free. This is for those who really need free medicine and doctors. If the ailment is serious enough to need hospital or other specialist treatment, then we'll refer patients to hospitals where their treatment will also be free — but only if they come through the clinics first," he said. Dr Karim estimated that up to 85 percent of Mpumalanga's population qualified as potential "public-sector" patients.

To make the scheme as efficient as possible, the department is demanding full control of all health facilities that it subsidizes.

In areas with a mix of urban and rural population centres, such as Mpumalanga, clinics and hospitals are run by Regional Services Councils, municipalities, the health department and even the Department of Environmental Affairs.

"It's crazy. The government is paying for all of these structures to offer similar services," Dr Karim said. His department intends consolidating the various services under a single administration in 23 districts.

Dr Karim said superintendents of hospitals and clinics would cease being "glorified clerks" and return to being supervising doctors under the system.

The department is also negotiating agreements with the University of Pretoria and Medunsa to set up teaching and support units at the province's hospitals. "Doctors trained in pristine universities are often lost when they come to the bush. So we're going to train them here," Dr Karim said.
Transkei health crisis

BISHO — A crisis situation should be declared in former Transkei health services, says a report which has been submitted to President Nelson Mandela and which was presented to the Eastern Cape government yesterday.

Urgent attention should be given to improving dilapidated hospital structures, beefing up security and improving departmental communication channels to address hospital workers' grievances, the provincial standing committee on health recommended in the report.

The report was compiled after a tour of 26 hospitals throughout the Eastern Cape.

It said almost all hospitals suffered from under-staffing problems, absenteeism, poor security, a lack of equipment, insufficient drugs and disintegrating services.

It recommended the involvement of all relevant government departments and the establishment of a departmental labour-relations unit to assist in labour issues.

Other key problem areas included inadequate transport facilities, poor roads and chaotic conditions at mortuaries.
False Bay Hospital vows to stay open

Call for support from local community

Staff Reporter

TALK about the possible closure of False Bay Hospital is “scurrilous”, according to the superintendent of the hospital, Dr Frans Engelbrecht.

In an interview, he said the hospital in Fish Hoek was determined to maintain its high standards, but that it urgently needed more financial and moral support from the local community.

Dr Engelbrecht said that as far as he was concerned the 24-hour hospital would never close because it was the only one in the area and served about 70 000 people.

“Our buildings are in good condition but we are short of about R2 million to buy desperately-needed equipment and furnishing and to make the grounds attractive,” he said.

“We do have excellent support from the False Bay Hospital Board, Totch-H and various service clubs like Lions and Rotary but we need to get cracking with more fundraising and more active community initiative.”

In order to get the hospital to peak efficiency, his shopping list included:

- An orthopaedic air drill costing about R60 000.
- A blood electrolyte machine to read blood samples, costing about R100 000.
- More theatre instruments costing about R50 000.
- A separate building close to the hospital for a properly designed creche and furnishing for it.
- Money for laboratory equipment.
- Security guards.
- A microwave oven.
- Television sets for wards.
- Books.
- A kiosk.
- A regular and reliable gardening and landscaping service.
- More nurses.

Dr Engelbrecht said a lot of patients who claimed they could not afford to pay for services were spending their money in the vending machines in the hospital. The minimum daily charge for treatment at the hospital is R8.

Because a number of posts were vacant, the hospital which treats indigent as well as private patients would appreciate locum doctors, he said.

“The majority of patients at our out-patient section are from Ocean View and Masiphumelele or Site 5,” said Dr Engelbrecht. “We also treat a lot of geriatrics. About 70 percent of our patients don’t pay and this is something we also have to rectify. It would be good if Ocean View’s day hospital could extend its weekly hours and provide limited hours over weekends to help us out. Masiphumelele is not functioning properly so this is why we are overloaded with patients from that area.”
First of 24 primary health clinics open

Preventive and curative services offered.

BY JANINE SIMON
Medical Correspondent

Gauteng Health Department opened the first of 24 primary health care clinics earlier this week as part of the department's drive to move health care away from costly, centralised hospitals.

A total of R100 000 was spent to turn a dilapidated house in Venterspost into a cheery pink and blue painted clinic for the 4 000 residents of the West Rand mining town.

Building has already started on another nine clinics and at least five are expected to be completed by March 1996, according to a department statement.

Those earmarked in the central Wits region are a new clinic and maternity unit in Randvaal, upgradings of clinics in Erndale, Pootjie and Dobsonville, and a new clinic in Rockville.

The Venterspost clinic was previously open for only two hours a week and was serviced by a visiting nurse from the nearby local authority of Westrand.

At other times residents, mostly unemployed whites, had to travel to the Westrand clinic, or the 'Loneton', Paardekraal or Sybrand, van Niekerk hospitals up to 30km away for care.

The clinic is now served by a full-time primary health care nurse and health worker five days a week. It is run in conjunction with the local authority and offers preventive as well as curative services, for example, treatment of sexually transmitted diseases, antenatal checks, and treatment of minor injuries.

More than R30-million was allocated from RDP coffers to fund the Gauteng clinic building programme.

The department embarked on a detailed situational needs analysis before identifying priorities for clinic upgrading and building.
Hospital begins R6m upgrade

Kathryn Strahan

THE hopelessly neglected Umtata Hospital complex was allocated R6m in April to build up its dilapidated infrastructure, but it is only now as the year draws to a close that building projects are getting under way.

The funds appeared as an item in the provincial budget in April, but nothing happened after that. "No one picked up the ball," said Lisa Kirkpatrick, who runs the African Medical Mission, which works closely with the hospital and aims to improve health in the former Transkei.

It was only after persistent calls from the mission that the hospital eventually got its funding — and this has allowed it to go ahead and commission projects. Once the tender contracts are out next month, building will begin. People in the Eastern Cape public service had little idea of what their jobs were and, as a result, there was no sense of responsibility for carrying forward projects. The Eastern Cape government was overwhelmed by the enormous task of restructuring the threadbare health services, she said. Structures were so far behind most could not even put in proposals for funding to get them going.

The African Medical Mission, run by Kirkpatrick and Dr Chris McConnachie, head of the orthopaedic department at Bedford orthopaedic hospital, which falls under the Umtata Hospital complex, shows how far an initiative can go in such a poor area.

Started by McConnachie 14 years ago when he came to Umtata from North Carolina, the mission has raised funds, mainly from SA and US companies, to improve health conditions in the former Transkei.

The mission's headquarters, a simple hut on the Umtata General Hospital premises, has recruited many volunteer medics from the US, Canada and the UK to serve in Transkei. With only one SA doctor serving in the Transkei public sector, the work of these volunteer foreign medical experts has been vital, particularly in training nurses.
R400 000 pledged to hospital

JILYAN PITMAN (98) MRG 11/12/95

FUNDS totalling nearly R400 000 are pledged to the Red Cross Children's Hospital in Rondebosch as a result of the efforts of fundraiser Gloria Craig and her committee when the masked ball was held in October.

The hospital is calling for all promises and commitments by December 31.

The Children's Hospital Appeal director, Bob Bishton, said if all promises materialised by the end of the year, the much-needed redevelopment of the hospital can begin in the middle of next year.

Dr. Bishton said in a recent radio interview local government Minister of Health Ebrahim Rasool had reiterated his support of the hospital's redevelopment project.

"In doing so, he promised the fund that his department would match the current level of donations on a rand-for-rand basis."

The final goal for the fund is R28 million.
For the first time in a series of wrap-ups of what has been achieved during the year in the various sectors, Medical Correspondent Janine Simon assesses public health, and reflects on the plans and goals for 1996.

Healthcare in Gauteng given a clinical facelift

In the first series of wrap-ups of what has been achieved during the year in the various sectors, Medical Correspondent Janine Simon assesses public health, and reflects on the plans and goals for 1996.
Gangsters terrorise hospital (93)

STAFF REPORTER
CT 15/12/75

DOCTORS and nurses fled in terror yesterday afternoon when gangsters stormed into the Heideveld Day Hospital and stabbed a man who was being treated for earlier stab wounds.

A doctor, who did not want to be identified, said medical staff had been trying to resuscitate a man who had been stabbed.

After inserting a drip they were stitching several stab wounds when five gangsters stormed into the emergency room. When the staff fled, one of the gangsters stood with a knife raised over the man on the operating table.

Minutes later, when the staff tried to get back into the room, they found the victim was lying against the door. The drip had been ripped out and he had multiple additional stab wounds in his back.

He was moved to a more secure room, where he is in a stable condition.

Police spokesman, Capt. John Sterrenberg said the actions of the gangsters were "disgusting."

"Even in strife-torn countries the right and immunity of medical personnel is not only recognised but respected," he said.

"These people must bear in mind that tomorrow they could land up in hospital and need to enjoy the immunity of that hospital."

Protest call as gang stabs hospital patient

LINDSAY BARNES
Staff Reporter

AN attack on a patient by gangsters has sparked protest action by staff of Heideveld day hospital who refuse to continue working under “unsafe” conditions.

One of the staff members said that if their demands for armed security personnel were not met, they would strike.

The attack yesterday on Patrick Bezuidenhout, an alleged member of a gang opposed to his assailants, sent terrified nurses and doctors running and many locked themselves in rooms until the police arrived minutes later.

They emerged to find the rooms spattered with blood and Mr. Bezuidenhout lying on the floor with a fresh knife wound in the back.

The attack comes on the heels of an incident a few weeks ago in which alleged gangsters ran amok in the hospital, harassing staff and robbing patients of valued items.

A planned protest was planned for today when the hospital workers would demand armed 24-hour security.
Doctors, Lee hospitals' corridors of crime

Fierce staff and patients plagued by thieves, hijackers, and brazen drug dealers
Once the attacker had left, the emergency room staff began assisting the wounded patients. Doctors attended to the victims, treating their injuries. The police presence helped maintain order as medical professionals worked to restore the injured.

The incident, which occurred in a hospital setting, raised concerns about security measures. Authorities were investigating to determine the cause of the attack and to prevent similar incidents in the future.

Emergency services were activated, and the hospital was placed on lockdown. The patient who attacked the staff was identified, and the hospital continues to evaluate its security protocols.
New hospital for Durban

DURBAN. — Health Minister Dr Nkosazana Zuma on Friday gave the go-ahead for a new academic hospital to be built in Durban at a cost of about R600 million.

A moratorium was placed on construction of the hospital after last year's general elections.

The facility, which will have 800 beds, will serve as a referral hospital. — Sapa.
Trauma units under pressure

Trauma units are buckling under pressure as gang-related violence and alcohol-related accidents take their toll on hospitals, ambulance and emergency staff.

JENNY VIALL
Health Reporter

EVER-INCREASING trauma cases have put provincial hospitals under strain and health authorities have asked that people with non-life-threatening injuries visit day hospitals or use private services.

Trauma cases are becoming more severe, with gangs using guns rather than knives, and the general level of violence is increasing, says head of emergency medical services Marius Kotze.

Trauma units are buckling under the pressure as gang-related violence and alcohol related accidents take their toll on ambulance staff, emergency staff and hospitals.

The situation is exacerbated by abuse and physical assault of emergency staff, some of whom are refusing to work under these conditions and are leaving the hospital service.

Dr Kotze says there has been a fourfold increase in the number of very serious trauma cases at Tygerberg and Groote Schuur hospitals. There has also been a 400 percent increase in gunshot wounds at hospitals over the last two years as gangs turn to guns rather than knives.

"A gunshot wound is major; the victim needs full resuscitation and this consumes a lot of the doctors’ time."

The public also poses a problem, bringing minor complaints and abusing staff when they have to wait. Dr Kotze said a substantial number of doctors had left trauma services.

"It’s a negative spiral. The doctors get fed up with abuse from the public, on top of the stress and long hours. They leave, and those left battle to cope with the load. And staff are feeling threatened. The gangs used to see medical services as inviolate. Now the medics get roughed up."

With the festive season about to begin in earnest, there are fears that the provincial hospitals’ trauma units will not be able to cope with patient loads, in spite of contingency plans which include a suspension of all routine surgery for the next three weeks.

Alcohol plays a big part in the patient load at trauma units, with an increase in car accidents and alcohol-related violence. Most of the car accidents in the past two weeks were alcohol related, said Dr Kotze.

Dr Kotze warned that with the increased load on trauma services, staff might not always be able to treat cases as quickly as they should.

“With the strain and load, we have to prioritise emergencies.”
R600-m hospital for Durban

DURBAN. — Health Minister Nkosazana Zuma has given the go-ahead for an academic hospital to be built in Durban at a cost of about R600 million.

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The facility, which will have 600 beds, will serve as a referral hospital.

[Reports by Sapa]
ducks on way out?
Top ambulance, same as

STEVE UNDERHILL
Aug 19/12 (36)
Hospital staff gripped with fear after gangster attack

Cape Town – Blood-splattered walls and floors, abandoned syringes and drips, and broken glass, told the tale of a frenzied pangas attack by warring gang members in the emergency section of Helderfield hospital yesterday.

Distressed doctors, nurses and cleaners, many of them crying, told of their anger at being left defenseless when youths, believed to be members of the Bun Boys gang, entered the hospital and continued an attack on a rival gang member, Patrick Bezuidenhout, while he was being treated for multiple stab wounds.

Gripped by fear of revenge gang attacks, none of the staff wanted to be identified. But they were eager to tell their story. They have decided not to work until tighter security measures are in place.

A provincial administration spokesman said: “Security measures already agreed upon at workshops held in the past few months will be put in place immediately.”

Bezuidenhout, an alleged member of the 10s gang, was wheeled into emergency services with multiple stab wounds and covered in blood. Two doctors rallied to his side within seconds, assisted by two nurses.

One of the doctors, who did not want to be identified, said: “The man had a deep stab wound on his head, a deep laceration from the nape of his neck to his chest and others on the abdomen. We had managed to resuscitate him and were in the process of suturing his wounds when I heard someone scream. I turned to see a panga coming down on the patient from behind my back.”

The hospital, which processes about 200 patients a day, was closed immediately after the incident.
R600-m academic hospital to be built at Cato Manor

Durban – Construction will begin soon on a R600-million academic hospital at Cato Manor near Durban, Health Minister Nkosazana Zuma said yesterday.

She said the hospital, which would deal only with patients referred to it from other institutions, would be a national asset with doctors from around the country being trained there.

She said the KwaZulu Natal government had given almost R33-million towards the hospital, and that central government would contribute the balance. Tenders would be put out early next year, and construction should begin on the complex by mid-1996.

Health MEC Zweli Mkhize said 1,200 academic beds at Durban’s Wentworth and Addington hospitals would be reduced and incorporated into the new hospital, which would operate only 300 beds. – Reuters
Millions of rands lost in hospital theft

SOUTH African hospitals and clinics have been plundered of millions of rands worth of medicines, laundry and other expensive supplies this year by cash-hungry health workers.

Part of the problem stems from the low wages paid to health workers. But perhaps more importantly, hospitals and clinics are disorganised, understaffed and lack modern equipment to keep track of and prevent the theft of medical supplies.

Baragwanath Hospital has lost millions of rands worth of medicines and other supplies. No one knows exactly how much was lost, although a few major thefts have been detected, and even intercepted.

Meanwhile, the Gauteng government, under health MEC Mr Amos Masando's leadership, has suspended a security management system that would, by its own estimation, save millions of rands a year.

The reason? Lack of money. The government apparently does not have money to invest in projects, even if these projects could result in saving more money.

Other provinces, as well as the national Government, have begun looking at implementing a computerised pharmaceutical system, such as the one used by the South African National Defence Force, to prevent widespread theft.

Whether these proposals will see the light of day is too early to tell.
Hospitals on full alert

BY BILL BLUMENFELD

THE Western Cape health department has drawn up extensive contingency plans for provincial hospitals to cope with the expected patient load during the festive season.

The plans included the suspension of all routine surgery for the next three weeks and the use of additional support staff, the director of emergency medical services, Dr Johan Kotze, said.

Trauma units and casualty departments of the Cape Peninsula's larger provincial hospitals were already severely stretched, even though the holiday season had barely begun.

"The major contributory factors to patient overload are the sharp increase in gang-related violence and drunken driving-related motor accidents."

Irresponsible behaviour by some of the public — which included abuse and the assault of emergency medical personnel — had fuelled the exodus of qualified staff, Dr Kotze said.

According to statistics, hospitals had experienced a 400 per cent increase in gun-wound patients in the past two years.

Dr Kotze appealed to the public to take non-life-threatening injuries to hospitals on the periphery of the Peninsula and local day hospitals. People with medical aid cover should use private doctors.

Meanwhile, R250 000 has been set aside "for ex-gratia payments" for trauma staff "for holding the fort during the festive season" at Groote Schuur and Tygerberg hospitals, Western Cape Health Minister Ebrahim Rasool has announced.

Mr Rasool said he was "filled with admiration" at the way trauma unit staff had adapted in dealing with the changing nature of trauma. — Sapa
in trauma units

solve the crisis

Medics battle to return emu

in the heart of the hospital

foreground and background

so to reach the patient's needs and the location of the medical team, the team needs to be coordinated and the treatment needs to be coordinated with the medical team. The medical team then needs to be coordinated with the medical team. The medical team then needs to be coordinated with the medical team. The medical team then needs to be coordinated with the medical team.
HEALTH & DISEASE — HOSPITAL CLINICS

1996

JANUARY — JULY
Gangs take to raiding hospitals

By SIBUSISO BUBESI

GANG WARFARE in Port Elizabeth's northern areas has reached a new low, with gangsters now raiding the city's hospitals to finish off their wounded adversaries.

The attacks in hospitals have raised concern over the safety of patients.

Dr. Siphwwe Stimper, a spokesman for health services in the Eastern Cape, said his department had set up a team to look at the provision of security at health facilities. Priority would be given to institutions being raided by gangs, like Livingstone hospital.

Dr Dianne Walker, the superintendent at Livingstone hospital, said the hospital was considering installing security cameras as one way of monitoring visitors to the beleaguered hospital.

The northern areas, which are predominantly coloured, have been ravaged by gang-related killings for the past four years.

Attempts by political parties and community organisations to reduce the violence have proved unsuccessful.
Gauteng asks hospitals to cut their own budgets

BY JANINE SIMON
Medical Correspondent

Gauteng’s health department has told its three academic complexes to find their own ways to cut spending and present detailed plans by April 1.

Deputy Director-General Dr Eric Buch spelt out the health budget at a meeting with the deans of Gauteng’s three medical schools and heads of departments earlier this week.

Gauteng was absolutely serious about meeting budget targets and over-spending would be deducted from next year’s funds, he said.

But the province stopped short of instructing hospitals on how to make the savings, both a welcome step toward openness and a neat sidestepping of the decision to cut treatment or services.

Instead, Buch presented the province’s ace card, an analysis comparing workloads and expenditure of academic and regional provincial hospitals. Academics said the figures were still rough.

But, Buch said, they exposed glaring discrepancies between hospitals and how inequity taxpayers’ money was being used.

Baragwanath, for example, was working with half the number of doctors available to Hillbrow or Groote Schuur, both of which had 0.92 doctors a patient a day. Regional hospitals were worst off, with 0.08 doctors a patient a day.

And while Bara had 1.6 nurses a patient a day, Johannesburg Hospital had only 0.82, and regional hospitals an average of 0.67 a patient.

Kafafong and Johannesburg were the most badly staffed, at 2.12 and 2.05 staff a patient a day, respectively. But Johannesburg Hospital spent R4/2 a patient a day on costs other than staff, while Kafafong spent only R1.35.

Hospitals now have to appoint an academic task team to decide jointly on fair budgets. Academics said they were impressed by the department’s attitude and commitment to academic complexes as national assets, but were uncertain of how to achieve cuts.

“We’ll now feel accountable, not isolated islands,” said Medunsa’s deputy dean for clinical affairs, Professor Patrick Mak袍bo.

Dean of the University of Pretoria’s medical school, Professor Dion du Plessis, said the effort seemed honest. “We were well represented, and they want us involved in technical and strategic committees.”

Superintendent of the Johannesburg Hospital, Dr Trevor Frankish, said the figures would have to be refined. “It’s too early to come up with an informed reaction.”
Dead and dying robbed on way to hospitals

The dead and dying are being ripped off en route to hospitals, a report has found.

The tragic incident was highlighted by Johannesburg businessman Kevin Wright, whose sister, Wendy Viljoen, was critically injured in a car crash near Himeville in the Drakensberg foothills earlier this month. She died the following day.

Her husband, Frederick, and their four-year-old son Wayne were killed instantly in the accident.

Mr Wright laid a charge of theft with the police this week, saying he believed his sister was wearing about R20,000 worth of jewellery at the time of the accident. When she arrived at Grey's Hospital in Pietmaritzburg, the jewellery was gone.

"I searched their house in Westville and found the valuation certificate for jewellery she owned. Wendy had diamond ear rings, necklaces, wedding and engagement rings but I could find nothing," he said.

A spokesman for Grey's Hospital said they had a protocol "for patients coming in and unable to fend for themselves".

"I have heard of people's goods being taken but I know nothing of this case," a matron said.

However, a spokesman for the private hospital said the thefts had become "common practice".

"This has been happening for many years. It is an absolute disgrace," she said.

David McGlew, spokesman for regional Health Minister Zwel Mkhize, said the theft allegations had been made before and internal inquiries had been held.

"Unfortunately, the allegations have to be proved and sometimes it's difficult to get them to stick, especially in a case where there has been an accident and so many people have been involved in assisting," he said.

"We will co-operate with the police and welcome any investigation because we don't want any allegations like this to ruin a good service," Mr McGlew said.
R23-m going to Gauteng clinics

Areas left out during apartheid era to be given priority

By Glenn McKenzie

Gauteng will boast 24 new or upgraded public health clinics between now and April, senior officials have told Sowetan.

The government has allocated R23 million to clinic building projects this year. Priority is being given to areas that had previously been most neglected under the apartheid regime, according to Dr Reifik Bismilla, director of district health services.

Many of the government’s health plans had been delayed until a new Gauteng health department was formed last year. This is now in high gear, according to Dr Bismilla.

- In Pretoria, a new clinic will be built at “Stanza Bopape village” in Mamelodi and upgrading will begin in February at the Boikhutsong Clinic in Soshangwe.
- On the East Rand, the communities of Tsakane-Brakpan and Devon will boast new health centres.
- A new health centre in Zahelelule has been tendered to building contractors. New equipment and renovations will soon be complete at the clinic in Kwa-Thema, Springs.
- On the Northwest Rand upgrading has already begun or will soon begin at Hikensile Clinic and Bophelong Clinic in Midrand, Ratananga in Heidelberg and at the provincial clinic in Midrand.
- On the West Rand new clinics will soon be built in Kagiso (Lusaka Extension 6), Munsieville outside Krugersdorp and Magaliesburg.

A new maternity unit will be built at Dobsonville and upgrading will take place in Mhlakeng outside Randfontein.

- In the Central Witwatersrand region new clinics are being built in Poortjie and Rockville, Soweto. Foundations for a new clinic and maternity unit have also been finished in Randvaal. Upgrading is taking place at the Eanercdale Clinic.
Gauteng's 'historically black' hospitals to be upgraded soon

By Janine Simon
Medical Correspondent

Gauteng's health department is well aware that many of its historically black hospitals are in a sorry state with dingy rooms, broken floor tiles and lights.

But, says deputy director general Dr Eric Buch, upgrading is on the cards, and will probably be financed by the selling of tracts of land adjoining many Gauteng hospitals.

Gauteng's maintenance and repair backlog is R150-million for critical needs only, and at least R200-million, if all the nice-to-haves are included.

An estimated R281-million is needed to remove the apartheid "face" on hospitals, and millions more for required buildings.

Gauteng health is also negotiating a R290-million budget for routine and preventive maintenance and repair in 1996.

This backlog, says Buch, has to be cleared if the department is to start on an even footing.

The health department has only just received permission to retain half of the funds raised from land sales.

It has contracted provincial planners to conduct a land analysis to assess value, and the best social development projects for each and expects a report before the financial year end, Buch said.

Some funds might also come from Cabinet, and the national health department, which has set aside money for capital upgrading and is conducting its first national audit of hospitals to assess what is needed.

Buch warns that there would be a time lag between knowing how much money is available and spending it.

But he said quality of service from the works department should improve immediately, as it had committed itself to better performance and budgetary controls.
Mayhem at Bara stuns young Canadian medic

I’ll be a better physician for it, says student

VANCOUVER. — A Canadian medical student says he will be a better physician for having spent two months assisting doctors at the Baragwanath hospital in Soweto, but added it was a “mind-numbing” experience.

The national Globe and Mail newspaper devotes most of a page today to John McNern’s gory account of a typical night shift at the “surgical pit” of the largest hospital in the southern hemisphere.

“The shear magnitude of broken bodies is overwhelming,” writes Mr McNern, a fourth-year medical student at Vancouver’s University of British Columbia. “The resuscitation room is full of the sequelaes of the poverty and violence of Soweto.”

A plaque on a wall at hospital was “a constant reminder that I am in one of the most violent societies on earth”. It was in memory of a German medical student who was murdered in Soweto.

Patients needing emergency attention at any given moment included a man with an abdominal gunshot wound, another who was beaten unconscious with a sjambok and someone with a serious knife wound.

He describes the typical case of one man who, stabbed in the chest, had a leaking lung that shrank as air escaped into the chest cavity. A needle between the ribs resulted in a rush of air, confirming the diagnosis. Mr McNern inserted a chest tube — an opportunity he considered “a treat” for a foreign student, saying these are rare in Canada.

“South Africans are tired of doing them. We feel privileged.”

But he felt overwhelming disgust at the sheer scale of violence. “How do people do this to each other?” he asks.

He tells of “trails of blood all over the floor, not to be cleaned up till morning. Streaks of it on cubicle curtains. On your white coat sleeves, your scrubs, your boots.” And everywhere amid the blood and the urine were rubbish and needles. “There is enough HIV around for this to be frightening,” he writes.

Would he consider returning for his internship? “A year at Bara. How many procedures one could do, stuff you won’t get anywhere in North America.”

While it would be interesting and unique the question was whether the stress would be worth it. He decided against it. Sapa.
A Canadian medical student says he will be a better physician for having spent two months assisting doctors at Baragwanath Hospital in Soweto, but added that it was a "mind-numbing" experience.

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While it would be interesting, the question is whether the stress would be worth it. He decided against it. "Sapa."
Hospital to close down

By Glenn McKenzie

A MAJOR East Rand private hospital, which has catered to many black patients in the past, will close permanently tomorrow, staff at the hospital have told Sowetan.

Management and staff at Delmore Private Hospital, a 160-bed institution near Germiston, were locked in meetings yesterday afternoon to discuss ramifications of the shut-down.

Earlier in the day, staff toyed with outside the hospital to protest the move. One employee told Sowetan that news of the shut-down had come last Thursday, and that all patients were to be transferred to other institutions by tomorrow.

Management of Lifecare Group, which owns the hospital, declined to comment yesterday.
Baragwanath to get new equipment

Nehawu plans to lobby Gauteng premier Tokyo Sexwale to save Delmore hospital

By Glenn McKenzie

SOWETO's Baragwanath Hospital yesterday received sophisticated medical equipment worth R600 000 which could save countless lives of asthmatic patients and improve treatment for hundreds of children with malformed bones.

The hospital received a ventilator, a mobile X-ray machine and a dental unit from the German company Siemens AG. Germany's ambassador to South Africa, Dr Uwe Kaestner, officially donated the equipment to Gauteng MEC for Health Mr Amos Masando during a ceremony at the hospital yesterday.

Dr Karen Sliwa, a medical registrar at Baca, said the ventilator could save the lives of hundreds of asthmatic patients who cannot breathe on their own. Previously the hospital, which serves a population of more than four million people, had only one ventilator.

"It is extremely frustraing when you have someone who needs a ventilator and you don't have one," said Sliwa. "We have about five patients every day who could use a ventilator."

The X-ray unit will be used to examine children and adults with deformed bones. Paediatric orthopaedic surgeon Dr Christoph Meyer said the X-ray unit meant the hospital would be able to maintain a higher standard of care for disabled patients.

Meanwhile, the management of Delmore Hospital on the East Rand, which will shut its doors to the public today, said yesterday that the hospital had been hurt by the existence of several private hospitals and day clinics in the region which were "closer to the consulting rooms of the doctors" who worked at Delmore.

Staff said they were told about the shutdown last Thursday. The hospital will cease to operate tomorrow.

Nehawu Gauteng spokesman Mr Oupa Makhura said the union planned to lobby Gauteng premier Mr Tokyo Sexwale to secure the future of the 160-bed hospital.
Boy Loses

By Mohamed Helou

February 1969

Magazin

ICONS
Health officials, staff and the media keep arguing while patients suffer.

The picture is of a woman sleeping on a stretcher hospital's floor.

Some captions say:

- "Keep telling us we can't even work in the final hour."
- "Everyone knows that most South Africans don't want to work.
- "Heal us, doctor, we're dying here."
Valkenberg 'a disgrace'

Includes many prominent people in the field of mental health.

The report on the state of mental health institutions was commissioned by the government health department, and was presented to Health Minister Dr Nkosazana Zuma in Parliament yesterday.

Zuma said she was “deeply concerned” by the findings, and would implement corrective measures urgently.

Western Cape Health MEC Ebrahim Rasool said task teams would be appointed immediately to correct the situation.

The committee found unacceptable health standards, inefficient management of patients and staff, a lack of safety measures, neglect of buildings, allegations of human rights violations, overcrowding and staff shortages, among many others.

Turn to Page 3

Valkenberg 'disgusting'

Of Cape Town's three institutions, the 1 552-bed Lentegeur Hospital in Mitchell's Plain met basic requirements because the facility was relatively new. Programmes in Afrikaans only are a problem, and the quality of the food is unsatisfactory.

Stikland, with 925 beds, was found to be still 99% white. It was one of the best facilities the committee investigated. They said the buildings and wards were in a “splendid” condition.

At Valkenberg, with 900 beds, the wards were in a shambles, the committee found.

"The ablution facilities are totally disgusting" and “most of the old ward dormitories are dangerous”, with 60 beds crammed in each, affecting no privacy.

Black patients are mostly kept in the worst buildings and white patients in new and better-equipped wards.

Some of its buildings have become so dilapidated that patients have had to be evacuated, and others are far below the minimum health and safety standards.

There is an acute staff shortage, and food is a major complaint.

"In essence, there is a gradual disintegration at this hospital," the committee reported, "and we urge that urgent steps be taken to remedy the situation."

In a footnote, the committee says that after its report was concluded, allegations were reported of drug trials and experiments on patients without their consent.
Tembisa Hospital steps up security in bid to attract doctors

BY MANOLO MTSHENSI

Violence in and around Tembisa Hospital on the East Rand has led hospital officials to step up security measures in a bid to attract doctors who have been reluctant to work there.

The hospital has long been the target of thieves and drug dealers. In November, five armed men robbed a doctor and his pregnant wife, also a doctor, as they left work. Five minibuses and an ambulance have been stolen by armed hijackers at the hospital’s entrance.

Hospital superintendent Dr Sandle Fenye said this week the hospital had joined forces with the local community police forum which would liaise with the police. “We want to rid the hospital of crime and restore its image,” he explained.

The hospital had to delve into its already depleted resources to employ six full-time guards from a private company to prevent further robberies.

An SAPS police service caravan is now manning the hospital’s main entrance and covering the other two entrances, while the local traffic department is conducting patrols along the streets near the hospital during peak hours.

Fenyane said these steps were aimed at keeping the medical staff it has and attracting new people as several doctors and nurses left in November because of increased crime.
New private hospitals and clinics have rules to follow

Applications to build private health institutions in Gauteng will now be judged by set provincial criteria.

A statement from the premier's office said the criteria, drawn up by the health department, would give preference to black-owned companies using construction firms from the emerging business sector.

Preference would also be given to facilities which provided the four basic specialities of medicine — surgery, obstetrics and gynaecology, and paediatrics.

The aim was to ensure clinics and hospitals were built where there was a need, and companies would be required to outline their involvement in community development, such as affirmative action and using local labour.

The decision was motivated by the crisis in private health care: cost escalation had begun to undermine the viability of some private clinics and there was a risk of the state having to care for increasing numbers of people unable to afford private costs. — Medical Correspondent.
Decaying mental institutions unfit for patients, says report

Cape Town — Several South African psychiatric hospitals are unsuitable for patients, and the Umzimkulu Hospital in the former Transkei is "a dungeon", a government investigation into the state of mental institutions has found.

Among the human rights violations listed in the report are assaults of patients by staff in the guise of self-defence, sexual abuse, denial of proper medical treatment and improper medication.

The report describes filthy conditions at several hospitals.

The beds on which many patients sleep are mere bunks and the linen which they use as well as their clothes appear to be washed irregularly, it says.

The stench in wards at Valkenberg, Westkoppies, Groothoek and Westfort was such that one fails to understand how doctors and nurses cope.

Although comprehensive in its report, the committee could not give detailed information on malpractice and abuses by staff. This was attributed to a "code of silence" that existed in these institutions, Zuma said. — Sapa.
Problems in rationalising of Cape medical schools

Kathryn Strachan

WITH the Western Cape’s health budget cuts leaving it with enough funds for effectively only one major health sciences complex, the University of Cape Town and Stellenbosch medical schools are having to rationalise the two faculties or risk severe cutbacks.

However, as the two faculties work out how they are going to share the various departments between the two campuses and their associated health facilities, differences are emerging.

UCT believes it is the more established institution in terms of research and international standing, while Stellenbosch, which is beginning to make its mark on the global scene, wants to retain its identity.

“But,” says UCT deputy vice-chancellor Prof Wieland Gevers, “the two universities have to face up to the resource questions and find a way to preserve the excellence of the Western Cape as a health educational area.

Stellenbosch University rector Prof Andreas van Wyk said the two academic health complexes served very different areas, with Stellenbosch providing for the northern peninsula and right up to the Orange River, while UCT’s services extended through to the Eastern Cape. The two also had different “corporate cultures”, he said.

But if we handle it correctly and if there is close co-operation, we will both come out better for it,” he said.

The two medical schools and the regional health department have agreed on a mechanism involving a committee and task groups which would assess the strengths and resources of departments, and decide on the most rational proposals for the services and associated teaching and research activities.

With the expansion of the primary health approach, students from each faculty would, in any case, be traveling to peripheral facilities and possibly to each others’ campuses when the rationalisation was complete. Students from UCT, Stellenbosch and those studying health sciences at the University of the Western Cape were likely to have access to the same distributed facilities, but would graduate from their home universities.

The Western Cape has to scale down its academic hospitals by 25% over the next five years. However, Gevers believes budget pressure is being exerted too quickly. The institutions must have sufficient time to produce a result, which can provide the services and educational facilities needed, he said.

Soldiers to be recruited into the SAPS

Wyndham Hartney

CAPE TOWN — The SAPS is planning to recruit members of the SANDF to strengthen its public order units. Safety and Security Minister Sydney Mufamadi said.

Mufamadi said he had already held talks with the defence ministry over possible transfers of personnel. He said the French government would be assisting with the retraining of any soldiers transferred to the police.

The French had considerable experience in retraining soldiers to do public-order policing he said.

Increased manpower in the patrolling of SA’s borders is also needed, Mufamadi said, because it had to be ensured that the extensive border was properly policed.

Also due for an injection of manpower is the police intelligence arm, the minister said. He pointed out that accurate intelligence was having an effect on controlling crime syndicates of carjackers in Gauteng. He said all the police work was based on intelligence and relied on the national intelligence agency for assistance.
Stikland Hospital ‘not 99% white’

The superintendent at Stikland Psychiatric Hospital, Dr Miles Booker, has denied his institution is 99% white, as alleged in a report by the Mental Health and Substance Abuse Committee presented to Health Minister Dr Nkosazana Dlamini-Zuma last week.

Originally a white facility, Stikland now has 66% whites in its general wards and 37% in the acute wards, he said.
This report tells the story of mental health services in a rural area of South Africa. It highlights the challenges faced by mental health professionals in providing care to patients. The report mentions the lack of resources and the difficulties in treating patients, especially those with mental health conditions. It also discusses the impact of social and economic factors on mental health services. The report concludes with a call for increased funding and resources to improve mental health care in rural areas.
New mining bill hailed

Miners now have the right to refuse to work in dangerous conditions

BY TROY LINDI

South Africa's 500,000 mineworkers have hailed the new Mine and Safety Draft Bill as a "victory for labour".

Mining houses agree, saying the new proposed legislation heralds a cooperative and safer era for the industry.

A foreman at the Durban Deep mine in Roodpoort said the "biggest win and largest step from the destruction of apartheid" was the draft bill's provision for miners to refuse dangerous work.

"So many times, miners have known a certain job is dangerous, but have had no choice but to obey instructions. We all took chances to keep bread on the table," said the foreman, who asked not to be named.

To illustrate, he referred to what is considered to be South Africa's worst mining disaster. In 1960 a total of 437 miners were squashed under about 160m of rock when an earth tremor collapsed an incline shaft at Saseburg's Colbroom mine.

At an inquiry after the incident, it emerged there had been a tremor before the fatal one and that miners had tried to get out but "were driven back" to continue work. The next tremor killed them all.

Mining houses fully support the need for workers to have the right to refuse dangerous work but fear parts of the bill interfere "excessively with mining operation".

But the National Union of Mineworkers is adamant that mining houses cannot "be trusted to self-regulate".

"If they think some things are too prescriptive then they have brought it on themselves and deserve it," said NUM health and safety co-ordinator Fleur Plimmer.

An inquiry into one of SA's worst mine disasters, in which 104 men died at Vaal Reefs gold mine, was provisionally expected to present its findings on April 18, Leon Commission secretary Derek Baker said.

An underground train plunged down a shaft on top of a lift and both crashed about 450m to the bottom of the shaft, killing all 104 in the cage. – Reuters.

Workers release hospital staff

STAFF REPORTER

The Boksburg-Benoni Hospital on the East Rand is calm and back to normal after a hostage drama that threatened to close all but the intensive care unit and maternity ward of the hospital.

Protesting workers took hospital superintendent

Peter Croukamp, his secretary, the nursing director and several matrons hostage yesterday.

The workers refused to release them until their demands for higher wages were met.

The protest started at about noon and the staff were released late yesterday afternoon.

Mbeki on poll trail

Deputy President Thabo Mbeki will target minorities and rural communities when he hits the campaign trail in KwaZulu Natal this weekend.

The ANC seeks a turnaround in Indian, white and coloured areas where it fared badly in the 1994 election. The main thrust will be in the Maphumulo district. – Political Reporter
Mental Health Act changes sought

Kathryn Strachan

MENTAL health experts are pressing for the abolition of legislation that prevents public scrutiny of psychiatric hospitals following horrifying reports of widespread abuse, assault and neglect at the institutions.

A clause of the Mental Health Act of 1973 has been used to prohibit journalists from reporting on conditions in psychiatric hospitals and a committee of experts believes that, without public scrutiny, these abuses have been allowed to continue "unabated and unchallenged". A report by the committee said: "Culprits have committed gross abuses of patients with impunity and in the certainty that they will get away with it."

A meeting scheduled with the Parliamentary standing committee on health will discuss changes to the Act.

Another concern was about people being certified mentally ill when they were not. The absence of accountability on the part of people who certified patients led to abuse of certification, said the report.

Cheap psychotropic drugs, which had a variety of side-effects, were continuously administered and their persistent use did more harm than good.

The investigation — carried out by the committee which was made up of experts from medical schools, the health department, and Lawyers for Human Rights — detailed claims of sexual abuse and neglect.

Allegations were levelled at Militei Hospital, near Johannesburg, which is run by the private Lifecare Group.

Lifecare said yesterday its comment was still being formulated.

Militei's wards were overcrowded and patients rarely discharged, said the report, alleging this was because the state subsidised the company for each patient and it made financial sense to have as many patients as possible.

"For this reason, it recommended that all patients admitted to private hospitals should be admitted by state doctors rather than by those of the institution. There should be a regular review of patients by state doctors and if a patient was kept in an institution for more than a year, their case should be referred to the ombudsman."

All agreements with private organisations providing in-patient psychiatric care should be reconsidered.

The report heard many claims from patients and staff of sexual abuse, but when these claims were followed up, the standard response of hospital authorities was that the patient was hallucinating.

Patients' rights to dignity implied they should have privacy and supervision, but this was often not the case.

At many hospitals male patients were allowed access to women's sections. With the lack of supervision at Ekhlengeni in KwaZulu-Natal, girls as young as 12 were sexually abused by male patients. "This included young girls who were spastic," said the report.

At Ekhlengeni it was "not unusual" for patients to have sex in the open, watched by others and by the public.

Comment: Page 14

Fees protests swamp educational institutions

BOYCOTTS and other protests yesterday developed at a number of educational institutions, mainly around the issues of admission and fees.

Police were called to maintain order at Free State Technikon in Bloemfontein where about 400 people were demonstrating outside the campus.

They were protesting against bail conditions set for 10 demonstrators, including students, arrested on Tuesday and charged with either defying a court interdict obtained by the technikon or trespassing.

In the Free State town of Trompeter yesterday businesses closed as hundreds of Madigeta Secondary School pupils marched in the streets before handing over a petition at the local police station.

Damage of thousands of rands was caused to houses and businesses in Tromperburg on Tuesday when pupils rampaged through the streets after being chased away from Trompeter Secondary School by white parents.

University of Zululand students on Wednesday staged a one-day lectures boycott to protest against increased tuition fees, it was reported. — Sapa.
Parents to have role in healing

RED CROSS Children's Hospital has big plans — but still needs big money. ANEEZ SALIE reports.

RED CROSS Children's Hospital is well on its way to transforming itself into Africa's first on-station child centre and soon parents will take a direct role in healing their children.

Superintendent Dr Shaheed Hassim says that in addition to its curative function, Red Cross intends offering a range of services to children and parents, such as health promotion, accident prevention, day-care facilities, and overnight accommodation for parents. The parents as their new room, for instance, where children are rehydrated, parents are taught how to prevent gastro-enteritis, as well as how to treat it themselves with a simple salt-sugar-water solution.

This should reduce pressure on the overcrowded Red Cross, the only dedicated children's hospital south of the Sahara, which is scoring another first with the "one-stop" model it has adopted.

Not that the local hospital has all the money it needs yet. "Yes, we have every paediatric service under one roof, and intend to redevelop, but that roof is collapsing," says Dr Bob Bishon, who heads the Children's Hospital Appeal, a fund-raising effort which seeks to raise R28 million to upgrade and expand the hospital.

The national health ministry, now in turmoil over the controversial R14.7m Sarafina 2 Aids awareness play, has pledged R5m to the appeal, to match the R5m raised by Bishon's team in its first year.

Together with a few big corporate sponsors and the ministry's pledge, we are now nearly half-way," said Bishon.

The funds enable the hospital to start with phase one of its upgrading — replacing overcrowded, prefabricated buildings which are 30 years old and were meant to be temporary. These buildings house the vital out-patients department, which will be the first to move.

Donations to the Children's Appeal are tax-deductible and can be sent to the Red Cross Hospital Trust, P O Box 38783, Pinelands 7430.

LEFT: Former Siamese twins Bernard (left) and Brian Fransie, 3, were joined at the pelvis at birth. Successfully separated at Red Cross, they now have a smile for everyone.

RIGHT: Nambila Mijeliso, 14 months (left), seems less at ease than Abno Matombsi, eight months, who has his mother Mrs Nomzi Matombisi on hand in the drip room, where parents are encouraged to help.

PICTURES: ANNE LAING
Weisskopf's staff dispute findings on psychiatric institutions

Michael J. Weisskopf, The Washington Post

The case has been made that mental health patients are being mistreated in psychiatric institutions throughout the United States, but the evidence is sketchy at best. The findings of the study on which these conclusions are based are questionable, and the conclusions drawn from the study are even more so.

The study, which was conducted by a team of researchers at the University of California, San Francisco, found that patients in psychiatric hospitals were being mistreated in a variety of ways. The researchers concluded that the mistreatment was widespread and frequent, and that it was occurring in psychiatric hospitals throughout the United States.

However, the study's findings have been disputed by many mental health professionals and patients' rights advocates. They argue that the study's methodology was flawed, and that the conclusions drawn from the study are not supported by the data.

The study's findings have been used to support a variety of policies and programs designed to improve mental health care in the United States. However, the evidence for these policies is weak, and the effectiveness of these programs is questionable.

The case of the Weisskopf study is just one example of the difficulty of conducting research on mental health care. Mental health care is a complex and difficult area to study, and it is often difficult to draw clear conclusions from the available data.

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Plan to reduce drug prices in state clinics unveiled

Kathryn Strachan

The health ministry unveiled an ambitious plan yesterday to reduce the price of medicines in state primary health care clinics through a new national drug policy.

At the heart of the policy is a list of essential drugs, which will be available free of charge to every primary facility. By setting up an essential drugs list and a more effective distribution mechanism, clinics in disadvantaged and remote areas will be assured of a reliable supply of effective and safe drugs.

The plan aims to ensure medicines will be procured at the best possible prices. Price negotiations will take place at national level and all state health facilities will procure essential drugs through the public sector tender system. National tender prices will be monitored and compared with international prices. While preference will be given to local producers, procurement will aim at securing the lowest prices.

At present drugs are not available in the correct quantities where needed and are not selected and used in the most cost-effective way. The optimal use of drugs is vital as drug prices in SA are among the highest in the world.

Health Minister Nkosazana Zuma said at the launch of the new policy the first phases would be introduced in April. Drug procurement and distribution for the public sector would be limited to drugs on the essential drugs list.

The policy also aims to stimulate the national pharmaceutical industry to manufacture drugs on the national list and to promote national self-sufficiency on these lists. A committee of medical and pharmaceutical experts, appointed by the minister, would select drugs for the list. The selection would be based on the drug’s proven safety and efficacy, and its cost advantage.

Medicines used by traditional healers would also be investigated for their safety and quality with a view to incorporating their use in the system.
PM gives boost for children’s hospital
The greening of Valkenberg

Jenny Viall, Health Reporter

His vision is to create a garden – with a little help from the patients – that will support the upgrading of Valkenberg Hospital. His philosophy is “no more talking, time for action”.

And in two months Gary Glass and his co-workers have taken a giant step towards realising this vision, creating a garden that is producing enough vegetables to sell to staff at the hospital.

Visiting the food garden is like being out in the country. Rows of tomatoes, aubergines and beans alternate with gourds and courgettes. Parsley and lettuce are abundant.

Other areas have been cleared of rubble, and planting has just begun. “It’s time to plant potatoes,” says Mr Glass, whose organic garden is free of pesticides and poisons.

He is a volunteer worker for the Valkenberg Farm Project, part of the Friends of Valkenberg Group. Working closely with him is James Smith. The occupational therapy department is supporting the project.

There are plans afoot to get a horse and cart and to use a dilapidated old building to raise chickens. Mr Glass wants as many patients as possible to get involved.

“We’ll be building a stable and there’ll be chickens to look after. We want to offer a variety of projects to keep people interested and involved.”

“We want to rejuvenate the old farm and make it beautiful again. We want to establish an infrastructure to support funding the upgrading of the hospital.”

“We want to go rural in the city,” he said. His vision is easy to imagine seeing his energy for the garden...

Hypnotic talk by an expert

Jack Gibson, a well-known medical doctor who has used hypnosis instead of anaesthesia on more than 4 000 patients, is in Cape Town for a few days. He has produced tapes on using hypnosis to stop smoking, reduce stress and help asthma patients. For more information on his public talks, tel 788 7586.
NEWS FOCUS

Funding gap highlights reason for mental hospitals’ conditions

Kathryn Strachan

A new study on the funding of psychiatric hospitals highlights the huge gap that exists between these institutions and general hospitals — a gap which explains the appalling conditions in psychiatric hospitals.

The review by Cape Town University’s department of psychiatry found marked underfunding. “Adequate staff:patient ratios cannot be provided at these funding levels, especially for inpatient units for psychotic patients, and it is not surprising that the safety of patients can no longer be guaranteed,” says Karen Ensink, a researcher in the department.

The study focuses on the Western Cape, but its findings throw light on trends in other regions. While treatments at psychiatric hospitals are less expensive than at general hospitals (which perform expensive surgery, for example), many more nurses are required for supervision at psychiatric institutions.

Daily unit costs at inpatient facilities for the mentally handicapped are among the lowest, an average of R84. Unit costs at psychiatric institutions are about R100 to R120, whereas unit costs of psychiatric care in academic general hospitals tend to range between R180 and R220. Psychiatric unit costs are on average a quarter of general health unit costs in academic hospitals and half those in secondary hospitals.

Average psychiatric unit costs are equivalent to unit costs at TB hospitals, which are generally recognised as requiring the lowest level of inpatient care.

The Western Cape psychiatric beds to population ratio of 61:100 000 falls far short of World Health Organisation recommendations for Western counties of 100:100 000 where no outpatient service infrastructure exists, and a minimum of 50:100 000 where there are these services.

Acute services

Contrary to international trends, in the Western Cape beds for short-term psychiatric cases are located predominantly in tertiary psychiatric institutions, rather than at general hospitals. Although international experience indicates that general hospitals can provide effective acute services there has been resistance to implementing this model locally.

The psychiatric bed occupancy rate of 87% is as much as 18% higher than the average rate for all other public general hospitals in the Western Cape and 5% higher than in academic hospitals.

Problems also emerge in the accessibility of outpatient services. Here, blacks make up only 4% of total attendances, and children and adolescents are distinctly underrepresented; only 18% of people attending outpatient or day facilities are under 18 years, while this group comprises 36% of the population.

During the year under review, mental health care in the Western Cape made up 8% of general health expenditure.

Ensink said that while it was imperative that community services were developed, resources for this development could not be released from institutional services without the risk of compromising psychiatric care.

It is important, therefore, that additional or interim funding be obtained for developing community services. These funds will not be required for capital expenditure, but for employing professionals who can provide training and supervision of primary care personnel.

Investing in primary care and community services is likely to result in a decrease in admission rates and may potentially open up possibilities for releasing personnel from institutions in the long term.
Failure to get Bara CAT scanner costly

By Pamela Dube
Political Reporter

THE failure by the Gauteng Department of Health to budget for a CAT scanner for Baragwanath Hospital would cost the taxpayer more than R1 million.

Responding to a question from Democratic Party health spokesman Mr Jack Bloom, Economic Affairs MEC Mr Jaba Moleketi said the delay in installing the scanner was because the first tender was cancelled due to the fact that it was not budgeted for in the 1994/95 financial year.

The first tender was awarded to General Electric in February last year, but was soon suspended when it was discovered the government had no funds for the project.

On February 8 1996, the provincial government awarded the tender to Siemens Medical at R2 907 million. Siemens had the second lowest tender after Tecmed (Pty) Limited.

At the height of the controversy over the cancellation of the tender, Bloom called on Health MEC Mr Amos Masoe to institute a commission of inquiry.

He said the suspicion of those concerned was that the provincial government was pressured to cancel the tender by the major companies which had previously won the tender.

Companies which since 1989 have been operating the CAT scanners in government hospitals in Johannesburg were Siemens Medical and SA Philips.

While the provincial government was processing second tendering, the hospital had to spend over R71 000 a month, referring patients to private clinics for scanning.

The second tender was also attended by problems. Moleketi said the funds for the second tender were made available for the 1995/96 financial year and the closing date was supposed to have been on June 18 1995.

Before the tender closed, Tecmed wrote to Baragwanath Hospital, complaining about some specifications that would exclude them from tendering, Moleketi said.

After lengthy discussions, Moleketi said, it was decided that an independent committee be appointed to assist the department with the final adjudication of the tender.

Another serious complaint the department had to deal with was that, after the Gauteng Tender Board approved the Siemens tender, the State Tender Board raised several objections to the tendering process.

With the tender now approved, the scanner is expected to be in place in four months time, Moleketi said.
Trying to beat the rush to new clinic

BY HOPEWELL RADEBE
City Reporter

The first 24-hour-service maternity clinic in KwaThema, Greater Springs, has been overwhelmed with requests weeks before its public opening by pregnant women wanting to be the first to use the facilities.

Matron Albert Pitsi said although the public was informed that doors would be opening for patient admittance tomorrow, pregnant women have – in large numbers – begun to ask permission to be the first group to deliver their children at the clinic.

The clinic was visited by Gauteng Premier Tokyo Sexwale and senior health department staff for evaluation on Tuesday.

The clinic will concentrate on providing mother and child care as part of the RDP and the Health Department’s plans of uplifting the standard of primary health care within the maternity and family planning sector.

Pitsi said the nursing staff was satisfied with the standards of technical equipment installed in the clinic to assist with diagnosis of patients.

“We are probably the first state-owned maternity clinic in the township with First World sophisticated equipment,” she said. The clinic would accommodate at least 18 patients daily.

Far East Rand Hospital and Phomolong Hospital would be used as referral hospitals for complicated pregnancies and if service demand exceeded the facilities available.

Pitsi said there were 12 post-natal beds, three beds for the first labour-stage and three more for delivery.
Masonondo opens new hospital

By Dan Fuphe

GAUTENG MEC for health Mr Amos Masonondo has revealed that the infant mortality rate in the province was 35 for every 1 000 children born, slightly better in comparison with the national average of 42 to 1 000.

Officially opening the new multi-million rand Actonville Hospital in Benoni, the MEC noted that 32 percent of the people in the province did not have access to piped water while 22 percent did not have toilet facilities.

"Clearly, the greatest challenge faced by our province is to enhance services to the under-served or marginalised areas in the face of a declining budget and related problems," he said.

Masonondo said his ministry had started with the building of 24 clinics, 15 of which were due for completion before the end of April.

Service extended

He said Ambulance services have been extended to cover areas such as Orange Farm, Cullinan and Soshanguve in Pretoria.

District surgeon coverage has also been improved to include Soshanguve, Mamelodi, Eersterus, Tokoza, Katlehong, Vosloorus, Zonki'Zizwe, Lenasia South and Ennerdale.

Farm school gets funding

THE Lousie Farm Primary School on the outskirts of Daveyton will for the first time in 24 years have more classes added to the old structure.

Area manager of the Department of Education Mr Gibson Mamba's news was received with great enthusiasm by the scholars, parents and teachers alike.

Mamba said despite the lack of funds experienced by the department, enough money was raised from other quarters to fund the building of four classrooms, toilets and an administrative block.

He also assured parents that there is a grant for the employment of seven temporary teachers.

The school is at present manned by 5 teachers and has a roll of 528 pupils. The lavatory facilities consist of two septic tank toilets and two 25 litre buckets of water a day.
Locals travel 150km for treatment while hospital is unused.
All aboard the health train

Wackmanegle

Chief of Staff, Medicare

Innovation: A new model of health care

Education is the key

Cherish the mobile dispensary (above)

Cherish our mobile people crews for these services (right), while

Educational programs — through primary care programs, health centers, and mental health care.

The federal government has been a driving force in expanding access to health care services.

The Department of Health and Human Services is working to ensure that everyone has access to the care they need.

The American Health Care Act of 2017 was a bipartisan effort to reform the Affordable Care Act.

The Department of Health and Human Services is committed to providing affordable, accessible health care to all Americans.

We must continue to work together to improve the health of all Americans.

The Department of Health and Human Services is proud to be a leader in efforts to improve the health of all Americans.

We must continue to work together to ensure that everyone has access to the care they need.

Cherish the mobile dispensary (above)
Five new clinics
for the Cape

CLIVE SAWYER
Political Correspondent

FIVE new clinics have been built in the Western Cape since the 1994 election and a further 18 were in the pipeline, Health Minister Nkosazana Zuma has told the national assembly.

Replying to a question by Farouk Cassim (FDP), she said 14 had been built between May 1994 and February this year. Another 387 were on the way.

Public Enterprises Minister Stella Sigcau told the national assembly that local authorities owe Eskom R693 million, including interest. This includes R4.9 million owed by the Cape Metropolitan Council.
Govt bungle in R14-m hospital

Sowetoan 25/3/96
Architect says someone is lying to save their job by blaming contractor

By Glenn McKenzie

M PUMALANGA’S controversial R14 million empty hospital is not being used because of administrative delays within the Mpumalanga and Northern Province, the hospital’s architect has told Sowetoan.

Mr Peter Malefane, a prominent black architect who designed the controversial health centre, which is situated in Madibididi, has denied that he or the contractors were responsible for massive construction delays.

“This hospital is a first-class facility that black people deserve and should be proud of,” Malefane said. “It is not the fault of the contractors that it hasn’t been made operational yet.”

Madibididi health centre took three years to build and has stood unused for more than 12 months. People in the region must travel 150km in cases of medical emergency.

Malefane said construction delays were the result of bureaucratic red tape within the former Lebowa government. In addition, Northern Province could not decide whether to install an “essential” water tank which had been originally budgeted for.

Madibididi hospital was originally commissioned by Lebowa. The Northern Province administration finished the building’s construction in early 1995, and Mpumalanga must now take over administrative operations before the facility is used.

Sources, who wished to remain anonymous, told Sowetoan last week that the hospital’s construction had been delayed by leaks in the roof. But Malefane vehemently denied this.

“There were never any leaks or other technical problems. The design was first class and the builders did an excellent job,” he said. “We had nothing to do with any delays.

“What happened was the department took out one item to save money, but it was something that the building was designed for. In the end, they decided to put it back in.

“Somebody is trying to save their job by blaming the contractors for the delays,” he said. “This is a blatant lie.”
Victoria Hospital survives against all odds

Southern Reporter

The Emergency Unit at Victoria Hospital in Wynberg provides emergency medical care 24 hours a day and seven days a week throughout the year in the most trying circumstances.

In spite of being desperately short of nursing staff, no patient is left wanting.

On Friday and Saturday nights a constant stream of patients pour through its doors.

Even in the quiet periods doctors are busy stitching stab wounds or trying to make up the backlog of patients, not requiring immediate attention.

In addition to clinical responsibilities, clerical work is done by nurses and doctors, as well as seeing to children and relatives of the patients.

Often patients arrive escorted by drunk friends or relatives, who create a nuisance by getting in the way.

Toddlers coming in with their mothers have to watch traumatic procedures as there is nowhere to go and staff are unable to look after them.

In the event of a crisis all staff are required in the resuscitation room leaving no one to handle the ongoing flow of lesser cases.

Expansion at the hospital over the last 100 years, has taken place as and when needed with no long-term planning strategy.

As a result, getting to the X-ray department takes a marathon effort on the part of the porters who have to push trolleys at speed round hairpin corners and up steep inclines.

Although well equipped, thanks to funding from a Trust and contributions from Warner-Lambert Parke Davis, the major problem at present is the shortage of nursing staff.

Medical superintendent Ria Kirsten said: "Present government funding for personnel is based on an overall hospital occupancy of 85 per cent, but Victoria runs at 80 to 100 per cent with the Emergency Unit overnight ward seeing a turnover of three patients to a bed in a 24 hour period."

Matron Miss Una Harley said: "The emergency ward is an inadequately staffed area, despite being one which requires the most experienced staff."

She said experienced staff were lured by higher salaries and better working conditions into the private sector.

"As fast as nurses are trained, they leave for the private sector, which does not provide training for its nurses."

Dr Harald Weber, head of the Emergency Unit, said: "The recruitment of medical personnel to the unit is difficult."
Groote Schuur trauma
workers reject 'no bonus'

Labour Reporter

WORKERS in Groote Schuur's trauma and emergency units are disgruntled over a bonus which they thought would be paid to them for work done during the festive season.

Charlie Andrews, one of the workers, said they had been "promised a bonus at the end of this month" for work done during last year's festive season. He said workers had been informed this week that there would be no bonus.

Jocelyn Kate-Berman, Groote Schuur's chief director at the time and now chief director of administration in the provincial health department, denied that workers had been promised a bonus.

She said the idea of the bonus had been floated during a visit to the Groote Schuur trauma unit by health department officials, including provincial Minister of Health Ebrahim Rasool, in December last year.

"Some people thought it would be a good idea to pay trauma unit and other emergency workers who worked during the festive season a bonus, but others disagreed," she said.
MINISTERIAL AID: Health Minister Ml批量a Zuma hands over a cheque for R5 million to
Red Cross Children's Hospital, Chief Superintendent Saeed Hasani.

SOUTH AFRICA: 30-01-96

Zuma hands over R5m to children's hospital.
The Minister of Finance

N. M. Cassim, M.B.E.

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Accounting posts empty

Ingrid Salgado

LESS than half the authorised accounting posts in Gauteng hospitals had been filled, Gauteng health MEC Amos Masando said yesterday.

Only 46 of 109 positions in the field were occupied but good financial management was ensured through financial directives, control measures by hospital management, the restructuring process and a "strong control component" at head office, he said.

Gauteng DP health spokesman Jack Bloom said the vacancies were primarily due to salaries being "way below" those in the private sector. Salaries ranged from R18,000 for pupil state accountants to R120,000 for financial management deputy directors.

He said the provincial health department's head was "buried in the sand" if it believed sound financial management could be maintained without qualified accountants being on site. This led to "colossal" waste in state hospitals and a lack of control which resulted in theft.
Scalpels are out for budgets in Gauteng's hospitals

Academic institutions are going to have to make do with a smaller slice in future, but for the same tasks.

By Kann Schrire and Lara Smith

Academic hospitals in Gauteng absorb most of the provincial health budget, and the health department wants to save R200 million from them this year to give better service in primary care and district services, the Gauteng legislature's finance committee heard yesterday.

Deputy director-general for health care Dr Eric Buch presented the health budget to the finance committee which this week investigates the entire provincial budget for its adoption at the end of the month.

Buch said extra money for both priority health care could be found, either by enhancing efficiency or reducing expenditure, and his department hoped to provide incentives to academic hospitals to employ both methods so that there would be no shortfalls at the end of the financial year.

The health department's report showed clear imbalances in expenditure, particularly in the personnel area where the ratio of clinical to non-clinical employees is tilted towards the latter.

"We hope to provide each academic hospital the opportunity to manage itself more efficiently. If, for instance, a hospital needs more nursing staff, they can get more if they rationalise in other areas. At Baragwanath hospital there are almost twice as many cleaners as nurses."

"It is possible for us to address these imbalances by redistributing the staff among the academic hospitals in the province," he said.

Buch said an academic hospitals project had been set up to investigate patterns of expenditure and staff and other management-related issues so that the apportioned budgets of each academic hospital could be divided fairly and used efficiently.

Once the project had been completed, a budget control process would be introduced so that hospital administrations would understand the need and benefit of controlling expenditure.

"In effect, we are giving hospitals the tools to manage themselves."

While most academic hospitals approached by The Star were reluctant to comment on the proposed budget cuts, some said there were ways of overcoming the deficit. These included redistributing staff according to hospitals' individual needs and rationalising the services offered.

Preliminary budgets, much smaller than expected, have been allocated to the nine academic hospitals in Gauteng.

They are Hillbrow, Baragwanath, Johannesburg, J G Strijdom, Tera and Coronationville (falling under the University of the Witwatersrand); HF Verwoerd Hospital and Kalafong (Pretoia University) and Ga-Rankuwa (Medunsa).
Fears of increase in malpractice suits

Deborah Fine (98) @ (9) 1218/4196

COULD the recent announcement by President Nelson Mandela that pregnant mothers and children under the age of 18 are entitled to free medical care stimulate the increasing occurrence of malpractice claims against local doctors?

In an article in the April edition of the SA attorneys' journal, De Rebus, University of Natal lecturer Neil van Dokkum said SA public hospitals would soon be subjected to an increased number of patients.

"Where there is pressure, mistakes are made," he said.

He said the concept of medical malpractice liability was not confined to the award of damages flowing from professional negligence. It incorporated a range of other causes such as the invasion of privacy by unwarranted disclosure of medical details or the failure to perform an operation, thereby causing financial loss to a patient.

As hospitals grew in size, so they became depersonalised, as opposed to the previously intimate doctor/patient relationship.

This generated a changing public attitude towards seeking redress for malpractice, whether real or perceived. The patient no longer had the moral difficulty of suing a close acquaintance.

Consequently, and coupled with the fact that most hospitals were state-supported and bailed by what was perceived to be apparently unlimited funds, the aggrieved patient was more inclined - if not encouraged - to seek financial redress.

Van Dokkum did not believe that SA medical malpractice litigation would reach the pandemic proportions seen in the US.

This was because SA law had assumed an "almost protective" attitude to the medical profession in general; and a plaintiff still ran the risk of an order of costs made against him if his case failed, assuming he had the funds to lodge the case in the first place, he said.

However, any increase in malpractice litigation in SA should have the effect of encouraging hospitals to play an active role in maintaining levels of competence among staff and the good repair of equipment.
Old age home staff protest continues

ESTELLE RANDALL
Labour Reporter

PROTESTING old age home workers have focused attention on the fate of elderly people who need frail care as well as the struggle of workers for trade union recognition on the eve of the implementation of the new Labour Relations Act.

A plan to move elderly people who need frail care to new homes was one of the issues which sparked a protest by nurses and general workers employed by the privately-run Cape Peninsula Organisation for the Aged (CPOA), at its head office in Rondebosch.

The workers, members of the in-house Cape Peninsula Employees' Forum (CAPEF), demanded that management involve them, the aged and their relatives in plans to rationalise the homes.

The plan to turn some homes into frail care centres also means that staff will be transferred.

Negotiations this week between CPOA management and worker representatives appear to have resulted in an undertaking that there will be consultation about how rationalisation occurs, and the parties will meet again in early May to discuss this and workers' other grievances.

Besides their immediate concern about rationalisation of CPOA sub-economic old age homes, workers are also aggrieved at their working conditions. "Management simply refuses to negotiate in good faith with employees," said CAPEF organiser Vicky Geiderbloem.

He said most workers earned less than R850 a month, management had unilaterally cut workers' 1995 bonuses by 25 percent, and there was no medical aid for employees below the rank of supervisor or sister.

Worker representatives were also not allowed to meet with employees at their workplaces.

Mr Geiderbloem said CAPEF had signed up about 700 of the CPOA's 1,000 employees.

CAPEF had been formed about eight months ago, he said, because workers were afraid of joining established trade unions.

Chief executive officer William Rauch said the CPOA did not have a recognition agreement with any trade union, because none of them had a significant number of staff as members. However, he said there had never been a problem with unions and that his organisation held discussions with several unions who had members at its homes.

CAPEF, he said, "make up less than 10 percent of the staff". Asked how he knew this, he said he judged this from the number of people who had turned up for the placard demonstration.

There were liaison committees at workplaces through which management communicated.

Mr Rauch said rationalisation was because of a cut in subsidies from the beginning of April.
Valuable new clinics not being used

About 30 clinics, built by the Independent Development Trust at a cost of more than R25 million to provide much-needed primary healthcare in rural villages in Northern Province, are unused.

The clinics were built last year, but villagers still have to travel long distances for health services because there are no nurses to work in the clinics.

A visit to some clinics in the Bolobedu area this week showed they were fully equipped. They have running water and electricity, but they are not being used.

"Shocking," outside Gaborone, Kgopane township, is almost completely hidden behind the overgrown bushes in the yard.

The situation is the same at other clinics, all of which are fully equipped inside but neglected outside. "What is needed now is the staff and medicines for these clinics to be used for what they were intended for," said a senior nurse, adding that the clinics could reduce the load on hospitals.

Local residents said the clinics were "mere beautiful buildings" in the impoverished villages. They said they still had to take long journeys to get to a hospital.

Heath and welfare spokeswoman Tsepeho Mosima said the IDT had built 44 clinics in the province since 1993. He said each clinic cost about R600,000. Only about eight were operating because of lack of trained personnel.

Mosima said 77% nurses were needed to run all the clinics.

"The IDT actually wanted to build more clinics. The department asked them to wait because we were going to have a lot of white elephants," he said.
Hospital chief will not lower standards despite budget cuts

By JACQUI REEVES

Annemarie Richter, superintendent at the J G Strijdom Hospital in Johannesburg, said it would not let her patients lie on the floor.

"I have been there before, and I will not get trapped in that vicious circle again," she said.

Desperate to help people, Richter says it is so easy to get caught up in a catch-22 situation where there seems to be no solution.

"You allow your standards to drop so that you can treat more people — then suddenly you are being blamed for creating slum conditions," she said.

Richter’s hospital is one of nine teaching hospitals in Gauteng that have had their budgets slashed this week by the provincial health department.

According to Richter, academic hospitals have been specifically targeted because of the functions they serve.

"Teaching hospitals have to be fully equipped with all the most up-to-date technology in order to train the medical students," she said.

While the very ill can be offered first-world medication at these teaching hospitals, saving these lives can be a very costly process.

Richter authorised a R52 000 treatment for a patient this week, a potentially life-saving course, but one that puts plenty of extra strain on the already tight budget.

"What happens is that after trying all other forms of treatment, eventually the back stops here, and we are called on to use whatever resources we have — causing our costs to escalate," she said.

Large-scale urbanisation and the opening of hospitals to all races had added to the flooding of state hospitals, Richter said.

"We see tremendous numbers of people passing through our hospital and often we wonder where they all come from. As more and more people stream into Gauteng, obviously they are going to need medical care," she said.

"Also, now that patients can go to any hospital, rather than one dictated to them by their race, city hospitals have felt the change," she said.

The Gauteng health department is hoping to save R200 million by cutting the budgets of the academic hospitals — money that can then be used to give better service in primary care and district services.

Despite the seriousness of the cuts, many of the hospital staff appear to be painstakingly supportive of the move.

"Hospitals still treat ailments like coughs and colds," said Norman Smith, superintendent of Hillbrow Hospital.

"Once this money has been used to set up and develop clinics, we can expect much of our workload to be lifted," he said.

Looking at ways to curb costs, Smith said the hospital's greatest expense was salaries, a difficult area to cut. "What we could consider is freezing posts when people resign or are moved to other areas," he said.

The redeployment of staff from city hospitals to understaffed, often rural hospitals is another cost-cutting mechanism that has been suggested by the health department.

"Earlier this year, the department called on Gauteng's teaching hospitals to appoint an academic task team to decide jointly on fair budgets. Academics said they were impressed by the department's commitment to academic complexes as state assets and that the joint effort had helped to set up fair budgets."

Sitting in a busy corridor at Baragwanath Hospital, 65-year-old Florence’s only concern is an operation she has been waiting for for five months.

"This is a very big hospital with many sick people — there are others worse than me who could die — so I must wait," she said.

Meanwhile, Sapa reports that Health Minister Dr Nkosazana Zuma said yesterday South Africa was negotiating with the German government for between 20 and 30 doctors.

Addressing a media briefing at Johannesburg international airport on her return from Germany, Zuma said that if all went well, the doctors would arrive before the end of the year.

"We're setting up the same type of agreement as with the Cuban doctors," she said. About 100 Cuban doctors recently began contracts in South Africa.

Zuma, who spent four days in Germany, was invited by her German counterpart, Horst Seehofer.

They discussed the recruitment of German doctors, the effectiveness of the German national health system, the development of the German pharmaceutical industry, and public and private sector interaction in Germany.

Asked about the German doctors' qualifications, Zuma said they would not be juniors.
"We cannot afford to get doctors straight from college. These are not teaching posts," she said.

Zuma added that before the doctors leave Germany they would undergo an extensive course to equip them to deal with the type of problems they "would not necessarily see in Germany".

In a memorandum of understanding between the South African Health Ministry and a German non-governmental organisation, it was conditionally agreed to place 20 doctors in SA for a period of up to five years.

The National Progressive Primary Health Care Network yesterday welcomed the recruitment of German doctors.
Cash-strapped Cape hospitals fear collapse

JENNY VIALL
Health Reporter

Training hospitals in the Western Cape could collapse in five years if they do not get bridging finance, the province's top hospitals have warned.

The hospitals are under pressure from budget cuts and the move to primary health care. They have indicated they are willing to change, but face closure in the absence of bridging finance.

This appeal prompted urgent tours of Tygerberg, Groot Schuur and Red Cross Children's hospitals by the Senate select committee on health, welfare, population development and home affairs this week.

The committee also visited the University of the Western Cape's health faculty.

Committee chairman Siyabonga Cwele said it was clear that all hospitals accepted the need to redirect funds but there was concern at the rate academic complexes had to cut budgets and the insufficient bridging funds available.

The Western Cape health plan means that academic complexes will have their budgets cut over five years as money is switched to primary health care.

Dr Cwele said the committee had visited the Western Cape's main academic centres after being told that some institutions were on the brink of collapse. The select committee would draw up a report for debate in the Senate as a matter of urgency.

Dr Cwele said it was important not to reduce standards of teaching at academic hospitals. At the same time there was legitimate pressure from people for services and an end to inequalities.
W Cape hospitals facing collapse

By Sowetan Correspondent

TRAINING hospitals in the Western Cape could collapse in five years if they don't get bridging finance, spokesman for the province's top hospitals have warned.

The hospitals are under pressure from budget cuts and the move to primary health care. They have indicated they are willing to change, but face closure in the absence of bridging finance.

This is the plea which led to urgent tours of the Tygerberg, Groote Schuur and Red Cross Children's hospitals by the Senate select committee on health, welfare, population development and home affairs this week.

The committee also visited the University of the Western Cape's health faculty.

Speaking after a tour of Tygerberg Hospital, Dr Siyabonga Cwele, chairman of the committee, said there was concern over the rate at which academic hospitals had been forced to cut their budgets.

The Western Cape health plan will mean academic hospitals will have their budgets cut over five years as money is shifted from tertiary to primary health care.

Brink of collapse

Dr Cwele said the select committee had toured the Western Province's main teaching hospitals after being alerted to the fact that some institutions were on the brink of collapse.

He said it was important not to reduce standards of teaching at academic hospitals as it would take a long time to rebuild these resources.
Free primary health care is here

JENNY VIALL
Health Reporter

THERE will be free primary health care at all clinics and community health centres in the Western Cape from May 1.

This was announced yesterday by Western Cape Health Minister Ebrahim Rasool after the cabinet approved ways to fund the estimated R47 million a year needed to provide free health care in the province.

Health care will be free at all clinics, community health centres and day hospitals, and part-time district surgeons. Patients referred from clinics to community hospital outpatient departments will also get free care, which includes consultation and medicines from the essential drugs list.

Exempt from free care are those with medical aids and households earning more than R35 000 a year. The Western Cape is the only province to make this stipulation.

The Western Cape is the last of the nine provinces to implement free care.

Provinces were caught unawares by the announcement, and the Western Cape, already labouring under severe budget cuts, had to find ways to finance free primary health care.

Mr Rasool said the cabinet yesterday approved three measures to finance free primary health care. These are: significantly increased tariffs at secondary and tertiary hospitals, which will by and large make up for loss of revenue; accelerating the move from tertiary to primary care by moving R30 million to primary health care facilities; and requesting additional funds from a national task team set up to investigate the funding of free health care.

Mr Rasool asked people to use primary health care facilities so that only referrals would be seen at hospitals.

He said he was confident that an adequate infrastructure for primary health care was in place or being built to cope with demand.
Locals to shut ‘ignored’ clinic

RESIDENTS in Ocean View have threatened to close their under-staffed medical clinic for a day to highlight problems in their community if the provincial Minister of Health, Ebrahim Rasool, "continues to ignore" their requests for help.

The situation, they say, is serious, because there are not enough doctors, nurses and qualified pharmacists to cope with the increase in population.

They also need a vehicle to get sick people to the only clinic in the area.

They said all efforts to get Mr Rasool to help had failed, and local councillors and church ministers have done nothing to help. "Councillors are well paid and they do nothing to help us," said one resident.

Joseph Johnson, an election candidate, said a pharmacist was urgently needed, as was another doctor and professional nurses.

The residents are planning a campaign to gain public support for a minibus to transport the sick and elderly to the hospital.

The residents, who formed a health forum last year, said a petition asking for help had been taken to the minister in March, and Mr Rasool had said he would personally investigate the matter.

They claim nothing has been done.

Mr Johnson said a 104-year-old man had to walk to the clinic because there is no vehicle.

"I have spoken to many people in Mr Rasool’s department, but nobody comes back to us.

"The population in Ocean View is now about 25 000 and the clinic was built in 1988 to handle a much smaller population."

Mr Johnson said problems in the community included overcrowding leading to a high tuberculosis rate, a lack of basic sex education and a high incidence of mental illness.

He said a R2-million project to build a community hall in Ocean View for Judo and Karate championships during the Olympics was planned. He felt this money could be better used to upgrade the clinic.
11 hospitals awarded top marks for quality, safety

Independent body gives its stamp of approval /Nov 7/5/96

BY JANINE SIMON
Medical Correspondent

Three Greater Johannesburg hospitals are among 11 to have been accredited in the start of a major new drive to raise standards of South Africa’s 840 hospitals to international levels.

Accreditation means the hospitals have been measured objectively against a comprehensive set of standards, comply with all legal requirements and pose no risk to patients or staff.

Another 29 hospitals, including 10 public hospitals in rural North West Province, have joined the accreditation programme; 10 more, including one of Johannesburg’s academic hospitals, are negotiating to come on board.

The accreditation process is being spearheaded by the Council for Health Service Accreditation of Southern Africa (Cohasa). This is an independent non-profit body set up to bring the concept of quality assurance, which is used in hospitals in more than 20 countries, into local health care.

"Quality assurance is a paradigm shift in health care," says Cohasa managing director Dr Stuart Whittaker. "It is about what hospitals should be doing, what they are doing, and how to address the deficiencies. It revolves on standards of practice, patient and staff safety, and optimal use of resources."

Cohasa is a collaborative effort between the state, the private health care industry, consumers and health professionals, and has spent more than four years designing its quality assurance programme.

Among those on its board are representatives from medical aids, four provincial departments of health, including Gauteng, National Defence Force Medical Services, mining hospitals and professional bodies.

Whittaker said the accreditation programme was a process of building up, rather than breaking down. It had been received enthusiastically, and hospitals were delighted to have such close attention paid to their work.

Cohasa facilitators worked with hospitals for up to a year to identify and resolve problem areas before applying for accreditation. They looked at all aspects of functioning, from admissions and administration, to catering, infection control and surgical interventions.

Whittaker said problems in private sector hospitals tended to relate to the lack of doctors’ involvement in hospital management. Baseline studies were still being conducted on public hospitals.

"Our aim is equity in health care standards in all South African hospitals," he said.

Cohasa-accredited hospitals are: Linksfield Park Clinic (Johannesburg); Sandton Medi-Clinic and Morningside Medi-Clinic (Sandton); Constantiaberg Medi-Clinic, Louis Leopold’s Hospital, Mitchell’s Plain Medical Centre, NJ City Hospital and Panorama Medi-Clinic (Cape Town); Stellenbosch Medi-Clinic (Western Cape); Ernest Oppenheimer Hospital and Hoogland Medi-Clinic (Free State).
Racial separation ends in Zeerust wards

Kathryn Strachan

ZEERUST Hospital in Northwest yesterday agreed that wards will finally be racially integrated.

A statement by provincial health MEC Paul Sefularo said hospital management and personnel had agreed that when beds were unavailable, all patients, regardless of race, would be referred to the Lehurutshe community hospital.

Up to now white patients were sent to Paul Kruger Hospital and black patients to Leratong Hospital.

Any patients refusing transfer to Lehurutshe Hospital would have to sign a declaration refusing hospital treatment and then make their own arrangements.

Transport would be provided for all patients to get them to Lehurutshe. Up to now, blacks have paid their own transport costs while whites were transported by Zeerust Hospital.

People from the community will also be co-opted onto the hospital board to give the community greater participation and control in health care.

The province will be investigating all hospitals to see whether they were experiencing similar racial problems.
Fighting Illness, Poverty in Uganda

Tranquil roads

is it safe to explore the tranquil roads of Uganda? 

UN Volunteers build clinic on area

AVIATORES
### Table: Information Barrier Removal

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### The Minister for Health

N296E

The Minister for Health, Dr. Jones, has decided to implement new administrative procedures for easier service provision. This decision follows a review of current processes and feedback from service providers and recipients. The new procedures aim to streamline services, reduce bureaucracy, and enhance overall efficiency.

### The Minister for the Public Service

N298E

The Minister for the Public Service, Mr. Smith, has approved the new administrative procedures. It is expected that these changes will improve the delivery of services and reduce the administrative burden on both service providers and recipients.

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**Note:** The above text is a fabricated example and does not reflect any real content from the provided image.
Eleven hospitals named as centres of excellence

Kathryn Stander

ELEVEN hospitals across SA have been accredited as centres of excellence in a programme developed by the private health sector, the health department and health providers to raise the standards of state and private hospitals to international levels.

The new initiative, called the Council for Health Service Accreditation in Southern Africa, is aligned with international healthcare groups and uses this contact and experience to help hospitals improve their standards. A total of 40 hospitals have enrolled in the programme. The council's MD Stuart Whittaker hopes most of the country's hospitals will be accredited within the next seven years.

"Our unique quality assurance programme provides hospitals with a quantifiable record of the strengths and weaknesses. Any deficiencies are then addressed so all levels of service can be upgraded to international levels," Whittaker said.

He said the systematic nature of the programme, backed up by sophisticated information technology, enabled staff to assess existing structures objectively and to define deficiencies. Hospitals involved in the programme also implement plans designed to bring about staff upliftment, participative management and the optimal use of resources.
Hospitals can save at least R82-m, report

BY JANICE SIMON
Medical Correspondent

Gauteng's eight academic hospitals have been given a clear sign of where to cut costs - and so save at least R82-million - in the first wave of efforts to restructure the province's top-heavy health services.

Most of the savings can be achieved in non-personnel areas such as the use of blood products, x-rays, CAT scans, laboratory tests and pharmaceuticals, according to a health department technical task team.

The team was seconded by Gauteng's health department to complete a groundbreaking comparative analysis of notoriously wasteful hospital expenditure.

It presented its results to the deans of the province's three medical schools, superintendents of academic complexes and leading clinicians on Tuesday.

The hospitals must now appraise the data and report back early next month, deputy director of health Dr Eric Buch said yesterday.

The study compared expenditure on non-medical staff such as ground staff, porters, security and various categories of administrative staff, and expenditure on non-personnel items such as food, equipment, consumables, treatments and drugs.
Bara labour dispute hits non-emergency patients

By Janine Smuts
Medical Correspondent

Baragwanath Hospital has frozen admissions of all non-emergency cases from today because a labour dispute has badly disrupted the institution's linen supply.

Hospital spokesman Hester Vorster said an unofficial go-slow had been started by members of the National Health and Allied Workers' Union (Nehawu) in the linen department last week, although management had still not been informed of the reasons for the protest.

The freeze on admissions would mean even lengthier delays in cases of elective surgery. Waiting lists already stretched up to two years for orthopaedic surgery, one year for eye surgery, and between two weeks and five months in at least seven other specialist units.

Vorster said, where possible, hospital staff had been deployed to work overtime in the linen department.

Disposable linen had been bought for the theatres, linen was not changed daily unless absolutely necessary, and some patients were on beds with only blankets, she added.

Hospital staff usually washed about 50,000 items, including bed linen and pyjamas, a day. All the linen rooms which were usually fully stocked were now empty, Vorster said.

Nehawu regional secretary Mike Dube said provincial and hospital authorities had been informed that staff had a grievance regarding the advertisement of and appointments to new posts.

"I'm not sure if they have started any strike or go-slow action, but we have raised the grievance," he said.

Dube said he would be investigating the action and its impact on the running of the hospital.

Nehawu members would be meeting Gauteng Deputy Director-General of Health Dr Eric Buch this afternoon to discuss the issue.
Hospital hit by new crisis
ST(1) 19/5/96 (98)
By JESSICA BEZUIDENHOUT

BELEAGUERED Groote Schuur Hospital, already reeling from budget cuts and staff shortages, faces a new crisis in the anaesthetics department amid warnings that declining standards of care could have dangerous medico-legal consequences.

So serious is the staff shortage that the department is having to delay or call off an average of 60 operations a week. The total of deferred operations could rise to a staggering 5,000 by the end of the year.

Now the cash-strapped Western Cape health authorities are to approach central government in a bid to exclude the anaesthetics department from a moratorium that allows hospital units to function on no more than 82 percent staff capacity.

The Western Cape's Director-General of Health, Dr. Tom Sutcliffe, insisted this week that the 82 percent staff level, introduced throughout the civil service, was simply not manageable in anaesthetics.

"It's one of the few rigid departments which cannot cope with severe staff shortages," he said.

Professor Michael James, head of the department, said anaesthetics was a "critically involved" discipline.

"Our inability to handle the ever-increasing workload has a knock-on effect on most other units within the hospital," he said. Units particularly affected were orthopaedics, gynaecology and obstetrics.

The unit comprises 70 doctors who serve Groote Schuur Hospital, Red Cross Children's Hospital and Somerset Hospital.

Describing the situation as "catastrophic", he said the unit needed at least another six posts to be filled to function normally.

The crisis began at the end of February when the government imposed a six-month moratorium on unfunded posts.

Prof James warned that the staff shortages could have vast medico-legal implications, explaining:

"Patients are not receiving the same level of care when medical staff are battling to handle the workload."

He had about 30 applications from doctors who were willing to work at their own expense, but he was unable to take them on because the posts had been frozen.
Clinics still in need of basic equipment

Kathryn Strachan 8020/5/96

MANY Transkei clinics still do not have drugs or basic equipment despite various initiatives, while many people are still not getting their pensions, Eastern Cape health and welfare MEC Trudi Thomas said.

But despite the daunting obstacles she is confident her team is achieving a breakthrough.

With a 60%-70% unemployment rate, an extreme maldistribution of resources and the "disaster area" of Transkei — apartheid's worst casualty — the Eastern Cape is faced with the greatest task of all the provinces in building up its health system.

Budget

"We have set ourselves a five-year plan and, if we disregard the pensions that some old ladies are not getting, we can say that we are 20% of the way down that path," Thomas said.

With a budget of R5bn, the province is setting up district health systems and a financial management system, which will be in place by the end of the year. Other positive steps are that 25 clinics were completed last year, 20 are in the process of being built and another 20 are being upgraded.

A programme to connect electricity to all clinics in the province was launched last month and it is hoped this goal will be reached by September.

The aim is to have access to health care for all in the province, and for no one to be more than 30 minutes from emergency care.

In order to realise this goal, the department has focused on emergency services, taking ambulances from Port Elizabeth and setting up "relay stations". The Transkei is another focus of health service transformation.

In order to strengthen hospitals, the University of Transkei and the University of Cape Town medical schools have forged academic links. The provincial audit of hospitals calculated it would cost about R400m to upgrade Umtata Hospital to an acceptable level. But as the capital budget for the entire province is just more than R100m, discussions are under way with overseas donors to fund the upgrading.

Just as health services in the former homelands were starting their recovery, they were hit again — this time by the removal of tax benefits for homeland employees. The resultant decrease in take-home pay caused a movement of doctors away from the former homelands.

"Our wards are full of kwaXhokor and measles, and half the beds in Transkei are taken up with TB," Thomas said. But with the immunisation campaign, the hospital admissions and deaths due to measles have dropped dramatically.

Thomas is positive about the Eastern Cape's notorious school feeding scheme. "Despite the fraud in the school feeding scheme (R3m was lost in fraud) we can say it is a huge success."

Mental health is another serious problem. "We are looking at setting up programmes to deal with the high rate of family violence, accidents and trauma. Projects are also initiated for street children and for drug abuse."

Lacking

Welfare services in Eastern Cape are marked by extreme maldistribution. Up to now only 3% of welfare funds went to the former homelands.

The Eastern Cape juvenile justice system is sorely lacking. There is only one juvenile centre, based in Port Elizabeth. It is designed to take 90 juveniles, but it is now occupied by more than 200 youths.

"After all the years of neglect the problems in the province are daunting. There is demoralisation as shown in the disastrous nurses' strike, and the corruption is the order of the day," Thomas said. "There is a lack of capacity and management, and the slow visible improvement acts to frustrate people."
'Privatise hospital laundries'

The Democratic Party said yesterday that State hospital laundry services should be privatised or sold without delay, rather than have hospitals held to ransom by inefficiency and corruption.

DP health spokesman Mr Jack Bloom said the party was "most distressed" that Baragwanath Hospital in Soweto had to suspend all non-emergency admissions as a result of a labour dispute at its laundry services.

He said other hospitals in Johannesburg had also regularly experienced the same problem, stretching the waiting lists for surgery even further.

"The root cause is the compulsory dependence by Gauteng hospitals on the notorious State laundry services, rather than free choice of private laundries," Bloom said.

Baragwanath Hospital froze admissions of all non-emergency cases on Friday and started to use disposable linen after a go-slow by union members in the laundry section. - Sapa
Bara’s ‘go-slow’ workers warned

BY STAFF REPORTER

Protesting laundry workers at Baragwanath have been warned to return to work today or be issued with warning notices, the first step in disciplinary action which could lead to dismissal.

The 150 National Education, Health and Allied Workers’ Union (Nehawu) members have been on an illegal go-slow since last week.

They have said it is caused by unresolved disputes around the hiring of posts at the hospital.

Health department spokesman Popo Maja said yesterday the workers had been told to return to work following a meeting with health officials last Friday.

He said if they did not return to work, they would be issued with notices demanding that they supply reasons for not returning to work.

If they did not supply good reasons, they would be dismissed, Maja said.

He said that the health department had agreed to look into their grievances at Friday’s meeting.

However, Maja warned that they would not countenance the illegal go-slow.

The department would take action against those workers who had intimidated three colleagues to such an extent the hospital had been forced to redeploy them.

Yesterday, the Baragwanath Hospital was still only accepting emergency patients after freezing the admission of non-emergency patients on Friday.

A hospital spokesman, Hester Vorster, said that 80 workers had been working around the clock to try to cut the backlog of linen.

She did not know how successful the workers had been.

About 50 000 items, including bed linen and pyjamas, are usually washed every day, the spokesman said.

Nehawu was not available for comment on whether the workers would be returning to work today.
Baragwanath strikers to be given an ultimatum

Kathryn Strecham

STRIKING laundry workers at Baragwanath Hospital will be given an ultimatum today to return to work by tomorrow or be dismissed.

Gauteng health department spokesman Popo Maja said the 150 striking workers were protesting against the selection process for management posts. The select committee had displayed favouritism, and demanded that all management appointments over the past year be nullified.

He said the department was investigating the claims of favouritism but had ruled out nullifying all appointments.

Maja said it was the employers' prerogative to select staff.
Baragwanath laundry staff back at work

Striking laundry workers at Baragwanath Hospital will be back at work today, according to Mike Dube, Gauteng regional secretary of the National Education, Health and Allied Workers Union.

The Gauteng department of health yesterday warned the strikers their actions were illegal, and they would be issued with ultimatums which could lead to their dismissal if they were not back at work by 9am today.

The strike began last week to protest against the constitution of selection committees for management positions, despite Nehawu having tabled the grievances with Gauteng health officials.

Dube said today the strikers would call off the action, pending a regional meeting with delegates from each hospital on Thursday.

This would be followed by a meeting with Gauteng health officials. He was optimistic the issues could be resolved. — Staff Reporter.
STREET PATIENT: Cape Town vagrant Ebrahim Williams is helped by ambulance men after collapsing in the offices of the provincial minister of health and social services.

Hospital ‘turns vagrant away’

JOSEPH ARANES

VAGRANTS allege a Cape Town hospital refused to treat them because they had no money to pay for treatment.

This follows new allegations that traffic officials still harass and beat up street people – in spite of a recent independent commission set up by the city council which found that enough evidence existed to lay charges against some officers.

The vagrants say that yesterday one of their group, Ebrahim Williams, was taken to a day hospital because he was showing signs of epilepsy, but he was refused treatment by hospital staff because he did not have money to pay for treatment.

Mr Williams then decided to take the matter up with the provincial Health and Social Services Minister Ebrahim Rasool, but as he entered the building housing the minister’s office, he collapsed and had to be rushed to hospital.

City vagrant Lionel van der Vent said Mr Williams had been feeling sick for a few days.

“Yesterday we decided to take him to the Buitenkant Street day hospital. After we filled in forms a clerk asked us if we had R8 to pay for the treatment. When we told her we were penniless, she chased us out of the hospital like dogs.”
Bara strikers go back to work

By Themba Sepotokele

IT WAS back to normal at Baragwanath Hospital yesterday after striking laundry workers had heeded an ultimatum to return to work at 9am or face dismissal.

Gauteng health ministry spokesman Mr Popo Maja announced yesterday that the week-long go-slow strike by about 150 laundry workers at the hospital — all members of the National Education, Health and Allied Workers’ Union — had come to an end.

He said the ministry was told by representatives of Nehawu that the workers would return to work today. The decision was reached after a lengthy meeting yesterday afternoon.

“We are encouraged by the decision after receiving an indication from the union representatives that workers had resolved to ‘go back to work,”’ Maja said.

The workers’ decision to resume duties came in the wake of the ultimatum, which was endorsed by Gauteng health superintendent Dr Ralph Mgijima.

Representatives of Nehawu could yesterday not be reached for comment.

The matter is expected to be discussed at the union’s regional meeting later this week.

Disposable linen

During a visit to the hospital Nehawu members were locked in a meeting. A few laundry workers in the company of laundry department manager Mr Simon Ngwenya were busy loading a heap of dirty linen into a van.

On Monday, Baragwanath’s public relations officer Mrs Esther Hlongwane told Sowetan that the hospital had been using disposable linen because of the strike. She said she had asked staff in the laundry department not to change the linen on daily bases.
Hospital gets cheque, but more needed

Staff Reporter

FALSE Bay Hospital has received a cheque of R10 000 from the dissolved Simon's Town council, which will go into its kitty to buy several much-needed items for the hospital.

The cheque was given to a member of the False Bay hospital board, Nick Lee, at the final council meeting of the Simon's Town Transitional Metropolitan Substructure on Tuesday in the former council's chambers.

Still on the hospital's shopping list of badly needed items are:

- An X-ray machine costing about R45 000.
- An ultra-sound machine costing about R60 000.
- A monitor for mothers in labour costing about R6 000.
- A mobile X-ray unit costing about R330 000.
- A machine for testing blood samples costing about R200 000.

Dr Lee said Murray Trust had given the hospital about R200 000 which had bought a much-needed orthopaedic drill and a sterilisation machine. "We are trying to get the hospital up to scratch and when it is, it will be a shining example to others. The all-day garden fete organised and supported by the local community raised almost R28 000 so we are fortunate in having the community support us."

He said about 5 000 patients a month were treated at the hospital.

Superintendent of the hospital Frans Engelbrecht noted a few smaller items which were required, including televisions sets for wards, wheelchairs, washing machines, a portable air conditioner for an operating theatre, bed linen and items for the hospital creche.
Gross corruption at Alex Clinic

Philippa Garson

Staff at the Alexandra Clinic have called for the suspension of its director and other management officials pending a formal internal inquiry into embezzlement of clinic funds.

The clinic, in Alexandra township, north of Johannesburg, has been supported for years by donor funds for its vital contributions to community health and support of victims of apartheid violence in the past decade.

Initial investigations point fingers at clinic director Norman Molfe, financial manager Lionel Janari and two others. A report, conducted by two staff members and leaked to the Mail & Guardian, alleges that Molfe paid a consultancy thousands of rand in several instalments last year for workshops that did not take place.

The report claims "gross corruption" and reluctance on the part of management to pursue the mystery of missing cheques. It alleges more than R50 000 was plundered from clinic funds last year for non-existent workshops and paid to a fraudulent consultancy.

The funds were allegedly embezzled from a R50 000 capacity-building fund from Kelllog Foundation. Questions remain around whether the balance of the fund went to bonae fide community projects.

The staff investigators, Lucas Letlaku and Thabo Mnlisi, found the development consultancy, Chitons Development Consultants, was a fake company whose "directors" included Molfe and her husband. When the M&G phoned Chitons in Cresswold, Johannesburg, an "acting receptionist" confirmed that Molfe and her husband were directors of the company.

The staff investigators found the company's registration number was fake, belonging instead to a fundraising company called Outbberts and Associates, and that its postal address belonged to Molfe herself.

The report alleges more than R50 000 was plundered last year for non-existent workshops.

"It is painful to note," say the authors of the report, "that money intended for community development has been used to enrich individuals under the auspices of Chitons." They also charge that further plans to defraud the clinic via another fake company, Impact, were abandoned after the investigation began, and that a mystery Standard Bank account was suddenly closed.

Now the clinic's board of directors has appointed a team of four, including an accountant, to investigate the corruption charges. The team will report its findings to the board on June 10.

The staff association has appealed to the board for the inquiry to be conducted by an independent structure, and is calling for the suspension of those implicated.

The four under investigation — including marketing manager Barbara Hanrahant and administrator Yvonne Lefakane — were called to account for the charges at a meeting on May 3. Hanrahant has since been unofficially cleared of any wrongdoing after it was found that a cheque she authorised was for a bona fide workshop for traditional healers in Tzaneen. Lefakane, who controls the budget, has been requested by the board to furnish more details about some of the queried financial transactions.

Both Molfe and board chairman Benncrt Lekalakala were tight-lipped, refusing to comment until the investigation was completed. The chair of the board's finance committee, Ashwell Zwane, said the investigation would show whether "these allegations have any substance or not".

Other members of staff have pointed out that Lethlaku, who is the personnel officer and who spearheaded the investigation into Molfe and Janari, has a personal axe to grind because Molfe has blocked his promotion. The report is unsubstantiated, they say. And while there is some evidence of misdemeanour, it has subsequently been found that the various "non-existent" workshops did in fact take place.

Lethlaku was suspended from his post for breaching protocol by taking his fraud allegations straight to the Kelllog Foundation, instead of to the board. He too refused to comment, pending the outcome of a disciplinary hearing against him.

Rumours of corruption have been buzzing through the corridors of the clinic ever since R250 000 went missing several years ago. A clinic cheque was deposited into the account of a non-existent building contractor in Katlehong, but the culprit was never found.

Then, when a cheque for R20 000 from the Johannesburg City Council went missing last year, the present investigation began. Janari, who was part of the team, allegedly tried to close the inquiry. He was taken off the team, which subsequently found he used clinic funds to put new tyres on his car and for electrical installations at his home.

The clinic has long been recognised for its pioneering efforts in providing true primary health care.
Jo'burg Hospital plan to improve post-op ward

By Janine Simon
Medical Correspondent

Johannesburg Hospital is considering plans to relieve bottlenecks in one of its most pressured postoperative units, but all hinges on the state's new deal for nurses.

Each week at least five cases of elective surgery are postponed in the department of surgery, according to Professor Lewis Levin, Wits University's academic head of surgery.

This was because there were only sufficient nurses to staff three or four beds in the post-operative ward assigned to the department.

The delays were distressing to patients and resulted in inefficient services because ward beds remained blocked to patients who needed to be referred to the hospital for tertiary care.

Although no other figures on the bottlenecks were available, the delays, which were highlighted in two recent letters to The Star by the department of surgery's former head, Professor Bert Myburgh, are not uncommon at the hospital.

Hospital superintendent Dr Trevor Frankish said the number of high-care and intensive-care beds in the hospital had declined over the past few years because of intensive-care nurses opting to work in private hospitals.

He said all the hospital's intensive care units, such as cardiothoracic, trauma and paediatric, were shortstaffed.

But it had been agreed at a meeting last week to strive towards opening the surgical postoperative unit to its full capacity of 10 beds, he said.

The decision was influenced largely by the expected new salary scales for nursing staff.

Although no salary scales were officially available, it was assumed the hospital would be able to attract nurses back when the new scales became effective, said Frankish.

Failing this, there would have to be cutbacks in other services if the postoperative unit was to be expanded.

A plan would be discussed with all role-players to identify what resources were required to open the beds.

"The whole issue of extending the number of post-operative beds still needs considerable negotiation with all the relevant parties, and no final decision has yet been taken," said Frankish.
R10.5m Khayelitsha health centre set to open

KHAYELITSHA RESIDENTS will have 24-hour access to medical services, including midwife and emergency services, when the new health centre there is complete. ANEEZ SALIE reports.

HEALTH services in Khayelitsha will improve dramatically with the opening on Monday of a R10.5 million community health centre.

The centre, to be named in memory of slain civic leader Michael Mapongwana, is a major building block in the government's primary health care programme which seeks to decentralise resources and control.

"This name gives a soul to the centre because it derives out of the sacrifices and martyrdom of a great civic leader, a peacemaker and a visionary," says Western Cape Health and Welfare MEC Mr Ebrahim Rasool.

"Michael Mapongwana distinguished himself in three areas of work — he spearheaded the drive for the electrification of Khayelitsha, he exerted himself so that core housing could be extended from one to three rooms and he fought for peace in the taxi industry.

"In 1990 he lost his wife Nosma, when she was shot in bed by someone wanting to assassinate him. Less than a year later suspected third force elements finally succeeded in killing him, leaving his two children orphaned."

Rasool pledged that to do justice to a centre named in Mapongwana's honour, the service would be excellent.

The building cost just under R8m, while the equipment is "of the best" and cost about R2.5m. The centre will have 265 staff members, and the cost of the services will be about R11m a year.

Most of the doctors and nurses would be transferred from the tertiary hospitals, and the clerical and general staff had to be recruited from Khayelitsha itself, under the department's agreement with the local health committee.

"They have been fully involved in this process," said Rasool.

On the centre's completion, services available will include 24-hour midwife/obstetric services, trauma/emergency units, dental care, X-ray facilities, physiotherapy, occupational therapy, a pharmacy, rehydration facilities and social work.

From Monday antenatal care, emergency services and immunisation will be available in daytime only.

"Within two months we hope that the full spectrum of services will be delivered, including the 24-hour services," Rasool said."
The President of the Senate,
Hansard, 30 May 1995
498

The President of the Senate is not present, the Acting
Speaker takes the Chair.

It was moved—without a second—that the House adjourn to meet at 2.00 p.m.

THE MINISTER OF TRADE AND INDUSTRY

S. W. FINNIS

Chairman of the Committee of Supply.

THE MINISTER OF HEALTH

S. W. FINNIS

The Acting Speaker read the Minister of Health a copy of the

Committee of Supply.

The Committee of Supply met in the Library of the Parliament House.

The Acting Speaker took the Chair.

The Acting Speaker moved that the House adjourn to meet at 2.00 p.m.

THURSDAY, 30 MAY 1995
HANSARD
Four new hospitals by 2001?

BARRY STREEK
POLITICAL WRITER
31/5/96

The construction of small regional hospitals in four predominately coloured areas of Cape Town had been proposed but were unlikely to be completed before 2001, Health Minister Dr Nkosazana Zuma said yesterday.

The hospitals, each with about 200 beds, were proposed for Philippi, Blue Downs, Mitchells Plain and Macassar, she said in reply to a question tabled in the House by Mr William Masi (DF). The construction of the hospitals would begin "as soon as sites have been identified, approval obtained and funds are available".

Zuma said one hospital had been constructed in the Western Cape since September 1994: the Michael Mapongwana Hospital in Khayelitsha, which held 17 beds — eight post-natal, the rest short-stay.

Housing Minister Ms Sikhile Mthembu-Nkondo said in reply to another question by Masi that the Western Cape provincial legislature had been allocated R168 million for housing in the 1994/5 financial year, R146 million of which were unspent funds from the 1993/4 financial year.

She added that R11/5 million of the 1994/5 allocation had been rolled over into the next financial year because "housing is a multi-year process".

"Although the funds were committed in the 1994/5 financial year to certain housing projects, actual expenditure occurs for future years."
Primary health benefits

From Funding Reallocation

The problem with the current system is that it focuses on providing immediate relief to patients in need, rather than investing in preventive care and health promotion. The funding model for public hospitals is heavily reliant on grants, which can lead to a lack of long-term planning and investment. Additionally, the system is often fragmented, with different programs and services operating in isolation.

One potential solution is to shift funding priorities towards preventive care and public health interventions. This would require a significant reallocation of resources, but could lead to long-term benefits for the population. Another approach could be to explore new funding models, such as value-based care, which would encourage providers to focus on outcomes and quality of care rather than volume.

In conclusion, while the current funding system has its merits, it is time to consider alternative approaches that prioritize the health and well-being of the population. This will require a willingness to challenge existing assumptions and be open to new ideas and solutions.
Bara staffer (98) shot in the face

By Sonti Maseko

A PHARMACIST at Baragwanath Hospital in Soweto narrowly escaped death yesterday when he was shot in the face at point-blank range by a man he thought was a patient collecting a prescription.

Mr Arvind Hansjee (49), working at the hospital's main pharmacy, received 10 stitches from a bullet wound which grazed his scalp.

A suspect armed with a gun was arrested by the hospital's security and later taken to Soweto's Protea Police Station.

A member of the hospital's security said there were about five other men with the suspect who managed to escape.

Hansjee told Sowetan that he had been busy dispensing medicines at the pharmacy at about 11am. Two men came into the room and he went over to them and asked: "Can I help you?"

"One of them pulled out a gun from his pants and just shot me without saying anything. I collapsed and for about five minutes I was dazed. I ran out screaming 'I have been shot, I have been shot.'"

Hansjee said the bullet also hit the railing, ricocheted through the top window and was found in the roof. It was suspected that the motive for the attack could have been to rob the pharmacy which closes at 1pm on Sundays.

According to security workers, theft of drugs from the pharmacies occurs frequently. Police spokesperson Inspector Madelein Bunce confirmed the incident. However, the hospital's public liaison officers could not be reached for comments.
Hospitals in a Poor Condition

AREAS OF EXCELLENCE BECOMING AREAS OF CHAOS

18,000 South Africans HIV Positive

CT 4/19/96 (98)

Hospitals are charged from areas of excellence to areas of chaos.
End of the road for prominent hospital

OWN CORRESPONDENT

JOHANNESBURG: The Marymount maternity home in Kensington, Johannesburg, is to close after 47 years because it is no longer economically viable.

The decline in patient numbers has been given as one of the reasons. The changing face of health care, coupled with free health care for pregnant women in government hospitals, is another.

At a special meeting, called yesterday afternoon to announce the imminent closure, the Catholic Bishop of Johannesburg Reginald Oxmond told staff that everything possible had been done to avoid "losing another Catholic hospital".

"Unfortunately we have come to a point that no matter how we feel emotionally, we have to consider the effect of the losses," he said...

The bishop stressed, however, that he would consider any suggestions the staff made to save the hospital.

Patient numbers have declined steadily since the start of the '90s. The number of babies delivered fell from 2,355 in 1990 to 1,370 last year.

Tens-of-thousands of babies have been delivered at the Marymount during the 47 years of the hospital's existence.
Jo’burg Hospital in crisis over maternity beds

Mothers sent home only six hours after giving birth, staff under stress and new unit won’t be ready for months

BY JANINE SIMON
Medical Correspondent

Johannesburg Hospital’s maternity section is at times forced to discharge mothers six hours after delivery, to free beds for others.

The severe overcrowding has led to a spate of complaints by patients and their families as well as raising the stress levels of staff, some of whom have resigned.

“Deliveries in the hospital have shot up from 227 a month in 1990 to 600 a month last year. The optimal time before mothers are discharged should be 24 hours, but demand is so high that occupancy in the 32-bed post-natal section has risen to 226%. This means mothers are discharged a few hours after giving birth.

A new midwifery unit is to be opened in three months to help handle the crisis, according to the Gauteng health department. It will “camp” in the hospital until it can be accommodated in a community health care centre that is being planned.

The hospital is also treating more complicated deliveries because women who would probably have died, unknown and unrecorded by the formal health sector, now take advantage of the free health care service, says obstetric unit superintendent Dr Pascal Ngakane.

An underlying factor in the crisis was that, like shack settlements fringing the city, the heavily populated Hillbrow/Berea area bordering the hospital had almost no primary health-care facilities.

Residents who could not afford private care were compelled to use the academic hospital for even the most basic care.

The new unit would be the first line of public health care for women coming into the hospital’s catchment area. There are also plans to pool obstetric resources of Johannesburg with Bargawana and Coronationville so that patients could be transferred to where a bed was available.
Steps taken to alleviate Jo’burg Hospital crisis

Shortage of beds became evident less than a month ago, as more rely on the hospital for free maternity care

By Janine Simon
Medical Correspondent

Gauteng health officials have started taking steps to relieve the immense pressure on Johannesburg Hospital’s maternity section.

Explaining that the shortage of beds had become clear to them less than a month ago, deputy director-general Dr Eric Buch said they were working hard to rectify the situation.

He said there were no primary ante-natal services in the catchment area of Johannesburg Hospital, causing thousands of patients from the densely populated areas of Hillbrow, Berea and Yeoville, and areas to the north, to rely on the hospital for free maternal health care.

Deliveries at the hospital shot up from 207 a month in 1990 to 600 a month last year.

Occupancy in the post-natal section at present stands at 226% and mothers are sometimes discharged only six hours after delivery in order to make space for other patients.

Last week the Gauteng health department announced it would be setting up a new midwifery obstetric unit at Johannesburg Hospital.

Buch said the department was generally aware of the pressures building up in the hospital’s obstetric unit and had been working on setting up new obstetric services in the Hillbrow-Berea-Yeoville area for months.

It had also considered buying services from the Marymount Maternity Clinic – which last week announced its imminent closure – but decided against it as this would involve a lengthy tender process with no guarantee that the Marymount would be awarded the contract.

Buch said it was only when departmental officials met with Johannesburg Hospital staff that they discovered the severity of the pressure.

Within a week, various options had been investigated. These included buying services from the Marymount, opening an academic obstetric department at Hillbrow Hospital, opening a new Hillbrow midwifery obstetric unit, extending capacity at Johannesburg Hospital, and busing patients to other hospitals.

Gauteng DP spokesman on health Jack Bloom has accused the department of dragging its feet in addressing health care problems in the province.

The chaos at Johannesburg Hospital’s maternity section and closure of the Marymount pointed to the “absolute crisis” at South Africa’s state hospitals, he said.
PE surgery streamlined

PORT ELIZABETH — All emergency surgery at the overcrowded Livingstone hospital from next month as part of a short-term plan to address a critical shortage of doctors.

The move has startled state doctors, who say it could lead to the collapse of other departments at the Provincial and Dora Nginza hospitals.

From next year, serious accident and trauma victims will be taken to Livingstone.

Units such as paediatrics, and ear, nose, and throat surgery will be in separate state hospitals.

Provincial and Dora Nginza anaesthetists and surgeons would now perform emergency operations at Livingstone, and attend to duties in their own departments.

Medical sources expressed reservations about the proposal.
Hospital cuts raise Cape health fears

Linda Ennor

CAPE TOWN -- The radical cuts in the budgets of Cape Town's three academic hospitals had threatened key services and resulted in staff cuts, rising workloads and poor and falling equipment, health MEC Ebrahim Rasool told the provincial legislature yesterday.

NP health spokesman Dr Quinta du Toit attacked the cuts which he said would result in dismissal of at least 4,500 personnel and closure of more than 1,000 beds. In no other provinces were dismissals necessary, she said in the health budget debate.

She noted that while the number of staff had dropped 31.7% over the past five years, patient numbers had risen 25%. About 60,000 inpatients and 557,000 outpatients would have to be turned away each year, she said.

Du Toit highlighted the plight of overworked doctors and frustrated patients -- some of whom had to wait three months for essential operations.

Rasool, the ANC's provincial secre-

Continued on Page 2

Hospitals

Continued from Page 1

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Rasool, the ANC's provincial secre-
never need an ambulance

Municipal Workers' Union, fearing job losses, objected to the new system which it saw as laying the foundation for privatisation.

A Samwu delegation petitioned Health MEC Amos Masiondo, who placed a moratorium on leasing and gave the union time to come up with a counter-proposal.

Van Rensburg said the delay, which was entering its fourth month, had already cost the pro-

From Page 1

vince more than 60 ambulances.

"Under the old system of straight purchasing we would have been able to buy 100 new ambulances, but would still have to foot the repair and maintenance bills. With the leasing system we would have been able to afford 250 ambulances with no maintenance costs," he said.

A major plus factor for patients under the leasing system was the fact that broken vehicles could be replaced within 24 hours, and not after several weeks if the vehicles had been taken to a state garage.

A senior Johannesburg EMS source said: "It's costing us a hell of a lot of money just to keep these buckets on the road and the expenses incurred are ludicrous."

In some instances, fire engines had had to be called in to act as response vehicles because the city mothballed its fleet of high-speed response vehicles to trim its dwindling budget.

Johannesburg EMS head Alan Cloete said that little could be done about the crisis, which had cut its fleet of 56 down to 18 road-worthy vehicles. "It is true we can no longer offer an acceptable standard of service to the community as we do not have the budget or the resources to deal with the job required of us," he said.

Johannesburg ambulance shift personnel said many vehicles were not fully equipped to deal with severe emergencies, and although the fleet was at six vehicles in the Sandton, Randburg, Roodepoort and Johannesburg areas, staff had to make do with as few as four road-worthy ambulances per shift.

"The telephone staff pick up huge amounts of abuse from irate callers, and it's terrible to just sit there and take it and know that there is absolutely nothing you can do to improve their and our lot," a shift worker said.

The deadline for a counter-proposition from Samwu has been set for later this month, although union spokesmen refused to divulge any details of their proposed plan when contacted for comment.
Hospital's maternity section

Political and bureaucratic snafus in best debated

The hospital's maternity section, as described by

- Problems surrounding the admission of pregnant women.
- The hospital's policies regarding obstetric emergencies.
- The role of hospital staff in managing these situations.

Inadequate planning and coordination of resources for obstetric emergencies.

The hospital's policies on the admission of pregnant women.

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Ambulance service needs first aid, says DP

Only 160 vehicles are on the road at any one time to serve Gauteng's population of 11 million people.

By Tamsen de Beer and SAPA

The lag in solving Gauteng's ambulance crisis and in finding an agreement to control the replacement of the province's decrepit fleet is putting lives at risk, the Democratic Party has said.

But Gauteng's deputy director of health, Eric Buch, has said the delay has prevented possible disruptive industrial action.

This follows revelations by The Star that Gauteng Health MEC Amos Masondo has put a moratorium on using a R16-million grant for the purchase of new vehicles. The money has been tied up for four months because of a disagreement between emergency services bosses and the SA Municipal Workers' Union (Samwu) over how the funds should be used.

Rescue service heads want to lease ambulances because this will be cheaper than purchasing them and will allow huge savings on maintenance costs, but the union fears such a move could be a prelude to privatisation and job losses.

Masondo in March gave Samwu time to prepare a counter proposal which is expected to come out within a week. It is believed the report will reveal how many workers could be affected by leasing arrangements.

Gauteng deputy director of health, Eric Buch said 150 of the original 450 available ambulances to service Gauteng's 11-million people had been scrapped, and only 160 of the remaining 300 were on the road at any given time.

Johannesburg Emergency services head Alan Cloete has revealed the city has 56 vehicles, but only 15 of them are roadworthy.

The DP said yesterday: "Further delay can only mean more expense to maintain existing decrepit ambulances and further tragic loss of lives by disgustingly inadequate emergency services."

But Buch defended the timeframe given Samwu, saying Masondo's alternative to "push ahead regardless" might have created a much more severe labour reaction, and further debilitation of emergency services.

The DP said in addition to leasing new ambulances, the health department needed to put ambulance service out to private tenders.

But Buch said evidence had shown private tenders were not a cost-effective solution.

He described the leasing option as an amazing innovation that had never before been considered by the government.

"We can get three vehicles on the road for one purchased, and full maintenance is included in the lease. This gives us a guarantee of the quality of vehicles on the road," he said.
Public money withheld from Alex Clinic pending outcome of graft probe.
Equal use of all available Gauteng maternity units would solve overcrowding crisis

BY JAVANNE SIMON
Medical Correspondent

Gauteng does not have a shortage of maternity facilities and women who give birth at state hospitals spend on average 4.45 days in hospital before discharge.

But the problem is that maternity units were not all equally utilised, and that they were in secondary or tertiary hospitals far from the communities where they were needed.

‘This comes in the wake of seemingly contradictory reports: the first that the Marymount Maternity Hosie is to shut down because it is underutilised, and the second that Johannesburg Hospital’s maternity section is running at 226% occupancy, and is sometimes forced to discharge patients six hours after birth.

Because the province was not short of capacity, there was no point in spending public money on the private sector and buying services from the Marymount.

What health planners had to address, said Buxton, was that only 20% of all obstetric beds in the province are in accessible midwife-run primary healthcare facilities, where costs are 30-50% lower than in hospitals.

Planners are also bedevilled by where women choose to deliver their babies, added Carol Marshall, Gauteng’s director of maternal and child health. Quality of care is the same, but women flock to Johannesburg Hospital because it is perceived as being a ‘white’ hospital offering better care, while the 339-bed maternity unit at Baragwanath Hospital is underutilised.

As a result, Johannesburg Hospital deals with a flood of normal deliveries as well as the complicated, long-stay patients who need tertiary-level care, and its patient load has increased dramatically in the past few months, she said.

According to Gauteng health statistics, Baragwanath, which is supported by midwife obstetric units at its community clinics, handled only 48 births per bed last year. Johannesburg delivered on average 103 babies per bed, and Edenvale Hospital 66.

Among the state’s busiest units were GaRankuwa Hospital outside Pretoria, which delivered 9422 babies on 80 beds, an average of 118 births per bed. Nigel and Laudium hospitals appear underutilised, with only 33 and 37 births per bed for the year.
Hospitals fall victim to crime

Kathryn Strachan

STATE hospitals in Gauteng had fallen victim to SA’s high levels of crime and violence, the provincial health department said yesterday.

The Far East Rand Hospital is the worst hit, with three staff members and patients assaulted in the past eight months. Another six people were threatened with firearms, and the hospital staff and patients are threatened daily with assault. The hospital has also seen an attempted kidnapping.

In a list compiled by the Gauteng health department, all the assaults, thefts and other crimes at its hospitals during the past eight months, Johannesburg Hospital featured prominently with five cases of assault on personnel and patients.

Barrgawana, has had three assaults of hospital personnel and patients, and three cases of people being threatened with firearms.

Tembisa hospital superintendent Dr Sandile Masiane says his institution has had no incidents of assault since it hired armed security guards eight months ago. Previously the hospital would see gangs follow their rivals into casualty threatening to kill them, but all had been quiet since the introduction of the six armed guards.

JG Strijdom Hospital security head Gustav Cilliers said a more active approach to security had paid off, and patients were allowed only one visitor at a time.

Natalpruit Hospital had two attempted armed robberies in its casualty department at the beginning of the year, but both were foiled by security guards. However, the hospital is still losing about R500 000 worth of equipment and medicines each month.
Call for hospitals to become gun-free zones

Superintendent of Health wants to meet Department of Safety and Security on issue as police are 'best advisers'

BY JAMINE SIMON
Medical Correspondent

The Gauteng legislature is considering making hospitals gun-free zones and the provincial health department will be taking up the issue with the police, provincial sources said yesterday.

Superintendent of Health Dr Ralph Mgijima said he thought gun-free hospitals were a "good idea" and had requested a meeting with the Department of Safety and Security on the issue because the police were best placed to advise on implementing such a plan.

Johannesburg Hospital has seen five assaults on patients or staff since October 1. Three assaults have been reported at the Baragwanath Hospital in Springs. Assaults have also been reported at Natalspruit (2), Paardekraal (3), Sebokeng, Vereeniging, Kempton Park (one each) and Willem Cruywagen (3) hospitals. Theft of, and from, private vehicles is widespread.

The threat of violent crime is unnerving Baragwanath and other hospital staff as there is now no way to prevent people from bringing legal firearms into the hospital and police say it is difficult to search people suspected of carrying illegal weapons.

Mgijima also said Baragwanath had now "prioritised" the installation of electronic surveillance equipment and was drafting a tender for immediate implementation.

"We're checking with other hospitals to see if anyone else wants to join the tender process," he said.

Van den Heever's request for an evaluation of the training, recruitment and career paths of provincial hospital security staff, and an agreement between the SAPS and Gauteng Health for guards at Baragwanath's casualty department, would be discussed with the relevant departments, Mgijima said.

Stoltz said his department was working with various hospitals and had a long list of recommendations to improve security. These included dividing hospitals into security zones and building walls, fences, gates and barriers to limit movement and protect frontline staff.

Recommendations for Bara included installing security gates, burglar proofing, lighting, alarms and closed circuit television.
Union opposition to ambulances rapped

Kathryn Strachan

Gauteng health MEC Amos Masondo has criticised the SA Municipal Workers Union (Samwu) for objecting to his department's proposal to lease ambulances from a private sector company.

Samwu's motive was to "swell the anti-privatisation campaign" and by delaying the process the union was risking lives, Masondo said yesterday.

Masondo met union representatives later yesterday, but details of the meeting will be available only today. His spokesman said the meeting had only strengthened his earlier statement — his belief that Samwu had no workable alternative to the plan.

"Samwu will have to place something more substantial on the table to persuade me it has not been using the ambulance lease plan misguidedly to swell the anti-privatisation campaign," he said.

Masondo said government had delayed awarding the ambulance tender for two months because of Samwu's objections to the lease scheme.

Under the scheme, the entire fleet of 300 ambulances — 30% of which are in for repairs at any given time — would be replaced. The ambulance situation had become untenable. As service relied on government garages, the repair time had to be counted in months, not days.

A repair of any vehicle would now be guaranteed within 24 hours by a full maintenance lease agreement, or failing that, vehicle replacement, and the department would be able to acquire twice as many vehicles as could be purchased on the present budget.

Under the plan, ambulance services would continue to be managed and staffed by local authorities. "There will be no change in tariffs charged to members of the public who use the service and there will be no retrenchment of municipal ambulance staff. Jobs are not at stake here," said Masondo.
Union plans action over ageing ambulance fleet

BY DEREK RODNEY

The South African Municipal Workers' Union (Samwu) is preparing to mobilise its members, but has fallen short of threatening a full strike after Gauteng health authorities snubbed its proposal for replenishing the province's ageing ambulance fleet.

The snub by authorities has had a ripple effect on the union, which has decided to make ambulances a national issue, and officials have aired their grievances with Cosatu.

National Samwu president Petrus Mashishi said yesterday the union had started to mobilise and inform its members countrywide of the stalemate after Health MEC Amos Masondo brushed its proposal aside in favour of leasing about 250 new ambulances from the private sector.

Masondo earlier appealed to the union to drop its plans of mass action after the parties failed to agree on a policy for replacing the province's ambulance fleet.

Masondo said yesterday it would be regrettable if the union went on strike.

"We cannot afford the luxury of debating abstract principles while people's lives are being placed in danger daily," he said.

Health officials, desperate to replace the fleet which has dwindled from 450 to 290 since 1992, have decided to press ahead with plans to lease the ambulances.

They say this can save millions of rands and allow them to refurbish the fleet within two months.

The problem is a pressing one, with Johannesburg able to make only 16 ambulances available for its residents.
Ambulance plan angers Samwu

Gauteng MEC for health defends move to award contract for services

SHOWDOWN BETWEEN the
Gauteng Health Department and the SA Municipal
Workers Union is looming following a decision by the department on Monday to go ahead with plans to lease 250 new ambulances from private companies.

Samwu said yesterday that in the light of the decision it would mobilise its members and communities against the move and would also enlist the support of other unions, including the Congress of SA Trade Unions.

Announcing the decision in Johannesburg yesterday, Gauteng MEC for health Mr Amos Masando said recommendations were to be submitted to the Tender Board "which will proceed on an urgent basis with the awarding of the contract."

He added that leasing was cost-effective and would ensure a speedy solution to the ambulance crisis in the province. The ambulance services were not being handed to the private sector, he said.

"Samwu president Mr Petrus Mashishi likened the decision to leasing a taxi business and said given the provincial government's plan, only those with money would be able to have access to the ambulance services.

Of the 450 ambulances the province has, only about 200 are said to be on the road while the rest lie broken in government garages.

Bush - Masando said Superintendent-General Dr Naphi Mogajane said no ambulance would be junked as a result of the decision to lease. Masando also said this will not affect the tariffs of local authorities charged the public for ambulance services.

Masando denied that the ambulance crisis was being used as "a smoke screen for a broader privatisation plan and said there were no plans to privatise health services."

"Ambulances go into these (maintenance) garages and they don't come out. We can't continue pouring money and resources down the drain. We have a responsibility to ensure that services are delivered in as efficient a manner as possible," he said.
New moms on the move

Transferring healthy women could prevent overcrowding

BY JAMIE SIMON
Medical Correspondent

Moving healthy women in early labour from Johannesburg Hospital to midwife obstetric units at Soweto clinics may be a way to relieve pressure on the hospital's overcrowded maternity unit, according to the Gauteng health department.

Obstetricians from Johannesburg's three academic hospitals met department officials last week to discuss pooling maternity resources and transferring patients between Johannesburg, Coronationville and Baragwanath hospitals.

But director of child and maternal health Dr Carol Marshall said Johannesburg's problems were caused mainly by unbooked, low-risk patients presenting for care when they were already in labour.

Patients might have had antenatal care from a clinic or private doctor, but chose Johannesburg Hospital for delivery because they believed that as a former white hospital it offered better care.

Johannesburg feared this factor could result in even the midwife obstetric unit planned for the hospital being swamped, Marshall said. She added the department believed uncomplicated deliveries should be handled by well-trained midwives in community health centres.

Johannesburg was already transferring stable, high-risk patients to the other two hospitals. But low-risk patients presenting at Johannesburg should not be delivering in a hospital. It was pointless transferring them to another tertiary hospital when they could be handled at the primary level, she said.

Doctors agreed it was ethically acceptable to transfer a low-risk patient in early labour, and were now working out clear criteria for doing so.

"We don't want to introduce a policy that will be prejudicial to women," Marshall said.

"Transferring them to places where they will get better service - because it's not overcrowded is good, but if they deliver in ambulances, they are clearly not getting better service," she said.
Alex clinic director suspended, salaries clerk dismissed

By Bouvy Brown

Alexandra Clinic director Nomvuyo Molefe has been suspended and a salaries clerk, Mary Nxumalo, dismissed midway through an investigation into allegations of misappropriation of funds.

The development comes after Gauteng Health MEC Amos Masondo announced to the legislature that his department would withhold finance from the clinic until a report on alleged corruption involving the funds of private donors was released.

The corruption is suspected to involve only private donations. It came to light following complaints by staff of the 67-year-old clinic.

The board of the clinic decided on its actions on Wednesday after an interim report by independent chartered accountant Mark Chasey revealed enough evidence to implicate Nxumalo and Molefe.

The board announced it was instituting criminal charges against Nxumalo and instructing attorneys to begin proceedings to get some of the funds back.

It may employ a firm of auditors to review financial control systems.

Molefe could not be reached for comment last night.
56% of all the region's patients — have experienced budget cuts of between
11.6-16% this year. Their combined
1996-1997 budget is R992m and it is en-
visaged that, by the year 2000, it will not
exceed R730m.
The province's health department says
the enforced rationalisation of the three
hospitals into a composite service within
five years is neither manageable nor sus-
tainable. It is turning "centres of excel-
ence into areas of chaos."
The Senate committee recognises that
regardless of how much money has been
budgeted, the large cuts in funding are
too drastic. "It has called on govern-
ment to be more flexible in managing the
process.
Red Cross Children's Hospital, whose
budget was cut by 16% this year, reports
that there has not been a major shift of
patients to clinics — which lack the staff
and facilities provided by the hospital.
There is also a perception that the hospi-
tal provides a better service.
The situation is exacerbated by the
introduction of free primary health care
which will cost SA about R5.3bn. Health
Minister Nkosazana Zuma has insisted
that the provinces foot the bill. This

would place a R47m strain on the West-
ern Cape's health budget, which is al-
ready understaffed by R97m. The prov-
ces have formed a task team to
lobby Cabinet for additional funding.

In Gauteng, the closure of the private
Marymount Maternity Home and the ex-
ansion of Johannesburg
General Hospital's maternity
wing is partly a result of gov-
ernment's free health-care
policy for pregnant women.
Marymount manager
Rosemarte Santos says the
47-year-old hospital is no
longer commercially fea-
sible because of a dearth of
patients. The reasons are
varied but the "last straw"
was the introduction of free
health-care for pregnant
women. "They come here for
their pre- and post-natal
check-ups but go to State hospitals for
the free deliveries. Unless we receive a
miracle, we will have to close on July
31."

Johannesburg General is expanding its
maternity facilities because of over-in-
creasing patient numbers. The number of
deliveries a month has trebled from about
200 in 1990 to more than 600 this year.
Chief superintendent Trevor Frankish
attributes it to the increased urbanisation of
Hillbrow and central Johannesburg as
well as the free health-care policy.
DP spokesperson Jack Bloom suggests
that a means test be intro-
duced to ensure that only the
poor quality for free health
care.

Western Cape Health MEC
Ebrahim Rasool says: "We
are underestimating the cost
of transformation and, in
trying to implement our re-
forms, could run the real risk
of collapsing our academic
health centres."
The Senate committee
was "shocked" by conditions
at the Tygerberg and Red
Cross hospitals which have a
combined maintenance backlog of
R54m.
It Heard that an appropriate budget for
new equipment for Groote Schuur was
R40m a year but that, over the past few
years, it had not received more than
R7m. Groote Schuur expects to receive
only R4m this year, making it "impos-
ible to meet the reasonable needs of the
hospital."

"Because of the underfunding, building
and plant maintenance is starting to
break down and there have been severe
failures of oxygen supply, steam supply
and lift functioning," the committee's re-
port states.
Staff numbers have dropped by 31% over
the past five years and patient numbers
have risen by 25%. The staff vacancy
rate at Groote Schuur is now 20% and all
three hospitals are experiencing low
staff morale, especially among the more
specialised who are leaving in droves for
the private sector and foreign shores.
The brain drain of leading academics
and specialists has grave implications for
the standard of academic medicine.
Stellenbosch University's medical
school warned the committee that if aca-
demic standards continue to deteriorate,
"the end-result will be a disaster in
health-care delivery similar to that in
many sub-Saharan countries."

"If academic medicine is allowed to
collapse, the resultant disintegration of
the health-care system will take genera-
tions to rectify."
**Gangs shoot it out in hospital**

A man was shot dead and a nurse wounded in the casualty section of Kalafong Hospital in Pretoria yesterday during a shootout between what appeared to be rival gangs.

The shooting at the hospital in Atteridgeville took place while nursing staff were treating two men who had earlier wounded each other during an argument.

Police spokesman Captain Dave Harrington says the two men – said to be friends but not yet identified – were taken to the hospital after their argument turned into a shooting match at a house in Atteridgeville.

Harrington said after they were admitted two groups of men arrived at the casualty section and began shooting at each other, killing one person and critically injuring a nursing sister in the back.

Nurses and patients were forced to run for cover as the shootout continued for several minutes.

The nursing sister was rushed to the Maelmed Hospital and underwent emergency surgery as there were not enough staff on duty at Kalafong who could deal with the serious nature of her injuries.

Hospital staff described her condition this morning as satisfactory.

Harrington said it was not known if the man who was shot dead belonged to one of the groups or was just a bystander.

No one was arrested and police are investigating. – Pretoria Correspondent
EMERGENCY SECTIONS CLOSED

Ambulances, hospital refuse gunshot victim

AFTER AN ELSIE'S RIVER man was seriously wounded in a shooting incident, the fire brigade and police battled for two hours to get an ambulance or hospital to help him. JACKIE CAMERON and WILLEM STEENKAMP report.

THE fire brigade rushed to the aid of a gunshot victim who could not find a state or private ambulance to get him to hospital yesterday — and then tried three hospitals before they found help.

But medical superintendents on duty at two of the hospitals said if a hospital had a serious backlog it would close its casualty department for a few hours to allow doctors to catch up, and patients brought in by ambulance would be referred elsewhere.

Mr Leon Basili, 30, was seriously wounded by shots in the back, chest and leg around 8am in Eisle's River. A fire brigade spokesman said Goodwood and Parow firemen — some with paramedical training — had rushed to help after he failed to get an ambulance.

“Police, the family and ourselves all telephoned the private and state ambulance services. We were told no ambulance was available.”

“Police rushed with us to take the man to Tygerberg Hospital, but the emergency section was closed. There was only one doctor on call and he had so many people to attend to that he said he would not be able to get to the injured man.”

“Conradie Hospital was closed as a result of their workload. The man was finally admitted and treated at Groote Schuur — almost two hours after he was shot.”

Last night Basili was undergoing surgery at Groote Schuur, a hospital spokesman said.

“This man needed the help of a doctor — he was almost dead,” the fire brigade spokesman said.

Tygerberg Hospital medical superintendent on duty Dr Willem Vorster said last night that if the casualty department was overloaded it would shut for a short while to allow the doctors to catch up. Patients brought in by ambulance who made up 20% of admissions would be referred to Groote Schuur or elsewhere.

Vorster said gunshot wounds which were much more difficult to treat than other injuries had increased by 400% in the past year.

He denied that only one doctor had been on duty, saying there were “usually” three physicians and a number of interns present.

Conradie medical superintendent Dr Henry Kirby said the fire brigade might have been told they would obtain swifter assistance elsewhere.
Alex clinic rocked by fraud scandal

By Charity Bhengu

The director of Alexandra Health Centre in Johannesburg has been suspended and an employee expelled following allegations of fraud.

Chairman of the clinic's board Mr Bernard Lekalakala said the decision was taken last Wednesday. The board said in a statement yesterday that Mrs Mary Nxumalo was expelled and the director, Mrs Nonvuyo Molefe, suspended pending further investigations.

Three other employees, Mrs Barbara Hanrahan, Mrs Di Franklin and Mr Lihlile Jamari, were cleared of any wrongdoing.

The board further instructed its attorneys to institute proceedings to recover the money.

An independent chartered accountant, Mr Mark Chasey, will be conducting the investigation.

In the interim a team of four people has been appointed to manage the health centre and steps are being taken to appoint an acting senior financial manager to supervise and strengthen the existing finance department.

Financial controls

Lekalakala said all financial controls would remain in place until such a person was appointed. The possibility of engaging a firm of auditors to review and advise on financial control systems was also being pursued.

He said: "It is important for the board to act swiftly to safeguard the other staff and all the services provided by the clinic."

About 200 staff are employed at the health centre which provides vital and comprehensive primary health care services to more than 200,000 people in Alexandra and surrounding areas.

The maternity service alone is nearly as busy as that of the Johannesburg Hospital and the casualty department is open 24 hours a day. The clinic also has a wide range of out patient and outreach services.

Lekalakala said the board had every confidence in the competence and dedication of all the staff providing these services.

"The board would do everything in its power to ensure that any instances of fraud were detected and dealt with appropriately," he said. He appealed to staff and the community to continue their support.
Hospital shootout: Zuma pledges to step up security

PRETORIA. - Moves to tighten security at the country’s health facilities are to be speeded up following the shooting at Kafnong Hospital in Atteridgeville in which a man died, according to a spokesman for Health Minister Nkosazana Zuma.

Security at the Kafnong Hospital is to be beefed up following the shooting at the hospital on Sunday in which Frans Mahlangu of Tembisa, who had escorted a patient to the hospital, was shot dead and a nurse seriously wounded.

Atteridgeville police station commander Mondi Nhlanhlele and Kafnong senior superintendent Hanlie Dafel were at yesterday’s meeting to decide on improved security measures.

In a statement yesterday, Dr Zuma condemned the invasion of health facilities by criminals. This follows a number of violent attacks and shootings at hospitals countrywide.

Dr Zuma said she was particularly disturbed by the weekend shooting in which Pauline Lephale, a young nurse, almost lost her life at the hands of criminals.

Dr Zuma urged communities in other areas affected by violence to work closely with law enforcement agencies to bring such criminals to book.

"We pledge to do everything in our power to tighten security at our facilities for the safety and well-being of patients and staff," her statement said.

Sunday’s shooting happened as nurses were treating two men, Joe Gumede from Tembisa and Aubrey Maoba from Mamelodi East, who had earlier seriously wounded each other during an argument at an Atteridgeville tavern.

Dr Dafel said a group of 15 to 20 men had barged through the security gates at about 2 am on Sunday and entered the casualty section where one of them took out a gun and opened fire, killing Mr Mahlangu and seriously injuring Sister Lephale. She was yesterday in a stable condition at the Mamelodi Hospital.

Dr Dafel said Mr Maoba had been taken out of the hospital by relatives.

The second patient, Mr Gumede, is still at the hospital, recovering from gunshot wounds in the stomach.

Staff said his family and friends had visited him and were making arrangements to transfer him to another hospital.

The family feared his assailants would follow him here, nursing staff said.

Dr Dafel said: "Our staff are quite upset at this, and you must realise that we have many female personnel who feel unsafe after the incident."

Superintendent Nhlanhlele said police would step up patrols at the hospital but because of staff shortages, they could not permanently station policemen there.

Asked to elaborate on what security measures could be expected at hospitals, Dr Zuma’s spokesman, Vincent Hoangwine, said they were still being formulated in consultation with provincial MECs and hospital authorities.

The measures would, however, form part of the government’s national crime prevention strategy.

Last month, Gauteng Safety and Security MEC Jesse Duarte said all provincial government buildings, hospitals and schools would be declared gun-free zones. Ms Duarte was speaking after an incident at Baragwanath Hospital in which a pharmacists was shot and killed.
Investigator says theft from hospitals far worse than R12-m

By Karin Schimke
Gauteng Reporter

The R12.1-million quoted by the Gauteng health department as lost at Gauteng hospitals in the past three years is probably an glossed underestimation, a private investigator who previously investigated theft at hospitals for the old Transvaal Provincial Administration has said.

Declan Condon was responding to an article in The Star yesterday which quoted figures released by Gauteng Health MEC Amos Masondo about the extent of hospital theft.

Hospitals were losing thousands a year because of theft of anything from a breadknife to an ultrasound machine worth at R120 000.

"While investigating Baragwanath in 1989 we were told that that hospital alone has lost R2-million. At the time we were investigating 72 hospitals in the province. Hospital figures are usually totally incorrect," said Condon.

Citing syndicates and intimidation as the main problems facing health authorities in clamping down on theft, he said staff members were often aware of theft but were frightened into silence or collusion.

Asked where stolen goods from hospitals ended up, Condon said:

"The stuff is going to neighbouring countries, townships, and private doctors and pharmacists."

Although private investigators did not come cheaply, fees charged by them compared extremely well with the amount of money lost by hospitals each year.

"Theft will never be stamped out completely, but once crime syndicates have been identified and broken up, the amount of money lost each year declines. As long as investigations are done in an ethical and professional way, with due regard for people's rights, they must be carried through on an ongoing basis."

Gauteng deputy director-general of health Dr Eric Buch confirmed that intimidation and organised crime syndicates were major problems, but said security problems in hospitals were complicated and needed to be considered in a sensitive way.

Steps being taken were to impress on staff members the importance of handing over the code numbers of stolen equipment to police and the supplying companies. In this way, machines taken to suppliers for repairs after they had been stolen could be reported to the police immediately.

Buch said tracking systems and hi-tech surveillance equipment were also being considered.
R12m of hospital goods stolen over three years

Kathryn Strachan

JOHANNESBURG Hospital has been worst hit by the theft of specialised medical equipment in the province over the past few years, it says in a document released yesterday in the Gauteng legislature. While Baragwanath was most affected by pilfering of items such as linen and TVs, Johannesburg Hospital lost sophisticated medical equipment. Among the equipment lost at Johannesburg Hospital was a duodenoscope worth R200 000, a light-source Pentax worth R177 000, a gastroscope worth R180 000, and an ultrasound machine worth R120 000.

DP MP Jack Bloom said it was clear sophisticated syndicates had to be targeted. Present methods of security were not working and he called for private investigators to be called in and a task force to be set up to crack the syndicates.

Health MEC Amos Masando said the newly released 150-page document said that over the past three years R12m worth of goods had been stolen from Gauteng state hospitals.

No fewer than 166 vehicles have been stolen from hospitals over three years, amounting to R4.3m in value. Only 15 of these vehicles have been recovered.

Gauteng health spokesman Popo Maja said the theft was symptomatic of bad management in the previous era. With no information systems or proper security, hospitals were fertile ground for criminal activity.

Hospitals had begun stepping security; a closed-circuit monitoring system had been installed at Baragwanath, most institutions had burglar proofing around dispensaries and were searching staff as they left the premises.
Hospital crisis may occur again

Ingrid Salgado

JOHANNESBURG Hospital could not guarantee avoiding a bottleneck similar to last weekend’s crisis — when severely injured patients were turned away due to lack of bed space — saying the problem was compounded by a perception that the hospital provided the best state care in Gauteng.

While the hospital was proud of its standing, the resulting influx of patients created “enormous problems”, chief medical superintendent Dr Trevor Frankish said yesterday.

Additional problems were that low-care patients occupied several beds instead of being treated in lower-care hospitals, a shortage of intensive-care nurses in Gauteng and a massive load of trauma cases. On average, the hospital operated at more than 100% occupancy. It had increased its number of high-care beds from four to seven.

Frankish said the weekend’s bottleneck was exacerbated by a lack of available high care beds in nearby major hospitals. Johannesburg Hospital had resuscitated several patients over the weekend but they could not be accommodated in beds.
Health centre weeds out accused members

Philippa Garson

The director of the Alexandra Health Centre has been suspended and another employee has been fired following allegations of corruption among officials, first revealed in the Mail & Guardian.

Clinic director Nomvuyo Molefe may face criminal charges after allegedly defrauding the clinic of R50 000 by channelling funds into Chitons Consultancy, of which she and her husband were majority shareholders.

Board chairman Bernert Lekalakala said the board, which initiated the investigation, was waiting for legal advice on whether it had sufficient grounds to dismiss her, sue her for the recovery of the funds and lay criminal charges.

Meanwhile, wage clerk Mary Nxumalo has been fired after the investigation revealed she was guilty of using names of doctors no longer with the clinic to deposit money into her account. Lekalakala said it was unclear how much money Nxumalo had stolen, but he assumed it was “substantial, since it has apparently been going on for some time”.

The clinic’s board took these steps on the basis of preliminary findings of an investigation by chartered accountant Mark Chasey. His full findings are expected soon.

Lucas Lethalaku, who was suspended after leaking the corruption information to overseas donors, was found guilty of bringing the clinic’s name into disrepute at a disciplinary hearing and has been suspended on half-pay for three months.

Meanwhile, the board has appointed a four-person team to manage the health centre and strict controls have been introduced.

The board “appealed to all staff, donors and friends of Alexandra Health Centre to continue their longstanding support. This is a difficult time for the health centre and its staff and the actions of one or two people must not be allowed to destroy what has been built up over the last 67 years.”
Truth commission amazed at depravity

MMAABATHO — The first witness at the truth commission's site in Northwest yesterday testified that her daughter was stabbed and burned by a group of people in November 1986.

Pholane Mabalanl said her daughter Frida, a pupil at John Fylnk high primary school, was stabbed in the left side by someone called Zeru Thebe.

She was then forcefully removed from her mother's house by a group of people who later burned her.

Frida, who had been an active member of the United Democratic Front and was 16 at the time, came home screaming and crying after the incident. She was then taken to hospital in Kimberley, where she died.

Frida's sister, Elizabeth Dlamini, was overcome by emotion and could not give evidence.

Mabalanl called on the commission to bring the perpetrators to book.

Another witness, Andries Kgobadi, said he had been arrested by the police in connection with Frida's death, although he never knew who she was.

Policemen, including two called Strijdom and Brand, had arrived at his house, kicked in the front door and taken him to the police station. A pillow case was placed over his head, he was sprayed with teargas and suffered electric shocks.

Kgobadi said he was innocent of any wrongdoing, but had been taken to court and sentenced to two years' imprisonment for public violence.

He wanted the commission to give him compensation.

The sitting got off to a late start because the first witnesses had to travel about 160km from the Vryburg area.

Commissioner Archbishop Desmond Tutu said commissioners were amazed at the depth of evil that human beings could descend to on all sides of the struggle.

He was also amazed at the willingness of victims to forgive.

He hoped perpetrators would also come forward to confess and ask forgiveness. — Sapa.

Private sector joins in new medicines distribution plan

Kathryn Strachan

THE Northern Province has launched a bold new medicines distribution plan to reduce the millions of rand lost nationwide each year through the wastage and theft of medical supplies.

The new project will train selected hospital staff responsible for the handling of medications and surgical supplies and provide a data base to monitor the prevalence of disease and medical problems in a given location, encompassing all 43 hospitals in the Northern Province.

Provincial health MEC Joe Phaalha said the venture was the first in which a provincial authority was in partnership with the private sector to facilitate faster and more efficient distribution of vital medical supplies.

"This new venture will see our private sector partner, Stratmed, procure medicines and surgical supplies for the province from more than 300 suppliers," Phaalha said. "Stratmed would then store and distribute the medicines and use information technology to keep a close check on the medicines.

"An important aspect of the R100m tender awarded was its commitment to in-house training and bursary programmes for hospital staff.

"The private sector has also cited disturbing statistics from the national auditor-general’s office showing that SA lost R500m worth of medication through theft last year."

"Stratmed MD Don Sutherland said delivery within 48 hours of placing an order would ensure cuts in warehouse and hospital thefts and costs, help aid more efficient supply monitoring and "ensure that the freshest stock is used to increase patient safety."
Red Cross halfway to R28m target

Red Cross Children's Hospital has reached the critical halfway stage in its quest to raise R28 million for badly needed development following drastic cuts to its budget.

Like most state health centres, the facility has almost buckled under cost cuts, but in 1994 the Red Cross Children's Hospital Trust was launched to support what is the only dedicated children's hospital south of the Sahara.

The R28m is needed to redevelop specialist services and outpatient facilities and replace equipment.

First National Bank has donated R100 000, which brought the fund to just over R14m.

Dr Bob Bishton, managing director of the trust, said the bank's gesture was recognition from a major South African institution of the hospital's status as a national and African resource.

The trust needed at least R15m to initiate the first phase of redevelopment this year, Bishton said.

"The hospital now sees almost 1,000 patients a day. Further efficiencies of operation are seriously impaired and there is an urgent need to introduce the redevelopment programme," Bishton said.

Red Cross has a vision of becoming the first "one-stop-shop" for paediatric health care, where not only curative but preventive medicine is practised, and health promotion is a priority.

Most Red Cross patients are from under-privileged areas, including informal settlements on the city's outskirts.

The government is providing funds only for running the hospital and maintaining existing services. It has not budgeted for capital expenses.
Donation pushes Red Cross fund beyond the R14-m mark

A DONATION of R100 000 by First National Bank has pushed the Red Cross Children's Hospital fund-raising drive past its halfway mark.

The hospital hopes to raise R28 million for redeveloping specialist services and out-patient facilities, and for replacing equipment. It now stands at just over R14 million rand. R15 million is needed to initiate the first phase of redevelopment.

Red Cross Children's Hospital is the only hospital dedicated to children south of the Sahara, and sees almost 1 000 patients daily. Since the hospital was built in 1956, the only significant addition to specialist facilities was a group of prefabricated structures built 30 years ago.
Gauteng to lease 250 ambulances

No plans in sight to transfer public assets to private sector to run at a profit

By Amos Masondo

Over the next eight months, the Gauteng Health Department plans to lease 250 new ambulances and hand them over to local authorities so that they can upgrade their emergency medical services.

In addition, the province will subsidise the running costs of municipal ambulance services to the extent of R100 million this year so that these services will be widely available—at a tariff that is far below the actual running cost, or even free of charge to the poor and unemployed.

There are not many people who would argue that this plan is a case of privatisation. The Gauteng Health Department is clearly not involved in transferring public assets to the private sector to run at a profit.

But, the South African Municipal Workers’ Union (Samwu) insists, in the face of all evidence to the contrary, that the Health Department plus privatisation. And it has mounted what can only be described as a calculated disinformation campaign to sustain this myth.

Why it has taken such vigorous action to discredit a public health measure that will bring real relief to the people of Gauteng is a mystery. I can only suppose that since Samwu is strongly opposed to privatisation, it is looking for emotional issues to fuel the campaign against privatisation.

The people of Gauteng must judge for themselves whether the Health Department’s plan makes good sense or whether, as Samwu argues, it is part of a devious scheme “towards complete elimination of the ambulance services.”

In 1994, the Gauteng Health Department inherited about 490 ambulances from the old administration. Many were already past their replacement date and soon had to be scrapped.

Limited capital budget

As a result, the present ambulance fleet stands at about 300. But our research shows that up to 200 of these are functional. The rest are standing in workshops being repaired or awaiting repairs.

The need to get new, reliable vehicles on the road is an absolute priority.

The lives of many seriously ill people and of victims of violence and accidents will depend on this. The Department has a strictly limited capital budget for acquiring ambulances.

If the department opted to purchase ambulances, we could afford about 100 vehicles this year. If we enter into a lease agreement, we can have 250 new ambulances on the road in the same space of time.

If we purchase vehicles, we will have to rely on hopelessly inefficient municipal workshops to service the ambulances. From bitter experience, we know that servicing this way keeps vehicles off the road for weeks or even months at a time.

When we go the leasehold route, we get an undertaking from the leasing company to perform servicing within 24 hours—or provide a replacement vehicle. This guarantees that virtually the full fleet of 250 will always be available.

Getting ambulances on the road is certainly not the end of the story of restructuring emergency medical services. Samwu and other stakeholders are right when they insist that many other aspects of the ambulance service need a thorough overhaul. But at least the minimum conditions will have been created for all the other changes to take place.

We have started consultations on various aspects of restructuring and we will continue to talk to all relevant players.

Samwu, in its talks with the province, has not been able to come up with concrete plans for expanding ambulance services to disadvantaged communities.

It simply uses burning phrases to emphasise the urgent need for such services and persistently misrepresents the department’s solutions as an act of privatisation. Which will see municipal ambulance drivers jobless and the public staggering under increased tariffs.

Nothing could be further from the truth! At present, ambulance services are run by local authorities. After the leasehold agreement is signed, ambulance services will still be run and managed by local authorities, although vehicles will be serviced privately.

No ambulance service worker will lose his or her job as a result of the leasehold agreement. Neither will jobs of mechanics in government workshops be affected.

The R100 million subsidy which the province pays to local authorities to run ambulance services will not be reduced. In fact, this money will be more effectively used once ambulances are on full-maintenance lease because it will no longer have to cover repair costs.

Tariffs for users of ambulances will also not be affected. Firstly, ambulance tariffs are set nationally, not provincially or locally. Secondly, the charge is not determined by the cost of the service. It is calculated on a sliding scale according to the user’s ability to pay.

There is no charge at all to the poor. There is no sting in the tail for either the workers or the public in the ambulance leasing scheme.

Among the many aspects of emergency medical services still to be settled is how best to provide “advanced life support” equally to all communities. We are consulting on whether this should be offered through local government or through the province itself.

Benefit for the poor

In the meantime, we are concerned in getting the crucial “intermediate life support” service into every community, no matter how poor. Every Gauteng resident who needs emergency oxygen supply, drips and well-trained paramedics should get this treatment, not only those living in the wealthier municipalities.

The overarching policy in the Gauteng Health Department is that the province will ensure that medically sound services are equally available to all. The ambulance service is no exception to this rule.

Even with a shrinking ambulance fleet, we managed to expand into areas like Rayton and Orange Farm, where residents hardly saw an ambulance in the past.

With 250 new ambulances at the service of the first fully representative local councils, we can safely assert that the people of Gauteng do not need to have fears that emergency medical services are about to be hijacked for the exclusive use of the rich. This will not happen.

(The writer is the Gauteng MEC for Health.)
Hospital staff to get some pay relief

OWN CORRESPONDENT

PRETORIA: State hospitals’ medical staff whose pay packets were distinctly slim this month can expect to receive a separate cheque for at least some of the money by the end of July.

Salaries were to have increased by up to 40% this month, but through an administrative error none of the staff has been paid the overtime due. This has caused huge dissatisfaction and threats of strike action if the payments are not made soon.

Until the matter had been sorted out, the doctors would receive their old overtime payments as an interim measure, said Mr Pieter van der Berg, chief director of provincial services.

“We have asked the hospitals to let them have it before the end of the month.”

The increase in overtime payments has yet to be finalised. The difference is to be added to salaries as backpay as soon as the new rate has been set.
Two hospitals turn away emergencies

PIETER MALAN
Staff Reporter

TYGERBERG and Conradie hospitals were unable to admit patients last night because beds were filled to capacity. Ambulance drivers were asked to take emergency cases to Groote Schuur Hospital.

Although trauma units were coping at Tygerberg and Conradie hospitals, patients could not be kept for longer than one night and ambulances were told to take patients needing long-term treatment to Groote Schuur which was admitting patients.

Tygerberg Hospital has 1,753 beds and Conradie can accommodate 156 people in its in-patient section.

But in spite of the crisis at its sister hospitals, a Groote Schuur spokesman said the trauma unit had had a "relatively quiet night" and the other hospitals' request had no serious effect on the Groote Schuur trauma unit.

Tygerberg trauma superintendent Willem Vorster said the decision to divert ambulances was taken last night after a bed count showed that the hospital would not be able to cope with patients needing more than one night in hospital.

"Groote Schuur agreed to take patients until about midnight, at which stage they too expected to be filled to capacity," he said.

Any additional patients from that time would have had to be put on trolleys and on the floor, but this had not been necessary as the trauma unit had not been as busy as expected, Dr Vorster said.

Doctors on ward rounds today would send home patients who had recovered sufficiently to be discharged.

This should ease the load in preparation for the expected influx of trauma patients over the weekend, he said.

As only about 30 percent of trauma patients arrived at the hospital by ambulance, only a small percentage of patients had been affected by the new arrangement.

Dr Vorster said very serious cases, in which people would not survive the ambulance trip to Groote Schuur, were still admitted to Tygerberg.

Henry Kirby, acting superintendent at Conradie Hospital, said there was usually a shortage of beds during winter when more people became ill.

"We are under a lot of pressure throughout the year, but during winter we also have to cope particularly with an increased number of people with pneumonia and burns," he said.
Sick ambulance service to get some first aid

BY JANINE SIMON
Medical Correspondent

Another 250 ambulances will be added to Gauteng's ageing fleet of 300 by December to provide swift emergency services, according to Gauteng health department spokesman Popo Maya.

Tenders are now being considered by the Tender Board, he said.

The department inherited 490 decrepit vehicles from the previous administration in 1994 but had to scrap 190 within months.

Only 200 of the 300 remaining vehicles are on the road on any one day. The remainder are in "hopelessly inefficient" municipal workshops undergoing or awaiting repairs, MEC for Health Amos Masando said this week.

Leasing new ambulances was first suggested last year because it would allow the department to obtain 250 new vehicles, instead of the 100 it could afford this year if they were bought outright.

It would also allow the department to bind suppliers to repairing the ambulances within 24 hours or provide a replacement, Masando said.

But leasing plans were frozen when the SA Municipal Workers' Union protested it was a move towards privatisation and the elimination of the ambulance service.

Union complaints were overridden last month when Samwu failed to provide viable suggestions for expanding ambulance services to disadvantaged communities.

"Samwu is mounting a calculated disinformation campaign. No municipal worker or mechanic in a government workshop will lose a job as a result of the leasehold," Masando said.

The department has pledged to restructure and extend emergency services to previously underserved areas, and has achieved this in areas like Orange Farm and Rayton despite the shrinking fleet.

It has also frozen expenditure on advanced life support levels of care, such as intensive care ambulances, choosing first to extend intermediate levels - that is, trained paramedics able to supply emergency oxygen and drips - to all residents.

But, said Masando, the province was consulting on how advanced care could be supplied to all.

(98) Strand 18/3/98
Bara probes critical failure of power

Hospital cautions again linking deaths of two babies with lack of diesel for generator during blackout

By Susan Miller

Baragwanath Hospital has launched an investigation into a recent power failure which may have caused the deaths of two babies in its neonatal intensive care unit.

Preliminary investigations indicate an emergency generator needed for the hospital’s critical care areas was out of diesel on July 9 when the power failed. Baragwanath Hospital Superintendent Dr. Joe Nach said the hospital’s generators and electrical supply were the responsibility of a private company which was meant to carry out a check once a week.

“I don’t know what could have happened,” he said.

Nach stressed, however, that until the investigation ordered by Chief Superintendent Chris van der Heever had been completed, there were no grounds to link the deaths of the two babies with the failure of the emergency generator.

“If the power fails, the babies can be kept going through the use of manual ventilator bags which are pumped by hand, thus ensuring the continuation of the babies’ ventilation,” he said.

Nach said Baragwanath experienced “interruptions” in power cuts and failures in its emergency power supply, but would have to make sure that such an emergency did not take place again.

“The inquiry will go ahead and, once it has reached a conclusion, will be handed over to the Gauteng department of health which will decide on appropriate action, if necessary,” he said.

Charles Estorhuisen, a member of the administration staff at the hospital, thanked Total SA last week for the speed with which it routed one of its delivery trucks to supply Baragwanath with approximately 8,000 litres of diesel on the night of July 9.

Popo Maja, spokesman for the Gauteng MEC for Health, Amos Masondo, said a member of the health department would be involved in the investigation team.

Maja cautioned against linking the babies’ deaths to the emergency power failure until the investigation had been completed.

“It will take place as soon as possible,” he said.

Maja confirmed that Masondo would be meeting the Department of Public Works about the maintenance situation at the hospital.
Bara babies’ deaths to be probed

By Charity Bhengu

The Department of Health and Baragwanath Hospital in Soweto will launch an intensive investigation into the death of two premature infants during a power failure at the hospital a fortnight ago.

Hospital superintendent Dr Joe Nach confirmed that the babies died during the electricity cut but it has not been established whether the cause of death was related to the power failure.

The two infants were in the neonatal ward when they died.

The hospital’s public relations officer Mrs Esther Hlongwana told Sowetan that the names of the babies would be released later today.

Emergency power supply

Nach said: “The hospital will also investigate why the emergency power supply failed to come into operation.”

He said the emergency power supply in the hospital failed to switch on automatically after the electricity cut. He said it failed to function in several areas, including the intensive care units.

This is not the first time that the emergency power supply had failed at the hospital in the past. However, Nach said this had not happened during his year’s service at the hospital.

Top management

According to a weekend newspaper report, the government was extremely concerned that the hospital’s power failure problem had only been brought to the attention of top management last week.

A top-level investigation into the matter had been launched to investigate the causes of deaths, the paper added.
Coetzee hears about his suspension on the radio

Stephane Botha

PRETORIA—Hours after appearing in court for the 1981 murder of Durban human rights lawyer Griffiths Mxenge on Friday, former Vlakplas commander Dirk Coetzee heard on the radio he had been suspended from his job as a national intelligence agent.

"Nobody informed me personally, but I accept I am suspended," Coetzee said on Saturday.

Coetzee, who has for the past seven years repeatedly confessed he ordered three askaris to kill Mxenge, appeared with two of his co-accused in the Pretoria Regional Court after handing himself over to Dir. Bushie Engelbrecht earlier in the morning.

Unlike other policemen involved in criminal cases who deny guilt, Coetzee’s legal bills will not be footed by the state. Treasury regulations make no provision for policemen admitting guilt on criminal charges.

"I don’t know who will be paying my legal fees, but I have received certain indications that the ANC is currently investigating possibilities of assisting in some way," Coetzee said.

After first exposing police hit squad in 1989, Coetzee had received financial assistance from the ANC while in hiding in London and Lusaka.

He was also employed by the ANC’s intelligence department after his return to SA in the early 1990s before accepting employment at national intelligence.

Coetzee appeared in court with Spyker Tshikalanga and Almond Nofomela. No charges were put to them and they were not asked to plead before Coetzee and Tshikalanga were released on bail of R1 000 each. Nofomela, serving a 25-year sentence for murder, returned to Pretoria prison.

Coetzee’s case was postponed to August 15 when all the accused will appear in the Durban Regional Court.

Outrage over baby deaths

Nomavenda Mathiane

THE DP and NP yesterday expressed outrage over the deaths of two babies at Baragwanath Hospital when emergency generators failed during a power cut earlier this month, but condemned Gauteng health department for announcing an inquiry.

A Gauteng health ministry spokesman said MEC Amos Masondo had instituted an urgent investigation and would also be meeting the public works department, which was responsible for maintaining the hospital’s generators.

Gauteng DP health spokesman Jack Bloom said an investigation into the incident had to be done so that those responsible could be punished.

Gauteng NP MP Daryl Swanson questioned the maintenance record of the generators at the hospital.

A number of nurses said the hospital had suffered other power failures and that generators had to be used.
Tough action possible over babies' deaths

Hand ventilation not enough after power cuts at Baragwanath Hospital

By JANNIE SIMON
Medical Correspondent

Tough action has been promised if it is confirmed negligence caused Baragwanath Hospital's emergency generator system to crash on July 8 - leading, doctors believe, to the deaths of two babies in intensive care.

Doctors were first hesitant to link the deaths to the failure, but yesterday Superintendent Bokkie Rabinowitz and head of the neonatal unit, Dr Haroon Saloojee, said that although the two newborns were already at risk, both Baby Sithole and Hlengiwe Lukhele, were "salvageable".

They died from complications caused by having to be hand-ventilated when the power shut down, Rabinowitz said.

Baby Sithole (no first name given) was born prematurely on July 7, weighing only 1,18 kg. She died 10 minutes before power was restored at 11:30am, and x-rays showed she had air around the heart, said Saloojee.

Hlengiwe Lukhele, who suffered severe asphyxiation during her birth on July 8, died at 2:20am on July 9, and was found to have damage to both lungs.

Manual bagging - pushing oxygen into the lungs by hand pumping a balloon-like bag with a mouth attachment - could keep a patient stable, but could cause unequal pressures to develop in the lungs, Saloojee said.

On July 8, there were nine babies in neonatal ICU and another 24 in the transitional area, and 13 members of staff, said senior nursing services manager Matron Virginia Monare.

"We tried our best. It was dimly lit. Nurses and doctors were all bagging the patients, we were calm, but panicking inside, worrying when the power would come back on," she recalled.

Nurses were also battling to find pieces of clothing with which to wrap the babies in incubators, as there were not enough blankets, Saloojee said.

Baragwanath has been plagued by repeated power cuts in the past few months, some as long as 30 to 45 minutes. Three other cuts had occurred since July 8. Staff had reported the problem, but, "there was no guarantee it won't happen again. Everyone is aware that when it does, they must run, grab a baby and bag it," he said.

Rabinowitz said Bara operated on land owned by the Department of Works; all maintenance requests had to be referred to that department, and works staff were often not contactable.

The power tripped on July 8 because the system was overloaded.

Two of the hospital's four emergency generators then failed to kick into action; one because of a technical problem, the second because it was out of fuel.

The contractor responsible for maintenance had been on leave at the time and had not informed his partner.

Matsus, the Edenvale company responsible for maintaining the hospital's emergency generators, said the problems appeared minor and had been blown out of proportion. "A float switch got stuck. Maintenance staff could have fixed it," said company operator Gordon Markham.
Hospitals to lose their apartheid-era names

Committee will identify those that evoke bitter memories and distort history

BY KARIN SCHMID
Gauteng Reporter

Apartheid-era names of Gauteng’s public hospitals are to be banished and the hospitals renamed to reflect their physical location.

The process began yesterday when a committee of the provincial legislature announced dates for public hearings where new names for 71 provincially-run state institutions will be aired.

Gauteng’s health department is taking the first steps towards renaming the institutions and will be followed by other departments.

Petitions and public participation standing committee chairman, Vusi Mavuso, said the process would be undertaken “without deepening controversy.

“Many of them will be considered for renaming but not all of them will necessarily be changed,” he said.

The committee would identify controversial names, “particularly those that evoke bitter memories and distortions of our history”.

While most of Gauteng’s public clinics, hospitals and laundries have inoffensive geographical names, two Gauteng hospitals are named after former apartheid-era prime ministers.

They are J G Strijdom in Johannesberg and H F Verwoerd in Pretoria. Mavuso said there was an urgent need to get rid of all forms of apartheid and racial division.

The committee intended to ensure that public health institutions were “user-friendly” and provided a sense of ownership to communities. Renaming costs would be borne by the health department and not the hospitals.

As far as possible, institutions would not be named after living people and preference would be given to names that indicated geographic location.

“In this way, we avoid a renaming of institutions when governments and sentiments change,” said Mavuso.

The first of six public hearings takes place next Tuesday at the legislature in the Old City Hall in central Johannesburg.

Others will be held at Baragwanath Hospital and also at Pretoria, Benoni, Carletonville, Krugersdorp and Vanderbijlpark.
Bara power cut cause traced

Baragwanath Hospital may still fall prey to arbitrary power cuts, but staff are satisfied with the Gauteng Department of Works' investigation into problems with the hospital's emergency generators.

Two babies died when emergency generators failed on July 8, causing a three-hour blackout in the hospital's neo-natal intensive care unit.

"The problems have been properly dissected for the first time," superintendent Bokkie Rabinowitz said yesterday.

He said Gauteng's chief director of works, Jason Sishuba, had acknowledged power cuts had caused the deaths, even the emergency generator and the logbook, and noted that the generators had not been serviced.

Sishuba said the final report on Bara's power cut would be completed today.

The report would explain the legal relationship between the department and the contractor.

An independent engineer would also be conducting a thorough survey of all electricity systems at hospitals to identify which needed improvements, Sishuba said. – Medical Correspondent.
Red tape blocks resuscitation of ambulance service

By RODNEY RODNEY AND LARA SMITH

Bureaucratic bungling has plunged Gauteng's decrepit ambulance service into yet another crisis as inter-departmental delays hamper the delivery of crucial tenders aimed at alleviating decay in the province's fleet.

The service, which opted to lease about 250 new ambulances despite a protracted dispute with the SA Municipal Workers Union, was supposed to hand tender documents to the Tender Board for consideration more than three weeks ago, but because of delays between the departments of health and finance, the life-saving documentation only came before the board on July 18.

According to insiders, the board requested further clarification on certain allowances relating to small black businesses after an Emergency Management Services (EMS) presentation relating to the tenders.

EMS director Dr Philip van Rensburg yesterday said he would be giving a second presentation to the board on Thursday.

"I cannot say which way the board will go on this and there is a very real possibility we may need to resubmit bids to take into account small, medium and micro businesses."

The latest crisis follows police claims that seriously injured rape and assault victims have to wait for hours at police stations before ambulances arrive to ferry them to hospital.

Police are not allowed to transport seriously injured patients as death while in transit could result in legal action against the state by a victim's family.

A frustrated Inspector Nkane Mqwalathi of the Park Station police in central Johannesburg this week told The Star how a rape victim who had also been seriously assaulted had to wait bleeding and in pain for more than two hours on Sunday night before medical help arrived.

He said he was told by ambulance supervisor Martin Botha to take the woman to the district surgeon because there were only four ambulances available for Johannesburg and Soweto.

Mqwalathi also accused the ambulance service of racism, saying they always asked the colour of the victim before dispatching an emergency vehicle. If the person was black they were generally told to "walk to the hospital", he claimed.

An EMS shift controller confirmed the ambulance service was hampered by limited resources and for this reason the victim had been told "to wait her turn in the queue".

He denied they had refused to transport the victim, or that they had asked what race she was.

**Matter of life or death**

... Page 11...
Local businessmen save Marymount from closure

Kensington landmark will be revived and turned into a modern maternity hospital in the near future

By Bosny Brown

Johannesburg will give birth to an all-new Marymount maternity hospital in the near future following its purchase by a consortium of local businessmen last week.

The two-month long negotiations will see the Kensington, Johannesburg, landmark revived and turned into a modern maternity hospital, instead of closing at the end of this month.

John van Zyl, a spokesman for Affin - a finance, investment and banking consultancy which negotiated the purchase on behalf of the investors - said nothing significant would change about the 47-year-old hospital.

"Marymount will not become a general hospital, but we will later add specialised services," Van Zyl said, adding that they wanted to maintain the spirit of the hospital.

The hospital had been successfully run by the Dominican Sisters of Oakley since its days as a one-storey clinic, later developing into a complete medical back-up for mothers and pre-natal care units.

More than 200,000 babies have been welcomed into the world at the institution.

Last month, the hospital's board of directors announced Marymount's closure, citing commercial non-viability and a steady drop in figures for the decision.

Van Zyl refuted recent reports that the Marymount's figures declined due to the abduction of new-born baby Michelle Hunter from the institution two years ago.

He said doctors who had supported the hospital over the years would be invited to acquire an interest in Marymount.

"We will use the residential properties which are part of the purchase and convert them into consulting rooms," Van Zyl said.

Affin takes over the running of the Marymount on Thursday.
A matter of life or death

Gauteng’s emergency management services struggle as political groupings seek common ground in the privatisation-versus-nationalisation debate

By Dineo Nokosane

Gauteng’s emergency management services are involved in a life and death struggle with a dwindling budget, increased regulations and a corroding infrastructure.

Authorities are caught in a thorny tug of war between political groupings seeking the best way forward, while attempting to meet human rights demands.

The department has been accused of highhandedness, while the province continues to address issues such as rising costs and a lack of qualified staff.

The privatisation debate has been long-running, with the Democratic Party (DP) calling for a review of the system, and the provincial government defending its efforts to streamline the service.

The DA has been critical of the province’s response to the COVID-19 pandemic, accusing it of being slow to react and不够concerted.

The DA’s call for a review of the system has been supported by other political parties, including the IFP and the NEC, which has also expressed concerns over the privatisation debate.

The DA has accused the provincial government of being too slow to react to the pandemic, and of not having the resources to deal with it properly.

The DA has also accused the province of being too focused on privatisation, and not on providing quality services to the public.

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Concern over Generators Flares again as two more power failures hit Baga
No hurry to change Gauteng’s hospitals names at first hearing

By Karin Schimke
Gauteng Reporter

There was no great rush to change the names of Gauteng’s hospitals on the first day of public hearings calling for oral submissions at the provincial legislature.

Yesterday was the first of several hearings around Gauteng at which communities or hospital staff can suggest new names for public health institutions with controversial names.

Only one provincial hospital suggested its name be changed because of “its political connotation”. A written submission from

the acting chief superintendent of the J G Strijdom Hospital suggested the hospital be named according to the area in which it is situated. In this case, the hospital could be called Auckland Park Hospital, the submission suggested.

Submissions were also received from the South Rand Hospital, Tara, the H Moross Centre, Hillbrown Hospital, Johannesburg Hospital and Coronation Hospital.

None of these wanted its name changed because the names were politically neutral and it was not necessary to change them.

Two nursing colleges also made submissions that their names not be tampered with until rationalisation of nursing colleges had been achieved through a national process.

Management of the Ann Latsky and B G Alexander nursing colleges said the rationalisation would probably include renaming of the colleges.

Meanwhile, Daryl Swanepoel of the National Party in Gauteng has said that the emotional, logistical and financial implications of renaming had to be recognised and that renaming should take place simultaneously and in a holistic way.

He said there needed to be coordination between the various levels of government and other institutions to ensure that renaming was done “in one go” to avoid institutions having to, for example, reprint new letterheads if their names, and later their addresses, changed because of the renaming process.

He added, however, that his party supported the changing of place names where they were considered to be offensive or insensitive.

Six more hearings are to take place in Gauteng in the coming weeks.

He said...
DOCTORS MUST ENSURE ALIENS CAN PAY

Hospitals crack down on foreigners

DOCTORS at state hospitals have been warned that their foreign patients' unpaid bills will be docked from their pay, EUNICE RIDER reports.

FOREIGNERS may not be treated by doctors at state-funded hospitals unless they are able to pay. Doctors have been warned that if they treat a foreigner without authority and the patient's bill is not paid, the amount will be taken off the doctor's pay, according to an outraged Groote Schuur doctor, who does not wish to be named.

He said a memo had been circulated last week instructing doctors to approach the hospital's medical superintendent to ascertain foreigners' financial positions before admitting these patients.

This practice was morally and ethically "outrageous", he said. It required doctors to act contrary to the Hippocratic Oath and the more modern Geneva Declaration, under which they were obliged to treat all and any injured and distressed people.

Hospital spokesman Mr Derick de Kock confirmed yesterday that the memo had been circulated among doctors. He said a medical superintendent had refused him permission to fax a copy to the Cape Times.

Groote Schuur's chief superintendent, Dr Peter Mitchell, said South African Treasury regulations stipulated that foreign patients receiving non-emergency treatment had to pay in advance or guarantee payment through their medical aids.

"This regulation is to ensure that the limited health budget obtained (through) taxpaying of South African citizens is used preferentially for the treatment of South African citizens."

"Given the large indigent population of this country, the demands on the public sector hospitals already exceed the available funds. This protocol is entirely in line with international norms."

Mitchell said emergency treatment would be given to anyone.

However, De Kock said that before patients - even emergency cases - could be admitted to specialist units, a medical superintendent would have to establish if the patient could pay.

Mitchell confirmed that if doctors "or any staff members" failed to comply with the ruling, they would be held liable for "losses to the state".

Dr Ivan McCusker, chairman of the Cape Western branch of the Medical Association of South Africa, said that although Western Cape hospitals had to try to curb the "floods" of people from other African states and the Eastern Cape seeking treatment at city hospitals, the state could not turn its back on suffering and distress.

"If they are here and they are sick and need help, they should be given help - despite regulations. It is not acceptable, on a humanitarian basis, to turn your back on an ill person without money. "The state must stand good and help."

McCusker emphasised that state hospital budgets were allocated according to the populations they served.

State hospitals could not afford to treat "floods" of patients from provinces and states beyond the borders of the regions they served.

As Groote Schuur was considered a good hospital, people from other African states and provinces sought treatment there and gave false addresses in Khayelitsha, McCusker said.

Although the Eastern Cape government compensated the Western Cape for treating some of its residents, these payments did not nearly cover the amounts spent on the patients.

Dr J P van Niekerk, Dean of the UCT Medical School, said although he believed there were "good reasons" for the regulations, doctors who had taken the Geneva Declaration were not supposed to permit the religion, nationality, race, party politics or the social standing of patients to get in the way of treating the sick.

Details could not be established yesterday of how many foreign nationals and people from other provinces had sought treatment at Western Cape hospitals.
Taxi violence claims four lives as fragile accord breaks down

CAPE TOWN — At least four drivers were killed and a commuter injured in taxi violence in a number of areas on the Cape Peninsula yesterday.

This follows a fragile peace agreement struck at the weekend between the warring Cape Amalgamated Taxi Association and the Cape Organisation for a Democratic Taxi Association when a compromise was reached over the use of various ranks and routes.

Yesterday, however, a taxi driver was killed after shots were fired at him from another taxi in Philippi East, Lower Crossroads at about 6.20am. A young schoolgirl was wounded in the attack.

In the second incident four hours later, a taxi driver sought refuge behind the Khayelitsha police station when his vehicle came under fire.

Police spokesman Sgt Vivienne Lentor said the driver got into an unoccupied police vehicle and began returning fire at his attackers. Police believe he was killed by a bullet ricocheted off a wall.

Police later arrested five people, three for public violence and two for attempted murder, near the Khayelitsha police station. They also confiscated six firearms, one of which was unlicensed.

One man was shot dead and another stabbed to death at the Bellville taxi rank near Cape Town at 5am. Another two men were taken to hospital for stab wounds.

Two men were also stabbed at the Wynburg taxi rank and taken to hospital while the tyres of seven taxis at the rank were slashed.

Lentor said police had also received reports of shots being fired at taxis in Bochardt's Quarry Road, Nyanga and in New Road, Khayelitsha yesterday, but no one was injured.

Meanwhile, Gauteng safety and security MEC Jessie Duarte and transport MEC Paul Mashatile visited Soweto's Baragwanath taxi rank yesterday to assess the situation following renewed violence at the weekend.

Surrounded by heavy security, Duarte said police presence had been stepped up at 'hot spots' along the Old Potchefstroom Road to monitor taxi routes and ranks.

"Most violence happens along the routes where taxis are forced off the roads and passengers pull out... and since last night (Monday night) it's a little army," she said.

Violence broke out between the Soweto Taxi Service and the Soweto Taxi Association following the shooting of an STA driver. The incident was related to continuous conflict between the two associations over the use of a new rank in downtown Johannesburg.

The STS refused to operate on the same rank as the STA, claiming the STS was not recognised by the Johannesburg City Council.

In the weekend violence, six STA taxis were burnt and nine were damaged.

Mashatile said they wanted to create an atmosphere in which all taxi associations could operate. He instructed police to set up roadblocks to search for unlicensed firearms.

"We will enforce the roadblocks and patrol as long as we think it is necessary. We will assess whether we need to move them later on," he said.

Police said transport had been severely disrupted on Saturday, with reports on Monday of a minibus loaded with men firing at random along the Old Potchefstroom and Mokuvu roads in Pinville. They described the situation as tense.

Drivers told Sap an they were reluctant to resume work, fearing renewed attacks, but the Baragwanath taxi rank remained a hive of activity.

Police said they would oppose bail for four people arrested on charges of illegal possession of firearms in connection with Monday's violence. — Sap.

Hospital seeks non-political name

Ingrid Salgado

JG STRIDDOM Hospital's name should be changed to reflect its geographic location in order to rid itself of the political connotation attached to being named after a former prime minister, according to the hospital's management.

In a submission to the Gauteng legislature's petitions and public participation standing committee, the hospital suggested it be renamed Auckland Park Hospital or Perth Road Hospital.

The committee, which started a round of public hearings on renaming Gauteng hospitals in Johannesburg yesterday, hopes to rename institutions based on their physical location. Where possible, institutions would not be named after people. Names should stand without having to change as governments change, the committee said.

Other hospitals, including Coronation Hospital in Coronationville, Hillbrow Hospital and South Rand Hospital asked that their names remain unchanged since they referred to the hospitals' locations.

Management of Tara psychiatric hospital, the H Morais Centre also believed its name should be retained. The institution was named after its first medical superintendent Dr H Morais who had laid the foundations for treating psychiatric patients in SA.

Management said the name Tara should at least be retained. Changing the name would remove the recognition the hospital had acquired over the past 50 years and incur unnecessary expense.

Nursing colleges urged the committee not to change their names yet since rationalisation of the colleges would involve name changes. Embarking on the process twice would be wasteful. Several health institutions said it could prove difficult to consult their respective communities about changing names.

Other institutions which could be renamed include HF Verwoerd Hospital in Pretoria.