HEALTH & DISEASES - OTHER MEDICS

1992
New body could highlight role of acupuncture in national health

Greater public awareness of and greater appreciation by the medical profession of the role acupuncture can play in the overall picture of a nation's health appears to be imminent, following the launching of the South African branch of the International Acupuncture Association.

The founding of Sabian — an acronym easily pronounceable as S.A.B.I.A.N. — comes as a direct result of concerted efforts by members of the Chinese community, including professors and doctors of acupuncture, and medical students of both the Witwatersrand and Pretoria universities.

The objectives of the association are to further acupuncture in this country by uniting competent acupuncturists and setting up a standard code of practice for the profession.

Two deeply committed members of the new association are commercial artist Diane Field, a former ME sufferer who firmly believes acupuncture cured her of years of insidious and deproportionateness caused by myalgic flu, and new Sabian secretary Ailsen van Heerden, a Wit medical student.

The founder and newly elected president is Dr John Liu, a practicing acupuncturist for more than 20 years and member of several international acupuncture-related institutions.

Dr Liu, in fact, successfully treated Mr van Heerden for acne. The Wit student has since treated several other successfully treated patients, including Mr Field and stroke victims who have been helped by the Chinese practice.

"I believe acupuncture could be an exciting addition to any medical student's developing knowledge," he said. He has urged that Sabian hopes next year to start a seven-year training course for interested doctors and medical students.

Dr Liu and other internationally recognized acupuncturists will head the council, which will include video tape material from Taiwan.

Says Dr Liu: "Acupuncture has been practiced in China for the past 5,000 years. It is a precious heritage and an important part of the Chinese culture."

It has been used to treat successfully many types of disease and complaint from paralysis following a stroke, to chronic pain, like back ache and arthritis, to acne.

It is hoped, through the association, to gain greater recognition for acupuncture from the medical profession.

Frequently, it does not enjoy, as it does in other countries, official medical approval. Its efficacy is not recognized by the South African Medical and Dental Council, and acupuncturists consequently are unable to register as medical practitioners. Neither can patients claim rebates from any medical aid schemes.

"This," says Dr Liu, "is one of our chief aims — recognition by the SA Medical and Dental Council."

After battling for years with myalgic flu, Mr Field at the beginning of this year was so low she had difficulty in getting out of bed. She had to hire an assistant to keep her business going. Within three months of starting acupuncture treatment, she had regained most of her vitality and felt almost back to her old self.
Emergency Care Personnel which shall, subject to the provisions of section 15 (6) (a) and (c) of the said Act, consist of persons whose names appear in the registers of ambulance emergency care assistants and ambulance emergency care technologists kept under section 32 of the said Act.

E. H. VENTER,  
Minister of National Health.

SCHEDULE

1. The following acts are hereby specified as acts which shall, for the purposes of the Medical, Dental and Supplementary Health Services Professions Act, 1974 (Act No. 56 of 1974), be deemed to be acts pertaining to the profession of audiometrician:
   
   (a) The determination and evaluation of the range, nature and degree of a person’s hearing, by means of electroacoustic instrumentation and observational methods;
   
   (b) The selection and fitting of an instrument in the use of hearing aids;
   
   (c) The determination and evaluation of a person’s vestibular and facial nerve function.
DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEEKSRAAD

REGULASIES BETREFFENDE DIE REGISTRASIE DEUR FISIOTERAPEUTE VAN ADDISIONELE KWAALIFIKASIES: WYSIGING

Die Minister van Nasionale Gesondheid het, op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, kragtens artikel 61 (1) (o) gelees met artikel 61 (4) van die Wet op Geneesheere, Tandartse en Aanvullende Gesondheidsdiensberoep, 1974 (Wet No. 56 van 1974), die regulasies in die Bylae hiervan uiteengesit, uitgevaarig.

BYLAE

1. In hierdie Bylae beteken "die Regulasies" die regulasies afgekondig by Goewermentskennisgewing No. R. 1127 van 24 Mei 1991.

2. Die Regulasies word hierby gewysig deur die toevoeging van die volgende addisionele kwalifikasie:
   - Eksaminerende liggaam en kwalifikasie
   - Afkorting van registrasie
   - Universiteit van Pretoria—
     - Baccalaureus Artium Honores in Liggaamlike Opvoeding (Bioliggaamlik)
     - BA (LO) (Hons) Biokinetika Pret

DEPARTEMENT VAN OEGINGSAKE

GERAASBEHEERREGULASIES INGEVOLGE ARTIKEL 25 VAN DIE WET OP OEGINGSBEWARING, 1989 (WET NO. 73 VAN 1989)

Die Minister van Oegings sake het kragtens artikel 25 van die Wet op Oegingsbewaring, 1989 (Wet No. 73 van 1989), die regulasies in die Bylae uitgevaarig.

BYLAE

Woordomskrywing

1. In hierdie Regulasies het 'n woord of uitdrukking waaraan in die Wet 'n betekenis geheg word, die betekenis aldus daaraan geheg en, tensy die samehang anders blyk, beteken—

   "aanslag" 'n verkoelmaaisjen, lugversorger, waaierstelsel, kompressor, kragopwikker of pomp;
   "beheerde gebied" 'n stuk grond deur 'n plaaslike owerheid aangewys waar, in die geval van—
   (a) padvervoergeras in die omgewing van 'n pad—
   (i) die afleis op 'n integrerende impulsklankpeilmeter, wat aan die einde van 'n tydperk wat strek vanaf 06:00 tot 24:00 buitenshuis geneem is terwyl sodanige meter in werking is, 65 dBA oorsky; of
   (ii) die buitenshuis ekwivalente deurblopende "A"-beswaarde klankduideligheid op 'n hoogte van minstens 1,2 meter, maar hoogstens 1,4 meter, bekant die grond soos bereken vir 'n tydperk wat strek vanaf 06:00 tot 24:00 ooreenkomstig SABS 0210-1986, getiteld: "Gebruikscode vir die berekening en voorspelling van padverkeersgeras", afgekondig by Goewermentskennisgewing No. 358 van 20 Februarie 1987, en geprofileer vir 'n tydperk van 15 jaar wat volg op die datum waarop die plaaslike overheid sodanige aanwysing gedoen het, 65 dBA oorsky;

DEPARTMENT OF ENVIRONMENT AFFAIRS


The Minister of Environment Affairs has under section 25 of the Environment Conservation Act (Act No. 73 of 1989), made the regulations in the Schedule.

SCHEDULE

Definitions

1. In these Regulations any word or expression to which a meaning has been assigned in the Act, shall have the meaning so assigned to it and, unless the context otherwise indicates—

   "ambient sound level" means the reading on an integrating impulse sound level meter taken at a measuring point in the absence of any alleged disturbing noise at the end of a total period of at least 10 minutes, after such meter had been put into operation;
   "animal" also includes birds and poultry;
   "controlled area" means a piece of land designated by a local authority where, in the case of—
   (a) road transport noise in the vicinity of a road—
   (i) the reading on an integrating impulse sound level meter, taken outdoors at the end of a period extending from 06:00 to 24:00 while such meter is in operation, exceeds 65 dBA; or
   (ii) the equivalent continuous "A"-weighted sound pressure level at a height of at least 1.2 metres, but not more than 1.4 metres, above the ground for a period extending from 06:00 to 24:00 as calculated in accordance with SABS 0210-1986, getiteld: "Code of Practice for calculating and predicting road traffic noise", published under Government Notice No. 358 of 20 February 1987, and projected for a period of 15 years following the date on which the local authority has made such designation, exceeds 65 dBA;
DEPARTEMENT VAN NASIONALE
GESONDHEID EN BEVOLKINGS-
ONTWIKKELING

No. R. 173 10 Januarie 1992

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN
TANDHEELKUNDIGE RAAD

REGULASIES BETREFFENDE DIE SAMESTELLING,
WERKSAMHEDE, BEVOEGDHEDE EN PLIGTE
VAN DIE BEROEPSRAAD VIR NOODSORGPERSONEEL

Die Minister van die Nasionale Gesondheid het krag-
tens artikel 15 (5) van die Wet op Geneesheere, Tand-
artse en Aanvullende Gesondheidsdiensberoepes, 1974 (Wet 56 van 1974), die regulasies in die Byleae
hiervan uiteengesit, uitgevaardig.

BYLAE

1. In hierdie regulasies betek "die Wet" die Wet
op Geneesheere, Tandartse en Aanvullende Gesond-
heidsdiensberoepes, 1974 (Wet 56 van 1974), en het "artikel"
'verbeter' van die Wet;
"beroepssraad" die Beroepssraad vir Noodsorgper-
soneel kragtens artikel 15 (4);
"lid" 'n lid van die Beroepssraad vir Noodsorg-
personeel.

SAMESTELLING VAN DIE BEROEPSSRAAD

2. Die beroepssraad bestaan uit sewe lede en word
soos volg saamgestel:
(a) Een persoon wat lid van die raad is, word deur die
raad aangewys;
(b) Vf. noodsorgpersoneele lede word verkieë deur
ambulansnoodsorgassisteer en ambulansnoodsorg-
tegnoloë;
(c) Drie persone wat geneesheere of tandartse is en
wat besondere kennis van noodsorg dra, word deur die
raad aangewys.

3. Behoudens die bepalings van regulasie 4 is die
diensttermyn van lede van die beroepssraad vf. jaar,
gerek en vanaf die datum van die verkiesing of aanwys-
ingbedoel in regulasie 2 (b) of (c): Met dien verstande
dat sodanige lede herkiesbaar is of weer aangewys
kan word, na gelang van die geval.

4. (1) 'n Lid ontruim sy amp-
(a) As hy insolvent raak of van sy boedel afstand
doen ten voordele van sy skuldigers of met haltie 'n
skikking aangaan; of
(b) As hy soender so die toestemming van die
beroepssraad afwesig is van meer as twee agtereenvol-
gende gewone vergaderings van die beroepssraad; of
(c) As hy ingevolge die Wet onbevoegd geword het
om sy beroep te beoefen; of
(d) As hy, as 'n verkose lid, sy bedanking skriflik
an die beroepssraad meedeel; of
(e) As hy, as 'n aangewe se lid, ophou om aan-
wysbaar te wees of skriflik aan die raad kennis gee
van sy wens om uit sy amp te bedank en sy bedanking
aangeneem word.

DEPARTMENT OF NATIONAL
HEALTH AND POPULATION
DEVELOPMENT

No. R. 173 10 January 1992

THE SOUTH AFRICAN MEDICAL AND
DENTAL COUNCIL

REGULATIONS RELATING TO THE CONSTITU-
TION, FUNCTIONS, POWERS AND DUTIES OF THE
PROFESSIONAL BOARD FOR EMERGENCY CARE
PERSONNEL.

The Minister of National Health has, in terms of sec-
tion 15 (5) of the Medical, Dental and Supplementary
Health Service Professions Act, 1974 (Act 56 of 1974),
made the regulations set out in the Schedule hereto.

SCHEDULE

1. In these regulations "the Act" means the Medical,
Dental and Supplementary Health Service Professions
Act, 1974 (Act 56 of 1974), and any expression to
which a meaning has been assigned in the Act shall
bear such meaning and, unless the context otherwise
indicates—
"member" means a member of the Professional
Board for Emergency Care Personnel;
"professional board" means the Professional
Board for Emergency Care Personnel established in
terms of section 15 (4);
"section" means a section of the Act.

Constitution of the professional board

2. The professional board shall consist of seven
members and shall be constituted as follows:
(a) One person who shall be a member of the coun-
cil, shall be designated by the council;
(b) Five emergency care staff members shall be
elected by ambulance emergency care assistants and
ambulance emergency care technologists;
(c) Three persons, who shall be medical practitioners
or dentists and who shall have special knowledge of
emergency care, shall be designated by the council.

3. Subject to the provisions of regulation 4, the
period of service of members of the professional board
shall be five years, reckoned from the date of the elec-
tion or designation referred to in regulation 2 (b) or (c):
Provided that such members shall be eligible for re-
lection or resignation, as the case may be.

4. (1) A member shall vacate his office—
(a) If he becomes insolvent or assigns his estate for
the benefit of, or compounds with, his creditors; or
(b) If he is absent from more than two consecutive
ordinary meetings of the professional board without
the professional board's leave; or
(c) If he has been disqualified under the Act from
practising his profession; or
(d) If, as an elected member, he notifies the profes-
sional board, in writing, of his resignation; or
(e) If, as a designated member, he ceases to be
eligible for designation or gives notice, in writing, to
the council of his desire to resign from office and his re-
signation is accepted.
(2) Every vacancy on the professional board shall be filled by designation or election, as the case may be, and every member so designated or elected shall hold office only for the unexpired portion of the period for which the member vacating such office was designated or elected.

Powers of the professional board
5. The professional board may—
(a) make, to or through the council representations for the making, amendment or withdrawal of any regulation or rule that applies to the professional board or to ambulance emergency care assistants or to ambulance emergency care technologists;
(b) submit, through the council, representations to the Minister in regard to the definition of the scope of the profession of ambulance emergency care assistant or ambulance emergency care technologist should the council recommend to the Minister, in terms of section 33 (1), that the scope of the profession of ambulance emergency care assistant or ambulance emergency care technologist be defined by specifying the acts which shall, for the purposes of the Act, be deemed to be acts pertaining to the profession of ambulance emergency care assistant or to ambulance emergency care technologist.

Functions and duties of the professional board
6. It shall be the duty of the professional board to—
(a) promote a high standard of professional education and professional conduct among ambulance emergency care assistants and ambulance emergency care technologists;
(b) report to the council on any matter affecting ambulance emergency care assistants or ambulance emergency care technologists referred to it by the council;
(c) advise the council on the removal under the provisions of section 19 or section 32 (2) of the name of any person from the register of ambulance emergency care assistants or that of ambulance emergency care technologists kept under section 32; and
(d) make recommendations to the council in regard to the recognition of institutions for the prescribed practical training of ambulance emergency care assistants or ambulance emergency care technologists and in regard to the recognition of qualifications of ambulance emergency care assistants or ambulance emergency care technologists whose names are entered in the appropriate register kept under section 32.

No. R. 174
10 January 1992
THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

ESTABLISHMENT OF A PROFESSIONAL BOARD FOR EMERGENCY CARE PERSONNEL

Under the powers vested in me by section 15 (4) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974), and after considering a recommendation of the South African Medical and Dental Council, I, Elizabeth Hendrina Venter, Minister of National Health, hereby establish a professional board to be known as the Professional Board for
Ambulances moved 15km out of Soweto

Out of reach

MORE people could die as a result of the Johannesburg City Council's decision to relocate its ambulance service.

The relocation could add at least 20 minutes travelling time of the ambulances in reaching a patient in Soweto. And this could make the difference between life and death.

The Council is relocating its ambulance serv-

BY JOE MDHLELA

ice from Jabulani to Rietfontein, 15km south of Soweto.

The already stretched service will now be shared by additional areas, including Mndebele, Walkerville, Lenasia, Emcardale and Eldorado.

To page 2

Ambulances to be moved

From page 1

Soweto residents. With the inclusion of these areas, the service will now provide a service for close to six million residents with the same number of ambulances, a spokesman for the ambulance workers said.

During New Year about 12 ambulances were on duty servicing the Greater Johannesburg area, with four ambulances on duty in Soweto, a source confirmed.

"The acceptable time frame response should be 15 minutes. With the new arrangement we think the response time will be increased.

"This means that we will either reach patients late or when they are more critical or when they are already dead," the spokesman said.

Deputy director of the Emergency Management Services Mr Danie Joubert refuted claims by ambulance operators.

He said Jabulani was not an ideal centre, but his department would not interrupt the service in the area for the time being.

"It is not true that the service at Jabulani will stop, but we would like to use Rietfontein as a central depot. My prime objective is to improve the service for Soweto and the entire south-western areas without prejudice to anyone," Joubert said.

He said if fewer ambulances were not available in Soweto during New Year it could only have meant that they were deployed to areas where the need was great.

Soweto's PRO Mr Mojalefa Moski said he was not aware of the move by the council to rationalise the service. He said if this were true, it could be a dis-

aster.

"Presently people die because of a waiting time of three hours before ambulances arrive at the scene. We have had cases of people becoming unconscious because of this waiting time," Moski said.
Uproar over ambulance move

DOCTORS, health workers and black organisations yesterday slammed the Johannesburg City Council for moving its ambulance services from Soweto to Rietfontein. They described the move as "fatal."

They urged the council to reconsider the move as it was going to cause unnecessary hardship and problems.

A Soweto medical doctor, Dr Joe Jivhuho, said he was shocked and distressed to learn about the council’s move.

He said: "I have had a lot of problems with the ambulance service in the past and this is going to worsen the problem.

"People have been hoping that the ambulance service will be expanded but they are going to be disappointed."

Mr Ronnie Mamoepe, public relations officer of the ANC’s PWV region, said: "The council has no right to take such a decision, which might prove fatal for the majority of patients in Soweto, without consultation with health and community organisations.

"In the first place, the decision does not make economic sense. The available services are inadequate to serve Soweto yet the city council seeks to transfer them to an area where they will be expected to serve more people. This indicates an absence of planning by the council. The people of Soweto demand an expansion of existing ambulance services rather than a transfer which will lead to a decrease in services."

Dr Nthato Motlana, president of the Soweto Civic Association, said: "It is amazing that the council can transfer the ambulance services from Soweto, which has a population of about three million people, to an area which is about 15km away."

He said it was a good idea to have a main centre where ambulances were stationed but with "satellite ambulance services that will be on the ground whenever the service was needed."

"To move them from Soweto was irresponsible, especially when Soweto needed ambulance services so much."

Lesedi Clinic manager Dr Peter Maseke, said: "I have a problem with relocation of ambulance services from Soweto to Rietfontein, especially when the few we had were not enough."

Miss Bibi Nkosi of Soweto Hospice said she had had problems with ambulance services for a long time and this was going to multiply the anguish suffered by the sick.

Mrs Annette Clear, Bangwannath’s public relations officer, declined to comment.
Call to recognise SA’s traditional healers

Traditional healers, who are part of health care in South Africa, should be given formal recognition, the University of the Witwatersrand’s Centre for Health Policy recommends in a paper released recently.

According to the paper, these healers are the health care choice of up to 80 percent of the African population. As a result they are a major health care resource.

The centre said there were probably more traditional healers than doctors in South Africa although there are no exact figures. — Medical Reporter.
Black volunteers line up for medical corps

The South African Medical Services (SAMS) training centre in Voortrekker-Hoogte was this week swamped by more than 300 hopefuls who arrived unexpectedly and applied for black volunteer posts.

While 300 volunteers were called up for training, SAMS personnel were greeted by a further 200 people at the front gate on Thursday.

A spokesman for SAMS said only 300 service volunteers had been catered for, but hundreds more had "simply arrived," hoping to be included.

The high turnout of volunteers supports calls for a volunteer Defence Force to replace conscription.

Earlier this month, Brigadier Dan Lamprecht, officer commanding Western Province Command, admitted that black and coloured volunteers now outnumbered national servicemen.

Official SADF figures show that SAMS turns away about 90 percent of all black volunteers and the army turns away about 50 percent.

Roelf Meyer, Minister of Defence, said on Wednesday that the Gleson Report dealing with the conscription system was still under consideration and any decision made would be presented to Parliament after consulting the Cabinet.

The SAMS training unit only has space for about 300 volunteers, who will go through a three-week selection phase before starting their training as medical orderlies.

A spokesman for the training unit said they would have to wait and see how many of the official volunteers reported for duty before turning away those who had arrived unexpectedly.

"If all 300 volunteers arrive we will have to send the rest away," he said.

By early yesterday about 150 of the expected volunteers had arrived for duty, but many more would arrive over the next few days.

He said the high turnout of volunteers was not uncommon and "thousands" would have arrived if the selection criteria were not so strict.

The spokesman said members would have to be able to pass and practically apply primary and health subjects to be suitable for selection.

The successful candidates are called up for voluntary service of two years, during which they undergo training as operational orderlies.

Negotiations were under way with the South African Medical and Dental Council (SAMDC) to register members who completed their training, to be used later as primary health workers in the private sector.
Healers want to put muti on medical aid

COMPANY medical benefits will face new challenges if traditional healers are recognised as bona fide health practitioners by authorities and the corporate world.

Unionists said last week that companies were coming under increasing pressure from workers to recognise their traditional forms of medicine — which would mean the world of the sangoma with his bones and her potions would become a very real part of a manager's daily concerns.

Sactawu spokesman William Dichaba said traditional healers were a vital issue for his union's members. He said some companies had already accepted the legitimacy of healers and were experimenting with granting sick leave that was prescribed by them.

Wits University health researcher Melvin Freeman said 80% of black people had consulted traditional healers at some time.

It was estimated that there were more traditional healers than modern health care practitioners, including nurses.

Representation has been made by traditional healers' associations to the National Health Department for some form of registration, but nothing has been done yet.

Representative Association of Medical Aid Schemes (Rama) spokesman Rob Speedie said one medical aid scheme had already accepted claims for traditional treatments and others were to implement the same policy soon. The major problems lay in organising traditional healers and making practical arrangements.

Traditional Healers Council secretary general Pip Erasmus said healers had been organised for the last six years and had a strict code of ethics.
Strike over claim
attack on patient

By RAY NXUMALO
HILLBROW Hospital staff yester-

day marched through the

grounds to the superintendents' office to protest against alleged

assaults on patients by security

guards.

Demonstrators — mostly

members of the National Educa-
tional Health and Allied

Workers' Union (Nehawu) —
handed over a memorandum contain-
ing a number of grievances,

including demands for recogni-
tion and a revamp of disciplinary

procedures.

Nehawu vice-chairman Sph-

iwe Mazibuko said no member of

Nehawu had been assaulted, but

the union was ensuring this kind of behaviour stops.

The Transvaal Provincial

Administration "is aware of the

alleged assault that took place in

the casualty department of the

Hillbrow Hospital between a

patient and members of the securi-
ty company", said TPA media

liaison officer Rikus Delport.

The TPA and the security com-

pany, is investigating the matter.

Mazibuko said a manager of the

security firm is the son of the hos-

pital's deputy director — who is

also chairman of the disciplinary

committee accused of unfairly

dismissing hospital employees.
The point of acupuncture

THE ancient art of acupuncture is a painless way of fighting pain. It is relatively inexpensive, requires no drugs and has no side-effects — if performed by experienced hands. It can work as an anaesthetic to stimulate coma victims. It has sometimes even restored functions to paralysed limbs. Yet its use remains controversial.

Attitudes are ambivalent. Acupuncture is out of the twilight zone of fringe medicine and is being used in government hospitals. But there is no official recognition of trained acupuncturists. And medical-aid funds do not pay for treatment.

Should Helena Botha — now being treated in Taiwan — return home improved, her stay may serve those wanting the art taken seriously.

One reason for the reluctance to accept it is a lack of logical proof. Dr Jimmy Lu came to South Africa 18 months ago. He is one of a number of Taiwanese acupuncturists whose qualifications are not recognised here.

He explains: "There is no scientifically satisfactory explanation. Acupuncture is based on the Taoist philosophy of life energy (Chi) and the inter-relationships between Yin and Yang — the feminine-masculine forces. "Taoists believe Chi exists in all living things. It is invisible but alive and circulates continuously within the body. It moves along 14 pathways called meridians."

Acupuncture is the treatment of bodily malfunctions by inserting needles into the body at specific trigger points to regulate the flow of Chi and correct circulatory or energy imbalance.

The meridians have been mapped for thousands of years. A network of smaller channels interconnects the major meridians. Any internal disorder can show at any point along a meridian. So eye trouble, says Dr Lu, could indicate an energy block through the gall-bladder meridian.

"Acupuncture could re-establish the energy circulation and the eye would be cured," says Dr Lu. The essential difference here is that Chinese doctors work not with individual body parts but with energy imbalance throughout the system.

Another mystery is the transfer of electro-magnetic energy, known as Gi-Gong, between patient and practitioner. "With acupuncture your body heals itself. With Gi-Gong, my energy also heals," Dr Lu meditates daily to get Gi-Gong.

Many swear by its remarkable results. It's definitely more than a placebo — it works on animals. And there is now substantial evidence that acupuncture stimulates natural pain-killing endorphins in the brain.

"Our treatment is not in conflict with Western medical science," he adds. "It should be regarded as a soft option to try before drugs or irreversible operations."

Acupuncture is slowly gaining worldwide acception. Even here there has been a change in attitude, says the homoeopath who uses it. The Medical and Dental Council now accepts its own members using acupuncture.

But it still won't accept so-called unregistered practitioners trained in the East without the label of medical practitioners. There is no separate register for these people, many of whom are extremely proficient in their field.

The result is that there is no body governing training — and this gap works against the patient.

Many doctors only do short-term courses before putting up an acupuncture sign. And the answer to the question of how do you know you are putting yourself into experienced hands is simple: you don't.

"The advantage of using a registered doctor," says the homoeopath is that if something goes wrong you have recourse to the governing association. There is no redress against unregistered practitioners except through a court of law to study the person's qualifications carefully.

"Acupuncture could be a first-line treatment and reduce the abuse of high-tech medicine. Take a back ailment which could possibly be cured in six treatments at around R60 a time compared with the cost of an operation — upwards of R15 000."

Maybe it's time to recognise a role for acupuncture. And, as Dr Lu says, maybe Mrs Botha will make this easier.

Janet Wilhelm
Give us more.

We're ready to sell one.

GO ON STRIKE

Hospital employees

By Anonymous Author

Photo: George Hamblin

Workers demand higher wages for their 1,300 hospital employees at Winter Park Memorial Hospital.
An unlikely voice for sangomas

KATHRYN STRACHAN

HE man at the forefront of the campaign to get traditional healers accepted as bona fide health practitioners in SA is a retired military intelligence officer. He is white, and wears khakis and veldskoen.

Pip Erasmus, secretary general of the Traditional Healer's Council, is no sangoma, but he is committed to the cause of getting traditional healing recognised by first world medical benefit schemes.

For six years Erasmus has served on the council, struggling to gain it legitimacy in the corporate world and official registration by medical authorities.

The council believes 80% of black people consult healers and Erasmus claims this includes politicians “right the way to the top”.

It is only in the last few months that he has seen the fruits of his endeavours as the authori- ties and medical aid schemes have begun to realise that traditional healers provide health care for a great many people.

Having company medical benefits for treatment given by healers is a vital issue for trade union members, and companies are starting to respond to this. A few medical aid schemes may already have accepted claims for traditional healing.

For six years the council was “a voice in the wilderness” with nobody taking much notice of it, said Erasmus. Healers had come across great ignorance and arrogance in their dealings with businessmen, he said.

“They were entertained and gasped with amazement, but nothing ever happened.”

He believed it was “about time they realised how witchcraft affects their production lines”.

Sketching his background, Erasmus said he honed his position in the SA Defence Force “too administrative”, and left to fight in the Rhodesian war. He also served in the British army and the Swaziland police.

In 1969, at the end of the Rhodesian war he returned to service the SADF’s military intelligence, and retired in 1980.

During his time with the Swazi police Erasmus was granted honorary citizenship by King Sobhuza, and this drew the attention of the healers to him. In 1984 a group of senior healers approached him to set up the council.

Although his wife and three daughters have had involved in the operation, his friends regard him as “stark, staring mad”.

Joining his house is the council’s headquarter, where African shields and pictures of the Rhodesian Grey Scouts hang side by side.

One of the reasons the council chose such an unlikely figure for the position is that as a white man he is said to be immune to witchcraft, although he has had a close shave.

“I was in Malawi a while ago and my bed started jumping about. But I just said ‘bugger off’, and the thing left me alone.”

“When I told my colleagues the next day they were shaken and said if I had been one of them the spirit would definitely have taken me.”

Erasmus says he does not believe in spiritualism, but accedes that the grass grows better in his garden in places where he has had to place objects to ward off evil spirits.

Combining the worlds of military and healing has not always been easy. While fighting in the Rhodesian war in 1979, Erasmus was told by healers exactly what the outcome of the pending elections would be. When he repeated what he had heard he was put under house arrest for spreading alarm.

But his predictions turned out to be accurate.

Asked how council members accepted a soldier from the “wrong” side of the frontier, the healers have replied “The Bible says love your enemy. Anyone can love his brother, that’s the easy part — even a heathen can do that.”

Erasmus explains it this way: “You form a bond with your enemy and they eventually become your friends. They don’t resent you because your culture says you have to go and fight for Ian Smith and their culture says they have to fight for Robert Mugabe.”

“War is just a game. In fact, it’s more childish than a boy’s game. It’s just like rugby — afterwards you all go and have a drink together.”

In any case he says, healers were traditionally the non-partisan messengers during battles.

Erasmus is the council’s link with the outside world and is relied on to express their demands to the authorities. There are 140 healing organisations affiliated to the council, representing about 250 000 healers from all regions of southern Africa.

Although healers want to be registered, there is a fear of being dictated to by Western medicine. Yet the strength of traditional healers, says Erasmus, lies in the fact that they don’t believe they are infallible — and it is this attribute that would make traditional healing work well in conjunction with modern medicine.

Healers consulted each other, and would welcome the chance to refer to doctors if they could not cure a patient. At present a healer is given a week to cure a patient. If he cannot he must pass the patient on to another healer.

There are 25 different areas of specialisation in traditional healing and the next healer could always try a different treatment.

The origins of traditional healing are similar to those of western religions, says Erasmus. Even the practice of bone throwing can be linked to a rosary and ritual cleansing in rivers to baptism, he says. “All of us on the council are Christians,” he says.

Many doctors believe there is a lot to be learnt from traditional healing — especially their holistic approach.

Erasmus mentioned some of the treatments encountered on a visit to a traditional healer: a potion with vulture eyes if you need to see far and predict the future, a potion with lion’s lips if you need to talk with strength, and elephant dung if you seek wisdom in all matters because an elephant forages in all directions with its trunk.
Racist dishes up tantrums

BY THEMBA KHUMALO

DO you want to know if apartheid is dead?
The answer can be found during lunch time at the Johannesburg Hospital, where a white porter throws tantrums at the sight of blacks.
Doris Mgbungu, a nursing sister at the hospital, and her colleague, Dorah Makhubu, became victims of the man's racist tantrums when they tried to join him at the table for a meal at the hospital canteen on Friday.
When they sat down opposite him, he rudely told them he did not want blacks at his table. The angry nurses told him there was nowhere else to sit.
In front of some 400 staff members, the man grabbed the nurses' plates, threw them on floor and brazenly walked out.
The shocked nurses then queued for a second helping.
The man returned and found them eating at the same table. He asked: "Are you still sitting here?"
When the nurses ignored him, he tilted the table towards them, splattering food on Mgbungu's uniform, and walked out.
No one in the predominantly white canteen intervened.
The humiliated nurses approached a security guard who told them not to take the man seriously as he was "mad". The nurses have taken up the matter with the hospital authorities who have promised to take disciplinary action.
Chiropractors come in out of the cold
It's worth promoting acupuncture looking sharp once more.
Aftercare for Stroke Victims

Rehabilitation needs some rehabilitation...
THE ROUTE TO
HEALTH FOR ALL

The health system in South Africa is characterized by a health care system which mainly serves the urban white people, while the majority of the population is served by a fragmented and inadequate health service, and in some areas none at all. A apartheid capitalism has entrenched the fragmentation and poor distribution of existing health facilities. This has resulted in a scarcity of doctors and nurses throughout the country. Poor distribution can be seen in the understaffed, overcrowded conditions in some areas and the under-use of services in others.

Against the background of the existing inequalities in the South African health care system "Health for All" is not a distant dream. Primary health care has been proposed as a way of transforming Health for All from a dream to a fact of life.

What is Primary Health Care (PHC)?

In 1978 in Alma Ata, a city in the now dissolved Soviet Union, the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) convened a conference where the governments of 134 countries and voluntary agencies endorsed the concept of Primary Health Care (PHC) as a way to achieve Health for All by the year 2000.

The Alma Ata declaration describes PHC as health care that is made accessible to all individuals and families in the community in a way that is acceptable to them through full community participation and at a cost that the community can afford. Many aspects of this declaration are from the realization that the world's health problems cannot be solved by medical science alone when the vast majority of people in the world don't have access to this science.

PHC represents a relatively new approach to health care provision. One of the most important aspects of PHC is equity. Equity does not mean equality, whereby everybody, irrespective of their needs, gets equal services. It means providing health care and health facilities according to the needs of the people. Those who are most in need will get services provided and in this way the burdens of the current health system will be alleviated. But, PHC must not be seen as merely health care for those in need, through a policy of equity, health care will be provided in a way that will be less wasteful and more cost-effective. In a health care system of the health needs of those who have been neglected by the health system under capitalism will be a priority - for example people in rural areas and squatter settlements.

In this declaration, the purpose of health care was considered to be to improve the health of the people through social and economic development. Health is thus seen as a tool for development in the spirit of self-reliance and self-determination. Although the central focus of PHC is within the health system, it also forms an integral part of the overall upliftment of the community. It aims to bring health care as close as possible to the homes of people and their workplace. This further increases the need for health services to be accessible to the people.

PHC that has implications for both the health system and other sectors of the state and the economy such as housing, sanitation, electrification etc. Because development is such an important aspect of PHC it is evident that this approach to health supports the definition, discussed in our article "What is Health?". This definition extends much further than merely the absence of disease.

What PHC is Not!

People have various perceptions of what PHC truly means. For example, many people think of PHC only as a form of inferior health care for the poor. Because of the wide range of misunderstandings of the true meaning of PHC, it is essential to address some of the most common misconceptions.

PHC is not an inferior form of health care for the poor in the community, nor is it only for the Third World countries. This is illustrated by the fact that PHC was endorsed by 134 countries, which included both First and Third World countries, and the declaration that PHC should be based on scientifically sound and socially acceptable methods.

PHC is not health care that is delivered by Community (Village) Health Workers and nurses only. Although Community Health Workers and nurses form an important part of the PHC personnel, all health workers (including doctors and nurses) have a role to play in a health system based on PHC. The role of the people in the community as key players and active participants in the PHC system should also not be overlooked.

PHC in South Africa

In South Africa many health workers argue that it is impossible to implement PHC under Apartheid, which has denied many people access to health services and ignored calls for community participation in addressing people's health. These difficulties, together with differences in the interpretation of the concept PHC have led many health workers to coin the term "Progressive PHC." PHC is being implemented by a wide range of Services Organizations especially in the rural areas of the country. But when considering the health needs of the people, it is clear that a co-ordinated national initiative is necessary.

More than 10 years ago the government introduced the National Health Service Plans and endorsed the concept of PHC. However, it is often the responsibility of housing, water, sanitation etc from health and failed to propose a model for community participation in health. This "plan" remains an empty promise, more of a decade later. Some steps are being taken towards the implementation of PHC. But even PHC cannot be achieved with the top-down approach used by the government. All the people affected by PHC need to be involved in the various phases of planning the programme. In July 1990 when the government adopted the National Policy for Health Act, it claimed that this act was going to "radically change the face of health care implementation". Yet to this day these changes are not yet evident. The government has made some sort of commitment to PHC but it will take a long time before all the people of South Africa feel the benefits of PHC. This is partly because of the fragmentation in the health system and the nature of health training - which does not equip health personnel to meet the challenge of PHC - namely to provide equitable, accessible and socially acceptable health services for all.

PHC Policy

PHC to be implemented needs to be incorporated into health policy. Because of the complex and multi-sectoral nature of PHC, it is no longer possible for doctors, nurses and other experts to sit together and formulate health policy on their own. PHC demands an integrated approach to the planning and policy-making process so that all the people involved in sectors that have an impact on health and development - for example housing, sanitation, water, agriculture etc - are also consulted.

Many groups and organizations are currently in the process of reformulation or modification.

In future editions of Learning Nation the concept of Progressive Primary Health Care will be addressed as well as current debates on health policy, for example health personnel training, health financing and other topics. This will enable readers to view critically policies relating to health that are currently being proposed and debated at various forums.
TPA receives report on strike

The Cillie Commission of Inquiry report on the week-long strike at Ga-Rankuwa Hospital in 1980 has been handed to Transvaal Administrator Danie Hooge.

MEC for health services S E S Ferreira said the report would be evaluated before being referred to the Administrator in Executive Committee for consideration.

The commission was chaired by Mr Justice P M Cillie, assisted by advocate H Botha and Professor R Lipschitz, a senior neuro-surgeon.

The commission was appointed to look into the causes and consequences of the strike, to decide whether any patients died because of the strike, and if anyone was criminally liable. — Pretoria Bureau.
AN unemployed Soweto grandfather has become the first black person to qualify as a cardiac pulmonary re-suscitation instructor in South Africa, according to the Heart Foundation.

Mr Phanuel Mmope (61), who has been a member of the South African Red Cross for 20 years, qualified as an instructor after completing a four-month course conducted by the Heart Foundation.

Mmope gave his qualify lecture on Wednesday to a group of domestic workers in Orchards, Johannesburg.

He instructed them on resuscitating people following drownings, electrocutions, suffocations and other accidents which stopped air from getting into a person's lungs.

Mmope said he felt confident that he would be able to fulfil his duties effectively and that the whole community would benefit from his achievement.

He urged more people to train as CPR instructors. "I can't serve the whole community on my own. The more CPR instructors, the better for everybody," he said.
PROGRESSIVE PRIMARY HEALTH CARE - (PPHC)
WHAT MAKES IT DIFFERENT?

Last week we looked at Primary Health Care as a possible route to "Health for All".
We take this issue further this week by looking at the idea of Progressive Primary Health Care.

The belief that improvements in health are solely due to improvements in medical care has been disproved on numerous occasions. Yet, a purely medical approach to health is still the basis of health systems in many countries as well as our own. The aim of health care under such a system is to treat disease as it appears through doctors and medicine, and not to uplift the community as a whole. There is another approach to health, called the health services approach. With this approach, the community participates actively in the delivery of health services. It focuses on health services and assumes that improvements in health service provision will result in improvement in health.

But, as we saw last week, it is clear that improvement in health depends on broader, break-the-neck participation of the people. In this country we therefore need an approach to health that places health squarely in the hands of the people: one that sees health as resulting from collaboration and cooperation between various sectors, for example the medical sector, agriculture, education, housing, water services etc. And so we have the community development approach which defines health as the result of social, economic and political development. It therefore believes in the involvement of people in the planning and delivery of health and other services for the advancement of health and development. This approach identifies the community as a key participant in the decision-making processes and bases itself on what the community wants and not on needs identified by medical experts alone. It further answers the need for a bottom-up approach rather than the top-down approach which we are all used to.

Progressive Primary Health Care (PPHC)

Last week, we looked at the emergence of the idea of Primary Health Care. Interpreted correctly, Primary Health Care would involve two main types of activity: firstly, a focus on health problems within the community; and secondly, attention to education and the improvement of social and economic conditions.

But, this dual function of health work within a health system based on Primary Health Care is a source of conflict. Many health workers do not see it as part of their duty to promote social change. Health workers also find themselves in institutions where the possibilities of working with the poor and most powerless is limited. They may then find themselves in a position where instead of being part of the solution, they are part of the problem.

Progressive Primary Health Care works to widen the need for Progressive Primary Health Care workers who are committed to bringing approach to health, the conventional health skill pyramid (see diagram 1) should replace the community with the head of the pyramid. This is one of the changes that are essential to an equitable health care system. Until this happens, health workers will continue to dominate the field of health.

In a new structure (see the updated pyramid in diagram 2) the community health worker assumes a leading role in the health team. Currently community health workers are seen as people who will be replaced once enough funds are available to employ a doctor. As a result they are being exploited. They are also regarded as having little influence on the effectiveness of health care delivery. But, in a Primary Health Care system the community health worker programmes will be seen as the key elements of the health service. The limited training of these workers is even, in some sense, an advantage in that they are closer to the people and often more acceptable and credible to the community.

The National Progressive Primary Health Care Network

In September 1987 the National Progressive Primary Health Care Network (NPPHCN) was formed. It consisted of a non-governmental grouping of health organisations, health and development projects, community-based organisations and individuals committed to the concepts of Progressive Primary Health Care. This was at a time when health activists were under close surveillance by the state. The Network currently consists of members from 5 main regions: Eastern, Northern, Western Cape, Southern and Northern Transvaal and Natal, with each region being represented on a national co-ordinating committee.

The aim of the NPPHCN is to promote the development of Progressive Primary Health Care in South Africa by,... among other things:

- creating a forum through which health and development projects, as well as other organisations, can share experience and expertise.
- providing assistance to those involved in existing Primary Health Care programmes.

Other NPPHCN issues that have a high priority are:

- improving health worker practice
- improving the conditions in which people live.

In the progressive sector there are numerous health and welfare organisations that for years have not worked towards the health and welfare of all South Africans. Many of these groups are represented at the NPPHCN, but still different organisations. The question that then arises is: How can progressive health systems while the progressive sector itself is fragmented?

In July 1991 a national conference was held with the aim of promoting unity within the health and welfare sector and to initiate health policy development. At the conference a united organisation was proposed consisting of national and regional health and welfare organisations, namely the South African Health Workers' Congress (SAHWC), the National Medical and Dental Association (NAMDA), the Association for Appropriate Social Services (AASSA), the National Education, Health and Allied Workers Union (NEHAWU), the Health Workers' Society (HWS), and recently the NPPHCN. At the moment, various Regional Unity Forums are working towards a united progressive health structure to be launched during 1992.

Conclusion

When looking closely at the structure of the South African health care system it is clear that it is not designed for community participation and consultation. It also does not have community development and health as its ultimate goal. The current system has an urgent need for a redistribution of health-care resources in the country. It is reasonable to assume that there will not be a huge increase in the health budget. A more realistic approach, then, would be the redistribution of health-care resources in order to support the transition to Primary Health Care.
RSC to act as agent for ambulance services

By Louise Burgers Municipal Reporter

The first agreement between the Transvaal Provincial Administration and a regional services council for the provision of ambulance services on an agency basis was signed on Friday.

The agreement, signed between health services MEC Fanie Ferreira and Bushveld Regional Services Council chairman Eben Culver, means that the Bushveld RSC will act as chief agent for the TPA and deal with the regulation, organisation and co-ordination of ambulance services in the north-western Transvaal.

Certain local authorities will render the physical service as sub-agents of the RSC.

Since 1982, the TPA has concluded similar agreements with 60 municipalities.

Negotiations

"Due to sharply rising costs concerning the rendering of ambulance services, the health services branch of the TPA was compelled to inspect alternative methods with the view to rationalising the service," Mr Ferreira said.

Negotiations have been taking place over the past two years between the TPA and representatives of the Transvaal Municipal Association for the establishment of a new system for rendering ambulance services effectively.

"Out of these negotiations it has gradually become clear that the 12 regional services councils in the Transvaal can play an important role as coordinators of the services," Mr Ferreira said.

He said negotiations with the other 11 RSCs were in an advanced stage and similar agreements would be concluded in the near future.

"Where RSCs were not ready to sign agreements, the existing agreement with local authorities within the concerned area would be extended on a month-to-month basis," he said.
GOVERNMENT GAZETTE, 3 APRIL 1992

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80% of the prescribed wage.
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90% of the prescribed wage.

(3) In subklousule (9) (a), vervang die datum “5 Julie 1990” deur die datum “22 Augustus 1991”.

3. KLOUSULE 7: VAKANSIEDAE EN JAARLIKSE VERLOF

Vervang subklousule (11) deur die volgende:

“(11) Ondanks anderstelde bepalinge hierin vervat, betekent die woord “besoldiging”, vir die toepassing van subklousules (6) en (13), die loon voorgeskryf by kloosule 4 (6) vir die werksaamheid waarvoor die werknemer in diens is: Met dien verstande dat, indien ‘n werkgewer ‘n werknemer gereeld ‘n hoër bedrag betaal as die by kloosule 4 (6) voorgeskryf, dit sodanige hoër bedrag beteken: Voorts met dien verstande dat hierdie subklousule nie van toepassing op ‘n werknemer wat stukwerk ingevolge kloosule 14 verring is nie.”.

Namens die partye op hede die 19de dag van September 1991 te Port Elizabeth onderteken.

P. R. O. BELL,
Lid van die Raad.

M. BENNETT,
Lid van die Raad.

L. M. VAN LOGGERENBERG,
Hoofsekretaris van die Raad.

3. CLAUSE 7: HOLIDAYS AND ANNUAL LEAVE

Substitute the following for subclause (11):

“(11) Notwithstanding anything to the contrary contained herein, the term “remuneration” shall, for the purposes of subclauses (6) and (13), mean the rate prescribed in clause 4 (6) for the operation on which the employee is employed: Provided that, if an employer regularly pays an employee an amount higher than that prescribed in clause 4 (6), it shall mean such higher amount: Provided further that the provisions of this subclause shall not apply to any employee engaged on piece-work in terms of clause 14.”.

Signed at Port Elizabeth, on behalf of the parties, this 19th day of September 1991.

P. R. O. BELL,
Member of the Council.

M. BENNETT,
Member of the Council.

L. M. VAN LOGGERENBERG,
General Secretary of the Council.

DEPARTEMENT VAN NASIONALE GESONDHEID EN BEVOLKINGSONTWIKKELING

No. R. 953 3 April 1992

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDEKUNDIGE RAAD

REGULASIES BETREFFENDE DIE REGISTRASIE DEUR GESONDHEIDSINSPEKTORS VAN ADDISIONELE KWALIFIKASIES: WYSIGING

Die Minister van Nasionale Gesondheid het, op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, kragtens artikel 61 (1) (o) van die Wet op Geneesheere, Tandartsen en Aanvullende Gesondheidsdienste en Wet, van 1974 (Wet No. 56 van 1974), die regulasies in die Bylae hiervan uiteengesit, uitgevaardig.

DEPARTMENT OF NATIONAL HEALTH AND POPULATION DEVELOPMENT

No. R. 953 3 April 1992

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

REGULATIONS RELATING TO THE REGISTRATION BY HEALTH INSPECTORS OF ADDITIONAL QUALIFICATIONS: AMENDMENT

The Minister of National Health has, in terms of section 61 (1) (o) of the Medical and Dental Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), on the recommendation of the South African Medical and Dental Council, made the regulations set out in the Schedule hereto.
BYLAE

1. In hierdie regulasies beteken "die Regulasies" die regulasies afgekondig by Goe wermskennisge wing No. R. 2309 van 3 Desember 1976, soos gewysig.

2. Die Regulasies word hierby gewysig deur die tovoeging van die volgende kwalifikasies:

   Examineringe liggaam

   Mediese Universiteit van Suider-Afrika
   Honneurs Baccalaureus in Natuurwetenskappe in Omgewingsgesondheid
   Magister in Natuurwetenskappe (Medies) in Omgewingsgesondheid
   Doktor in Wysbegeerte in Omgewingsgesondheid

   REPUBLIEK VAN SUID-AFRIKA
   BSc (Hons) (Omgewingsgesondheid) Medunsa
   MSc (Med) (Omgewingsgesondheid) Medunsa
   PhD Medunsa

   Examining Authority

   Medical University Southern Africa
   Honours Bachelor of Science Degree in Environmental Health
   Master of Science (Medical) in Environmental Health
   Doctor of Philosophy in Environmental Health

   REPUBLIC OF SOUTH AFRICA
   BSc (Hons) (Environ-Health) Medunsa
   MSc (Med) (Environ-Health) Medunsa
   PhD (Environ-Health) Medunsa

SCHEDULE

1. In these regulations “the Regulations” means the regulations published by Government Notice No. R. 2309 of 3 December 1976, as amended.

2. The Regulations are hereby amended by the addition of the following qualifications:

   Afkorting vir registrasie
   BSc (Hons) (Omgewingsgesondheid) Medunsa
   MSc (Med) (Omgewingsgesondheid) Medunsa
   PhD Medunsa

3 April 1992

No. R. 958

FOODSTUFFS, COSMETICS AND DISINFECTANTS ACT, 1972 (A CT No. 54 OF 1972)

REGULATION-LABELLING AND ADVERTISING: AMENDMENT

The Minister of National Health has, in terms of section 15 (1) of the Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act No. 54 of 1972), made the regulations contained in the Schedule hereto.

Interested persons are invited to submit any substantiated comments on the proposed regulations or representations they wish to make in regard thereto to the Director-General of National Health and Population Development, Private Bag X828, Pretoria, 0001 (for the attention of the Director of Foodstuffs, Cosmetics, Disinfectants and Hazardous Substances) within three months of the date of publication of this notice.

SCHEDULE


2. Subregulation (28) of the Regulation is hereby amended by—

   (a) the renumbering of the existing subregulation to 28 (f); and
   (b) the addition of the following paragraph:

   "(d) The provisions of paragraph (f) (b) shall not apply to—
   (a) deodorants;
   (b) cleansing materials as far as the statement of the percentages or proportions of active ingredients is concerned."
Natal warns of retrenchment

MARITZBURG — At least 2,500 Natal health services staff might have to be retrenched as a result of cuts in the budget for health services in the province, Natal Health Services MEC Peter Miller said in a debate of the Extended Public Committee on Provincial Affairs yesterday.

Miller said these cuts would involve the full range of medical personnel.

The MEC said Addington Hospital in Durban might have to turn away 52,000 outpatients at specialist level annually and deny access to 4,800 patients a year.

He said there was a shortfall of R16.7m in the allocation for Addington and 112 beds may have to be closed.

And R K Khan Hospital at Chatsworth would be under-funded for the next financial year by about R1.4m. About 145 beds might have to be closed.

Miller quoted from a report from Deloitte, Pim Goldby, which stated that of the nine development regions, Natal received the third least of public spending although it was the most populous.

Natal/KwaZulu needed an additional R1bn a year to bring it to national parity.

Sapa reports that Cape Administrator Kobus Meiring expressed grave concern yesterday at government's plan to strip the provincial administration of responsibility for some hospitals and primary health care services.

He told the Parliamentary committee debating the CPA’s budget in Cape Town, it was common knowledge the vertical fragmentation of health services under own affairs had failed.

"But the decision on the one hand to take academic hospitals away from the CPA and put them under control of the Department of National Health and, on the other, to gradually devolve the responsibility for primary health care services to local authorities, is a source of grave concern.

The CPA was still not convinced that all local authorities would be capable of rendering an effective primary health care service, and even if they were, there was no way it could cost less."
Hospital tariffs to be increased 12%

CAPE TOWN — Hospital tariffs will rise 12% from the beginning of next month. Transvaal MEC Fanie Ferreira said yesterday the committee of all MECs for health in the four provinces had decided the increase would take place simultaneously. The rise would generate about R30m in the coming year, he said.

However, ambulance tariffs in the rural areas would drop by half on May 1. Ambulances currently charge R3 a kilometre from their point of departure in the major cities to the rural town to pick up the patient and back to the ambulance depot. Under the new system, a patient would be charged for the distance from the pick-up point to where he was dropped off.

GERALD REILLY reports Ferreira acknowledged that existing services, particularly medical and nursing services, were inadequate to deal with the growing number of patients at provincial hospitals.

Ferreira told the Transvaal extended committee on provincial affairs the opening of all outpatient and casualty departments and growing urbanisation had put hospitals under increased pressure.

Poor conditions had resulted in the loss of experienced hospital staff. About 35% of the most skilled nurses in the age group 26-35 left the service for the private sector. See Page 5.
Jubilee hospital workers end strike

By ALINAH DUBE

A STRIKE by general workers at Jubilee Hospital ended yesterday after a meeting with senior officials of the Bophuthatswana government.

The strike by cleaners, labourers, porters and cooks started on Monday over demands for better pay. The workers, who said they were dissatisfied about being classified as temporary staff, earn R207 a month.

A spokesman for the workers said they had battled for a long time to get the authorities to agree to a basic salary of at least R800 a month.

He said the money they earned now was too little to live on.

"What has angered workers most is the fact that they are made to contribute to schemes they cannot claim money from in case they resign or are fired from work."
Codesa comes under focus

By MOKGADI PELA

THE Community Development Foundation is to host a one-day forum on the Convention for a Democratic South Africa.

The seminar, which will take place at the Downtown Holiday Inn on Wednesday, will be addressed by speakers from the National Party, Inkatha Freedom Party, African National Congress and Democratic Party.

CDF executive director Mr Mbulelo Rakwena said the Azanian Peoples Organisation and the Pan Africanist Congress would respond to the speeches.

“The forum will examine Codesa as a means of conflict resolution in South Africa/Azania.”

TPA to lower fees

THE Transvaal Provincial Administration will decrease ambulance fees in the rural areas from next month.

MEC for Health Services Mr Panie Ferreira said fees would drop by a third in areas like Thabazimbi, Phalaborwa, Evander, Nelspruit, Pietersburg and Christiana.

The decrease follows protests by rural communities.

Sowetan Reporter.
Traditional healers, most of them women, are gaining grudging respect from the medical practitioners, reports Justin Pearce.

A tortoise splashes around in a bucket of water in the corner of a wooden shack in Nyanga, Eastern Cape. "I rule the water on to a patient's skin as a protection against curing," explains Mr Nkulu Ndlama, the shack's owner.

She is one of the many Xhosa sangomas (traditional healers) whose practice the doctors and psychiatrists deride as superstitious and medical. While doctors and psychiatrists do not consider in mental health funding, a form of care which been long before conventional psychiatric hospitals existed in South Africa often goes ignored.

The treatment of mental illness is a central part of a sangoma's work. The sangomas deal mainly with patients who are hearing voices or seeing visions — conditions that would probably be diagnosed as schizophrenia by a psychiatrist.

While the sangomas differ in their methods of treatment, they share an attitude toward illness: that the voices heard or visions seen by a patient are part of a curse inflicted either by another living person, or by the patient's dead ancestors as a punishment for disobedience.

Traditional healers also sometimes believe that the drugs administered by conventional doctors for tuberculosis or other diseases can make a patient insane. A living person who wants to lay a curse can do so with the help of a sangoma. The sangoma lays a particular herb on the ground and calls the victim's name. This will be heard by the victim as the voice of a kholo, a ghost, or evil spirit, and the victim will soon become insane. It takes the help of another sangoma to heal such mental disorders. The method usually involves herbs which are either swallowed, or placed in the patient's nostrils, ears and mouth so that the herb "works on the patient's mind", as one healer put it.

Some sangomas claim overnight cures — others say that a full cure takes three weeks of regular treatment. They insist that the mental illnesses they treat are a specifically Xhosa phenomenon, since they are caused by the intervention of Xhosa sangomas, or by violation of the Xhosa code of ancestor veneration. Therefore only a Xhosa sangoma is qualified to deal with these ailments.

The healers see their job as a vocation. They are called by their ancestors to take on the duties and powers of a sangoma, and are guided by the ancestors in administering treatment.

They are treated with respect by many members of Christian churches who apparently have no difficulty in reconciling the sangoma's animist world view with Christian theology. Only the Apostolic faith explicitly forbids its members from making use of a traditional healer.

The success of traditional healers has been acknowledged by conventional doctors and psychiatrists, though many practitioners are reluctant to give credence to any healing that takes place in a tradition other than their own.

"Many of my colleagues recognise that people may zig-zag between a psychiatrist and another kind of healer," one psychiatrist said, adding that as well as Xhosa people consulting sangomas, people of all races are going to herbalists, astrologers and spiritualists.

In Zimbabwe traditional healers are recognised to some extent. Here in South Africa there is a debate about whether a sangoma or a psychiatrist's fees can be charged to medical aid. And from whom can sangomas receive accreditation?

"We must take into account that there are others besides mental health professionals," the psychiatrist said.

Professor Leslie Swartz of UCT's Psychology department also emphasised the need to recognise that people are dependent on a range of mental health care methods.

"In looking at the future of psychiatric care in South Africa we need to realise that people use different sources of help, and look at the relationships between them and how to deal with conflicts in outlook between them.

"There are no outcome studies for the sangomas' methods — but we accommodated."

Turtle power: Ms Nkulu Ndlama and her tortoise

The same is true for certain practices used in formal psychology.

On the subject of conventional medicine, the sangomas are less accommodating. Said one healer: "The doctors just give tablets, and the same day the patient comes back to me."
Cuts could hurt chronically ill

IF NO more money was forthcoming for Natal’s health services, chronically ill patients would have to be discharged and about 2,500 jobs would have to be axed, MEC in charge of health services, Peter Miller, said this week.

Unless more money was received, cuts totalling R104-million would have to be made from regional hospitals, R15-million from community hospitals and R40-million from academic hospitals, he said.
A South African doctor was airlifted to Botswana two weeks ago and saved the life of a badly injured woman in a remote clinic near Maun.

Last month in Los Angeles, a 37-year old South African businessman suffered a heart attack and his distraught wife was rushed to his bedside in America.

At the same time on the other side of the world, in Australia, a 74-year old South African tourist fell and broke her hip and desperately needed to return home.

She was brought back by mercy flight, and the other two patients also survived after the alert went out at Travel Assistance, a specialist international air-rescue organisation focusing on the sick and injured in countries far from home.

The tourist in Australia was particularly lucky, said South African TA assistant general manager Raymond Uren.

Her husband had taken out credit card medical insurance for R1 million, when he bought their plane tickets, and the mercy flight and attendant medical treatment, running into well over R60,000, cost them only the excess of R1,000.

The 25-year old British woman who had suffered serious back injuries when a landrover overturned in Botswana, would certainly have bled to death within two minutes from an injured aorta if she had not listened to instructions from the nurse.

She flies back to the UK this week and TA will handle the repatriation.

All just another day's work for the dedicated team of doctors and nurses on 24-hour call in Johannesburg, waiting for the next emergency.

The contingent of 39 local athletes who went to the Unity Games in Dakar at the weekend was covered by medical insurance, said Mr Uren.

Costs vary from R95 for R600 cover for nine days or R750 for a year in a neighbouring country, to R240 for R1 million cover for nine days or R1 950 for an annual policy overseas for instance in the US, where treatment could easily top R750,000.

Mr Uren highlighted a significant recent development — the high incidence of HIV positive cases being handled by his firm from sub-Saharan Africa, now running at about 80 percent.

Despite the fact that many travellers in Africa carry their own medical kits equipped with syringes and needles, last year most of the cases evacuated were diagnosed AIDS positive.

Most of these people were expatriates — including engineers, agricultural and aid workers — who had been injured or become seriously ill while working on contract.

"We assume they have had sex with the locals or picked up the virus from medical treatment," he said.

One man was flown to South Africa two years ago where he was diagnosed as being infected with the virus. Late last year TA brought him back again, this time to die.

Countries high on the evacuation list at the moment include Zaire, Zambia and Mozambique, which offer poor medical facilities.

Some 50 percent of the patients are insured, either directly with Travel Assistance or its subsidiaries in all but 10 countries worldwide — mainly war zones, including Lebanon, Nicaragua and Iraq, where the representatives simply lost touch after the war.

From its head office in Paris, the biggest medical assistance company in the world has transported and treated people in distress since 1963.

"Peace of mind around the clock, around the world" is their motto — even as far as the Comores, from Iceland or even from an unheard-of village in Siberia, wherever travellers fall ill far from home.
HOUSE OF REPRESENTATIVES

The Minister of Finance

THE MINISTER OF HOME AFFAIRS

The Honourable Mr. P. O. D. Thomas, M.P., M.C.,
Parliamentary Secretary to the Minister of Finance

questions raised in the House of Representatives on Tuesday, 28 June 1999.

Chairman of Committees (Mr. P. O. D. Thomas, M.P., M.C.)

TUESDAY, 28 JUNE 1999

Questions

Hon. Mr. B. R. Robinson, Q.C., M.P., Speaker
She was airlifted to the Garden City Clinic where a clinic spokesman last night said she was in theatre, but in a stable condition.

Captain Van Deventer said according to witnesses the hijacker was a black man of slight build and wearing a large white hat.

Mr Ismail was shot in the chest and Miss Peters was wounded in her legs. They were both taken to Victoria Hospital and later transferred to private hospitals.

Staff Reporter

THE Middelburg ambulance rescue service allegedly failed to respond to a call from the Belfast police and ambulance rescue service to go to the scene of an accident that later claimed the life of University of Stellenbosch's department of theology head Professor David Bosch.

This was confirmed yesterday by Mr Jurie Meyer, head of the Belfast ambulance rescue service, following claims by Professor Bosch's family that he might have survived the accident on Wednesday had the Middelburg rescue service responded.

The Belfast service does not have equipment to extricate victims of car crashes.

The Middelburg ambulance service had no comment yesterday and the town clerk could not be reached.

Mr Meyer said the Middelburg service was informed at 6pm, after police had also informed them. They had not responded.
Call for nurses to handle primary health care

Capable nurses could easily handle 80 percent of the primary health care traffic now done by general practitioners, according to Ray Leigh, convener of the Lay Health Lobby which calls for the introduction of health maintenance organisations (HMOs) to alleviate the growing health crisis.

Mr Leigh believes registered nurses should be allowed to examine, diagnose, prescribe and treat patients up to the level of their expertise.

"Highly qualified doctors have no need to waste time on minor complaints.

"These doctors have more important work to do," said Mr Leigh.

He was speaking after the launch of a Lay Health Lobby booklet entitled "HMOs: Solution to the health-care crisis" which attacks legislation restricting the establishment of HMOs.

Vaalmed in Vanderbijlpark is a good example of an HMO, said Mr Leigh, which although restricted, managed to deliver health care services at no less than 40 percent below the costs of a medical aid society.

The Lay Health Lobby is now recruiting business support for converting medical aid schemes to HMOs.

"Until now, HMOs providing full hospital services could only be established in one-industry towns," said Mr Leigh.

"Apart from these, no single company can establish an HMO for its employees.

"A company's employees live in widely-dispersed suburbs and HMOs must be situated where employees and their families live," he said.

According to Mr Leigh the answer is clear: Companies can establish multi-company HMOs by pooling the numbers of their employees living in the same residential areas.

According to Mr Leigh HMOs could reduce the cost of health by more than 40 percent when restrictive legislation is removed.
Die algemene strekking van hierdie akkordiging is om die verordeninge betreffende orde in openbare plekke en oorde, uit te vaardig.

Afskrite van die voorgestelde akkordiging sal vir 'n tydperk van veertien (14) dae vanaf datum van publikasie van hierdie kennisgewing in die Staatsoerant, gedurende gewone kantoorure by die kantoor van die Stadssektuars, Burgersentrum, Nelstraat, Nelspruit, ter insaie lê en enig enig persoon wat beswaar teen sodanige akkordiging wil aanteken moet dit skriftelik by die Stadsklerk binne veertien (14) dae na datum van publikasie van hierdie kennisgewing in die Staatsoerant indien.

D. W. VAN ROOYEN,
Stadsklerk.
Burgersentrum
Nelstraat
NELSPRUIT
1200.
(Kennisgewing No. 30/92)
(24 April 1992)

RAADSKENNISGEWING 87 VAN 1992
DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDEHEKUNDIGE RAAD
VERKIESINGSKENNISGEWING
VERKIESING VAN LEDE VAN DIE BEROEPSRAAD
VIR KLINIESE TEGNOLIGIE

Hierby word ingevolge die bepalinge van die regulasies betreffende die verkiesing van lede van die Raad kennis gegee dat 'n verkiesing gehou staan te word van vyf Kliniese Tegnoloë as lede van die Beroepsraad vir Kliniese Tegnologie om te dien gedurende die tydperk wat op die 31ste dag van Augustus 1997 verstreken. Nominasies van verkiesbare Kliniese Tegnoloë word ingewag. Elke sodanige geregistreerde persoon-
(a) wat nie met sy skuldeisers 'n akkoord aangegaan het nie, of wie se boedel nie gesekeewester is nie,
(b) wat nie kragtens wat Wet onbevoegd is om sy beroep te beoefen nie,
is nomineerbaar
Elke kandidaat moet op 'n afsonderlike nominasie-vorm genoem word, maar elkeen wat by die verkiesing stemgeregtig is, kan die nominasie-vorms van enige aantal kandidate teen, dog nie meer as die getal wat verkies moet word nie.
Elke nominasie-vorm moet die voorname en die van van die genomineerde kandidaat aangee en moet geteken wees deur twee geregistreerde Kliniese Tegnoloë. Die genomineerde persoon moet ook die vorm onderteken ter bekrachtiging van sy instemming tot sy nominasie. Die geregistreerde adres van elkeen wat aldus teken, moet by sy handtekening gevoeg wees. As die genomineerde persoon nie in staat is om die nominasie-vorm te teken, kan hy/hy kiesbeaampte persoon, brief of telegram meedeel dat hy tot sy nominasie instem.

The general purport of the proposed promulgation is to publish by-laws regarding order in public places and resorts.

Copies of the proposed promulgation will be open for inspection at the office of the Town Secretary, Civic Centre, Nel Street, Nelspruit, for a period of fourteen (14) days from the date of publication of this notice in the Government Gazette. Any person who desires to lodge an objection to the proposed promulgation must do so, in writing, to the Town Clerk within fourteen (14) days from the date of publication of this notice in the Government Gazette.

D. W. VAN ROOYEN,
Town Clerk.
Civic Centre
Nel Street
NELSPRUIT
1200.
(Notice No. 30/92)
(24 April 1992)

BOARD NOTICE 87 OF 1992
THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL
NOTICE OF ELECTION

ELECTION OF MEMBERS OF THE PROFESSIONAL BOARD FOR CLINICAL TECHNOLOGY

Notice is hereby given in terms of the provisions of the regulations relating to the election of members of the Council that an election of five Clinical Technologists as members of the Professional Board for Clinical Technology to serve during the period ending the 31st day of August 1997 is about to be held.

Nominations of eligible Clinical Technologists are awaited. Every person so registered—
(a) who has not entered into a composition with the creditors of his estate, or whose estate has not been sequestrated;
(b) who is not disqualified under the Act from practising his profession;
is eligible for nomination.

Each candidate must be nominated on a separate nomination form, but any person entitled to vote in the election may sign the nomination forms of any number of candidates not exceeding the number to be elected.

Each nomination form must state the first names and the surname of the candidate nominated and must be signed by two registered Clinical Technologists.

The person nominated must also sign the form, confirming that he consents to his nomination. The registered address of each one so signing must be appended to his signature. If the person nominated is unable to sign the nomination form he may inform the returning officer by letter or telegram that he consents to his nomination.
Elke nominasievorm moet die ondergetekende (van wie nominasievorms op aanvraag verkry kan word) voor of op 3 Junie 1992 om 12:00 by die onderstaande adres bereik.
'n Deposito van R33 moet die nominasie vergesel.
Elke nominasievorm ten opsigte waarvan een van hierdie bepaling nie nagekom is nie of wat nie teen voorvermelde datum by onderstaande adres ontvang is nie, is ongeldig.

N. M. PRINSLOO,
Kiesbeambte.
Posbus 205
PRETORIA
0001
of
Vermuelenastraat 553
Arcadia
PRETORIA
0083.
(24 April 1992)

RAADSKENNISGEWING 88 VAN 1992
MUNISIPALITEIT PRETORIA: WYSIGING VAN DIE VERORDENINGE BETREFFENDE DIE WONDERBOOMLUGHawe
Die Stadsklerk van Pretoria publiseer hierby ingevolge artikel 101 van die Ordonnansie op Plasslike Bestuur, 1939 (Ordonnansie 17 van 1939), die wysiging van die Verordeninge in die Bylae hierna, welke wysiging deur die Stadsraad van Pretoria ingevolge artikel 96 van die voornoemde Ordonnansie aange- neem is.

J. N. REDELINGHUIS, Stadsklerk.
(Kennisgewing 270/1992)

BYLAE
Die Munisipaliteit Pretoria: Verordeninge betreffende die Wonderboomlughawe, afgekondig deur Administrateurskennisgewing 510 van 13 Maart 1985, word hierby met ingang van die datum van publikasie hier- van, soos volg wysig:
1. Deur artikel 2 (1) (c) met die volgende te vervang:
"Die Bestuurder kan—
(c) enigiemand wat na sy oordeel sodanig oor al of ngele bestuur van die lughawe benadeel, opdrag gee om die lughawe te verlaat of sodanige persoon tydelik of permanent verdere toegang tot die lughawe weier en in- dien sodanige persoon weier om sodanige opdrag uit te voer of die lughawe betree, stappe doen om sodanige persoon te laat verwyder;";"

2. Deur die toevoeging van artikel 2 (1) (f) soos volg:
"Die Bestuurder kan—
(f) in die geval waar daar 'n bedrag ten opsigte van enige fasilitê op die lughawe ten op- sigte van 'n besondere vliegtuig betaalbaar is, weier dat enige fasilitê van die lughawe aan sodanige vliegtuig beskikbaar gestel word totdat sodanige agterstalige geld be- taal is.";

(24 April 1992)

Every nomination form must reach the undersigned (from whom nomination forms may be obtained on application) at the address given below not later than 3 June 1992 at 12:00.
A deposit of R33 must accompany the nomination.
Every nomination form in respect of which any of these provisions has not been complied with, or which is not received by the aforesaid date at the address given below, will be invalid.

N. M. PRINSLOO,
Returning Officer.
P.O. Box 205
PRETORIA
0001
or
553 Vermeulen Street
Arcadia
PRETORIA
0083.
(24 April 1992)

BOARD NOTICE 88 OF 1992
PRETORIA MUNICIPALITY: AMENDMENT TO THE BY-LAWS RELATING TO THE WONDERBOOM AIRPORT
The Town Clerk of Pretoria hereby, in terms of section 101 of the Local Government Ordinance, 1939 (Ordinance 17 of 1939), publishes the amendment of the By-laws in the Schedule below, which amendment has been adopted by the City Council of Pretoria in terms of section 96 of the said Ordinance.

J. N. REDELINGHUIS, Town Clerk.
(Notice 270/1992)

SCHEDULE
The Pretoria Municipality: By-laws relating to the Wonderboom Airport, promulgated under Administrator’s Notice 510 of 13 March 1985, are hereby amended as follows with effect from the date of publication hereof:
1. By the substitution for section 2 (1) (c) of the following:
"The Manager may—
(c) order any person to leave the airport and temporarily or permanently refuse such person further entry to the airport who, in his view, acts in such a way as to cause a nuisance and/or detrimentally affect the good management of the airport, and if such person refuses to obey such order or enters the airport, take steps to have such person removed;";

2. By the addition of section 2 (1) (f) as follows: "The Manager may—
(f) in the event of there being an amount payable in regard of any facility on the airport with regard to a particular aircraft refuse that any facility of the airport be made available to such aircraft until such arrear charges have been paid;".

(24 April 1992)
IN 1999, 1,202 black students were enrolled at South African medical schools, Minister of National Education Mr Louis Pienaar said in Parliament yesterday.
Uprooted tribe put through courts again

By DAN DHLMINI

THE Barolong Ba Modibo's second attempt to reclaim their land near Potchefstroom this week landed many of the tribesmen in court again.

Barolong Action Committee chairman John Ntsimane, 56, and 74 others - including 24 minors - appeared before Potchefstroom magistrate Davie de Jager, charged with trespassing on municipal land.

They were not asked to plead and the hearing was postponed to May 12. Charges against the minors were withdrawn, and the R30 bail granted to each adult was extended.

The hearing was a sequel to the incident on Good Friday when the tribe moved to Matlhwanger - also known as Matlhwang - and allegedly violated terms of an agreement with the Potchefstroom Town Council.

According to the agreement the tribe was given permission to visit Matlhwangle from April 16 until noon on April 20 to clean their forefathers' graves. When the agreement was violated the town council charged the tribesmen with trespassing.

Last year 23 Barolong tribesmen who tried to reoccupy Matlhwang from where they were uprooted in 1971, were arrested.

Hospital disrupted

By STAN MHLONGO

SEBOKENG Hospital was brought to the brink of a standstill this week as hundreds of employees toyed around the hospital grounds in protest against shoddy practices and alleged apartheid at the hospital.

The march, led by the ANC Youth League, SACP and the National Education Health and Allied Workers Union (Nehawa) members, brought hospital life to a halt.

Addressing the crowd, ANC Youth League official Sakhile Khumalo called for:

- Separation of maternity and assault patients in ambulances to avoid embarrassing the expectant mothers;
- Lower ambulances' fares, hospital patient fees, and exemption from payment for pensioners, the disabled, the terminally ill and the unemployed;
- More ambulances;
- A living wage for hospital workers; and
- An end to racially segregated hospitals.

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Learning how to treat feet

The podiatrist is qualified to diagnose and treat foot disorders and abnormalities. The accurate assessment of the patient enables a specific treatment to be implemented. This may include preventative foot health advice, biomechanical and locomotor analysis, the prescription or manufacture of foot orthoses, the skilled removal of corns and callouses and the treatment of nail conditions.

The Technikon Witwatersrand is the only institution in South Africa which offers this four-year programme. Students qualify with a National Higher Diploma in Podiatry.

The podiatrist works closely with orthopaedic surgeons, vascular, diabetic and rheumatoid specialists, dermatologists and physiotherapists. Most podiatrists are in private practice with a small number in full-time hospital or state health positions.

The profession is closed and registered with the South African Medical and Dental Council.
Medical group talks to WHO

A DELEGATION from SA's Medical Research Council has had discussions with the World Health Organisation's regional office in Brazzaville, Congo.

The meeting was the first since the suspension of SA's membership from the WHO in 1974.

The council's co-ordinator of community health research, Dr Derek Yach, said WHO membership was dependent on political developments in SA.

Yach said SA could make a significant contribution in the training of African medical practitioners and researchers.

SA could also provide its neighbours with laboratory facilities. — Sapa.
We're no wizards,
Only the '7 doctors,'
City conference told.

FATHERED FLAMES: Traditional healers in full regalia at a conference held by the T'nalak Indigenous Teachers and Healers Association in the Mountain Province.
Blood, guts — all in a day's work

In the townships, if you pick up a child who's been knocked over, even if she's dead, you never say so. Just load up and go. Otherwise you'll never get out of there alive — MARK SUTTON, paramedic.

LINDA GALLOWAY
Weekend Argus Reporter

THEY are trained to save lives. And they are often stoned, shot at and spat at while doing it.

The men and women of the Cape Ambulance Service often put their own lives at risk saving others, and now they are fed up.

Psychiatric cases, alcohol and drug crazed patients, angry bystanders at the scene of an accident and gruesome scenarios are all in a day's work.

Heading into gangland on the Cape Flats to pick up someone who has been stabbed or shot can turn into a nightmare when rival gangsters attack you to stop you saving the life of an enemy.

It is now standard policy that medics may choose to withdraw from an area if they feel unsafe.

"You never know. One minute it's quiet and the next all hell breaks loose," says ambulance chief Red Douglas, pointing at the cabinet in his office which houses a collection of life-threatening weapons confiscated from "customers".

"A multiple taxi pile-up can turn into a riot and there is just no respect for an ambulance or ambulance personnel any more. They operate in extremely dangerous areas where things get bloody difficult. I tried talking to the gang leaders, asking them to lay off the medics, but that's interfering with the law of the jungle."

It is an adrenaline-pumping profession, and that's a reason most medics choose it in the first place. They are not your nine-to-fivers.

Many were medics in the army and others sought the excitement and adventure of a job where you never know what's going to happen next.

The gruesome scenes, the desperate struggle to keep someone alive, or the emotion of treating an injured child stay with them forever.

Paramedic Burke Rosenveldt believes they have a cumulative effect and says he sometimes has terrible nightmares.

"It works on your subconscious. You don't always realise it at the time."

Douglas admits that there is no formal counselling available for ambulance personnel, although they have access to the City Council's employee assistance programme.

"It is not easily accessible, and it should be. I would love to have a full-time person here to counsel and advise, but that role mostly falls to the senior officers," he said.

"It's a stressful profession and there are guys who take a lot of strain. This sometimes leads to drinking and there is a very high divorce rate because it's a difficult job to reconcile with family life."

"There is also a lot of caring. I've seen men as tough as nails who pick up a child in a car accident and keep going back to the hospital to check its progress."

Mostly the medics talk to each other, often staying on at the station after their shift to discuss cases and "come down" so that work stresses are not taken home.

Recreational facilities are a priority and there are snooker and ping-pong tables, television sets and other diversions at the five ambulance stations around the Peninsula.

The highly trained paramedics, who may incubate patients and administer certain drugs according to a strict protocol, are the "Green Berets" of the service.

They are the advanced life-support crews who also tend to the transfer of seriously ill patients by air and road, and the care of ill newborn babies in transfer.

Senior paramedic officer Roger Smith has been in the service for 10 years and has seen it all.

"I can remember being told to walk along a kilometre stretch of the West Coast Road in the middle of the night with a torch and a body bag, trying to find the scraps of a farm labourer who had been run over by about 20 cars," he said.

"But you harden yourself. Sometimes, days later, I find myself trying to remember the detail of a gory accident scene, but it's hazy and almost forgotten."

Swindler costs country R50...
Sangomas to join in the war against killer AIDS

TRADITIONAL healers are being taught how to deal with AIDS.

This week, the first clinic designed for sangomas was launched in the South Sotho homeland, Qwaqwa. At least 80 percent of the black population consult sangomas instead of medical doctors, and the respect these traditional healers command will be invaluable in AIDS awareness, says Mhambozimajoza Khumalo of the Professional Herbal Preparations Association of Inyanga.

Once a week, sangomas will attend lectures at the Phuthaditjhaba clinic on how to recognise the symptoms of people infected with the HIV virus and the need to sterilise their equipment. They will also be urged to advise their patients to use condoms.

The clinic will be run with assistance from the Qwaqwa government which aims to establish a network of the clinic throughout the country.

Said Mr Khumalo, 50, a practising sangoma for 30 years: "We are trying to reach people in the rural areas, who still prefer to visit sangomas rather than medical doctors. "Black people regard medical doctors with suspicion when they are told to use condoms and to have only one sexual partner. If the same things are said by sangomas, it will carry more weight."

Mr Khumalo said the sangomas would provide literature in ethnic languages and pictures for the illiterate. However, he added that cases would be referred to medical doctors.

Head of the AIDS centre at the SA Institute for Medical Research Professor Ruben Sher — an honorary traditional healer — said sangomas had a vital role to play as educators as they had been the "custodians of black health for centuries", with only a slight disagreement from the institute that AIDS is an "emerging" disease and that they have remedies for its treatment. We stress that patients should be referred to ordinary doctors."
Week to highlight plight of terminally ill

The Hospice Association of the Witwatersrand yesterday received mayors, dignitaries and other guests at a special dedication and memorial service to launch annual Hospice Week and to commemorate the local association's 13th year.

National Hospice Week is celebrated to increase awareness and understanding of the association which assists terminally ill people and their families. All services are provided on a basis of need, regardless of race, religion, creed or ability to pay.

The week also recognises the work of its staff and volunteers and helps raise funds to continue the association's services.

During last night's service, 13 candles were lit, symbolising the support received during the association's 13 years of the Witwatersrand association.

The Orlando North Methodist Choir opened the proceedings. Rabbi Yossi Goldman conducted the service and the blessing was by Orlando East Methodist Church's Reverend Paul Verryn.
Sit-in at hospital

General workers at two hospitals in Klerksdorp staged a sit-in yesterday in support of pay increase demands. The action has been taken to coincide with negotiations with hospital authorities.
ANC calls cops over bomb threat

THE African National Congress has called in the police for protection and advice after a threat to bomb its headquarters was received from alleged former undercover agents of the South African security forces, it was learnt yesterday.

The organisation learnt of the threat in the last two days, a senior official said yesterday. "It was not the usual crank who phones and hangs up quickly. We get lots of those. This time we learnt from reliable sources that this was someone deadly serious, people who know what they are doing."

Asked to confirm a report that the threat came from former agents of an undercover military hit-squad unit, the Civil Co-Operation Bureau, the official replied: "We take threats from the CCB extremely seriously."

Responding to a call from the ANC on Monday, a high-ranking policeman travelled from Pretoria to Johannesburg to discuss the bomb threat with ANC security officers.

A police spokesman confirmed yesterday that such a visit was made but said the details of the discussion were confidential.

Yesterday security arrangements at the ANC building in central Johannesburg were the tightest they have been since the organisation moved into the building last year.

TOP-LEVEL business and trade union leaders who met Finance Minister Mr Derek Keys in Cape Town this week about establishing an economic forum, were optimistic about the talks which they said were "a way forward'.

They agreed on joint consultations and to try to reach consensus on restructuring and addressing various problems relating to the economy.

It was also agreed that another meeting be held, possibly in Johannesburg or Cape Town, within two weeks to take decisions on the issues raised.

Some of the points raised on the broad agenda were: the Government's economic policy, future economic investment, trade, retrenchments, provident funds, taxation, housing and education.

The Minister was accompanied by his special adviser Mr Japie Jacobs, while labour was represented by Cosatu and Nactu.

900 in hospital wage strike

The Transvaal Provincial Administration says voluntary helpers have stopped in to maintain services at the Klerksdorp and nearby Tshepoong hospitals, where as many as 900 health workers are on strike.

Workers went on strike on Monday, demanding a minimum monthly wage of R724 and a 15.3 percent across-the-board salary increase for all general assistants, permanent employment status for all general assistants and that retrenchment be stopped.
Homeopath guilty of gross overcharging, suspended

ANDREA WEISS, Health Reporter

A CLAREMONT homeopath has been found guilty of disgraceful conduct by the Associated Health Service Professions Board which regulates practice in the field of "complementary medicine".

According to the board's registrar, Dr Pim van der Veen, this is Dr Charlene Herr's fifth conviction.

She is to be taken off the board's register for three months for "grossly overcharging and falsifying an account thereby causing financial prejudice to Medical Aid schemes".

Dr Herr split a long consultation into four accounts. She also overcharged for the consultation, the board ruled on Monday.

Her conviction brings into effect a suspended sentence passed on her last year.

The board has the same statutory powers as the SA Medical and Dental Council and regulates the activities of practitioners in fields such as homeopathy and chiropractic.
RAADSKENNISGEWING 108 VAN 1992
STADSRAAD VAN KLERKSDORP
WYSIGING VAN STANDAARD ELEKTRISITEITS-VERORDENINGE

Die Stadsklerk van Klerksdorp publiseer hierby inge-
volge artikel 101 van die Ordonnansie op Plaaslike
Bestuur, 1939, die verordeninge hierna uiteengesit,
wat deur die Raad ingevolge artikel 96 van voor-
noemde Ordonnansie opgestel is.

Die Standaard Elektrisiteitsverordeninge van die
Munisipaliteit van Klerksdorp deur die Raad aange-
neem by Administrateurskennisgewing 1077 van 11
Junie 1986, word hiermee gewysig deur die vervanging
van artikel 6 (1) (b) met die volgende:

"6 (1) (b) Ondanks die voorafgaande bepalinge van
hierdie artikel, kan die toesier, in plaas van 'n deposito, 'n waarborg van die aan-
soeker aanvaar vir 'n bedrag ooreen-
komstig paragraaf (a) bereken, in die vorm
deur die Raad voorgeskryf, as sekeriteit
vir die bepaling van enige bedrag wat die
aansoeker verskuldig mag word vir, of ten
opsigte van, die elektrisiteitstoevoer. Met
diens verstande dat geen sodanige waar-
borg aanvaar word nie tensy die
geraamde maandelike rekening ten
opsigte van die lewing van die betrokke
perseel minstens eenduisend rand bedra.

Indien 'n aansoeker 'n waarborg
verskaf, 50% van die vereiste bedrag in
kontant gestort word en 50% deur middel
van 'n goedgekeurde bankwaarborg voor-
sien word.".

J. L. MULLER
Stadsklerk.
Burgersentrum
KLERKSDORP.
(Kennisgewing No. 30/92)
(22 Mei 1992)

RAADSKENNISGEWING 109 VAN 1992
STADSRAAD VAN KLERKSDORP
WYSIGING VAN WATERSVOORSIENINGS-
VERORDENINGE

Die Stadsklerk van Klerksdorp publiseer hierby inge-
volveg artikel 101 van die Ordonnansie op Plaaslike
Bestuur, 1939, die verordeninge hierna uiteengesit,
wat deur die Raad ingevolge artikel 96 van voor-
noemde Ordonnansie opgestel is.

Die Watersvoorsieningsverordeninge van die Munisipaliteit van Klerksdorp, deur die Raad aangeneem by die Administrateurskennisgewing 1486 van 12 Oktober 1977, soos gewysig, word hierby verder gewysig deur die vervanging van artikel 12 (1) (b) met die volgende:

"12. (1) (b) Ondanks die voorafgaande bepalinge van hierdie artikel, kan die toesier, in plaas van 'n deposito, 'n waarborg van

J. L. MULLER
Town Clerk.
Civic Centre
KLERKSDORP.
(Notice No. 30/92)
(22 May 1992)

BOARD NOTICE 108 OF 1992
TOWN COUNCIL OF KLERKSDORP
AMENDMENT TO STANDARD ELECTRICITY BY-
LAWS

The Town Clerk of Klerksdorp hereby in terms of
section 101 of the Local Government Ordinance, 1939,
publishes the by-laws set forth hereinafter, which have
been approved by the Council in terms of section 96 of
the said Ordinance.

The Electricity By-laws of the Town Council of
Klerksdorp, adopted by the Council under Administra-
tor's Notice 1077, dated 11 June 1986, are hereby
amended by the substitution for section 6 (1) (b) of the
following:

"6 (1) (b) Notwithstanding the foregoing provi-
sions of this section the treasurer may, in lieu of
a deposit, accept from an applicant, a
guarantee for an amount calculated in
accordance with paragraph (a) and in the
form prescribed by the Council, as security
for the payment of any amount that may become
due by the applicant for, or in respect
of, the supply of electricity: Provided
that no such guarantee shall be accepted
unless the estimated monthly account in
respect of the supply to the premises con-
cerned amounts to at least one thousand
rand.

If an applicant furnish a guarantee, 50% of
the required amount shall be deposited
in cash and 50% shall be supplied by
means of an approved bank-guarantee.".

J. L. MULLER
Town Clerk.
Civic Centre
KLERKSDORP.
(Notice No. 30/92)
(22 May 1992)

BOARD NOTICE 109 OF 1992
TOWN COUNCIL OF KLERKSDORP
AMENDMENT TO WATER SUPPLY BY-LAWS

The Town Clerk of Klerksdorp hereby in terms of
section 101 of the Local Government Ordinance, 1939,
publishes the by-laws set forth hereinafter, which have
been approved by the Council in terms of section 96 of
the said Ordinance.

The Water Supply By-laws of the Klerksdorp Munici-
pality, adopted by the Council under Administrator's
Notice 1486, dated 12 October 1977, as amended, are
hereby further amended by the substitution for section
12 (1) (b) of the following:

"12. (1) (b) Notwithstanding the foregoing provi-
sions of this section the treasurer may, in lieu of a deposit, accept from an
die aansoeker aanvaar vir 'n bedrag ooreenkomstig paragraaf (a) bereken, in die vorm deur die Raad voorgestryf as sekuriteit vir die betaling van enige bedrag wat die aansoeker verskuldig mag word vir, of ten opsigte van, die watetoestaw: Met dien verstande dat geen sodanige waarborg aanvaar word nie tensy die geraamde maandelikse rekening ten opsigte van die levering aan die bestrokte personeel minstens eenduisend rand bedra.

Indien 'n aansoeker 'n waarborg verskaf, 50% van die vereiste bedrag in kontant gestort word en 50% deur middel van 'n goedgekeurde bankwaarborg voorsien word.

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J. L. MULLER,
Stadsklerk.
Burgersentrum
KLERKSDORP.
(Kennisgewing No. 31/92)
(22 Mei 1992)

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RAADSKENNISGEWING 110 VAN 1992
REGSTELLINGSKENNISGEWING
RAAD OP BESOLDIGING EN DIENSOORDELE VAN STADSKLERKE

Ek, Jacobus Venter, Waarnemende Sekretaris van die Raad op Besoldiging en Diensoordele van Stadsklerke, handelend kragtens maatregel deur die gemelde raad aan my verleen ingevoelige artikel 8 (2) van die Wet op die Besoldiging van Stadsklerke, 1984 (Wet 115 van 1984), wys hierby Raadskennisgewing 70 van 1992 wat in Staatskoerant No. 13911 van 10 April verskyn het, deur die skraping van paragraaf (i) 1 met betrekking tot die gradering van Queenstown.

J. VENTER,
Waarnemende Sekretaris.
(22 Mei 1992)

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RAADSKENNISGEWING 111 VAN 1992
DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDEKUNDIGE RAAD

Kennis word hierby gegee ingevoelige regulasie 12 van Goewermentskennisgewing No. R. 2279 van 3 Desember 1976 dat by 'n verkiezing gehou ingevoelige die bepalings van die Wet op Geneesheer, Tandartse en Aanvullende Gesondheidsberoep, 1974 (Wet No. 56 van 1974), van lede van die Beroepsraad vir Noodsorgpersoneel vir die vryfah-tydperk eindigende op 30 April 1997, die getal stemme deur die onderwysende kandidate aangeteken die volgende is:

BROWN, Frederick Johannes .................. 17
DIETRICH, Joan Kathleen ...................... 66
DU PLESSIS, Ansley Finlay ................... 72

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J. L. MULLER,
Town Clerk.
Civic Centre
KLERKSDORP.
(Notice No. 31/92)
(22 May 1992)

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BOARD NOTICE 110 OF 1992
RECTIFICATION NOTICE
BOARD ON REMUNERATION AND SERVICE BENEFITS OF TOWN CLERKS

I, Jacobus Venter, Acting Secretary to the Board on Remuneration and Service Benefits of Town Clerks, acting herein by virtue of authority granted to me by the said board in terms of section 8 (2) of the Remuneration of Town Clerks Act, 1984 (Act 115 of 1984), hereby amend Board Notice 70 of 1992 which appeared in Government Gazette No. 13911 of 10 April 1992, by the deletion of paragraph (i) 1 in respect of the grading of Queenstown.

J. VENTER,
Acting Secretary.
(22 Mei 1992)

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BOARD NOTICE 111 OF 1992
THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

Notice is hereby notified in terms of regulation 12 of Government Notice No. R. 2279 of 3 December 1976, that at an election of members of the professional Board for Emergency Care Personnel for the five year period ending 30 April 1997, held in accordance with the provisions of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), the number of votes appearing below were the number of votes appearing below were recorded for the respective candidates:

BROWN, Frederick Johannes .................. 17
DIETRICH, Joan Kathleen ...................... 66
DU PLESSIS, Ansley Finlay ................... 72
die aansoeker aanvaar vir ’n bedrag ooreenkomstig pargraaf (a) bereken, in die vorm deur die Raad voorgestel as sekuriteit vir die betaaling van enige bedrag wat die aansoeker verskuldig mag word vir, of ten opsigte van, die watertoever: Met dien verstande dat geen sodanige waarborg aanvaar word nie tensy die geraamde maandelikse rekening ten opsigte van die levering aan die betrokke persoel minstens een-duisend rand bedra.

Indien ’n aansoeker ’n waarborg verskaf, 50% van die vereiste bedrag in kontant gestort word en 50% deur middel van ’n goedgekeurde bankwaarborg voorsien word.”.

J. L. MULLER,
Stadslerk.
Burgersentrum
KLERKSDORP.
(Kennisgewing No. 31/92)
(22 Mei 1992)

RAADSKENNISGEWING 110 VAN 1992
REGSTELLINGSKENNISGEWING
RAAD OP BESOLDIGING EN DIENSSVOORDELE VAN STADSKLERKE

Ek, Jacobus Venter, Waarnemende Sekretaris van die Raad op Besoldiging en Diensoordele van Stadskleree, handelend kragtens magtitging deur die gemelde raad aan my verleen ingevoelige artikel 8 (2) van die Wet op die Besoldiging van Stadskleree, 1984 (Wet No. 115 van 1984), wysig hierby Raadskennisgewing 70 van 1992 wat in Staatskoerant No. 13911 van 10 April verskyn het, deur die skrapping van paragraaf (i) 1 met betrekking tot die gradering van Queenstown.

J. VENTER,
Waarnemende Sekretaris.
(22 Mei 1992)

RAADSKENNISGEWING 111 VAN 1992
DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELEKUNDIGE RAAD

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BROWN, Frederick Johannes ........................................... 17
DIETRICH, Joan Kathlen .................................................. 66
DU PLESSIS, Ansley Finlay ............................................. 72

applicant a guarantee for an amount calculated in accordance with paragraph (a) and in the form prescribed by the Council, as security for the payment of any amount that may become due by the applicant for, or in respect of, the supply of water: Provided that no such guarantee shall be accepted unless the estimated monthly account in respect of the supply to the premises concerned amounts to at least one thousand rand.

If an applicant furnish a guarantee, 50% of the required amount shall be deposited in cash and 50% shall be provided by means of an approved bank guarantee.”.

J. L. MULLER,
Town Clerk.
Civic Centre
KLERKSDORP.
(Notice No. 31/92)
(22 May 1992)

BOARD NOTICE 110 OF 1992
RECTIFICATION NOTICE
BOARD ON REMUNERATION AND SERVICE BENEFITS OF TOWN CLERKS

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BROWN, Frederick Johannes ........................................... 17
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(97)
Maak use asseblief deeglik vertroud met die "Voorwaardes vir Publikasie" van wetlike kennisgewings in die Staatskoerant, asook met die nuwe tariewe wat daarmee in verband staan

Please, acquaint yourself thoroughly with the "Conditions for Publication" of legal notices in the Government Gazette, as well as the new tariffs in connection therewith
HOUSE OF ASSEMBLY

[Paragraphs and sections discussing various topics, possibly related to legislation or administration]

The Minister of National Education

[Text that is not clearly legible due to print quality]

INTERPRETATION

[Signature and date]

WEDNESDAY, 27 May 1992

1129

1129

[Signatures of officials]

TUESDAY, 26 May 1992
No. 5. The Minister of National Health and Welfare

Before The Electro-Magnetic Field

The Minister of National Health and Welfare

(1) I, in addition to the President of the Board of Directors, am authorized to issue any regulations necessary for the proper administration of the regulations of the Board.

(2) The Board of Directors is authorized to issue regulations necessary for the proper administration of the regulations of the Board.

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Flying hospital drives away

The answer ... the mobile medical unit puts health care within the reach of rural and impoverished communities.
Over 1 000 raped daily, rally told

By Stan Hofmeyr

More than 1 000 women are raped daily — one woman every 83 seconds. These chilling statistics were revealed at a rally in Yeoville yesterday.

The rally was organised by Outrage — a group of women in Yeoville and surrounding areas — and was attended by more than 50 women and a few men to protest against rape and abuse of women.

The meeting was called following the failure of police to apprehend a rapist who has been terrorising women in the suburb in recent months and to highlight the plight of rape victims and rally for support in the community.

Among the crowd were Yeoville policewomen. Organisers said they felt outraged by the number of women who had been raped and the fact that nothing was done about it.

Violence

"We feel this is the time to do something about it. We need the community's support to root out this evil in our midst," an organiser said.

Another said, "Women in South Africa have no voice and this is the first time that they have spoken out. We face a high level of violence in our daily lives."

"We are being threatened by police and have no easy way to cope with this traumatic experience."

"We need the community's support to root out this evil in our midst," an organiser said.

Another said, "Women in South Africa have no voice and this is the first time that they have spoken out. We face a high level of violence in our daily lives."

"We are being threatened by police and have no easy way to cope with this traumatic experience."

"We are forced to live in fear and are not told of our right to make a statement in private or in front of a police officer."

"It's high time that all changed," she said.

Yeoville councillor Martin Sweet pledged his support for the rape victims and assured the crowd that he would make the area safe and free of gangsters.

Mr Sweet said rapists wanted to destroy the "liberal community" and lives of individuals. He told the crowd that more bodies would soon be introduced.

"When we are pushed too far we have to do in to do the same to the culprits."

I would like to see this town remaining a happy, free, and wonderful community," Mr Sweet said.

The crowd ended by signing petitions to be handed to the Yeoville police today and singing songs about abuse and women's rights.

Whose problem? ... two of the more than 50 women at yesterday's anti-rape meeting in Yeoville, organised by Outrage.

Picture: Peter Mogaka

Second 5-year term

Man killed, 2 hurt in Jabulani incident

R100 000 in bad debts written off

By Bantu West

Nearly R100 000 in bad debts service defaulters has been written off by Randburg Town Council. Nearly R100 000 in bad debts service defaulters has been written off by Randburg Town Council. Nearly R100 000 in bad debts service defaulters has been written off by Randburg Town Council.

Nearly R100 000 in bad debts service defaulters has been written off by Randburg Town Council.

During this week's council meeting members were advised that the service rates had been increased from May 1. They were amended by the Transvaal Provincial Administration and the local authority had no say in the matter.

The council also approved the constitution of the Northern Joint Negotiation Forum (NJNF) of which it is now a participating member.

The forum was set up to investigate nonracial, democratie, metropolitan and local government structures so that a regional administration could emerge after constitutional transition in South Africa. Other participants are Alexandra and Sundon.

Saved

In other matters on the agenda, the council agreed to lease Randburg-Diggers Rugby Club additional facilities at the Central Sports Complex.

Along with three rugby fields, other amenities included: a clubhouse, changing rooms, toilets, showers, kitchens, floodlights and pavilion. The lease expires in 2002.

It was also announced that a dyke in Bronhof Extention 21 was to be saved from destruction by the erection of a fence which would cost Randburg ratepayers R10 000.

The dyke, a natural formation, had been the target of urban vandals who took the stones to make rockeries.
Nehawu is a major player in the sector

Workers in the health sector are organizing to fight "health for profit and the unilateral restructuring of services," says the assistant general secretary of the 50,000-strong National Education, Health and Allied Workers Union (Nehawu), Neil Thobejani...

Thobejani says the union is involved in a "Progressive Health Unity Forum" that includes organizations like the ANC and the National Medical and Dental Association — where policy for a future health system in SA is being discussed.

He says the bottom line is that the state must take responsibility for the health of people — especially the young, old and unemployed...

This month tariffs at public hospitals were increased by 13% and the union is "consulting with the community" about action against the increase. Nehawu sees the increase as part of the "commercialization" of health services which is putting health out of reach of most people.

Dispute

"Nehawu and three other unions are in dispute with the Commissioner of Administration over wages and working conditions. Thobejani says industrial action — including sit-ins, demonstrations and strikes — is certain in the industry if the commissioner does not improve on the wages offer.

On private hospitals Thobejani says the conditions are slightly better. "But our main struggle is for centralised bargaining in the private hospitals."

The Nurses Forum has called on Codesa to decide the status of the SA Nurses Association (Sana), which, with about 150,000 members, has a majority of black members. Membership is compulsory.

Thobejani says many black nurses are also members of Nehawu and the referendum is a response to pressure on Sana to be a trade union. If Sana accepts union status the prospects for unity will be better.

Nehawu and Sana are at loggerheads on issues like the right of nurses to strike, whether health is an essential service or not and whether health workers should be covered by the Labour Relations Act.

Nehawu has been organizing in hospitals for the past seven years, but it was only after the nationwide hospital strikes in 1989 that it was taken seriously by the health authorities and other unions in the sector.

Merging

Now Nehawu is on the brink of merging with other unions in the sector — the Cape-based Health Workers Union, Northern Transvaal Public Sector Union, Venda Public Sector Union and the Kwa Ndebele Public Sector Union. This will increase its membership by a further 12,000.

In addition, Nehawu is discussing unity with Nactu's 20,000-strong Public Sector Union (PSU) under the auspices of the joint Cosatu-Nactu Workers Summit this weekend.

Outside the staff associations, Nehawu and the PSU are the main players in the health sector.

If they unite, the new union will be the major force among health workers.
Protesting workers toyi-toyi at hospital

Hospital administration reported the abuse of property, and the National Education, Health and Allied Workers Union (Nehawu) condemned "archaic" labour relations laws as about 300 workers toyi-toyi at Baragwanath Hospital yesterday.

Baragwanath chief superintendent Dr Chris van den Heever said the workers had been on strike since Tuesday.

Strikers had entered the hospital on Tuesday and yesterday, he said, "and toyi-toyi on various floors."

"At the chief superintendent's office they wrote their demands on the walls, which caused damage of approximately R3 000," Nehawu general secretary Philip Dexter said he had no knowledge of this alleged abuse of property.

The workers were not on strike, he said. "It's a go-slow."

The action should be seen in the light of the Government's refusal to negotiate sincerely, Mr Dexter added.

"They set the budget and then said: 'Okay, let's negotiate.' When we tried to, they said: 'No, we can't because the budget is fixed.'"

The workers are demanding a 15.3 percent increase across the board and a minimum of R724 a month.

They are also demanding contracts which recognise them as permanent employees.

"At the moment these people can be retrenched at 24 hours' notice," said Mr Dexter.

"At the end of the day, the laws that govern the (South African) Labour Act are archaic."

Dr van den Heever said proper patient care was being hampered because of the protests. Kitchens as well as porter and cleaning services had been affected. — Sapa.
Health workers on march

HEALTH workers yesterday marched on the offices of the Soweto Council to demand a wage increase compatible with their status.

A spokesman for the workers said Soweto was highly-placed in terms of the local authorities' grading system and the staff, totalling about 300 should be paid accordingly.

The spokesman said the council did not provide them with transport to enable them to make house visits.

"We have also not been able to ferry patients to clinics for check-ups or X-rays. Neither have we succeeded in providing care for our TB and AIDS sufferers at their homes," the spokesman added.

Also an issue is their uniform allowance which they claim has been "unfairly lowered" by the council from a subsidy of R1 000 to a mere R180.

The nurses have not been wearing uniforms since May 21 in a bid to force the authorities to listen to their grievances.

Meanwhile, the people can be retrenched at 24 hours' notice," said Dexter. "At the end of the day the laws that govern the (South African) Labour Act are archaic."

Van den Heever said proper patient care was being hampered because of the protests. Kitchens, porter and cleaning services had been affected.
THE Transvaal Provincial Administration was granted an urgent interdict in the Rand Supreme Court yesterday to prevent 1,500 striking Baragwanath Hospital workers from protesting on hospital premises.

The non-medical workers went on strike on Tuesday after negotiations between the National Education, Health and Allied Workers' Union (Nehawu) and the Commission for Administration (CFA) failed.

Wage negotiations broke down last month after the union demanded a R100 minimum wage and a R400 across-the-board increase. The CFA offered a minimum wage of R724 and R108 across-the-board increase.

According to a TPA statement, the strikers demonstrated outside the hospital's administration block, vandalised offices and prevented workers from doing their work.

Late yesterday, the administration offices were deserted — most of the workers having left to assist in the wards.

Graffiti on the wall indicated strikers' demands. According to the TPA, strikers also damaged a gate which was put up on Thursday night to keep them off the premises.

A TPA statement yesterday said only acute emergency cases were being handled in casualty and theatres. "Under these circumstances the TPA calls upon prospective patients not to report at the Baragwanath Hospital but rather to go to other hospitals."

TPA spokesman Sonja de Wet said the strikers were intimidating other staff and that there was "a problem with the distribution of bandages and medicine" because of interference.

However, Nehawu shop steward Philda Mabula said the workers were not disrupting services. She denied that workers were on strike and described their action as a "daily three-hour work stoppage".

Other demands by Nehawu include:
1. Permanent status with all benefits for all workers.
2. An end to privatisation and retrenchments.
3. Free and equal health care and education for all.

Mabula said the negotiations were strained but still on track. Union members would convene an emergency meeting to discuss their plans.

She said workers would not return to work until their demands were met and "if push comes to shove, we want Dr Hina Venter, Nelson Mandela and F.W. de Klerk to sit together and resolve our problem".

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A mirror of women's loss of power, status

By Teresa Angless

A POLICY option such as "health for all" sounds acceptable, yet it overlooks the fact that women occupy a different position in relation to resources and services.

Women have far more contact with the health system than men. They have health concerns which do not affect men for physiological reasons and are prone to some illnesses which affect them only, such as cervical cancer.

Social norms also impact on women's health. Women perform intensive domestic labour for many hours, including collecting firewood and water. They often get little sleep or may be expected to serve food first to men and children.

Through gender socialisation, women put the needs of others first and often neglect their own health needs. They are encouraged to take care of others, so women come into the health system through their lack of children or relatives.

South Africa uses a residual welfare model where the state only fills in the gaps left by the community, church and other institutions.

Often it is women who fill these gaps. They provide informal health care, nurse the sick and aged. In this way they compensate for inadequate health care delivery.

Because of the gender stereotyping which prepares women for specific roles, the majority of health workers — nurses and nurse-aids — is women.

Although women outnumber men in the health field, they have less power than men within the system, as patients and as workers.

Hospitals also mirror male-female relations in our society. Nurses (usually women) are expected to be subservient to doctors (usually men), much like the role society expects a wife to fulfil.

Nurses are also expected to be nurturers and devoted to patients without reward, as a mother is expected to treat her children.

Women traditionally held great power as healers but this role was systematically taken away from them and the profession has been made the domain of men.

Before the rise of the medical profession, women were highly skilled healers using complex herbal remedies and sometimes performed surgery.

Their healing power was based on centuries of observation and practice that was passed from generation to generation. The knowledge was shared and people were involved in their healing.

Power relations in society are reflected in systems like the health care system. Health care is an important area in which gender relations can be challenged and addressed.

Teresa Angless lectures in the School of Social Work at UCT.
Bara strike set to end

Strikers have washed up on the island of Connemara after a week-long strike. On Monday, they met with management and agreed to return to work.

The strike began on April 1st due to a dispute over wages and working conditions. The strikers were demanding a 20% wage increase and better working hours.

The agreement was reached after several meetings between the strikers and plant management. The agreement includes a 10% wage increase and a commitment to improve working conditions.

The strikers are expected to return to work on Friday.
A BOOK SHOWING HOW

Apartheid Kills Environment-Writers

The world’s farmers, back to work, asked to water the trees of their enemies.

Apartheid, the system in which the white minority controls the resources and wealth of the country, is also responsible for environmental destruction in South Africa. The book "Environment-Writers" by Don Seckne shows how the apartheid regime has exploited the country's resources for its own gain.

BY DON SECKNE

RESUMES TODAY

AWB ASSAULT TRIAL

Strike at balance

ERFEN members of the "Erfen" cooperative are on strike at their factory in South Africa. The company has refused to negotiate with the workers, leading to a prolonged strike.

The National Education Association of South Africa (NEASA) has condemned the strike, calling it a violation of workers' rights.

The strike is expected to continue until the company agrees to negotiate with the workers.

END
Hospital strike set to spread countrywide

Staff Reporter

The National Education, Health and Allied Workers Union (Nehawu) announced yesterday that its members had embarked on a full-scale strike at all provincial hospitals throughout the country to demand higher wages and shorter hours.

The strikers want a minimum wage of R1 100 and an across-the-board increase of R100, six months' paid maternity leave, a 40-hour working week and an end to temporary appointments.

At the forefront of the strike are Baragwanath workers, who stopped work yesterday.

Workers at the hospital unanimously voted to defy a Supreme Court interdict barring them from hospital premises until tomorrow, except when reporting for work or to negotiate their demands.

TPA communication services director Piet Wilken said yesterday that except for Nasal spruit Hospital, there was no indication that workers at other hospitals were also striking.

Baragwanath Hospital's Nehawu branch chairman Patrick Sibeko said the union had rejected the TPA's offer of two months' paid maternity leave and a 10 percent across-the-board increase on the minimum wage of R643.
BARAGWANATH Hospital is treating emergency cases only and is said to be in "quite a mess" after 1,500 general workers yesterday unani-
mously voted to continue their strike over wage grievances.

Medical staff were maintaining essential services as best they could, hospital spokes-
woman Ms Seugen van Niekerk said.

She said only serious cases were being treated. Very little cleaning was done yesterday as all the cleaners were on strike.

"The hospital is quite a mess," van Niekerk said.

Although the laundry was still operating, doctors and nurses fetched fresh linen themselves.

"The situation is still in control. We don't really need any outside help at the moment," said van Niekerk.

The hospital and the Transvaal Provincial Administration said in a joint statement yesterday that unionists had indicated the strike might spread to other hospitals if workers' demands were not met.

The decision to continue the strike was taken at a meeting yesterday involving workers and officials from the National Educa-
tion, Health and Allied Workers Union.

Strikers vowed to defy a Supreme Court interdict barring them from hospital premises, said Nehawu assistant general secretary Mr Neil Thobejane.

"They will have to be physically removed. Mem-
ers feel that it would not be the first time they were arrested. They are used to fighting for their rights," he said.

The joint Baragwa-
nath/TPA statement urgently appealed to Nehawu and the strikers to immediately report back for work as health services were being ham-
pered.

TPA's legal representatives were yesterday afternoon in contact with Nehawu officials regarding the situation.

SAPA.
Bara strikers dig in their heels

THE NATIONAL Education and Health Workers Union yesterday vowed to defy a court interdict and continue with their strike and pickets over wage grievances at Baragwanath Hospital.

A Nehawu spokesman yesterday said the union members from 10 other clinics in Soweto were expected to join the strike.

A Sowetan team which visited the hospital yesterday found workers at the kitchen preparing food.

The workers, as well as those in the theatres and mortuary, are exempted from the strike.

Nurses and doctors have to fetch the food from the kitchen for distribution to patients.

"We are operating normally although the floors and other areas are not clean. Nurses fetch the food for patients in the wards," a chef said.

Some workers at the theatre were found performing their normal chores, though one said: "It is a bit slow since Monday. But we are all the same on duty and exempted from joining the picket."

Nehawu spokesman Mr Chicks Moletsane yesterday accused the hospital authorities of unfairness and said: "They asked the TPA to apply for an interdict restraining us from picketing in the hospital instead of solving the problem."

Baragwanath officials yesterday locked doors leading to the administration block and security personnel barred reporters from entering.

An attempt to reach the hospital spokesman for comment through the telephone also drew a blank.

It was yesterday reported that student nurses at the hospital held a meeting on Monday where a decision was taken to picket daily for an hour in sympathy with the striking workers.

"We are prepared to resume our duties as soon as the authorities respond to our demands,"

Moletsane said.
Baragwanath strike spreads

KATHRYN STRACHAN

PROTEST action by 1500 general assistants at Soweto's Baragwanath Hospital spread to the Natalpruit and Boksburg Benoni hospitals on the East Rand yesterday.

Nehawu East Rand representative Martha Sehlogo said more than 800 workers, including medical staff, had held demonstrations in protest against the minimum wage offered and alleged poor working conditions.

The TPA said protesting workers had damaged hospital property and broken windows. It said appropriate measures would be taken if the situation deteriorated, and another court appeal made if necessary.

Boksburg-Benoni Hospital superintendent Freda Pretorius said the situation had returned to normal yesterday afternoon, but she did not know what to expect today.

Nehawu assistant general secretary Neil Thohejane said demonstrations by general assistants continued at Baragwanath Hospital yesterday. The TPA said it would act strictly in accordance with the court order — issued last week in the Johannesburg Supreme Court in favour of the TPA against Nehawu and the strikers — to ensure no further disruptions at the hospital.

Thohejane said members countrywide were balloting for a strike — the results of which would be known next week. The union would also launch a campaign of demonstrations throughout the country to highlight its demands under the motto: "No pay, no work."

He said communities across the country would be consulted "to ensure that the lives of people are not affected in an adverse manner."

Phola Park units hijacked

FORMER Renamo instructors and dissident members of the ANC's military wing Umkhonto we Sizwe had hijacked self-defence units in the East Rand's Phola Park squatter camp, police said yesterday.

In an open letter to the Phola Park Women's League, police said the squatter camp had a "terrible" history of violence and intimidation.

In the past 18 months, police in Phola Park came under attack on 121 occasions. Five policemen were killed, and 12 others, including two soldiers, were injured.

"Criminals see Phola Park as a haven because its so-called defence units supply some protection by carrying out armed attacks on policemen and soldiers when they enter it in search of suspects."

"Renegade MK members, who have hijacked the self-defence units, have used firearms and other brutal methods to murder, rob financial institutions and individuals in and around Phola Park — even as far afield as Soweto and Bethlehem."

"During their investigations into several murders and armed robberies on the Reef and elsewhere, police have uncovered evidence that MK dissidents and former Renamo instructors are actively involved in the training and supplying of firearms to the self-defence units in Phola Park," police said.

They said they would remain in the squatter camp until armed attacks on security forces had ceased and criminals stopped operating from there.

Meanwhile, the national peace committee meets in Johannesburg tomorrow to set the stage for its meeting with political leaders on July 31.

Committee spokesman Val Fauquet said yesterday invitations would be issued to President F W de Klerk, ANC president Nelson Mandela, Inkatha leader Mangosuthu Buthelezi and other leaders.

It was understood the leaders would be required to debate the Goldstone Commission's second interim report with the committee executive.

Sapa reports that in the latest unrest incident on the Reef, a child was killed and another seriously injured when two youths threw a hand grenade at three policemen in Soweto yesterday morning.

The injured child was taken to Baragwanath Hospital. Two of the policemen were slightly injured by shrapnel. No arrests were made and police were investigating.

In their daily unrest report, police said four bodies — including that of a policeman — were found in the Vaal Triangle township of Sebokeng on Monday. On the East Rand, a man armed with an AK-47 rifle opened fire on a police vehicle. One person was killed and two injured. No policemen were injured in the attack.

In Daveyton, near Benoni, police found a body of a man, who had apparently been hacked to death and set alight.
TPA threatens Bara strikers with dismissals after assaults

Staff Reporter

The Transvaal Provincial Administration yesterday notified the National Education, Health and Allied Workers Union (Nehawu) that it would take disciplinary action — which could result in dismissals — against strikers at Baragwanath Hospital in Soweto.

The warning comes after TPA officials were assaulted yesterday at an unnamed Soweto clinic and a Mr Labuschagne was assaulted and strangled so severely that he had to receive hospital treatment, the TPA said.

It yesterday also obtained an interdict in favour of Natalspruit Hospital against Nehawu and its members. The TPA was prompted to apply to the Rand Supreme Court for the interdict after strikers wreaked havoc, damaging property, within the hospital grounds.

The crisis deepened yesterday when workers at the Hillbrow Hospital and Krugersdorp's Lenton Hospital also downed tools.

The strike began at Baragwanath on Monday and spread to Natalspruit on Tuesday.

The strikers are demanding a minimum wage of R1 000 and an across-the-board increase of R400, six months' paid maternity leave, a 40-hour workweek and temporary appointments to be made permanent.
5 Reef hospitals now hit by strikes

STAFF at another Reef hospital yesterday downed tools in solidarity with strikers at Soweto's Baragwanath Hospital, unionists said.

National Education, Health and Allied Workers Union Johannesburg branch secretary Mr Bongane Tsino said all general assistants as well as 50 percent of nurses at Krugersdorp's Leraong Hospital went on strike at 2.15pm.
The hospital's superintendent would not comment on the issue.

The Leratong work stoppage brings to five the number of Witwatersrand hospitals hit by full-blown or partial strikes this week.
The TPA yesterday applied for an urgent court interdict to restrain strikers who yesterday allegedly went on the rampage at Natalspruit Hospital near Germiston.

Natalspruit superintendent Dr Beata Binkowska claimed a mob of 250 Nehawu supporters had damaged hospital property.
She alleged protesters had emptied dustbins, thrown around food, ripped off pictures, damaged desks and hampered patient care in the casualty and out-patient wards.

Tsino said Nehawu had not received reports of looting.
The union did not condone such criminal behaviour, he said.

Tsino claimed about 600 workers and a few nurses downed tools at Johannesburg's Hillbrow Hospital yesterday morning.
Hillbrow's superintendent would not comment.

The superintendent of the Benoni/Boksburg Hospital, Dr Frieda Pretorius, said about 200 Nehawu members went on a three-hour strike yesterday but all had returned to work by 12 noon.

This followed a two-hour work stoppage on Tuesday.

At Baragwanath Hospital, 1 500 general assistants continued their wage protests on hospital premises yesterday in defiance of a court interdict against them. Bara spokesman Mrs Annette Clear said negotiation efforts were continuing despite the TPA's decision on Tuesday to take further legal action and disciplinary steps against the strikers.

Both Baragwanath and Natalspruit are only treating emergency cases and medical staff have been maintaining essential services since the start of the labour crisis.

Although unionists yesterday alleged that Tembisa Hospital workers would down tools by noon, hospital superintendent Dr JC Joubert said the claims were untrue. - Sapa.
Train security 'inadequate'

ARMED people were still able to board trains because many stations continued to lack adequate security facilities, police said yesterday.

The police admission came after a spate of attacks on Reef trains and at stations yesterday morning and on Tuesday night.

Two people were injured in two separate incidents on the Reef yesterday morning. One person was injured after he had been hacked and thrown off a train near Soweto's Nancefield station, while another was stabbed several times at Johannesburg's Braamfontein station.

On Tuesday night, three people were injured when they were attacked on a train between New Canada and Nancefield.

A Witwatersrand police spokesman said since Law and Order Minister Herma Kriel banned the carrying of dangerous weapons on trains and at stations, police had been doing everything possible to prevent armed people from boarding trains.

However, a number of people carrying weapons had been able to board trains because many stations lacked adequate security facilities, the spokesman said.

He also admitted police found it difficult to arrest armed commuters because culprits got rid of their weapons when they saw policemen.

Trains and commuters arriving from Soweto were extensively searched at Johannesburg station yesterday morning.

A number of dangerous weapons were found but no arrests were made.

S Coupons, Transnet, the SA Rail Commuter Corporation and police signed an agreement in April with community leaders which stipulated that people carrying dangerous weapons should not be allowed to board trains.

Sapa reports that police, in their daily unrest report, said the body of a man was found in Thokozela, on the East Rand.

SAPA-AFP reports that award-winning Time magazine photographer Peter Magubane's 30-year-old son Charles has been murdered in Soweto.

Magubane, 55, said Charles, unmarried and a budding photographer, left his home in Soweto's Mzimhlophe district on foot on May 18.

His body was picked up by police two days later a few hundred yards from the Dube migrant workers' hostel.

Magubane found his son's body in a police mortuary on Tuesday. Charles had been hacked and shot.

"I've been covering violence from the '60s to now. It has never struck me as it's struck me now."

Hospital strike spreads

STAFF at Leratong Hospital in Krugersdorp yesterday stopped work in solidarity with strikers at Soweto's Baragwanath Hospital, unionists said.

National Education, Health and Allied Workers' Union (Nehawu) Johannesburg branch secretary Bongane Tsimo said all general assistants as well as 80% of nurses at Leratong had gone on strike.

The hospital's superintendent would not comment, referring reporters to the TPA's head office in Pretoria.

TPA spokeswoman Rikabe Ferreira said a statement would be issued later.

The work stoppage at Leratong brings to five the number of hospitals on the Witwatersrand hit by strikes this week. The others are Natalspruit, Benoni/Boksburg and Hillbrow.

Meanwhile, the TPA has applied for a court interdict to restrain strikers who yesterday allegedly went on the rampage at Natalspruit Hospital near Germiston.

Natal spinach superintendent Dr Beatrice Binkowski said a mob of 250 Nehawu supporters had systematically damaged hospital property.

She said protesters had emptied dustbins, thrown around food, ripped off pictures, damaged desks and hampered patient care.

However, Tsimo said Nehawu had not received reports of looting and that the union did not condone such criminal behaviour. — Sapa.
Hospitals in disarray as dispute spreads

The Weekly Mail, June 12 to 18, 1999
Baragwanath Hospital authorities have made an appeal for volunteers as the strike by 1,500 workers continues to cripple the giant complex.

The appeal for help from the public came as crucial talks to resolve a wave of strikes that have disrupted health services at Baragwanath and eight other hospitals around the Reef were due to be held today.

The strike is threatening all State-run hospitals on the PWV.

At Baragwanath, the hospital hardest hit, a hospital spokesman said there were no supporting services for patient care.

Members of the public wanting to help should phone (011) 933-1100 ext. 2415 or 3111.

A crisis meeting is due to be held at the Johannesburg Hospital today between representatives of the National Education, Health and Allied Workers' Union (Nehawu) and Transvaal provincial officials.

Strikers at Natalspruit Hospital near Alberton returned to work yesterday after a peaceful demonstration.

At Baragwanath, police yesterday arrested 13 strikers, enforcing a court order granted to the TPA last Friday.

Nehawu general-secretary Neil Thobejane said the union's members in the hospital sector would possibly go on strike at all State-owned hospitals in sympathy.

At that meeting, the CFA offered a R724 minimum wage and an across-the-board increase of 9.2 percent.

Nehawu strikers want a minimum wage of R1,100 and an across-the-board increase of R400, six months' paid maternity leave, a 40-hour working week and temporary appointments to be made permanent.
Nation braced for mass action

By SEKOLA SELLO and SAPA
THE government and the ANC were yesterday locked in serious
talks in a last-minute bid to avoid confrontation over mass
action planned for this week.
The emergency talks come in
the wake of a hardening of atti-
cudes and trading of accusations
by the two parties.
Against a backdrop of dete-
norating relations, the ANC
alliance announced this week
that Tuesday's national June 16
rallies would be a launching pad
for mass action on an "unprec-
ecedented scale".
In response, the government
has put the Diepkloof and Com-
mando Force members on
standby to help the police
"maintain peace, stability and
law and order."
This decision amounted to
"declaring open war against the people", the ANC said.

It further charged that "there
are no questions that the mob-
ibilisation of the SADF is in-
tended to intimidate the disen-
franchised majority with a mas-
ive show of force".
The ANC said it would not
be intimidated by such a show
of force. Rather than participat-
ing in the violence, the govern-
ment chose to rely on propaganda
and brute force.
Contrasting its hardline atti-
dude towards mass action by the
ANC was the government's le-
niency towards armed vigilantes
parading the streets, the organi-
sation added.
"The people of SA and the
international community will
hold De Klerk responsible for
any loss of life or injuries."
ANC spokesman Gill
Marcus confirmed the emergen-
cy talks saying mass action, the
call-up and the "situation in
general" were being discussed.
At the time of going to press,
the outcome of the talks was not
known.
Meanwhile, IFP leader Man-
gosothu Buthelezi cut short a
trip to the US because he feared
the campaign would exacerbate
violence, while the PAC and
Azapo said they would not sup-
port mass action if it aimed to
resuscitate failed talks at Co-
desa.
On arrival at Johannesburg's
Jan Smuts Airport, Buthelezi
said he was "very disturbed"
with the planned action and
foresaw clashes between IFP
members and those planning
the campaign.
Reiterating its commitment
to strive for a reconstituted Pa-
tropic Front, the PAC urged the
ANC to desist "from further
participation in Codesa."

ANC leader Nelson Mandela
shrugged off the PAC's decision
to not support the campaign.
Speaking in Durban, he said:
"Whether they support us or not
is irrelevant. Progress has been
made so far despite the PAC."
Despite behind-closed-doors
attempts to make up, the ANC
launched a scathing public at-
tack on the government saying:
"The De Klerk government,
rocked by corruption, proof of
police and military involvement
in the murder of activists and a
complete failure to protect the
lives and property of all South
Africans, wants to return to rule
by the old ways of coercion and
repression."
"Instead of guaranteeing
the protection of people whose
only means to make their views
known is to vote with their feet,
De Klerk and his colleagues are
identifying them as the enemy."

Killings deepen hospital crisis

By THEMBA KHUMALO
THE crisis in black
hospitals in the Trans-
vaal deepened yester-
day following the bru-
tal gunning down of
three trade union mem-
bers and a bystander
in two separate incidents
in the East Rand's
Natalspuit.
It has also been al-
leged that strikers have
been harassed by
police.
A statement issued
on Friday by the
National Education
and Health Workers
Union (Nehawu) said
Victoria Mazibuko, a
nursing sister at Natals-
pruit Hospital and Gri-
sell Manwambo, both
Nehawu shop stewards,
were gunned down by
men who burst into a
meeting at Mazibukos'
house on Thursday
evening.
The husband of one of
the dead women was
also killed in the attack.
In an incident on
Tuesday, Nehawu
member Vuyo Mise-
keshe was shot dead in
Natalspuit.
Nehawu alleged that
a nurse at the Boks-
burg/Benoni Hospital
had also been assaulted
and her vehicle dam-
maged on Friday morn-
ing. This was con-
irmed by the TPA.
Nehawu said: "This is a
clearly a cowardly at-
tempt to scare our
members and to stop
them from exercising
what are basic trade
union rights."
Nehawu general sec-
retary Phillip Dexter
said in addition to the
11 hospitals that were
affected by the strike,
unconfirmed reports
said more hospitals in
the Transvaal and Free
State have been hit.
At a press confer-
ence in Johannes-
burg on Friday the Nehawu
leadership said strikers
would not be intimidat-
ed by "union-bashing
tactics". They empha-
sised, however, that the
strike was not linked to
the planned ANC/Co-
satu mass action.
Nehawu president
Bhekki Phakathi said his
union would blame the
government for any
deaths of patients dur-
ing the strike.
Nehawu condemned
"in the strongest terms
the revival of the death
of 20 babies who alleg-
edly died during the un-
ion's 1990 strike at Ga-
Rankwa Hospital.
It said the TPA was
trying to present the
strikers as "insensitive
people" and was des-
perately trying to shift
attention from the
striker's legitimate
demands.
Cosatu vice-presi-
dent Chris Dlamini
said the union federation
supported the
striker's demands.
Nehawu is demand-
ing a 15 percent wage
increase and the TPA is
offering 9.2 percent. By
late yesterday the TPA
and Nehawu were still
locked in negotiations.
Court ban on strikers

THE Transvaal Provincial Administration has ordered an interdict barring striking health workers from all its hospitals. The interdict against the National Union of Health and Allied Workers, which was granted to the Pretoria Supreme Court on Friday, Mr Justice William de Villiers, ordered any meetings or protest marches on the premises and interference with any free movement of persons on the premises of these institutions.

ANC's battle tactics

ANC's battle tactics brought to justice. Laying siege to prisons to demand the release of political prisoners is also envisaged. How land governments, particularly Ciskei and Bo- philand, would also use higher pressure. Mass occupation of the classrooms has been discussed. People would be encouraged to boycott products advertised on SABC, which the ANC alliance believes should be transferred.

Central to the ANC plan is an appeal to the international community for support. Pressure on the govern- ment to respond to the ANC's demands for rapid movement towards an interim government.

"What needs to be understood is that there is a smooth and a rough road," Mr Kaletshe said yesterday.

The implementation of Operation Exite, adopted at an alliance summit on May 13 and developed at the ANC's policy conference, was discussed at an alli- ance meeting on Thursday.

Representatives emphasised that all action should be disciplined and peace- ful.

Yesterday Constitution- al Development Minister Mr Majesty said a meeting with the ANC that ANC leader Nelson Mandel- a had twisted the words to justify mass action in a speech made in Durban on Friday.

It was not true, Mr Mey- er said, that the govern- ment was seeking to gain power at all costs and that the government had reached a dead end. The best proof was the meetings that had taken place with the ANC recently.

The government re- mained committed to nego- tiations but would not be threatened. It was also un- wise, Mr Meyer said, that progress had not been made in negotiations.

"The ANC knows it has reached agreement with the government on a transi- tional phase in which pro- vision will be made for a transitional parliament and a transitional government," he said.
Bara strike's terrible toll

My son should still be alive, weeps mother

By MOSES MAMAILA

THE STRIKE at Baragwanath Hospital has claimed its first casualty. A patient who was discharged early from the hospital due to the strike died soon after he returned home.

Weeping mother, 60-year-old Beauty Skosana, whose son Richard died this week, said from her Orlando East home: "If the hospital had not discharged my son, he would still be alive."

Forty-year-old Richard was still in a serious condition when he was sent home on Monday, and died the following day. "He complained that treatment at the hospital was poor because of the strike. He did not make a scene about it because he was one of many sick patients being discharged," said Skosana.

A hospital spokesman confirmed that patients were being discharged prematurely because of the strike which is now in its second week. There were reports of widespread intimidation at Bara this week and of strikers preventing professional staff from helping with emergency support services.

No operation

According to a hospital statement nine orthopaedic patients received emergency attention on Wednesday, but because of a personnel shortage due to the strike they were prevented from receiving proper professional care.

A patient with a spinal tumour may become paraplegic because the doctors were prevented from carrying out an operation.

The hospital bus taking cancer patients to Hillbrow hospital for radiation treatment was prevented from leaving the hospital premises and the patients, who are all very ill, returned untreated to their wards.

Workers at Leratong, Natalapruit, Hillbrow and Boksburg-Benoni hospitals have stopped work in solidarity with the strikers, according to an official.

The strikers, who have defied two court orders restraining them from entering hospital premises, are demanding a minimum wage of R1 100 plus an across-the-board increase of R400.
Death strikes hospitals
Hospitals bailed out by volunteers

BARAGWANATH, Boksburg-Benoni and Johannesburg hospitals were yesterday bailed out by volunteers as the strike by general workers entered its third week.

A general SOS was sent out by the TPA as several hospitals threatened to grind to a halt because of the strike by non-medical staff.

"Help is urgently required for kitchen services, the laundries, general ward services and other areas," said a spokesman.

But a spokesman for the National Education, Health and Allied Workers Union, dismissed the appeal as provocative and inflammatory.

"The TPA has failed to make a constructive effort to resolve the problems... at the heart of the dispute," union official Mr Phillip Dexter said.

Baragwanath, Natalspoort, Johannesburg, William Cruywagen in Germiston, Boksburg-Benoni, Tembisa, Lethlog and Hillbow hospitals are among those affected.

Relations between Nehawu and the TPA have worsened following the killing of two shop stewards on Thursday night.

A nursing sister and shop steward at the Natalspoort Hospital, Ms Vicky Mazhibuko (46), was shot dead at her Monise Section house in Katlehong just after 7pm.

Her colleague, Mrs Grisell Marubelela, and her husband, Michael, were also killed at Mazibuko's home.

Mazibuko’s brother, Simon, said she was convinced that her sister was gunned down by Government sympathisers.

"She would not have been killed by Nehawu, her union," he said.

The killing of the two followed last Tuesday’s slaying in Katlehong of another Nehawu official, Mr Vuyo Matsheketshe.
Union threat of more strikes

The National Health and Allied Workers' Union (Nehawu) has threatened to escalate the current strike at several Rand hospitals into a nationwide showdown with provincial authorities.

The strike, which began at Baragwanath Hospital, has spread to nine other Rand hospitals and has been affected by violence. Two Natalspruit Hospital workers — both strikers — were shot dead and a Boksburg/Benoni Hospital employee was wounded while in the same house in Katlehong on Thursday last week. On Friday a Boksburg/Benoni Hospital nurse was assaulted and her vehicle damaged.

Nehawu general secretary Philip Dexter said yesterday the Transvaal Provincial Administration had failed to make a constructive effort to resolve the problems and issues at the heart of the dispute.

Transvaal MEC for health Fanie Ferreira was reported to have said Nehawu's wage demands were beyond the scope of the provincial administration and would have to be negotiated by the union and the Commission for Administration.

Dexter said the whole negotiation process between his union and the TPA had been a "sham".

He said the TPA's response to Nehawu's demands had set the stage for a showdown between the union and the provincial administration. A nation-wide strike was now on the cards.

Sapa reports that Dexter said the TPA reaffirmed on Saturday its acceptance of the 9.2% increase in wages offered by government. The increases were what government could afford and there was no possibility of any further increases.

The TPA urged Nehawu to take the matter up with the Commission for Administration. The TPA reportedly also said the union should take up two of its major concerns — the question of permanent status for general assistants and the issue of skeleton staffs — with the commission.

The TPA said it would continue instituting interdicts and disciplinary action against Nehawu and its members, Dexter said.

He said the visit of Health Minister Rina Venter to the Baragwanath Hospital on Saturday was "a cheap public relations exercise".

The union said its proposals, given to

the TPA on Friday, were:

- A minimum wage of R724, an across-the-board increase of 15.5% and a permanent status for general assistants;
- Nehawu and the TPA should undertake to write, jointly, a letter to the commission stressing the importance of a meeting between the commission and Nehawu. This meeting should aim at an interim dispute mechanism, and the commission should resume wage negotiations with Nehawu; and
- The TPA should withdraw all interdicts and undertake not to institute disciplinary action against workers if they returned to work.

Nehawu undertook to persuade its members to stop all strike action and other means of protest action would have to be used.

Dexter said Nehawu would report back to its membership on the TPA's response. A further meeting with the TPA was scheduled for Wednesday.

The 10 hospitals affected by the strike are Natalspruit, Medunsa Dental Hospital, GaRankuwa and H F Verwoerd hospitals near Pretoria, Willem Cruywagen in Germiston, Baragwanath in Soweto, A G Visser in Heidelberg, Tembisa Hospital near Midrand, and Hillbrow and Johannesburg.
Strike now affects 16 hospitals
THE strike at Transvaal provincial hospitals, now two weeks old, had spread to at least 17 hospitals in the Transvaal and one in the Free State by yesterday and will be joined tomorrow by workers in Natal, says a National Education, Health and Allied Workers Union (Nehawu) spokesman.

Nehawu general secretary Phillip Dexter accused the TPA yesterday of threatening the lives of hospital patients by instructing hospitals to refuse to allow strikers to do emergency work.

"We are as concerned about emergency cases as everyone else and it is the union's policy to do emergency work so no lives are threatened. But the TPA won't allow it. Our members are being chased away when they present themselves."

Meanwhile, the TPA said "large-scale intimidation" was taking place and called for volunteer workers.

About 120 volunteers had already been employed at the Boksburg-Beni hospital at an hourly rate. The TPA said the SADF and Civil Defence said they would provide volunteers.

On Friday, the TPA was granted an urgent Supreme Court interdict restraining striking workers from entering or demonstrating and marching outside, hospital premises. The TPA said only strikers at H F Verwoerd and GaRankuwa hospitals were heeding this.

Police arrested 234 strikers at Boksburg-Beni hospital yesterday, allegedly for ignoring the interdict and for intimidation.

Dexter said it was ridiculous to accuse workers singing and toyi-toyiing of intimidating people. "Our members have been teargassed, sjambokked, arrested and three were assassinated last week. That is intimidation — not singing a song."

Dexter said workers at Johannesburg's J G Strijdom Hospital might join the strike tomorrow.
IN MEMORY OF
HECTOR
PETERSON
AND ALL OTHER
YOUNG HEROES
AND HEROINES
OF OUR STRUGGLE
WHO LAID DOWN
THEIR LIVES FOR

Fatiaged medical staff take on Barea tasks
Crisis as Bara strike goes on

Fatigued doctors and nurses at Baragwanath Hospital had to take over the work of hundreds of hospital clerks and general assistants as the hospital strike continued yesterday.

Doctors in the casualty section said the administrative infrastructure had completely broken down as proper records of patients being treated were not being kept.

Other hospitals affected by strike are Paul Kruger Memorial in the Western Transvaal, HF Verwoerd, Garankuwa, Boksburg-Benoni, Willem Cruywagen, Waterfall Boven, Ermelo, Middelburg, Witbank, Hillbrow, Johannesburg, Natalpruit, AG Visser and Pietersburg.

Adversely affected

The Transvaal Provincial Administration said it was difficult to say whether yesterday's absenteeism was due to the strike by National Education, Health and Allied Workers' Union members or by the Soweto Day stayaway.

A hospital spokesman said patient care was being adversely affected as a result the lack of personnel able to transport patients from one section of the hospital to another. Some patients had waited the whole day in the casualty section before being taken to wards.

Only emergency cases were being handled.

The hospital had discharged as many patients as possible, cutting down bed occupancy from 3 400 to about 1 850.

-Sowetan Correspondent.
Hospital warns strikers of dismissals deadline

STRIKING general assistants at Baragwanath Hospital have until today to give reasons why they should not be fired, hospital management said yesterday.

Sapa reports that a letter management said had been read to strikers on June 11 instructed them to "resume duties forthwith... or advance reasons why your services should not be terminated".

The situation at Baragwanath had improved due to the help of voluntary workers, it said, but staff members were tiring.

Referring to yesterday's stayaway call, the statement said the majority of professional staff and a small number of clerks had reported for duty.

Meanwhile, services at Soweto's 12 community health centres have become severely disrupted by the absence of general assistants and clerks, which is apparently linked to the Baragwanath strike.

Intimidation, erratic delivery of drugs and a district nursing service which had ceased to function were "making it difficult to render the service demanded by the community", according to Baragwanath management.

A volunteer co-ordinating centre would be launched today to assist strike-hit Baragwanath, Johannesburg and Hillbrow hospitals, Baragwanath chief superintendent Dr Chris van den Heever said yesterday. The centre was being established to receive and organise calls from concerned citizens who wished to offer their services.

GERALD REILLY reports the SA Nursing Association yesterday urged the National Health and Allied Workers' Union to reconsider its pro-strike stance.

An association spokesman said nurses were already under great stress in trying to keep nursing and support services going.

DP health spokesman Mike Ellis yesterday urged the authorities to talk urgently to the strikers. Salaries were unrealistically low and the DP sympathised with the workers, he said.
Patients may die, TPA warns hospital strikers

By Helen Grange and Abel Mushu

After yet another breakdown in talks yesterday, the Government has warned that the crippling hospital worker strike may lead to patient deaths.

Despite deteriorating hygiene conditions in at least 16 Transvaal Provincial Administration hospitals due to a protracted strike by hospital assistants and clerks, negotiations between the TPA and the National Education, Health and Allied Workers' Union at a meeting — maintaining the deadlock between the two parties, reports Sapa.

Demand

Nehawu demanded that:

- The TPA arrange a meeting between Nehawu and the Minister of Administration and Tourism.
- The TPA consider the withdrawal of all court interdicts.
- The TPA "go soft" on the implementation of disciplinary action against striking workers.

The strikers themselves are demanding a minimum wage of R724 and an across-the-board increase of 15 percent.

The TPA said last night there was a difference of only R16 between the minimum amount demanded and the amount offered by the authorities.

Nehawu has meanwhile warned that nurses and doctors could join the strike.

The TPA has made an urgent appeal to the public to offer their services as voluntary hospital workers, earning a daily tariff.
Bid to end hospital strike fails

By MOKGADI PELA and Sapa

NEGOTIATIONS between the Transvaal Provincial Administration and the National Education, Health and Allied Workers' Union in a bid to end the three-week hospital strike, reached a deadlock yesterday.

The workers downed tools three weeks ago in demand of a 15 percent across the board wage increase and a R724 a month minimum wage.

The strike has affected more than 17 hospitals in the Transvaal, the Orange Free State and Natal.

At a Press conference in Johannesburg yesterday, Nehawu appealed to the TPA to allow hospital workers rendering essential services to serve the patients.

A TPA spokesman reiterated its earlier statement that the strike was not in the interest of Nehawu or its members.

The union also appealed to the Minister of Public Administration to meet with it to resolve the dispute. It also proposed the establishment of an interim dispute resolution mechanism.

Nehawu also alleged that between 300 and 500 members have been arrested.

Hospitals affected by the strike include Baragwanath, Garankuwa, Boksburg-Benoni, Willem Cruijwagen, Waterval Boven, Ermelo, Middelburg, Johannesburg, Natalspruit and Pietersburg.

Three shop stewards have died since the strike started.
Dismissals ‘will lead more to join strike’

MANY doctors and other professional health care workers would strike if the general assistants on strike at provincial hospitals were dismissed, National Health Unity Forum spokesman Dr Aslam Dasoo told a news conference in Johannesburg yesterday.

Sapa reports radiographers and professional nurses at Tembisa Hospital yesterday joined the strike and Baragwanath radiographers and nurses also threatened to join the strike if talks yesterday between the Transvaal Provincial Administration and the National Education, Health and Allied Workers’ Union (Nehawu) were not fruitful.

TPA spokesman Piet Wilkin said last night the talks did, in fact, deadlock.

The TPA’s chief superintendent, Dr C van der Heever, distributed letters warning that workers not returning to work by yesterday would have to give an explanation by 4pm, and those who did not provide explanations would be fired.

It could not be established last night what steps would be taken.

DIRK HARTFORD reports that ANC national executive committee member Cheryl Carolus told the news conference the fact that some workers earned R10 a month was disgusting. “Many Cabinet ministers spend that much on themselves every day.”

The forum said the doctors and nurses it represented were deluding the situation and if the TPA did not move to resolve the strike, or if it dismissed strikers, its members could take action.

Nehawu general secretary Phillip Dexter called on anyone who had information on the deaths of babies at Gauteng Hospital at the time of a strike in 1990 to contact the union. He said the union had evidence that the babies died because “someone panicked and attempted to get them taken from the hospital by ambulance without proper equipment”.

He reiterated the union’s claim that the TPA was preventing workers from giving emergency care by locking workers out.

He said “skeleton staff” for emergency care was accepted the world over, but not by the TPA.

Meanwhile, the TPA said there was only R15 separating its offer and Nehawu’s demand and that wages had risen by 130% for general workers since the beginning of 1990.

Other Nehawu demands were also being addressed.

Yesterday a second hospital in the Free State joined the strike, but Durban hospital authorities denied Nehawu’s claim that its members at King Edward Hospital were on strike in Natal.

The TPA said 14 Transvaal hospitals were affected by strike action.

Nehawu claimed between 300 and 500 of its members were arrested yesterday at hospitals, including the Johannesburg Hospital. At Germiston Hospital police allegedly used teargas, sjamboks and dogs to break up a crowd of strikers and one worker was seriously savaged, it said.
The clearest statement to emerge from the chaos of the hospital workers' strike on the Reef came not from the formal pronouncements of the antagonists, but from the crude, red-daubed graffiti in Baragwanath Hospital's administration block: "Enough is enough. We want bread."

Amid allegations of intimidation and violence, amid raging debates on the acceptability of health workers striking, this was the heart of the matter.

The authorities have made much of evidence of intimidation; of the allegation that strikes have endangered the lives of patients. Their compassion has even extended to Health Minister Rina Venter visiting Baragwanath to sympathise with the plight of patients.

Their message has been clear: under no circumstances should providers of essential services be allowed to go on strike.

In an ideal world, there would be no dispute with their argument. In fact, the International Labour Organisation has decreed that it is permissible to deny such workers the right to go on strike.

"The international conventional position is pretty clear," says Martin Brassey, professor of law at Wits University, who has studied the ethics of industrial action. "Where workers provide a truly essential service, the interests of society entitle the state to prohibit them from going on strike. But there is an ongoing debate over what is essential. Consensus is that it would include providers of foodstuffs, water, power and people directly concerned with providing medical services, like doctors and nurses."

"If workers do go on strike, this is inappropriate, provided that this is the only remedy left."

But where does this leave someone who, after decades of service to one employer, cannot even afford to feed her own family? "We feel for the patients," striking hospital workers Rejoice Motau told The Weekly Mail this week. Standing outside Johannesburg Hospital, a few metres away from where dozens of policemen barred strikers from a staff entrance, she declared that she's been a general assistant for 13 years — but was still on temporary staff.

"Some of us have got 20 years, even 30 years' service, and we're still getting paid R500 or R600 a month," said 43-year-old Motau. "We can't survive on that. We cannot just survive on that. We cannot even justify living on emergency wage when we are earning a salary like that." As she talked, her colleagues gathered around her to support her sentiments. Nombanisi Vilakazi — also with 13 years as a temporary employee — explained that she could no longer see as an alternative to striking.

"Besides the low salary; some of our supervisors treat us like prisoners. If we complain, they tell us they'll take our complaints to Pretoria. And then we never hear about it."

Indeed, the state's concern for patients dramatically outweighs its concern for its own employees. The Transvaal Provincial Administration's response to the findings of the Collie Commission of Inquiry into the 1990 strike at Ga-Rankuwa Hospital, where 13 babies died during the strike, is a case in point. Administrator of the Transvaal Province, Hough last week made much of the "interests of patients", which he emphasised should be placed first. But on findings of "administrative shortcomings" regarding labour relations, he merely pointed out that "certain rectifying steps have already been taken to eliminate these deficiencies".

A list of "rectifying measures", provided by the Executive Committee of the Transvaal, dealt at length with labour relations structures, communication with workers, and commitment to "solving labour disputes by means of negotiation" and to the improvement of labour relations by means of training.

However, the Executive Committee reported that it had decided that "the need for acceptable grievance procedures for officials and employees be referred to the Commission for Administration (COMPFA) for the necessary attention".

The CFA, as National Education Health and Allied Workers' Union (Nehawu) negotiators have disclosed, is little more than a rubber stamp for the government's position, and appears to carry no mandate for making concessions to the union. It has refused to redress central, long-standing worker grievances regarding minimum wages and temporary status of workers.

Even as the minister of health prepared to meet with patients at Baragwanath Hospital, the CFA's real boss, Minister for Administration Org Marais, refused to meet hospital workers' representatives.

In these circumstances, striking cannot be banned outright, says Brassey.

"One of the provisions to the prohibition on essential service workers going on strike, is that there is an arbitration alternative. What is meant by arbitration is not negotiation, but a decision being made by a neutral third party that would be binding on an employer. In this case, there is no compulsory, neutral and binding third party arbitration as an alternative to industrial action."

The union has gone to great lengths to address the ethical dilemmas raised by the strike, says Nehawu secretary general Philip Dexter.

"The union's position has always been that, if there is ever a need for providers of essential services to go on strike, skeleton staffs must be made available to effective running of emergency services."

Dexter includes in his definition of "emergency services" aspects like ambulances, casualty wards, doctors and nurses who provide immediate medical attention, radiographers, and certain dispensaries.

"But workers do need to be able to withdraw their labour. Management uses the ethical argument to put pressure on workers to accept exploitation. If workers accept that they cannot go on strike, management is in a position to impose whatever decisions they like. That's an acute probability in this country, because the state is hardly a progressive employer."

Dexter stresses that workers are aware of the ethical dilemma.

"There is no way we would sanction an unconditional strike in health services. From my discussions with members, ranging from shop stewards down to the lowest general assistant, they all understand that they serve their community. There is no way on earth they would willingly cause damage to lives. But they've been pushed into a corner. These issues go back to 1985. We've been petitioning and petitioning. Finally in 1990 we went on strike. The CFA agreed to address our demands, but they're literally a toy telephone with no mandate to act."

This thing was bound to happen again. We've seen it coming for months. In many respects we tried to put a lid on it. We tried to draw the attention of the government to the crisis, but the response from the minister for administration was that he did not have the time to meet us."

One of the latest responses from the authorities came on Tuesday from Baragwanath Hospital's chief superintendent, Dr Chris van der Heever. He issued a statement headed: "D-Day for Bara Workers."

Effectively, he warned striking general assistants that they had until the next day "to advance reasons why their services should not be terminated."

Perhaps, like much of the provincial and state administration, has not been reading the writing on his own walls.

It's unethical to strike if patients' lives are endangered, the authorities rightly say. But is it ethical to pay hospital workers starvation wages?

by ARTHUR GOLDSUCK
The Transvaal hospital strike now seems set to spread to other provinces.

In Natal, 15,000 provincial hospital workers have agreed to delay strike action until Monday to give the Government a final chance to address the demands of the National Education, Health and Allied Workers Union (Nehawu).

In Cape Town, hospital workers have been staging lunchtime demonstrations, but are not on strike yet.

The Kimberley Hospital, however, yesterday reported that 98 percent of its workforce stayed away yesterday.

Also yesterday, nurses at Transvaal state hospitals joined the strike and desperate doctors made an urgent plea to the parties to settle, "otherwise we are going to lose lives".

Intimidation of nursing staff was reported at Baragwanath, Hillbrow, Tembisa, Johannesburg, Phulessong and Witbank hospitals.

Altogether 150 strikers have been arrested at various hospitals over the past two days for entering hospital premises.

Johannesburg Hospital was last night preparing a list of patients who could be transferred to other hospitals as staff could attend to critical patients only.

Baragwanath Hospital, in Soweto, could be forced to close should it become impossible to retain its emergency services, a hospital statement warned.

On Wednesday, the TPA and Nehawu reached a deadlock when the TPA refused to accept Nehawu’s wage and other demands. In response Nehawu said it was preparing for a full-scale national strike.

Nehawu assistant general secretary Neil Thobehane said: "Doctors, nurses, paramedics and radiographers who sympathise with our members promised to join the strike in the case of a complete deadlock.

"That time has come."

He said, however, union members would provide emergency services.

But Professor Dimitri Demetriadis, chief of surgical services, warned that advanced cancer patients at Baragwanath Hospital have been discharged without undergoing operations and they will "die a slow death" in the township. "The situation is extremely critical."

Adding to the turmoil 21 student nurses at Baragwanath were arrested.

The TPA said in a statement last night a driver was assaulted and four minibuses were damaged outside the Johannesburg Hospital while nurses on their way to work at Baragwanath were hit with a sjambok.

It was clear that the aim was to bring hospitals to a standstill, the statement said.

The TPA has ordered strikers to return to work within three days and give reasons why they should not be dismissed or disciplined.

Meanwhile, Nehawu is continuing to urge all medical staff, including doctors, to join the strike for better wages.

At Hillbrow Hospital, a petition by doctors supportive of the strike is being circulated.

It reads: "We, the doctors and paramedical staff of Hillbrow Hospital, regret the necessity for a strike.

"At the same time, it is important to note that wages and working conditions at State hospitals are poor, not only for general workers, but also for all medical and paramedical staff.

"We therefore call upon the State to reopen negotiations with Nehawu immediately in order to bring an end to the strike."

The Medical Association of South Africa has expressed concern over the pressure placed on doctors.

Nehawu is demanding a meeting with the Minister of Administration to discuss grievances. TPA spokesman Piet Wilkin replied that the Minister felt Nehawu’s demands had already been addressed.

Nehawu strikers want a minimum wage of R724 and an across-the-board increase of 15.3 percent. Six-months’ paid maternity leave, a 40-hour working week, and hundreds of temporary appointments to be made permanent.

The Commission for Administration has offered a R708 minimum wage and a 9.2 percent increase.

Drastic measures needed to resolve strike - Page 13.
Medical staff lock doors to escape strikers

STEFHANE BOTHMA

MEDICAL staff at the Johannesburg Hospital were yesterday forced to work behind locked doors to prevent the intimidation of nursing staff by striking National Education, Health and Allied Workers' Union (Nehawu) workers.

Earlier, Nehawu shop stewards burst into maternity wards at the hospital in search of possible strike-breakers, medical staff said.

"They just stormed in and searched everywhere — even in cupboards to see if cleaning staff were hiding in the ward," a source said.

The hospital could not confirm the action, but admitted that "some intimidation" had taken place.

Meanwhile, Baragwanath Hospital administrators warned that the hospital could be forced to close should it become impossible to retain its emergency services, Sapa reports.

They said professional staff were finding it extremely difficult to cope with performing supporting services as well as their duties because of intimidation.

Cancer patients awaiting chemotherapy were discharged because the hospital was scaling down the numbers being treated.

A Johannesburg hospital spokesperson said doctors and nurses had to lock themselves into certain wards to "prevent unwelcome guests" from entering wards yesterday.

No arrests were made at the hospital yesterday, but on Wednesday three men and two women were arrested on charges of contempt of court after entering the hospital premises in spite of a court order prohibiting them from doing so.

Police yesterday arrested more than 150 striking workers at three Transvaal Provincial Administration (TPA) hospitals.

At Baragwanath Hospital in Soweto, 21 people were arrested, while three were arrested at Tembisa Hospital on the East Rand.

At Witbank Hospital 101 women and 29 men were arrested for failing to comply with a court order.

Hospital strike

At Hillbrow Hospital, nursing staff reporting for work yesterday morning were allegedly intimidated by strikers, but no arrests were reported.

In spite of deteriorating hygiene conditions in at least 10 TPA hospitals, negotiations between the TPA and Nehawu ended in deadlock on Wednesday.

Sapa reported that Nehawu yesterday said it would call for a national strike by its health sector members from Monday.

The call followed the alleged reluctance of Administration Minister Org Marais to meet the union, Nehawu assistant general secretary Neal Thobjane said.

A Nehawu spokesman said a national public sector strike could be called for.
THE MINISTER OF NATIONAL HEALTH

The 1966-72 Fundamentals of the National Health Service: (a) The principles underlying the Service, (b) The organization and administration of the Service, (c) The assessment and organization of medical and paramedical services, (d) The provision of hospital and other medical services, (e) The planning and development of the Service, (f) The control and financing of the Service, (g) The improvement of the Service, (h) The administration of the Service.

THE MINISTER OF REGIONAL AND LAND AFFAIRS

The 1966-72 Fundamentals of the Regional and Local Government: (a) The principles underlying the local government system, (b) The organization and administration of local authorities, (c) The assessment and organization of local services, (d) The provision of local services, (e) The planning and development of local services, (f) The control and financing of local services, (g) The improvement of local services, (h) The administration of local services.
Battle to change attitudes to complementary healing

IN SOUTH AFRICA, as elsewhere in the world, homeopathic healing had to battle for recognition against a sceptical medical establishment.

"The theoretical underpinning of homeopathy remains the major block," says Dr Peter Smith, one of the few medical doctors to use homeopathic methods. "The scepticism is mainly dishonest as no study or discussion is done before dismissing it."

Scepticism extends beyond medicine, with many lay people believing homeopathy is linked to a religious cult, that it is the same as herbalism, or that it is more closely related to magic than to science. Homeopaths are quick to refute all of these misinformed assumptions.

A rigorous six-year training course at the Natal Technikon is the only academic course offered in homeopathy in South Africa. Practising homeopaths must receive professional accreditation from Associated Health Professions, an autonomous statutory body.

In the early 70s, South African homeopaths began campaigning for official recognition. A law passed in 1982 acknowledges homeopathy as one of the healing professions, but as yet, state health services do not make use of homeopathic healing.

It has been left to the homeopaths themselves to ensure the benefits of their discipline are not confined to people who can afford private medicine. Homeopaths have set up clinics in rural areas at their own expense in order to bring homeopathic healing to people there.

Homeopath Dr Florence Kerschaumer believes this is a better plan than homeopaths working in the established state institutions such as hospitals, where the nursing staff know nothing of homeopathic principles and methods.

Most homeopaths and a minority of doctors believe the two disciplines are complementary. "Each system needs the other," says Smith. "Thank heavens for the many vital aspects of conventional medicine—effective anaesthesia, intensive-care facilities, and so on.

"But the same system needs the clarity to be able to ask itself questions like: 'Are there other approaches to the three-year-old who has just received a sixth course of antibiotics in seven months?"" Justin Pearce
HOSPITALS are braced for disaster as an increasing number of medical staff countrywide join the hospital strike — and disputing parties draw even further apart in the crippling dispute.

State-paid doctors' fear the strike will result in patient deaths next week.

They have however voiced their sympathy with the strikers, calling for an urgent reopening of negotiations over wages, maternity leave, worker status and methods of dispute settlement.

The Transvaal Provincial Administration has meanwhile delivered an ultimatum to the strikers, ordering them to commence their duties within three working days and to give reasons why disciplinary actions should not be taken.

There are only 38 nurses at the Hillbrow Hospital, which has reduced its out-patient section and discharged as many patients as possible. At Tembisa Hospital, 30 nurses are attending to 300 patients.

 Johannesburg Hospital has also prematurely discharged many patients and has introduced strict access control. Only bona fide visitors will be admitted and visitors are requested to bring some form of identification. Visiting is permitted only from 3 pm to 5 pm daily.

The TPA said yesterday that widespread intimidation was continuing at various hospitals. "Nurses at the Tembisa Hospital are phoned in wards and threatened that if they do not stop working, their homes would be burnt down. Nurses at Witbank Hospital are intimidated by being told not to do any tasks apart from their usual daily tasks," the TPA said. "It is clear the current strategy is to make sure that the nursing and professional personnel are hindered in providing services so that the hospital cannot function at all."

The National Education, Health and Allied Workers' Union (Nehawu) has called for a national hospital strike from Monday, which authorities expect will lead to a sharp increase in absenteeism.

A trickle of volunteers have come forward to help, but hospital sources say the sensitivity of the strike is keeping would-be helpers away. Doctors are attempting to do basic cleaning, but are unable to keep hospitals in a hygienic condition.

Patients needing operations have been either discharged or told to return when the strike is over, a situation which may place lives in danger, doctors have confirmed.

However, Baragwanath Hospital medical and allied workers have stated that they will not join Monday's strike action — following a ballot among 300 professional workers at the hospital yesterday.

A statement by Baragwanath's Dr David Jacobs, on behalf of the professionals, said although they would not strike, they sympathised with the strikers' complaints.

"We recognise that wages, salaries and working conditions in the provincial health services are poor, not only for general workers, but also for all health professionals."

Dr Jacobs said the professional workers felt Nehawu and the Government's negotiating body, the Commission for Administration, should go to arbitration immediately to end the industrial action.

Nehawu called for a nationwide strike at provincial hospitals on Wednesday after a deadlock in talks with the TPA.

Nehawu wants a minimum wage of R724 and an across-the-board increase of 13.3 per cent, six-months' paid maternity leave, a 40-hour working week, and temporary appointments to be made permanent.

The Commission for Administration has offered a R703 minimum wage and a 9.2 per cent increase.

The union asked for an urgent meeting with Commission for Administration Minister Org Marais, but he allegedly refused to meet Nehawu.
Conflicting views of the hospital dispute
Hospital strike surprised us, says union boss

PHILIP DEXTER, the 28-year-old strike boss of several thousand hospital workers at more than 50 hospitals nationwide, has no real home.

He has not yet moved to Johannesburg since his election as National Education and Health Workers Union general secretary in March, and commutes between Johannesburg and Cape Town.

His wife, Margie, a Bantustan, and his one-year-old son, have also not yet joined him in South Africa. He's still in his own home.

Philip Dexter has an open face behind round glasses. He is disarmingly frank. The strike, he says, caught the union "unawares."

"The truth is that the union was not behind the strike. The new leadership was only appointed in March. Now we are working with the workers, who called for a strike."

"The strike is helpline. We are not only the rich are mucking up the health-care system is collapsing."

"The clinics in Soweto are little better than pill dispensaries. Few have syringes, some don't even have bandages."

"Strike, ballots, only began last week, but the results all supported a strike. Next week, on Tuesday, between 50 and 60 public sector laboratories including judges, senior workers, forestry workers, road workers, water workers and others will go on strike. Some doctors and nurses are already on strike."

"The strike has been called in the public sector since 1967 and we have 55,000 members."

"A fortnight ago, three of the strike's stewards were murdered on the East Rand. Mr. Dexter says that the state faces threats from "the expected public sector"

"The strike involves elderly or middle-aged women, who have an impact on the community."

"When I saw people the age of my mother or grandparents, make militant speeches at Baragwanath hospital, saying they had not had enough, I knew we were looking at a national strike."

"There are 25-year-old women breadwinners earning..."
D-Day for the Strikers

Lives in Balance...Strikers are caught in the crossfire of the hospital strike. (Photo: THOMAS J. CALAMIA)

Two nurses are dead, and more are wounded in what is described as a misguided protest.

By THOMAS J. CALAMIA

The nurses are dead. Two were killed in a protest that turned violent. The hospital strike continues.

The hospital strike began on...
Hospital strike set to spread throughout SA

The Transvaal hospital workers' strike is set to reach crisis point this week as the National Education, Health and Allied Workers' Union (Nehawu) calls out workers throughout the country and the TPA threatens to fire workers who do not return to work.

Wage talks deadlocked last week.

Late last week the TPA issued written orders to striking administrative and cleaning staff at 14 hospitals to return to work within three days, while the union called for a countrywide strike.

Sapa reports Administration Minister Org Marais said that, at the insistence of the union representing the striking hospital workers, negotiations would be held tomorrow with all parties.

Incidents of intimidation have been reported from some Transvaal hospitals, and these have been described by the TPA as a strategy to hinder professional personnel in rendering services, with the aim of bringing hospitals to a standstill.

The TPA told strikers to give reason why they should not be dismissed or why steps should not be taken against them if they did not resume normal duties.

Nehawu assistant general secretary Neal Thobejane called for a national strike by the union's health sector members because he said Marais had been reluctant to meet union representatives.

A TPA spokesman said earlier that Marais felt Nehawu's demands had already been addressed.

The national strike would be in support of Nehawu's demands around wages and conditions of employment, Thobejane said.

The wage demands included a minimum monthly wage of R724 and a 15.3% across-the-board increase backdated to April 1.

Government's current offer is a minimum of R708 from August 1 with an average 14% annual increase for workers not yet at the top of their salary scales.

Thobejane earlier said medical staff who sympathized with Nehawu members had promised to join the strike in the event of a complete deadlock.

Thobejane said union members would, however, provide emergency services.
National strike call by Nehawu

THE National Education, Health and Allied Workers' Union has called on its members to go on a national strike from today to force the Minister of Administration and Tourism to meet them to settle the raging wage strike.

In a statement at the weekend, the union's assistant general secretary Mr Neal Thobejane said the alleged reluctance of the Minister of Administration, Dr Org Marais, to meet with the union had led to the calling of the strike.

This is the outcome of a ballot among 300 professional workers at the hospital on Friday.

A statement by Baragwanath's Dr David Jacobs, on behalf of the professionals, said although they would not strike they sympathised with the striking workers' complaints.

"We recognise that wages, salaries and working condi-
National strike call by Nehawu

THE National Education, Health and Allied Workers' Union has called on its members to go on a national strike from today to force the Minister of Administration and Tourism to meet them to settle the raging wage strike.

In a statement at the weekend, the union's assistant general secretary Mr Neil Thebejane said the alleged reluctance of the Minister of Administration, Dr ORG Marais, to meet with the union had led to the calling of the national strike.

"We have called on all State workers in hospitals, road and works, home affairs, agriculture, education, Government garages and all other State departments to go on a national strike."

"This is the only alternative available to workers, whether members of Nehawu or not. Strike action is the only way to force Marais into a meeting," Thebejane said.

The strike is in support of Nehawu's demands of R274 minimum wage and a 15 percent across-the-board increase. The Government is offering a minimum of R708 from August 1 with an average 14 percent annual increase for workers not yet at the top of their salary scales.

However Baragwanath Hospital medical and allied workers will not join today's strike action called by the National Education, Health and Allied Workers' Union.

By ISAAC MOLEDI

ANC' raiders kill five in Dobsonville hostel

FIVE people - two of them women - were killed during a raid by armed men on the Dobsonville Hostel in Soweto early yesterday morning.

Soweto police spokesman Captain Govindsamy Mairiethoo said two men and a woman were shot dead and a man and a woman were stabbed to death with sharp objects in a raid at about 2.45am.

Mariethoo said police were investigating.

An eerie silence was disturbed only by the din of a Casspir which drove around the hostel when the Sowetan visited the area yesterday.

Small clusters of hostel inmates brandishing traditional weapons could be seen from a distance.

Nearby houses, some with shattered windows and broken doors, were virtually deserted. A block away, residents leaning against gate posts and yard fences stared at us with suspicion as we drove out of the township.

By MZIMASI NGUDELE and Sapa

Inkatha Freedom Party official Mr Humphrey Ndlouv said the five dead were Inkatha members who had been attacked by armed members of the African National Congress.

He said one of the men had told hostel dwellers that the ANC would continue their attack on the hostel.

"You won't hear calls for township houses to be searched as a result of this attack," Ndlouv added.

"You won't see churchmen visit this hostel to offer comfort to the inmates. We have a Church in South Africa that takes sides and it's usually with the ANC," Ndlouv charged. No one prays for us... for the IFP and for hostel residents... these people are nothing to our Church in South Africa".
More State hospitals hit by strike

The hospital strike has spread to more State hospitals countrywide — although the percentage of absenteeism showed last week's call for a full-scale national strike action to begin yesterday was not well heeded.

Today the strike organisers — the National Education, Health and Allied Workers' Union — will, along with other trade unions, meet Minister of Administration Dr Org Marais. Nehawu assistant general-secretary Neal Thobejane said the union would stick to its original demands at the meeting.

Nehawu's demands are:

● A R724 a month minimum wage and a 13.3 percent across-the-board increase with effect from April 1.

● Permanent status for temporary workers.

● An interim dispute resolution mechanism.

Nehawu is one of 11 trade unions representing public service workers at a negotiating forum. The Commission for Administration (CFA) represents the Government.

Nehawu, along with other unions, quit the forum on May 19 when wage negotiations deadlocked. The CFA's offer was a 9.2 percent increase with effect from August 1.

Subsequently, Nehawu has been calling on Dr Marais to meet it to discuss the deadlock. Dr Marais responded he could not meet with any one union out of the forum. On Friday, the minister announced he had invited the 11 unions to a meeting today to discuss the situation.

Transvaal Provincial Administration MEC for health services Fanie Ferreira, saying there was widespread intimidation at hospitals, said 19 Transvaal hospitals were now affected by strikes. They were: Kalafong, Baragwanath, Willem Cruywagen, Tembisa, Hillbrow, Modimolle, Dental, Sebokeng, Witbank, Natalspur, Ga-Rankuwa, Paul Kruger Memorial, Johannesburg, A G Visser, Far East Rand, Phokeng, Boksburg-Bosch, South Rand, IF Verwoerd and Middelburg.

Meanwhile, the SA Health and Public Service Workers' Union has warned Nehawu to stop "assaulting and intimidating" its members, threatening legal action against Nehawu if its members continued to harass SAHPSWU's members for not taking part in the strike.

SAHPSWU secretary-general Silas Baleyi said, however, that although it had decided not to take part in the strike, the union sympathised with Nehawu's fight.
Nurses join hospital strike

MORE than 300 nurses and radiographers at Baragwanath Hospital in Soweto went on strike yesterday and marched on the hospital's administration in support of demands for wage increases.

The National Education, Health and Allied Workers' Union (Nehawu) strike that has crippled 14 hospitals in the Transvaal has until now been supported almost exclusively by general assistants.

The strike spread yesterday to four Cape Town hospitals, including Groote Schuur and Red Cross Children's Hospital. But Sapa reported the call for a nationwide strike was not widely heeded.

Nehawu assistant general secretary Neal Thobejane said an estimated 2,000 workers in the western Cape had gone on strike.

Nehawu spokesman William Maseko said 10,000 Natal Provincial Administration workers would go on strike next week, but Natal hospitals were operating normally yesterday, our Durban correspondent reports.

At Hillbrow Hospital, more nurses arrived for work yesterday than on Friday, when only half were present.

At Johannesburg Hospital, none of the professional workers were absent.

In Port Elizabeth and East London, strike ballots were still being counted, Thobejane said.

Strike spreads

Kronstad hospitals were hard-hit by the strike yesterday, with stayaways ranging between 61% and 75%.

The stayaway at Bloemfontein's major hospitals was less successful than previously. Yesterday 62% of Universitas general assistants were out on strike.

Baragwanath spokesman Annette Clear said nurses handed over a petition which included a demand that a court interdict against the strikers and threats of dismissal be withdrawn. Strikers are demanding a minimum wage of R72 and a 15% across-the-board increase.

Clear said the hospital continued to provide only emergency services with the help of 110 volunteers, who were "being intimidated" by strikers.

In an effort to break the deadlock between Nehawu and the health authorities, union delegates would meet Manpower Minister Piet Marais in Pretoria today, Thobejane said.

Meanwhile, the TPA published an open letter to "all strikers" in a daily newspaper yesterday, warning them that their actions were unlawful.

The TPA said that even if strikers resumed their duties before Thursday they were still liable for disciplinary action.

Strikers were given until Friday to submit written representations on why they should not be fired.

The SA Red Cross and trade unions have reached agreement that volunteer workers would assist in hospitals purely on humanitarian grounds.
No-show dashes hopes of end to hospital strike

Staff Reporter

Hopes that the spreading hospital strike would end were dashed yesterday after the National Education, Health and Allied Workers Union (Nehawu) failed to attend a meeting with Minister of Administration Dr Org Marais.

The day was marked instead by a march by hundreds of Nehawu members on the Union buildings in Pretoria to present a memorandum to Dr Marais's office at the Commission for Administration.

Nehawu spokesmen said union representatives had planned to attend the meeting at 11 am, but due to the march being delayed by police intervention, it had been impossible to keep the appointment.

The strike spread yesterday to more State hospitals and related institutions countrywide.

Nehawu said in its memorandum yesterday that attempts by the Government to persuade the public that the strike was part of an "ANC-led conspiracy" was "an insult".

Last night Nehawu released the text of a letter it sent to Dr Marais after the failed meeting, in which it accused the "unrepresentative" Government of negotiating in an arrogant and deceitful manner.

Nehawu claimed in an accompanying statement that the meeting lacked an agenda and was not the sort of meeting it had asked for.

Last night Mr Marais said in a statement that Nehawu, alone out of 11 employee organisations, had failed to pitch up for a meeting on "problems presently being experienced" with regard to improvements in public-service salaries.

Dr Marais said it was pointed out at yesterday's meeting that the State, as employer, could only grant salary improvements to the extent that they were affordable, and that more favourable salary adjustments were not possible in the current economic situation.

The Johannesburg Hospital has called on the parents of all children given bookings for operations at the hospital to call ward 277 urgently at (011) 486-3277/0 because surgery may need to be delayed until the situation has been normalised.
Baragwanath staff, volunteers assaulted

Staff and volunteers at strike-hit Baragwanath were assaulted when they left the hospital's grounds yesterday afternoon, and clerks were hauled out of their offices by angry strikers.

Hospital spokesman Hester Vorster said one of the clerks was kicked so severely that he had to be admitted to casualty.

Vorster said the intimidation of staff had further disrupted services and doctors were concerned at the deteriorating care of patients.

The hospital has been operating on an emergency basis for the past two weeks.

The 300 nurses and radiographers who went on strike at Baragwanath on Monday continued demonstrations outside the administration building yesterday.

Hopes for an end to the strike — which has crippled 19 hospitals in Transvaal — were dashed yesterday when the National Education, Health and Allied Workers' Union (Nehawu) did not attend a meeting with Administration Minister Org Marais.

Nehawu general secretary Philip Dexter said the union called off the meeting because the forum — which involved 10 other trade unions — did not address the central problems facing Nehawu.

Sapa reports that Dexter said he felt the meeting, which continued with the other 10 trade unions representing public service workers, was ineffective as it did not address salary increases.

Two thousand hospital workers instead marched to the Union Buildings in Pretoria to deliver a memorandum, which included demands for a R724 minimum wage, permanent status for temporary workers and an interim dispute resolution committee. Dexter and his delegation spoke to Marais after the union meeting and handed over the memorandum.

A statement by Baragwanath's chief superintendent, Dr Chris van den Heever, charged that intimidation of non-strikers had become rife, with some staff being assaulted, while at various clinics in Soweto clerks had been physically removed from their work places.

Optimal patient care was now impossible, Dr Van den Heever said.

"A skeleton staff remained in the wards at Baragwanath. Nurses are organising themselves in emergency teams which means that optimal patient care is impossible," he said.

"The X-ray department is rendering emergency services with skeleton staff only."

In the Cape, more than 800 workers, most of them general assistants, were on strike at various provincial hospitals, the Cape Provincial Administration (CPA) said yesterday.

The hospitals affected are Frere Hospital in East London where 500 workers are on strike, Kimberley hospital (235), Red Cross Children's hospital (45) and Vryburg hospital (46).

Workers are also striking at road depots in the Cape Peninsula, where the number on strike at Kraaifontein is reported to be 200 and at the Paarl Road Unit 129.

"The strike proceedings are peaceful," the CPA said.
Strike sends allies to private doctors
Students protest

By ALINAH DUBE

MEDICAL University of Southern Africa students yesterday marched to Garankwac Hospital near Pretoria to protest against the employment of casual workers during the hospital's strike. Sandton 25/6/92.

The students' representative council also called on the hospital authorities to "make their stand clear on the crisis", to pressure the Manpower Department to meet workers' demands and terminate the services of all voluntary workers immediately.

The students noted the inadequate health care and the effect the crisis was having on their studies.

"We believe the demands of the workers are legitimate as they are for the betterment of health care in the country," the students said.
Nehawu wants to close down SA

PUBLIC sector unions may "close the country down" next week in solidarity with striking health industry workers, National Education, Health and Allied Workers Union general secretary Mr Phillip Dexter said yesterday.

Despite threats of dismissal by the Free State and Transvaal provincial administrations unless workers returned to work by the end of this week, Nehawu will meet this weekend to consider extending the action to include other unions in the public sector.

"We will have to consider calling other unions to take solidarity action. We will consider closing the country down. We will take action to whatever extremes are necessary," Dexter said at a Press conference in Johannesburg.

He said the weekend conference would finalise the details of the day of action, which would take place next week.

Yesterday's Press conference was attended by representatives of the SA Communist Party, Congress of SA Trade Unions, SA Railway and Harbour Workers Union, Police and Prisons Civil Rights Union and other health unions who expressed their support for Nehawu's actions.

The strike started in the Transvaal and Free State almost three weeks ago and has spread to the Cape, affecting a total of 22,000 nurses, radiographers and non-medical staff at 48 hospitals. Nehawu's Natal members will decide this weekend whether or not to join the strike.

Nehawu is demanding a minimum wage of R724 a month, a 15 percent salary increase, permanent status for all part-time employees, and the establishment of an interim dispute-settling mechanism.

Doctors had so far not joined the strike, but Dr Malefetane Ngatane of the National Health Unity Forum said drastic measures would be taken if necessary.

"There are other forms of protest that doctors can engage in ... but we don't want to discard the patients."

He said "scab" workers employed by the hospitals were endangering the lives of patients and appealed to employers to consider the union's offer of providing a skeleton staff.

In response to allegations that the union was intimidating non-striking hospital workers, Dexter said: "Feelings are running high and I have no doubt that some acts of intimidation do occur. But the real intimidation is coming from the TPA who are using the courts and the police. We deny we are using it as a strategy."

He added the union would soon have little power to control strikers. He said yesterday morning he had to restrain about 20 workers intent on marching to the Johannesburg Hospital to burn it down. - Sapa.
Bara says patients' lives are in danger

CARE of patients at the strike-hit Baragwanath Hospital had reached "dangerous levels", hospital authorities said yesterday, warning that some elderly patients could die as a result of inadequate treatment.

Hospital superintendent Chris van den Heever said strike action by general assistants and nurses had seriously disrupted services.

Fractures and dislocations had to be manipulated without X-rays, which could result in complications affecting patients for the rest of their lives. Most of the cases admitted during the past three weeks were past the point where limb function saving procedures were of any use. Crippled children with congenital conditions and chronic conditions in adults could not be treated.

At a news conference yesterday National Education, Health and Allied Workers' Union (Nehawu) general secretary Philip Dexter said strikers' emotions were "running high". Union officials had had to stop a group of strikers who were intent on burning down the Johannesburg Hospital yesterday.

Dexter said union officials had intervened when they received reports of intimidation. The state had been provocative in paying volunteers wages far higher than those offered to staff, he said.

Baragwanath doctor Malefetsane Nqatanane said volunteers who did not know what they were doing could be a danger to patients, especially during emergencies.

Dexter said the Transvaal Provincial Administration had to take the blame for conditions in hospitals because it had rejected Nehawu's offer to alleviate the situation by working shifts.

He said the union would decide at a meeting planned for the weekend whether to call on other unions in the public sector to join the strike. A national day of action next week was aimed at bringing the state sector to a halt was also being considered by the ANC, SACP and Cosatu.

LINDA ENSOR reports from Cape Town that 1,262 Nehawu members had gone out on strike by yesterday at 10 Cape provincial hospitals in Cape Town, Kimberley and East London. A Cape Provincial Administration spokesman said only emergency cases were being admitted to Groote Schuur Hospital.

Valkenberg Hospital stopped admitting patients and community clinics were closed. Arrangements had been made to admit new patients to Len教和 and Stikland Hospitals.

SAPA reports that Valkenberg Hospital discharged more than 70 mentally ill patients into the care of their families as strike action began to bite.

Meanwhile yesterday four of six Hillbrow Hospital workers allegedly assaulted by strikers were admitted to the hospital.

Police said three women on their way to work were attacked and assaulted by strikers. One sustained a cut above the eye, a second was stabbed and the third was pulled out of a bus, kicked and trampled. One was admitted to Hillbrow Hospital.

Three more were admitted to the hospital after strikers allegedly attacked them.
Hospital strikers face dismissal from today

By Helen Grange

Thousands of hospital strikers face dismissal from today after most of them ignored yesterday's deadline to return to work.

And relations between strikers and the Government were frozen further yesterday when Health Minister Dr Rina Venter said the strike had shown that some hospital departments could function with a smaller staff.

The Transvaal Provincial Administration will, from today, decide on disciplinary action to be taken against the strikers, but thousands will be summarily dismissed for not providing reasons by yesterday for their refusal to work.

The strike by National Education, Health and Allied Workers' Union members has degenerated into violence at several hospitals.

The TPA said yesterday that two sisters at Hillbrow Hospital were hurt and needed medical treatment.

"At Natalspuit Hospital, a petrol bomb was thrown at the house of one of the matrons. Stones were thrown at houses of other personnel.

"At the Johannesburg Hospital, a bus was stormed and personnel thrown out. Armed intimidators were seen on the premises of Baragwanath Hospital," the TPA said.

Nehawu has accused the TPA of trying to break the strike through having its members arrested. Police said 269 strikers at Theepoeng Hospital in Klerksdorp were arrested for trespassing yesterday.

Nehawu said another six were arrested in Pretoria, but this could not be confirmed.

Armed security guards have been deployed at Baragwanath Hospital to control "intense and volatile intimidation by armed perpetrators," the hospital said.

The strike, which is grinding hospital services to a standstill, has also affected disability allowance applications at Baragwanath, Hillbrow, Johannesburg and Lenaton hospitals.

"Nehawu is demanding a minimum wage of R724 a month, a 15 percent salary increase, permanent status for all part-time employees, and the establishment of an interim dispute-setting mechanism.

The union is to meet at the weekend to discuss expanding the strike to other public-service sectors.

Minister Venter reported last night to President de Klerk on the strike."
on the line, say callers

Strike puts patients' lives in danger

be cleared of baby deaths

lawyers sue strikers will
Cape health and state workers come out on strike

HEALTH workers and other state employees began a strike in the Western Cape this week following countrywide dissatisfaction over wages and working conditions.

The National Education, Health and Allied Workers' Union (Nehawu) in the Western Cape has observed the union's call for a national strike since Monday.

The Health Workers' Union (HWU) joined them on Wednesday. HWU spokesperson Mr Dale Forbes said he expected 2,000 members from nine Western Cape hospitals to join the strike.

Nehawu declined to say how many of its members are on strike.

"Because of the failure of the state to re-negotiate with our union, and the brutal attack and repressive measures against our members in the Transvaal, we decided to call a national strike," said Nehawu regional chairperson Mr Wilfred Alcock.

Both unions demand:

- An end to state and violence against striking workers,
- No disciplinary action be taken against striking workers, and
- An increase in the health budget, which would entail a halt to the present cutback in services.

Nehawu's minimum wage demand was reduced from R1 300 to R724. Alcock said Nehawu shop stewards negotiated regularly with hospital managements to ensure the maintenance of essential services.

JUSTIN PEARCE
Hospitals union offers strike truce

Arbitration pledge sought from govt

By KURT SWART and RAYMOND JOSEPH
THE National Education and Health Workers' Union (Nehawu) has offered to end the hospitals strike and reopen talks if the government promises to send issues on which they might deadlock to arbitration.

At the same time, the union is to step up its pressure on the government by extending the action to hospitals in more conservative areas in the Free State, northern Cape and the Transvaal this week.

Afford

It is also to call on workers in other government departments to join the strike.

The offer of a truce has been made by Nehawu's central executive, which is meeting at the University of the Western Cape this weekend to discuss strategy, says union vice-president Mr Vusi Nhlapo.

"We have decided to ask the government for an urgent meeting to try to thrash out the issues. If it is prepared to give an undertaking that anything that cannot be resolved will be sent to arbitration, we will call off the strike," Mr Nhlapo said yesterday.

The number of Western Cape hospitals affected by the stayaway increased to 22 on Friday when staff at the Mowbray maternity hospital and the Long Day Hospital joined the strike.

So far the people most affected by the strike have been blacks and poorer whites who cannot afford private health care," said Mr Philip Dexter, Nehawu's general secretary.

"From the beginning, we have been conciliatory in our attempts to settle the strike, but the government's attitude — like the statement by the Minister of Health, Dr Rina Venter, that the strike has proved that hospitals can run on smaller staffs — has not helped," Mr Nhlapo said the union would approach the government again with certain proposals to try to end the strike.

"Our main aim is to end the strike as soon as possible — it is in no one's interests to prolong the dispute."

The strike, which began in the Transvaal, arose from a wage dispute. The union is demanding an overall increase of 13.8 per cent and a minimum wage of R724 a month for health workers. The government has offered R708.80 and 9.2 per cent. The union also wants all temporary positions to be made permanent.

A heart patient awaiting a donor for a transplant died at Groote Schuur Hospital yesterday morning, but Dr John Hewitson of the cardio-thoracic unit said her death was not attributable to the health workers' strike.

Heart and lung specialists at Groote Schuur have disputed the hospital administration's decision to bar transplant operations and have warned that patients could die because of it.

The administration has blamed support staff shortages arising from the health workers' strike.

Transplants

On Friday, a Groote Schuur patient, Mrs Aletha Malan, was transferred to the City Park Hospital where she had a successful emergency heart transplant. The operation had been allowed at Groote Schuur.

"We don't understand why the decision to bar heart, lung and liver transplants was made. Kidney transplants are still being allowed," Dr Hewitson said.

Fourteen heart and three lung patients were awaiting transplants. Another four patients were awaiting liver transplants.

If the ban was still in force when donors became available, doctors would go to other hospitals for the use of their facilities. Initially Tygerberg Hospital had refused to admit Mrs Malan, but it was reconsidering its stance, Dr Hewitson said.

"We are still discussing the matter. The decision to stop transplants has not been finalised," a Groote Schuur spokesman said.
Hospital strike chaos grows

By Themba Khumalo

Patient care is gradually deteriorating at Soweto's Baragwanath Hospital, where more than 1,500 general assistants, clerks and nurses are on a wage strike. 28/16/72...

The action is part of a national action called by the National Education and Health Workers Union (Nehawu) to pressure hospital authorities to increase workers' salaries.

At least 19 Transvaal hospitals and several others in the Free State and the Cape are entering their fourth week without any sign of resolution to the strike in sight.

Baragwanath chief superintendent Dr Chris van den Heever expressed concern about the crisis. He said an orthopaedic surgeon had told him that intimidation brought an orthopaedic workshop to a standstill after it was deserted by the workers.

The surgeon claimed the losers were disabled people because no artificial limbs, orthopaedic appliances or footwear would be manufactured during the strike period.

The surgeon had warned that cases admitted during the past three weeks were being delayed so long that many procedures to save limb function could not be performed.

On Monday about 300 nurses, student nurses and radiographers marched on Baragwanath Hospital and presented a list of demands to the authorities.

Van den Heever said a skeleton staff of trained technicians were doing their best in the medical equipment workshop to fetch, repair and return life equipment required for emergency treatment.

Principal communication officer for Baragwanath Hospital, Hester Vorster, said the aim of the protest march was "unclear".

She said it was not clear how many nurses were on strike, but the majority of them reported for duty after Monday's march.

The nurses action was seen by many as putting pressure on neutral nurses to take a stand.

In terms of the South African Nursing Council rules, nurses are not allowed to go on strike, although there are new moves to unionise the nursing fraternity.

However, the strike has spread to the Orange Free State and the Cape Province where 800 general assistants have joined the strike.

Other affected hospitals in Pretoria are GaRankuwa, HF Verwoerd, Medunsa and Pretoria West. In the Cape, Groote Schuur, Kaalfontein, Paarl Road Unit and East London's Lady Frere.

Others are Kimberley Hospital, Red Cross Children's Hospital and Vryburg.

The Free State Provincial Hospital said strikers who did not return to work by June 30 would be fired.
D-Day for strikers
as hospitals battle

Staff Reporter

Thousands of striking Transvaal hospital workers face dismissal this week after most of them ignored last week's ultimatum to return to work.

The Transvaal Provincial Administration will decide from today on what disciplinary action to take against the defiant strikers.

Last weekend, the TPA posted an open letter to all strikers, urging them to return to work by Thursday.

Investigations into each case to determine appropriate disciplinary steps, including the possibility of dismissal, began on Friday.

The strike follows a demand by the National Education Health and Allied Workers' Union (Nehawu) for a minimum wage of R724 a month, a 15 percent salary increase, permanent status for all part-time employees and the establishment of an interim dispute-settling mechanism.

The union met other public-sector unions at the weekend to try to persuade them to strike in support of Nehawu's demands.

The results of the meeting were not known at the time of going to press.

Baragwanath Hospital reported yesterday that more than 300 volunteers had helped to improve the situation at the hospital.

Chief superintendent Dr Chris van der Heever said the volunteers had assisted with supporting services, allowing professional staff to carry on with their normal duties.

All nursing staff and doctors reported for duty. But radiographers were able to maintain only emergency services with a skeleton staff, Dr van der Heever said.

He said that since the deployment of private security guards on the hospital premises last week, no reports of intimidation had been received.

"Management express their concern for medical patients as it was noted that patients admitted to the medical section are seriously ill.

"Since only emergency cases could be treated at the hospital with the commencement of the strike by general assistants more than three weeks ago, it seems that medical patients delayed their visit to a doctor for too long.

"This now results in their being admitted to the hospital in a very serious condition," he said.

A spokesman for Hillbrow Hospital said the situation was the same as last week, despite the help of a few volunteers——

He added that the hospital was only treating emergencies.

A spokesman for Johannesburg Hospital expressed concern at the deteriorating situation at the hospital since the strike began.

A Nataalpruit matron refused to comment, and spokesman were not available at other affected hospitals.

The strike by Nehawu members has degenerated into violence at several hospitals.
Strikers at hospital may bar emergencies

GENERAL Workers at Garankuwa Hospital have threatened to stop the admission of emergency cases.

Sources told Sowetan yesterday that the refusal by hospital authorities to accede to the demand for the dismissal of voluntary workers has led to renewed calls for a total ban on admissions.

By Alina Dube and Sapa

A call for the immediate dismissal of part-time workers and members of the South African Defence Force was issued last week by Medical University of South Africa students.

They complained that the use of volunteers might jeopardise the position of the striking National Education, Health and Allied Workers Union members.

It was alleged yesterday that strikers, students and professional workers were working out a strategy to bring the hospital operations to a halt.

Doctors, nurses and paramedics are also likely to stop performing duties other than those within their scope of employment in a bid to pressurise management to meet the Nehawu demands.

Dr JJ Cros, chief medical superintendent at the hospital, could not be reached for comment.

Meanwhile, workers at Kalafong Hospital have ended their strike.

More than 350 weekend volunteers took on the duties of striking Baragwanath Hospital workers and improved patient care, the hospital’s chief superintendent, Dr Chris van den Heever, said yesterday.

Van den Heever said the volunteers assisted with supporting services allowing professional staff to carry on with their normal duties.

He said private security guards had been effective and no reports of intimidation had been received.

"Because only emergency cases could be treated since the start of the strike by general assistants more than three weeks ago, some patients delayed visits to a doctor for too long.

"They are now being admitted to the hospital in a very serious condition," he said.
Health workers threaten to exacerbate hospital strike

THE National Education, Health and Allied Workers' Union (Nehawu) yesterday threatened to escalate its three-week strike to "hurt the more privileged sectors of the population".

Nehawu general secretary Philip Dexter said yesterday the union's national executive committee had decided it would this week meet other public sector unions in an effort to "shut this government down". However, it was also decided that Nehawu would end the strike if government agreed to arbitration or mediation.

Dexter said the strike was particularly affecting black communities. It was felt that whites and the state should feel its effects.

Meanwhile yesterday, Baragwanath Hospital chief superintendent Dr Chris van den Heever said more than 360 weekend volunteers had taken on strikers' duties and improved patient care. Sapa reports.

Volunteer assistance had allowed professional staff to carry on with normal duties.

All nursing staff and doctors reported for duty, but radiographers were able to maintain only emergency services with a skeleton staff.

Private security guards, hired last week, had been effective. No reports of intimidation on hospital premises had been received, he said.

Patients being admitted to the medical section tended to be seriously ill. "Because only emergency cases could be treated at the hospital since the start of the strike ... it seems medical patients' delayed visits to a doctor for too long. As a result, they are now being admitted to the hospital in a very serious condition."

The Cape Provincial Administration (CPA) at the weekend undertook to call on Administration and Tourism Minister Org Marais to reopen negotiations with strikers. The Health Workers' Union (HWU) said the CPA also promised "not to conduct itself" in the same way as other provincial administrations. This followed a meeting between the CPA and the unions on Friday.

About 1,200 striking hospital workers marched to Parliament on Friday to hand a memorandum to Marais. The memorandum, which named the government for its "intransigence and arrogance", also accused the Commission for Administration of "negotiating in bad faith".

Heart transplant patient Aletta Malan was reported to be in satisfactory condition after she was operated on at a private clinic in Cape Town on Friday. Groote Schuur heart surgeons performed the emergency transplant at City Park Hospital because their hospital, hit hard by strike action, denied them permission to perform the operation. It was the first heart transplant performed at a private hospital in SA.
Bid to stop dismissals

By Helen Grange

A total of 5244 striking hospital workers have been dismissed with effect from tomorrow, and more letters of dismissal or intention to take disciplinary actions are on the way to scores more.

The Transvaal Provincial Administration (TPA) action comes after workers ignored Friday's deadline to return to work or provide written reasons for their absence during the protracted wage strike.

Despite this, lawyers for the National Education, Health and Allied Workers' Union (Nehawu) are making last-minute representations to the TPA, hoping to reverse the dismissals before they take effect tomorrow.

The union yesterday softened its position, saying it would call off the strike if the Government agreed to arbitration and withdrew disciplinary action against members.

Meanwhile, Nehawu is holding a meeting with other public sector unions today to discuss action the unions can take in support of hospital workers.

Nehawu said in a statement yesterday that arbitration was a fair offer and would be accepted by any reasonable employer.

The Government and Nehawu should enter into arbitration as soon as possible, Baragwanath Hospital medical advisory committee chairman DJ Gelderen said in a statement yesterday.
TPA fires striking workers

MORE than 5,000 striking hospital workers have been fired by the Transvaal Provincial Administration.

This was disclosed yesterday by the TPA's chief director of administration, Mr PW van Niekerk.

The dismissals would be effective from July 1, he said.

National Education, Health and Allied Workers Union assistant general secretary Mr Neal Thobejane said the union would discuss the dismissals with its lawyers.

He pointed out the dismissals did not address the issues for which the workers went on strike.

Van Niekerk said members of his department had been considering individual cases of striking workers who had not reacted to the TPA's ultimatum since Friday.

"Factors being taken into account are working record, disciplinary record, period of service, age, reaction to the ultimatum, involvement in violence or crime during the strike, (and) the degree of intimidation," he said.

Last week the TPA warned strikers to report for work by last Tuesday and provide written explanations why they should not be disciplined by last Thursday.

Thobejane said last week Nehawu's lawyers sent a collective letter to the TPA on behalf of its striking members.

Van Niekerk said copies of the dismissal letters would be available at pay points from today.

- At least 20 workers held a one-hour protest at the Victoria Hospital in Wynberg, Cape Town, yesterday to press demands by the Nehawu for a R724 minimum wage.
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**EDUCATION AND BURSARIES**
Transvaal hospitals fire 5,000 strikers

Kathryn Strachan

The Transvaal Provincial Administration (TPA) fired more than 5,000 striking hospital workers yesterday. TPA administrative services director P.W. van Niekerk said in a statement that letters of dismissal had been posted to strikers and dismissals would be effective from July 1.

Van Niekerk said the TPA had considered the individual cases of striking workers who had not reacted to the ultimatum. Factors that were taken into consideration included working record, disciplinary record, period of service, and involvement in violence or crime during the strike.

TPA spokesman Piet Wilken said 8,000 cases had been looked at and indicated that more dismissals could be expected soon.

National Education, Health, and Allied Workers' Union (Nehawu) assistant general secretary Neville Thobejane said the dismissals had deepened the crisis and warned that the TPA's move would lead to action this week that would bring the country to a standstill.

Thobejane denied that the strike was politically motivated, but said protests were aimed at government because it was ultimately responsible for setting wages.

Strikers could not be fired without being given fair hearings and the union's lawyers would oppose the dismissals, he said. A collective representation would be made today on behalf of all fired workers.

More than 1,600 health workers were still on strike at 22 Cape hospitals yesterday, reports Sapa, but the Cape Provincial Administration would not, at this stage, take a hard line stance.

Meanwhile, the DP has called for government to accept Nehawu's call for arbitration if this would end the hospital strike, spokesman Robin Carlisle said yesterday.
Some workers are back
Nehawu on Strike
in Natal and Cape

The hospital board met with the workers because of their strike action.

And here is how the board, under the leadership of the union, met with the workers.

According to the board, the workers' demands were justified.

SOWETAN Wednesday July 1 1992

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Further 2,000 hospital workers are dismissed

By Helen Grange 11/22

Hopes of resolving the hospital strike faded yesterday as 2,000 more workers were dismissed and the Government indicated that the "already completed" wage negotiations could not be referred to arbitration, as demanded by the National Education, Health and Allied Workers' Union (Nehawu).

About 7,000 striking hospital workers in the Transvaal have been dismissed with effect from today. At the same time, about 20,000 hospital workers in Natal are due to strike today.

Nehawu has slammed the dismissals and called for a nationwide strike by general assistants and provincial administration workers from today.

The union was in discussions last night to determine what action other public-sector unions could take in solidarity with strikers.

However, the Transvaal Provincial Administration has told dismissed workers they have seven days to "provide acceptable reasons" for why they should not be dismissed.

Nehawu's stance remains: it will call off the strike if disciplinary action is reversed and its dispute over salaries is referred to arbitration.

Baragwanath Hospital reported more than 900 dismissals. At Hillbrow Hospital about 500 staff were dismissed.

Last night the TPA said about 700 strikers had not been discharged, as they had made representations.
Threat to escalate hospital strike

About 7,000 striking workers at Transvaal hospitals had been dismissed by yesterday, TPA administration services chief director P W van Niekerk said last night.

Yesterday National Education, Health and Allied Workers' Union (Nehawu) branches around the country said they were preparing to join and escalate the strike.

SAPA reports that Van Niekerk said letters of dismissal had been posted to striking employees. Dismissals were effective from July 1.

About 700 striking employees had not been discharged "due to various reasons". About 300 of these would receive final warnings and the remainder required "further consideration".

KATHRYN STRACHAN reports thousands of TPA hospital workers will march through the streets of Johannesburg today to protest against their dismissals.

Nehawu assistant general secretary Neal Thobejane said they would be joined by other organisations, including the ANC Youth League, the Civic Association of Southern Transvaal (CAST), and the ANC health department.

Other unions in the public sector were expected to join the strike early next week in an attempt to "bring the country to a standstill".

Our Durban correspondent reports that union officials said about 20,000 Nehawu members employed by the Natal Provincial Administration were expected to down tools today in support of their wage demands.

The union has organised workers in all major towns in Natal, including Durban and Maritzburg.

SAPA reports from Port Elizabeth that the eastern Cape branch had decided to join the strike.
TV debate breaks deadlock

HOPES for the resolution of the hospital workers’ strike were raised yesterday when the National Education, Health and Allied Workers’ Union (Nehawu) and the TPA agreed to enter into mediation following an acrimonious TV debate.

TPA deputy director Deon van Loggerenberg said the three-week deadlock was broken yesterday afternoon when representatives of the two parties met to discuss the details of the mediation.

He said the agreement followed a heated discussion between TPA MEC Fatie Ferreira and Nehawu general secretary Philip N Dexter on SATV’s Agenda programme on Tuesday, after which both parties realised the situation would not be resolved unless they agreed to resume talks.

Earlier yesterday Cosatu sent a memorandum to President F W de Klerk demanding mediation to settle the disputes.

Cosatu spokesman Sipho Binda said if De Klerk did not respond by tomorrow the 12 Cosatu public service unions would adopt "other strategies".

Van Loggerenberg said the 7,700 fired workers had seven days to make written appeals against their dismissals to their own hospitals. The fate of 1,290 other strikers was still under consideration.

Nehawu assistant general secretary Neil Thobejane said the union’s lawyers would also make a collective representation on behalf of the dismissed workers.

In the Free State 600 general assistants were dismissed yesterday when they failed to respond to ultimatums to return to work. Nine institutions are still affected.

Earlier in the day thousands of strikers marched from the centre of Johannesburg to the TPA regional offices in Braamfontein in protest against the mass dismissal, Thobejane said.

Meanwhile, general assistants at Natal hospitals began their strike yesterday.

According to Natal Provincial Administration (NPA) director-general N E Howes, no general assistants came to work at King Edward VIII andOsindiwini hospitals in Durban, while at three other institutions between 25% and 50% of the workforce were on strike.

NPA MEC for Health Services Peter Miller warned that the strike in the Natal/KwaZulu situation would heighten tension and increase the potential for violence. The lives of hospital secretaries had been threatened and there were reports of widespread intimidation, he said.

Thousands of unemployed men and women turned up at the gates of Bashaawish Hospital early in the morning to apply for the vacancies left by nearly 1,000 general assistants who had received their letters of dismissal.

Hospital spokesman Annette Clear said the vacancies could not be filled during the appeal period, but added that many had been taken on as voluntary workers. The hospital underwent a spring clean yesterday with the assistance of hundreds of voluntary workers, and the hospital was slowly returning to normal.

A Grootes Schaar Hospital spokesman said late yesterday patients were being given cold food and support services were unable to do their normal work.

Operations at Port Elizabeth hospitals were being cancelled and patients requiring constant attention were sent home yesterday. However, in other parts of the eastern Cape workers reported for duty as usual.
TPA agrees to mediation

By Helen Grange

The Transvaal Provincial Administration has agreed to mediate with hospital strikers — but insisted that crucial wage demands at the centre of the debilitating wage dispute will remain on the agenda.

Meanwhile, thousands of unemployed men and women are seeking to fill the vacancies left by about 7,000 workers dismissed by yesterday.

Hospitals have turned the prospect of employees away, having resolved not to hire labour until the TPA has made a final decision on workers' continuing representations against dismissal.

The cases of 1,999 workers were still being considered, and 325 strikers had been warned of dismissal in the past two nights. The National Health, Education and Allied Workers' Union yesterday held a march through central Johannesburg to deliver a memorandum to TPA officials. They demanded that the dispute be referred to arbitration, that the TPA withdraw all interdicts and disciplinary action, and that all dismissed workers be reinstated.

Hospital workers in Natal and the eastern Cape joined the strike yesterday, but low stayaway figures were reported in both regions.

The Free State Provincial Administration dismissed 600 hospital workers yesterday after strikers failed to respond to an ultimatum to return to work and explain in writing why they should not be disciplined.

Nine health institutions in the province were still affected by the strike on Tuesday. Strikers at Botshabelo Hospital returned to work on Monday.
TPA agrees to mediation

THE Transvaal Provincial Administration has agreed to mediate with hospital strikers - but insisted that crucial wage demands at the centre of the dispute will remain on the agenda.

Meanwhile, thousands of unemployed men and women are seeking to fill the vacancies left by about 7,000 workers dismissed yesterday.

But the hospitals have turned them away, after having decided not to hire people until the TPA has made a final decision on workers' continuing representations against dismissals.

The cases of 1,299 workers were still being considered, and 325 strikers had been warned of dismissal, the TPA said last night.

In addition, a seven-day period - beginning yesterday - has been granted to dismissed workers to supply written representations over why they should not be fired.

The National Health, Education and Allied Workers Union yesterday held a march through central Johannesburg to deliver a memorandum to TPA officials.

They demanded that the dispute be referred to arbitration, that the TPA withdraw all interdicts and disciplinary action, and that all dismissed workers be reinstated.

Several unions affiliated to the Congress of South African Trade Unions have pledged their support for Nehawu's strike, warning that they will consider solidarity action should the union's demands not be met by tomorrow.

The Conservative Party has urged the Government to dismiss all provincial hospital strikers countrywide, adding that the strikes are obviously politically inspired and part of the ANC's mass action plans.

Hospital workers in Natal and the Eastern Cape joined the strike yesterday, but low stayaway figures were reported in both regions. - Sowetan Correspondent.
The hospitals strike spread to Natal yesterday, but the Natal Provincial Administration reported low stayaway figures after a plea by the province's MEC for health services.

Mr Peter Miller appealed to strikers not to jeopardize their jobs or patients' lives. "Come back to the negotiation table - let us talk not fight," he said in a statement.

Meanwhile, the NPA's director general Dr Neville Howes said although some hospitals had reported stayaway figures, there was no indication of a provincial strike.

He said the hardest hit hospitals were King Edward VIII and Osindiswini in Durban, where no general assistants had turned up yesterday. In other hospitals and health services institutions in the city, strike figures ranged between 25 and 50 percent.

Sowetan Reporters and Sapa

The strike revolves around wage demands by the National Education, Health and Allied Workers' Union of a minimum monthly wage of R724 and a 15 percent across-the-board increase.

In Johannesburg thousands of hospital strikers, joined by media workers on strike, marched through the city yesterday morning to Hillbrow Hospital.

They handed a memorandum to Transvaal Provincial Administration officials at the hospital demanding that the hospital wage dispute be referred to arbitration to normalize the situation. The workers also demanded that the TPA withdraw all interdicts and disciplinary action, and reinstate all dismissed workers.

At Baragwanath Hospital in Soweto, thousands of people have already applied for the jobs of the nearly 1 000 strikers dismissed over the past two days, hospital superintendent Dr Chris van den Heever said yesterday.

Staff members who had remained at their posts, aided by volunteers, were gradually returning patient care to normal, he said.

In Port Elizabeth, operations were cancelled and patients not requiring constant attention were sent home.
Hospital strikers warned on bid to occupy TPA buildings

By Helen Grange and Own Correspondent

Police have warned hospital strikers — who are planning to occupy Transvaal Provincial Administration buildings — that they will act against them if they break the law.

Police spokesman Captain Eugene Opperman said the police had learnt of a National Education, Health and Allied Workers' Union (Nehawu) meeting where it was suggested that TPA property should be damaged or burnt down and that workers not taking part in the nationwide strike be assaulted.

An angry Nehawu spokesman denied that such suggestions had been made, saying that only the occupation of TPA buildings, as part of the "intensification" of strike action, had been agreed on at a meeting on Monday. Occupation of TPA buildings was still being discussed, he added.

"Police are using cheap propaganda against us," the spokesman said.

The Government and Nehawu are due to meet in Pretoria today to decide whether the current national wage dispute should be referred to arbitration or mediation.

The strike by general assis-
Govt and striking hospital workers’ union hold talks

THE National Education Health and Allied Workers’ Union (Nehawu) and the Commission for Administration will meet this morning following an apparent turnaround in government’s stand on negotiations with thousands of striking hospital workers.

Sapa reports a commission spokesman declined to comment why it was meeting the union individually after Administration Minister Org Marais earlier said the commission would meet the 11 public sector unions collectively only.

Nehawu general secretary Phillip Dexter confirmed the meeting.

The meeting will discuss the possibility of mediation.

The TPA and the union agreed earlier this week to take their dispute to mediation, but the strike could not be resolved unless the commission—which set the wages—joined the agreement.

TPA deputy director Deon van Logge- renberg said 972 strikers would not be dismissed because of good service records and because they were not guilty of mis-

conduct or intimidation during the strike. So far 972 workers had been dismissed and 397 cases were still under review.

The strike went into its second day in Natal with almost half the general assistants at the King Edward VIII, King George V and Wentworth hospitals in Durban staying away.

Meanwhile, the houses of three Tembisa Hospital workers were petrol-bombed on Wednesday night after they refused to go on strike, police said.

East Rand Police said property was damaged but no one was injured. A man had been arrested.

Earlier police claimed they had information concerning disruptive actions decided on at a Nehawu meeting, which would include the burning of TPA property. It was also suggested that certain steps, including physical assault, be taken to intimidate workers who refused to strike.

Dexter dismissed the claims as “a less sophisticated police smear tactic”.
Nehawu is prepared to call of strike

THE National Education Health and Allied Workers' Union has agreed to call off the hospital strike if the Commission for Administration commits itself to arbitration or mediation.

The union also demanded that the commission withdraw disciplinary action against the strikers.

Nehawu president Mr Neal Thobejane said yesterday the union had agreed to call off the strike depending on the response of the CFA.

The two parties are scheduled to meet today to discuss withdrawal of disciplinary measures the Transvaal Provincial Administration intends to take against the strikers.

However, the TPA yesterday said while it had agreed in principle with Nehawu to enter into mediation, "this has no effect on the process of disciplinary action against striking workers and those already dismissed.

"Nehawu still demands arbitration on several issues which do not fall within the ambit of the statutory functions of the TPA," TPA said in a statement.
Strike suspended

THE National Education, Health and Allied Workers Union has suspended its strike action at two of the three Northern Cape hospitals, the Cape Provincial Administration said in its daily strike bulletin yesterday.

About 285 Nehawu members at the Kimberley Hospital and 67 at the Wes-Einde Hospital, also in Kimberley, returned to work on Wednesday.

Thirty-nine Nehawu strikers at Vryburg Hospital were set to return to their jobs today, the CPA said.

Officials at Nehawu's Johannesburg and Kimberley offices could not be contacted to confirm the suspension of the strike in the Northern Cape.

About 535 members of the Health Workers Union remain on strike at eight hospitals and at the central laundry in the Cape Peninsula.
essential service, nurses and health workers would not be entitled to strike or take other forms of industrial action. But, because the right to strike would then have been removed, the Act should provide for “compulsory arbitration” where disputes are declared over wages or conditions.

“As in other arbitrations, the parties would agree on the appointment of an arbitrator or, if they cannot agree, one would be appointed for them by an appropriate or neutral body. The award of the arbitrator is final and binding on the parties.”

Compulsory arbitration fits in with standards set out by the International Labour Organisation, whose guidelines Cosatu invoked against the highly controversial Labour Relations Amendment Act two years ago.

The ILO’s Committee on Freedom of Association, which has declared the hospital sector to be an essential service, says: “The principle whereby the right to strike may be limited or prohibited in essential services would become meaningless if the legislation defined essential services too broadly. The prohibition should be confined to services whose interruption would endanger life, personal safety or health of the whole or part of the population.”

Moreover, the committee adds, if strikes are restricted or prohibited in essential services, “appropriate guarantees must be afforded to protect workers who are thus denied one of the essential means of defending their occupational interest.”

A rethink of the SA situation is therefore essential, says Landman, adding that there are ways of achieving a prohibition on strikes in the private nursing sector even after passage of the new Nursing Act. It is also possible to institute compulsory arbitration without amending legislation.

In terms of the amended Nursing Act, nursing staff who fall under the Labour Relations Act will commit a criminal offence if they strike without following the statutory procedures for a legal strike. They could also be disciplined if they leave patients unattended. But he asks: “Would an unprocedural — that is, technically illegal — strike influence the nursing council to impose a harsher sanction if a patient is left unattended than it would in the case of a legal strike? Probably not.

“The Bill (as it then was) does not only concern both public and private hospitals and the nursing profession; the general public also has an interest in the working environment of nursing staff. It is suggested that the internationally accepted solution proposed by the ILO should be adopted and enacted in SA.”

In the dispute between Cosatu’s health and allied workers’ union, Nehawa, and the TPA, whose negotiating arm is the Commission for Administration, the approach of both parties has been unsophisticated. The dispute has been a throwback to the days before the 1979 Wiehahn Commission institutionalised labour conflict and the right of
Fury over firing of hospital staff

By INALHAPEE

THE Transvaal Provincial Administration (TPA) this week dismissed more than 3,000 general workers, but finally agreed to go into mediation with the National Education, Health and Allied Workers' Union (Nehawu).

The fate of about 1,300 workers still hangs in the balance. The country faces the possibility of sister unions in the public sector coming out on sympathy strikes.

Nehawu general secretary Phillip Dexter this week called the mass dismissal "malicious and short-sighted".

About 22,000 workers are on strike around the country in 19 hospitals; the Cape Provincial Administration has said it will not dismiss workers at the five hospitals on strike in the Cape. The Free State Provincial Administration this week began interdicting striking workers.

Workers in the Transvaal were selectively dismissed. According to the TPA, "the case of each individual striker was reviewed on merit", but the union believes this may be a process of weeding out active union members. New workers will be employed after the seven days allowed for workers to make representations. Meanwhile, volunteer workers at strike hit hospitals are holding the fort and being paid R3.25 an hour.

The strike highlights the need for expediting legislation in the public sector, says Dexter. Last year, the Public Servants Association (PSA), Nehawu and the Commission for Administration (which deals with human resource development in the public service) started negotiations towards drawing up legislation.

The PSA submitted draft legislation while Nehawu urged the commission to seek a wider mandate from the government which would give it decision-making powers in order to speed up the process, by doing away with the commission having to report to the cabinet on every clause.

Nehawu believes the existing Labour Relations Act should be extended to the public service with additional provisions for emergency service workers.

Shamina Mayet, the union's attorney says: "We have not had a response from the Commission for Administration. The legislation is a long way away because we have not started work on the first clause."

But she is hopeful draft legislation will be tabled in October.

The Commission for Administration says the legislation is "under consideration".
Health care bodies unite

By Beathur Baker

Protracted attempts to unite health care organisations are set to bear fruit at the launch this weekend of the South African Health and Social Services Organisation.

Sahso will bring together five major bodies, including the National Medical and Dental Association (Namda), the Organisation for Appropriate Social Services in South Africa (Oassa) and the South African Health Workers' Congress.

A politically non-aligned organisation, its chief aims will be to provide primary health care to communities and to lobby for improved health services.

Unity talks, which began several years ago, are known to have been complicated by the differing character of the organisations. The constituent organisations have been duplicating services.

Melvin Freeman, an Oassa member from the Wits Community Health Centre, says the unifying of health care and social services under one umbrella allows the organisation to focus not only on the provision of health services for illness, but also at the social conditions in which disease occurs.

Sahso membership will make it possible for health professionals such as doctors to join the same organisation as other workers in the health sector. Previously unorganised workers, such as those in mental health, can also be represented.
Mediation holds the key to hospital strike

THE crippling hospital strike by thousands of health workers countrywide could end next week — if the Government agrees to refer the industrial dispute to mediation.

In an important breakthrough, the Government's public sector negotiating forum — the Commission for Administration — agreed to consider a mediation proposal by the National Education, Health and Allied Workers' Union (Nehawa) at a meeting in Pretoria yesterday.

"If the Government agrees to mediation, the strike ends on Monday. We will be able to get our workers to go back to work," Nehawa general-secretary Phillip Dexter said.

The Government has agreed to give the union an answer when the parties meet on Monday. But Dexter was not very hopeful that the strike would end soon, given the forum's "intransigence" and "negative attitude".

"We spent four hours trying to get the Commission members to agree to consider the proposal to refer the dispute to mediation. I am not hopeful that they will agree to mediation."

He felt the Commission wanted to prolong the dispute to hurt the union, which had shifted its position, made proposals and had come up against "a wall of bureaucracy".

Dexter warned that the union was seriously considering leaving the forum because it was a waste of time.

"We will then have to devise other ways of having our demands met — and this would most definitely include prolonged industrial action," he said.

The union proposal includes that the following issues be referred to mediation: Salaries, the status of temporary employees, interim dispute resolution mechanisms and the dismissal of strikers.

Dexter said the union agreed that the mediator's recommendations would be referred back to the negotiating forum.

The Commission declined to comment.
Mediation key to strike

THE nationwide hospital strike could end next week if the government and 10 public service trade unions agree to proposals made at Friday's meeting between the Commission for Administration (CFA) and the National Education, Health and Allied Workers' Union (Nehawu) in Pretoria.

Nehawu general secretary Philip Dexter said if the CFA and the negotiating forum of unions accepted their proposals, Nehawu would ask its striking members to return to work.

Both the CFA and the negotiating forum had agreed that a mutually-agreed arbitrator would mediate on Nehawu's demands, which included: wages, the status of temporary employees, interim dispute resolution mechanisms, and the dismissal of strikers.

He added that all parties in the forum could participate in mediation.

But Dexter said he was not hopeful that the CFA would respond positively when they meet again on Monday, as it had taken the union four hours to convince them to consider the proposals.

The CFA had argued it could not make decisions without all the unions present. Agreement had been made with only five unions after the other six walked out of negotiations on May 19.

The CFA declined to comment on Thursday's meeting.

Dismissed Transvaal hospital workers were not responding to the Transvaal Provincial Administration's invitation to apply for reinstatement, according to TPA health services MEC Fanie Ferreira.

Dexter said dismissed workers would not make appeals until the CFA promised to agree to mediation.

The Free State Provincial Administration said fired workers had to apply for reinstatement before July 11, while the Natal Provincial Administration obtained a court interdict preventing strikers from inciting others to strike. Strikers were also interdicted from interfering with non-strikers.

Dexter said though cases of intimidation had been reported nationwide, there was no evidence that Nehawu members were responsible, adding that the union's members were being harassed, bullied and assassinated.

Nehawu is demanding a wage increase of R724 a month and an across-the-board increase of 15.3 percent.

The CFA has offered R708.50 a month. — Sapa.
Health strike off if mediation allowed

By KURT SWART

STRIKING Western Cape health workers are optimistic that the countrywide strike will be called off tomorrow following a meeting this weekend between the government and the National Education Health and Allied Workers Union (Nehawu).

Nehawu regional chairman Mr Wilfred Alcock said the union was optimistic after the meeting with the Commission of Administration in Pretoria on Friday.

"There will be a general meeting tomorrow to receive the report back from the meeting with the government and to decide on our next course of action. We believe the strike will be called off if the state responds positively to our proposal to refer the dispute to mediation and arbitration."

**Solidarity**

Union general secretary Mr Philip Dexter was less optimistic. The government had agreed to give its answer tomorrow on the mediation proposal but Mr Dexter said on Friday that he was not hopeful that the commission would change its "intransigence" and "negative attitude".

If the government failed to give a positive reply the union would be compelled to "intensify the struggle".

Mr Alcock said this could entail calling on workers in the private sector to engage in solidarity action from tomorrow and bringing out on strike union members in the private sector, "especially at private hospitals and creches used mainly by so-called whites".

The Transvaal Provincial Administration (TPA) has dismissed more than 7 000 striking workers to date, but no workers have been sacked in the Western Cape.

"The Cape Provincial Administration (CPA) has distanced itself from the actions of the TPA," said Mr Alcock.

"The relationship between ourselves and the CPA right now we can term progressive and we also have a healthy relationship with the hospital administrations."

The union was however, "highly disturbed" when a Groote Schuur heart transplant patient was transferred to City Park for an operation last week after the hospital administration barred its own surgeons from operating at Groote Schuur.

The hospital cited the lack of back-up service because of striking staff as the reason for the bar.

**Emergency**

"It has been our position from the start that for emergency cases only we would provide service if management requested extra staff. We are highly disturbed that management of Groote Schuur never approached the union before the City Park operation. We could have released staff to render emergency services."

More Western Cape workers joined the strike this week when Nehawu members joined Health Workers Union (HWU) members already on strike at Tygerberg Hospital, bringing the total number on strike to about 2 400.
Doctors Free Death

mouses die before birth, after being treated by a single drug.

All 60 doctors at a county hospital have died

By Ryan Gasswell
One of the doctors who fled the hospital, asking not to be named, said the caller seemed to be black, spoke in English, and appeared serious.

"He said: 'I'm telling you, you have to go and work somewhere else or we will wipe you out,'" the doctor said.

"I asked who was speaking and he said: 'It doesn't matter. You must go or we will wipe you out.' He repeated this three times.

"I was very shocked when he said: 'We know you have children and we will wipe them out too.'

"I do not have children, but a colleague has. That really worried me," the doctor said.

He added that 17 of the staff, including a transport manager, an administrator, and a number of nurses had been threatened with death since November.

Some of the staff, besides those threatened, had left since the threats began because they could not stand the tension.

One of the threatened doctors said: "We had a wonderful hospital when I came out of it, from England two years ago. We had lots of plans and we were training doctors. I hoped that would continue."

Discharged

The doctors have all moved to other KwaZulu hospitals — some in northern Zululand.

The ApeKosh Hospital is still running, with nurses trained in primary health care and other staff members doing what they can for patients. Many of the less serious patients were discharged before the doctors left. Now all emergency cases and more serious patients have to travel 50km to Edendale Hospital, near Maritzburg.

About 30 of the staff are looking after 120 hospital patients, three residential clinics, three rural clinics and several mobile clinics. A resident said people "are very worried" about not having doctors.

The SAP district commissioner, Colonel Tyrone Davis, has visited the hospital accompanied by KwaZulu officials in connection with the threats.

Colonel JM du Plessis of

Wounded

"But we do not have a plan to destabilise hospitals. If they (the IFP) say this they are making false accusations because they have no proof."

On Monday night an ambulance driver from Edendale Hospital was shot and wounded while going to fetch a patient. A car pulled up next to the ambulance and the occupants shot Mr Anton Laswaye, 41, before pulling him from the vehicle. The ambulance was later set alight.

Several drivers from the hospital have been shot and stabbed and their ambulances hijacked in the past two years. Last July driver Mr S Phungula was shot dead and the ambulance service to the Edendale Valley was suspended for some time.

Dear E

an am

BY CAS ST LER

EVITA BEZUIDENHOUT is offered a top-notch job by the Free State.

In a letter written on Frida Ginwala of the ANC's women's commission committee said ambas Evita, alias satirist Pieter-Di, should quit being "Pik's pet" and join the Women's Coalition.

She said the new and exciting would offer a challenge to Bezuidenhout's "not inimical diplomatic skills".

Miss Ginwala, convenor of the coalition, said Evita's present would be affected by the changing place in the country.

"A new democratic South would no longer recognise Ra well as a foreign country to his send an ambassador."

Although there would be countries which would accept African ambassadors, she said that after Evita's "very hectic the frenzy of diplomatic activity would find any other oppos forming and boring."

There has so far been no res offer from Evita, who is at the arts festival in Grahamst
Strike ‘until country at standstill’

There will be “no retreat and no surrender” for the striking hospital workers, who will continue their industrial action until they bring the country to a standstill, National Education, Health and Allied Workers’ Union (Nehawu) general-secretary Philip Dexter said yesterday.

He was speaking at the launch of the SA Health and Social Services Organisation at Wits University.

Mr Dexter said this week would see the escalation of occupation of workplaces.

He pointed out that the strikes were provoked by the Government, which had promised to address some of the workers’ present demands in 1987.

Speakers from other organisations expressed their support for the strike.

Congress of SA Trade Unions general-secretary Jay Naidoo pointed out that hospital cleaners were as vital as doctors conducting surgery.

He said the needs of the workers, such as reasonable wage increases, were being ignored, yet they were expected to maintain the system.

Mr Naidoo also warned that South Africa would be brought to a standstill when mass action began on August 3.

Earlier, ANC president Nelson Mandela described the strikes as a national disaster, saying the Government did not appreciate the seriousness of what was going on. He said Nehawu’s demand for an independent mediator to settle the dispute was an acceptable solution in democratic countries.

The situation at Baragwanath Hospital was stable and continued to show signs of normalising at the weekend, chief superintendent Dr Chris van den Heever said yesterday.

Patient care, he said, was improving, with all professional staff, including radiographers, on duty. Although the hospital was still using voluntary workers for support services, conditions had “much improved” and had resulted in less dependency on these workers.

A Supreme Court interdict preventing strikes at Natal Provincial Administration hospitals, clinics and laundries was granted in Pietermaritzburg on Friday, according to a statement by the NPA.

The interdict was brought by the Administrator of Natal, Con Botha, against Nehawu in Natal as well as employees of the NPA.

The interdict follows strike action at seven hospitals in the Greater Durban area since last Monday. - Sapa.
n the hospital strike

**the nation in brief**

**Vow on hospital strike**

THE National Education, Health and Allied Workers Union has re-affirmed its commitment to ending a nationwide hospital strike if the proposals it made at Friday’s meeting with Commission for Administration are met.

Nehawu president Mr Neal Thobejane yesterday said that the status of temporary employees, interim dispute resolution mechanisms, salaries and dismissal of strikers were the demands which formed the “bottomline” to call off the strike.

Nehawu, ten public service trade unions and CFA are to meet again today to resolve the logjam.

**Boycott set for Vaal**

A CONSUMER boycott is set to hit four Vaal towns today after local organisations suspended the work stayaway, which started 12 days ago.

The public relations officer for the Vaal Civic Association, Mr Paul Sithole, said the consumer boycott was aimed at white-owned businesses in Sasolburg, Vanderbijlpark, Vereeniging and Meyerton, and that Indian-owned shops had been exempted.

**SABC strike end in sight**

THE resolution of the six-week-old strike by SABC employees may be in sight with further talks between the two parties set for tomorrow.

The workers, all members of the Media Workers Association of South Africa, are locked in a wage dispute with management.
Police eject four union leaders from sit-in

NATIONAL Education, Health and Allied Workers' Union (Nehawu) officials began a sit-in at the Pretoria offices of the Commission for Administration yesterday, after the commission rejected mediation to end the month-long hospital strike.

However, Sapa reports Nehawu general secretary Phillip Dexter and three officials were removed by police and charged after “refusing to leave the building”, Commission for Administration spokesman Corrie Smit said.

Hospital workers who marched to the commission’s head office in protest were dispersed by police, said Nehawu assistant general secretary Neal Thobejane.

Thobejane said the union’s meeting with the commission had ended in deadlock. The only option left was an intensification of the current action, which would “bring the government to a standstill”.

A Nehawu statement said it would meet all public sector unions today to discuss the programme.

The union had repeatedly committed itself to calling off the strike if the commission agreed to mediation, Thobejane said.

Smit said the request was rejected because Nehawu had given the impression it would continue its action regardless of agreements reached.

“There have been indications that it was part of the political mass action campaign,” Smit said.

The state could not negotiate with Nehawu on any issues raised by the union outside the official negotiating forum, which consisted of 11 employee organisations, or on issues that had been finalised within the forum. It would be unfair to give in to the demands of one party in the forum because it was the only one prepared to strike, he said.

“The state has made it clear; it cannot afford to grant better increases in the pre-

Sit-in

sent economic climate,” he said.

Nehawu and the Health Workers' Union embarked on their strike when the commission signed a wage agreement with five of 11 public sector unions — effectively making the wage agreement applicable to all public service workers.

Thobejane said Nehawu would continue to urge the commission to agree to mediation, because it was not prepared to back down on its demands.

Other unions in the public sector had agreed to join Nehawu’s strike if yesterday’s meeting failed, he said.

Thobejane said the fate of the 7 326 hospital workers fired last week depended on yesterday’s proceedings. A statement issued by TPA chief director P W van Niekerk last night said workers had until 4pm today to appeal against their dismissals.

Hospitals would start filling the vacant posts tomorrow. Van Niekerk said Nehawu had created a wrong impression by saying the deadline would be extended.

Meanwhile, the Natal Provincial Administration reported yesterday the Natal strike, which began last week, had ended. Thobejane confirmed Natal workers had suspended their strike pending the outcome of yesterday’s meeting.

Sapa reports that more than 400 workers, including nurses, joined the strike at Livingstone Hospital in Port Elizabeth. About 3 000 Cape hospital workers were still on strike yesterday.

Although the strike at Baragwanath Hospital, the first hospital to be affected, was continuing, hospital authorities reported yesterday that nurses had returned to work and the hospital was slowly returning to normal.
Unionists in sit-in after talks fail

Four National, Education, Health and Allied Workers' Union officials yesterday staged a sit-in at the Transvaal Provincial Administration's offices after talks to resolve the hospital strike ended in a deadlock in Pretoria.

The four are Nehawu first vice president Mr. Vusi Mdlotho, secretary-general Mr. Philra Peters, and shop stewards Mr. Siphiwe Matomba and Mr. Mathew Sikos.

The sit-in followed a stalemate reached by Nehawu, 10 public service trade unions and the Commission for Administration (CFA) during negotiations to defuse the continuing hospital strike at more than 75 state hospitals countrywide.

Nehawu president Mr. Neal Thobejane blamed the CFA for the break down of the negotiations.

He said the CFA's failure to take part in mediation proceedings - agreed earlier - was the cause of the deadlock.

The CFA statement said "the employer representatives could not agree to the appointment of a mediator - demanded by Nehawu - regarding matters which had already been concluded, or should be dealt with, within the forum.

"Funds for the improvement of conditions of service have to be voted by Parliament."
Sit-in after hospital strike talks deadlock

By Helen Grange
Pretoria Bureau

Four members of the National Education, Health and Allied Workers' Union (Nehawu) staged a sit-in at the Government's Commission for Administration offices last night — following a deadlock in talks aimed at ending the hospital strike.

Nehawu has decided to step up strike action in the wake of the commission's insistence it cannot enter mediation, as this year's negotiations on public service conditions have been finalised.

The Transvaal Provincial Administration (TPA), which dismissed about 7,000 hospital strikers, has warned that today is the deadline for dismissed workers to make representations.

Meanwhile, deep concern has been expressed by the Bonitas Medical Aid Fund to which dismissed strikers' belonged that they and their dependents would go without any health care.

Nehawu is demanding a minimum wage of R724 per month, 15 percent salary increases, permanent status for all employees and the setting up of a dispute resolution forum.

The Commission for Administration has offered a minimum wage of R708 and a minimum increase of 9.3 percent.

The strike hit Kimberley Hospital yesterday announced it could only admit emergency cases.
Nurse critical after axe attack at hospital

PORT ELIZABETH — A nurse was attacked with an axe, other nurses were assaulted, and a volunteer was chased away as rumours mounted that a hospital in Port Elizabeth was closing yesterday.

Nurses were attacked at Dora Nginza and Livingstone hospitals.

At Dora Nginza on Monday night six nurses — either leaving or arriving for duty — were assaulted.

One was struck with an axe and is in the intensive care unit at Livingstone. Another had to receive stitches. Others were assailed with sticks and fled to neighbouring houses.

Yesterday a general assistant was assaulted at Livingstone by a number of men while removing rubbish. He suffered head injuries.

A volunteer worker at the hospital was chased away.

The National Education Health and Allied Workers Union said yesterday they had heard unconfirmed rumours from members that Dora Nginza Hospital in Zwide was to close.

Striking hospital workers in the Western Cape are to embark on more militant action today and will disrupt services at hospitals and government institutions. However, emergency services will be maintained.

Nehawu regional spokesman Wilfred Alcock said yesterday that because of the Government's failure to agree to mediation or to resolve the strike issues, the union was forced to engage in further action.

‘We want to arrive at a transfer of power and kick this Government out,’ he said.

About 600 Health Workers' Union members attended a meeting yesterday at which a proposal to block hospital entrances was overruled.

The decision to step up action was taken at a joint strike committee meeting between the HWU and Nehawu after the HWU meeting. — Sapa.

● Nehawu seeks private industry help — Page 3
Strike: union seeks industry aid

By Helen Grange
Pretoia Bureau

The National Education, Health and Allied Workers' Union (Nehawu) is seeking the assistance of private industry in facilitating talks with the Government in an attempt to end the countrywide hospital strike.

Nehawu spokesmen indicated that at a meeting yesterday between the Congress of SA Trade Unions (COSATU) and the SA Consultative Committee on Labour Affairs (Saccola), Nehawu's position was brought up with the hope that Saccola could enter the dispute.

Sources from Saccola — a body representing several large private industries — were tight-lipped over the outcome of yesterday's meeting, but confirmed the organisation had discussed union requests to mediate in the wage dispute.

Talks between Nehawu and the Commission for Administration deadlocked on Monday after the commission stated it could not mediate with Nehawu individually on an issue which affected all public servants.

Negotiations on public service salary increases had already been finalised for the year, the commission said.

Four Nehawu members were charged in the Pretoria Regional Court yesterday with trespassing following a sit-in at the commission's offices after the deadlock. Their cases were postponed to July 28.

The Transvaal Provincial Administration's deadline for 7,356 dismissed strikers to make representations against dismissals passed yesterday with only a handful of workers having used the opportunity. Hospitals begin recruiting replacement workers from today. The TFA said volunteer workers had rendered a "highly productive" service during the strike, and at Baragwanath Hospital, cleaning services had improved.

Kimberley Hospital has appealed for voluntary assistance, and is only admitting serious emergency cases.

Nehawu is demanding a minimum wage of R724 a month, 15 percent salary increases, permanent status for all employees, and the setting up of a dispute resolution forum.

The Commission for Administration has offered a minimum wage of R708 and a minimum increase of 9.2 percent.

Police last night removed about 15 Nehawu members from the Natal Provincial Administration headquarters in Pietermaritzburg. The demonstrators handed a memorandum of demands to NPA officials, but were denied a formal meeting.
Health workers to march in protest

HOSPITAL workers were to stage marches in major cities this week to protest against government rejection of proposals for mediation in the health sector wage dispute, unionists said yesterday.

But Cosatu general secretary Jay Naidoo said the federation, in conjunction with employer organisations, would do all in its power to try to resolve the dispute.

Naidoo said mass dismissal was not the solution. "It will only inflame the situation and compel Cosatu to involve all its public sector members in the dispute."

He said the strike was over industrial issues, and criticised TPA attempts to politicise the issues. He said if there was one area that needed to remain calm "in these turbulent times" it was the public sector.

There were reports of violence and intimidation at hospitals across the country yesterday, and the TPA said it would start hiring new workers to replace the 7 325 it fired last week.

Sapa reports that a nurse was admitted to intensive care after being attacked with an axe, and other nurses were assaulted in Port Elizabeth as rumours mounted that a hospital was closing down.

National Education, Health and Allied Workers' Union (Nehawu) assistant general secretary Neil Thobane said the union condemned the attacks and he suspected they were perpetrated by agents intent on fuelling the situation.

Our Durban correspondent reports a sit-in by 17 hospital workers in the Natal Provincial Administration building in Maritzburg ended last night when police evicted them and charged them with trespassing.

LINDA BNSON reports a group of about 400 Groote Schuur Hospital workers marched on the hospital administration building yesterday where they were addressed by Nehawu officials.

Nehawu general secretary Phillip Dexter said the ANC, SACF, Gcina Association of Southern Transvaal and Cosatu had decided yesterday to join today's marches in the PWV.

Dexter said the union would ask Cosatu to put forward hospital workers' demands as part of its campaign of mass action.

Unless the TPA reversed its decision to fire strikers Nehawu would "mobilise the community into chasing TPA hospital management out."

TPA deputy director Deon van Loggerenberg said hospitals would begin filling vacancies today.

Fired workers had until 4pm yesterday to appeal against dismissal, but only about 400 of the 7 325 who had been dismissed had done so.
Fired hospital workers throw bricks at applicants for jobs

Staff Reporters and Sapa

Dismissed hospital workers from Baragwanath Hospital threw bricks at candidates for their jobs yesterday morning, hospital chief superintendent Dr Chris van den Heever said in a statement.

Transvaal Provincial Administration spokesman Piet Wilken claimed that "at least three petrol-bomb attacks, as well as bomb threats and the threatening of lives and property of hospital staff" had taken place yesterday.

The petrol-bomb attacks were on the homes of three hospital workers, while two radiographers were allegedly attacked by 10 men at a taxi rank at the Hillbrow Hospital, Mr Wilken said.

At Baragwanath, 600 workers who joined the strike were finally dismissed yesterday. Hundreds of people queued up to fill the vacancies, but no appointments will be made until paperwork on the dismissals has been completed, Dr van den Heever said.

He accused the strikers of "gross intimidation" and said seven people were injured when one of the houses was petrol bombed.

'Fairly normal'

Health services MEC Fanie Ferreira visited Baragwanath Hospital yesterday and described the situation as "fairly normal".

He said the hospital now carried 65 percent of its normal patient capacity.

The National Education, Health and Allied Workers' Union (Nehawu) yesterday denied intimidation by strikers at Baragwanath.

Patrick Sibeko, Nehawu's branch chairman, said: "Temper are high because our demands have not yet been met by management.

And this is also complicated by the fact that new workers are being recruited by the hospital. If there is intimidation, it has not been brought to our attention."

Interviewed by The Star at the hospital, some health workers said there had been intimidation but would not elaborate.

Asked if the TPA would meet a minimum wage demand of R724, Mr Ferreira said: "We cannot go beyond our offer of R708. The TPA has dismissed strikers after giving them notice (which expired on Tuesday) to apply for re-employment."

In Cape Town, striking hospital workers blocked all entrances to Groote Schuur Hospital between 6 am and 8 am yesterday.

In the eastern Cape, Nehawu has ended the week-long strike for mainly "humanitarian grounds", according to the union.
7 hurt in attack

By Joe Mdhlilela and Sonti Maseko

Seven people - including a toddler - were seriously injured during a petrol-bomb attack on their home in Soweto on Tuesday night as the current hospital strike took an ugly turn.

In Port Elizabeth a nurse was attacked with an axe and other nurses were assaulted and a volunteer chased away at the Dora Nginza and Livingston hospitals.

Four of the victims of the Soweto attack were yesterday battling for their lives at Baragwanath Hospital's Burns Unit, where they are being treated for severe burns.

A 63-year-old Granny, Mrs Sarah Madikane, was also injured in the attack.

UGLY TURN Hospital strike becomes a terrifying nightmare as criminal elements launch attacks in Soweto and Port Elizabeth: Soweto 917192

This is the third attack in the past three days on houses belonging to hospital employees in Soweto.

Speaking from her hospital bed, Madikane said two petrol bombs were hurled through the kitchen window about 8.30pm, while she and 13 members of her family sat around the stove in their two-room house.

"We heard two loud explosions and the next moment we were in flames," said Madikane, whose face was badly swollen and her arms swathed in bandages.

"I tried to take off my clothes which had caught fire and were clinging to my skin while, at the same time, putting out flames on the head of my four-year-old great-grandchild.

"The others ran out into the yard and rolled themselves on the ground in an attempt to put out the flames. I could see pieces of burnt cloth falling off them," she said.

Police suspect that the attacks might be linked to the hospital strike and were targeted at non-striking workers.

Four of the injured were in a critical condition, hospital authorities said yesterday. They were not able to speak and could not be visited by their relatives as the danger of infection was high.

Madikane said her daughter-in-law, who was no longer living with them, was employed as a clerk at Johannesburg Hospital. Her daughter-in-law was not on strike.

She said she and her daughter-in-law were card-carrying members of the African National Congress and the SA Communist Party.

She was also a member of the Soweto Civic Association.

Police said no-one was injured in the attacks on the other two houses in Mofolo and Zola.

Meanwhile Sapa reports that the National Education, Health and Allied Workers' Union (Nehawu) has ended the week-long hospital strike in the Eastern Cape.

Criminal elements were responsible

Nehawu spokesman Max Madelengoli said the strike had been called off mainly for humanitarian reasons.

However, this decision had still to be confirmed at a meeting of representatives of the hospital workers.

Earlier, Nehawu sharply criticised the intimidation and violence at the Dora Nginza and Livingston hospitals in the Port Elizabeth area and said criminal elements were responsible.

Seven hospitals in the Eastern Cape have been affected by the strike.
BOMB VICTIM: The bomb hit a house located in an inhabited area. The residents of the house were believed to be linked to the hospital strike. See Page 2.

See the main story on Page 2.

Two victims have been confirmed: a man and a woman. According to medical reports, the man is in a critical condition, and the woman is recovering. The hospital strike continues.

The strike by hospital workers took place on Monday, 9/11/92. The hospital strike involves non-strikers.

HOSPITAL STRIKE HORROR
Seven injured

Injuries turn ugly.
Hospital strikers attack job seekers

STRIKING hospital workers were finally dismissed yesterday, but people who went to hospitals in the hopes of filling vacant posts were attacked by strikers, government authorities said.

Baragwanath Hospital superintendent Chris van den Heever said fired workers threw bricks at candidates queuing at the gates. "Hundreds of people seeking safety then barged through the security gate causing mayhem on the premises," he said.

He said the homes of three hospital workers in Soweto were petrol bombed on Tuesday night. Seven women and children were injured and four were in a critical condition, he said.

Workers leaving Baragwanath on Tuesday night were attacked with knobkerries, and three had to receive treatment in casualty.

Van den Heever said no new appointments had been made as work involving the 600 dismissed workers was still being completed.

TPA spokesman Piet Wilken said there were three bomb threats at Ga-Rankuwa Hospital and job applicants were stoned and attacked.

Two radiographers were attacked by 10 men at the Hillbrow Hospital taxi rank. Workers leaving Tembisa Hospital were also stoned.

In a major shift from its previous position, the National Education, Health and Allied Workers' Union (Nehawu) said it would now be prepared to call off the strike if the fired workers were reinstated.

Nehawu vice president Vusi Nhlapo said that at its meeting yesterday with the TPA, Cosatu and Sacca, the union said the TPA was to give its answer to the offer at another meeting scheduled for tomorrow.

Earlier yesterday TPA chief director P W van Niekerk said only 683 of the 7366 dismissed workers had appealed against their dismissals. In relevant cases, dismissals would be disregarded and interruption of service would be seen as unpaid leave.

Strikers who were guilty of misconduct during the strike would not be reappointed, he said. If a dismissed worker's application was reconsidered it would be treated as a new appointment, which would mean rejoining at the bottom of the salary scale.

Meanwhile, Cosatu said yesterday it would organise marches to hospitals tomorrow in support of the Nehawu strike, Sapa reports.
Health group launched

Bringing together the widest range of progressive health workers

Staff Reporter

THE South African Health and Social Services Organisation, an amalgamation of health groups, was launched in Johannesburg yesterday.

Sahso is the unification of the South African Health Workers' Congress, National Dental Association, Organisation for Appropriate Social Services in South Africa, the Health Workers' Organisation and the Overseas Medical Graduates' Association.

At the end of its inaugural meeting at the University of the Witwatersrand, Sahso told in a statement: "This new structure locates itself as an independent organ of civil society, bringing together the widest range of progressive health and social services workers, who, by their calling, have charged themselves with the noble responsibility to defend ... from the excesses of the government of the day."
Spirit behind the Strike

MAY DAY is commemorated in the labor movement as a day of the international revolutions. May Day was marked in New York by a big demonstration yesterday, which ended with a march through the streets.

Workers gather for a demonstration in support of labor rights and social justice. The image shows a banner with the text "May Day is Not Like Us."

RAADSKENNISGEWING 174 VAN 1992

MUNISIPALITEIT VAN RANDFONTEIN

Ingevolge die bepaling van artikel 80B (8) van die Onderrandse Op Plaaslike Bestuur, 17 van 1939, soos gewysig, word hierby bekendgemaak dat die Stadsraad van Randfontein by "Spesiale Besluit" die tariewe ten opeiste van depotos betaalbaar vir die verwyding van bouerspuin, afgekondig by Plaaslike Bestuurskennisgewing 4894 van 1991, gedateer 18 Desember 1991, met ingang 1 Julie 1992 soos volg gewysig het:

1. Deur subartikel (1) (a) van artikel 6 deur die volgende te vervang:

(1) (a) Waar die totale vloeroppervlakte van 'n gebou, buitegeboue ingesluit, nie 35 vierkante meter oorskyn nie—R70-00—.

2. Deur subartikel (1) (b) van artikel 6 deur die volgende te vervang:

(1) (b) Waar die totale vloeroppervlakte van 'n gebou, buitegeboue ingesluit, meer as 35 vierkante meter tot en met 114 vierkante meter is, per vierkante meter van sodanige totale vloeroppervlakte—R2-00—.

3. Deur subartikel (1) (c) van artikel 6 deur die volgende te vervang:

(1) (c) Waar die totale vloeroppervlakte van 'n gebou, buitegeboue ingesluit, meer as 114 vierkante meter is, ongeag die grootte of aard van die gebou—R230-00—.

L. M. BRITS,
Stadsklerk.
Burgersentrum
Pollockstraat
Posbus 216
RANDFONTEIN
1760.
(Kennisgewing No. 45/1992)
(10 Julie 1992)

BOARD NOTICE 174 OF 1992

TOWN COUNCIL OF RANDFONTEIN

In terms of the provisions of section 80B (8) of the Local Government Ordinance, 17 of 1939, as amended, it is hereby notified that the Town Council of Randfontein has by special resolution, amended the charges payable as deposits for the removal of building rubble, published under Local Authority Notice 4894 of 1991, dated 18 December 1991 with effect from 1 July 1992 as follows:

1. By the substitution of subsection (1) (a) of section 6 of the following:

(1) (a) Where the total floor area of a building, outbuildings included, does not exceed 35 m²—R70-00—.

2. By the substitution of sub-section (1) (b) of section 6 of the following:

(1) (b) Where the total floor area of a building, outbuildings included, exceeds 35 m², up to and including 114 m², per m² of such total floor area—R2-00—.

3. By the substitution of sub-section (1) (c) of section 6 of the following:

(1) (c) Where the total floor area of a building, outbuildings included, exceeds 114 m², irrespective of the size or nature of the building—R230-00—.

L. M. BRITS,
Town Clerk.
Civic Centre
P.O. Box 216
RANDFONTEIN
1760.
(Notice No. 45/1992)
(10 July 1992)

RAADSKENNISGEWING 175 VAN 1992

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDEHEELKUNDIGE RAAD

Die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad vaardig hierby die reëls, in die Bylae hiervan uiteengees, uit kragtens artikel 32 (1), gelee met artikel 61 (4), van die Wet op Geneesheere, Tandarte en Aanvullende Gesondheidsdiensberoepes, 1974 (Wet 55 van 1974).

BYLAE

1. In hierdie Bylae beteken "die Reëls" die reëls betreffende die registrasie van fisioterapeute soos afgekondig by Goewermentskennisgewing R. 815 van 20 April 1979, soos gewysig.

2. Die reëls word hierby gewysig deur die toevoeging van die volgende kwaliﬁkasies:

(a) Onder die subhoof "Verenigde Koninkryk":

EKSMINERENDE LIGGAAM EN KWALIFIKASIE

Universtiteit van Dublin Trinity Kollege——
Baccalaureus Scientiae (Honneurs) Fisioterapie ………………… B.Sc. (Hons)
Physiotherapy TCD

AFKORTING VIR REGISTRASIE

17

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

The South African Medical and Dental Council hereby, in terms of section 32 (1), read with section 61 (4), of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974), makes the rules set out in the Schedule hereto.
GOVERNMENT GAZETTE, 10 JULY 1992
No. 14147 75

EKSA MINER ENDE LIGGAAM EN KWALIFIKASIE
Nasionale Universiteit van Suid-Afrika, Universiteit Suid-Kaapstad—
**Baccalauréus in Physiotherapie ................................................................. Physiotherapy UCD
  * indien verwerf na 1986.
  ** indien verwerf na 1987.

(b) Onder die subhoof “Die Nederlands”:  

EKSA MINER ENDE LIGGAAM EN KWALIFIKASIE
Academie Fysiotherapie 
Tim van der Laan, Utrecht—
Sertifikaat in Fisiotherapie ................................................................. Gert Phys Academie 
  Tim van der Laan

(c) Onder die subhoof “Verenigde State van Amerika”:  

EKSA MINER ENDE LIGGAAM EN KWALIFIKASIE
Touro Kollege, New York—
Magister Artium 
Gesondheidswetenskappe (Fisiese Terapie) ................................................. MSc Phys 
  Touro

SCHEDULE

1. In the Schedule “the Rules” shall mean the rules for the registration of physiotherapists promulgated under Government Notice R. 815 of 20 April 1979, as amended.
2. The rules are hereby amended by the addition of the following qualifications:
   (a) Under the sub-heading “United Kingdom”:

EXAMINING AUTHORITY AND QUALIFICATION
University of Dublin, Trinity College—
  *Bachelor of Science (honours) Physiotherapy ...................................... B.Sc. (Hons) 
    Physiotherapy TCE
National University of Ireland, University College Dublin—
  **Bachelor of Physiotherapy ................................................................. B. Physiotherapy UCD
  * If obtained subsequent to 1986.
  ** If obtained subsequent to 1987.

(b) under the Sub-heading “The Netherlands”:

EXAMINING AUTHORITY AND QUALIFICATION
Academie Fysiotherapie 
Tim van der Laan, Utrecht—
  Certificate Physiotherapy ................................................................. Gert Phys Academie 
    Tim van der Laan

(c) under the sub-heading “United States of America”:

EXAMINING AUTHORITY AND QUALIFICATION
Touro College, New York—
  Master of Arts 
    Health Science (Physical Therapy) ................................................... MSc Phys 
      Touro

(10 Julie 1992)/(10 July 1992)
E Cape hospital strike ends but tension rises elsewhere

Staff Reporter

Hospital strikers in the eastern Cape returned to work yesterday after deciding to break their strike — although hospitals throughout the rest of the country continue to suffer strike action.

The National Education, Health and Allied Workers' Union (Nehawu) ratified the decision by eastern Cape workers to return to work, but has stepped up industrial action in the Transvaal.

Talks between Nehawu and the Government over the wage dispute broke down on Monday, and more than 7,000 hospital strikers have been dismissed.

At Baragwanath Hospital, four people injured in petrol bomb attacks on hospital workers' homes on Tuesday night were still in a critical condition last night.

A Baragwanath Hospital spokesman said about 100 job seekers queued outside the gates yesterday to apply for the posts left vacant after the dismissal of 600 general assistants. However, no appointments were made as the dismissals were still being processed.

Two hospital strikers were arrested at Cape Town's Conradi Hospital yesterday when police moved in on a 200-strong group of picketers who allegedly prevented an ambulance carrying a patient from entering the hospital.

According to police, the strikers, who gathered outside the hospital at about 6 am, were also preventing non-strikers from going to work.

The strikers had then moved to the Cape Provincial Administration's (CPA) central laundry where they prevented about 80 non-strikers from going to work.

Intimidation has been reported at places of safety and children's homes in the Cape. The strike is having a devastating effect on children, a CPA spokesman said yesterday.

Intimidation had increased at the Paarl and Kraaifontein hospitals where more than 1,200 workers were on strike.

Nehawu is demanding a minimum wage of R724 a month, 16 percent salary increases, permanent status for all employees and the setting up of a dispute resolution forum.

The Commission for Administration has offered a minimum wage of R708 and a minimum increase of 9.2 percent.
Fired workers and job-seekers in clash

Police have stepped up security as tempers rise.

**HERE IN HOSPITAL**

A confrontation as police increase security at tempers.

**SOWETAN REPORTERS**

The strike threat kept the hospital workers close-agitated.

**CONTRIBUTIONS OF POLICE INCREASE SECURITY AS TEMPERS**

Newsnet 702 (17/12)

In another incident on Tuesday, two police officers were injured in an attack on a hospital where a patient was being treated.

Police said a patient was in critical condition - their (sic) arm and leg were broken.

In an incident on Tuesday, police were called to a hospital where a patient was being treated.

The patient was being treated for an injury to his arm and leg.

A police officer and a nurse were injured in the incident.

The hospital's security was increased to prevent further incidents.

**HERE IN HOSPITAL**

The police officer and a nurse were injured in the incident.

The hospital's security was increased to prevent further incidents.

**SOWETAN REPORTERS**

Police have stepped up security as tempers rise.

**CONTRIBUTIONS OF POLICE INCREASE SECURITY AS TEMPERs**

Newsnet 702 (17/12)
TPA 'will not give in' to union

THE TPA will respond today to the National Education, Health and Allied Workers' Union (Nehawu) offer to call off the hospital strike on condition that all fired workers be reinstated.

But TPA spokesman Piet Wilken indicated yesterday that the TPA would not give in to the demand. Nehawu general secretary Phillip Dexter said the strategies of other public sector unions and Nehawu depended on the TPA's decision.

More than 600 hospital workers joined by local civic associations, plan to march on Baragwanath Hospital today to protest against their dismissal. In a separate march Nehawu workers and Media Workers' Association of SA (Mwsa) strikers are to march on the TPA Johannesburg offices and on the SABC.

Meanwhile reports of widespread violence and intimidation against workers continued yesterday.

Billbrow Hospital superintendent Dr Trevor Frankish said hospital shop stewards abducted a worker who was travelling to work by train. Frankish said the worker was taken to the Nehawu branch office, where she was assaulted and threatened. He said it was the third such incident at the hospital.

In a statement, TPA health services MDC Fanie Ferreira said an unsigned pamphlet issued by Nehawu's Pietersburg branch threatened workers with death if they did not join the strike.

Dexter said the branch had not issued the pamphlet and blamed it on trouble makers.

Ferreira said police had to use teargas yesterday to disperse striking workers from Meduna. A guard was seriously assaulted by workers at a strikers' meeting, he said.

Baragwanath Hospital spokesman Amos Clear said the situation at the hospital had become calmer, possibly due to the police presence. He said hundreds of people had arrived at the hospital to apply for vacant positions, but no new appointments had been made.

Natal Provincial Administration spokesman Dave McGlew said all strikers had returned to work and hospitals were operating normally.

LINDA ENSOR reports from Cape Town that the Cape Provincial Administration (CPA) said 1,574 workers at seven hospitals in the eastern Cape returned to work yesterday.

About 3,000 workers were still on strike in the Cape.

The CPA alleged that "gross intimidation" had taken place at the Red Cross Hospital in Cape Town where one of the supervisors had been assaulted.

At the Pinelands laundry 150 workers were on strike. "The strikers blocked the gates this morning and barred the workers from entering. The police were called and the crowd dispersed," the CPA said.
Not all healers are quacks

**FOCUS: Is alternative medicine a real alternative?**

**A**cupuncture, homoeopathy, medical herbalism, chiropractic... do they help? Or are they the province of cranks?

Doctors of the type who charge a great deal of money to throw an expensive brand-name antibiotic (often inappropriately) at your viruses frequently decry any type of health help consumers may look to unless it has been ratified by their own training.

Often, of course, charlatans masquerade as healers and may either be of little or no help, or actually do damage.

But many forms of health help have persisted for centuries and millions of consumers swear by the help they have received. The Consumers Association's *Which? Way to Health* has put together a report on many of these disciplines to give its normally conservative and well-respected views on these issues.

Most "ordinary" doctors will require proof that alternative or complementary medicine works. But a great deal of the evidence available is worth of mouth — and this can be powerful. The Consumers Association conducted a survey among its members in 1986 in which 61 percent of the respondents said they had been cured by alternative medicine and another 51 percent said they had been helped.

Locally, the figures are likely to be significantly higher if one takes traditional healers into account.

Some doctors use two standard arguments against these figures: the patients, they say, would have got better anyhow without any treatment; and the patient believed it would help so it did (this is known as the placebo effect).

*Which? Way to Health* questions whether the usual way of proving medical efficacy — clinical trials — is always the right kind of test. The magazine points out that fewer than one in five medical procedures used today were tested in that way.

"So complementary therapies are being asked to pass a stiffer test than most orthodox treatments," the magazine comments.

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**CRITICAL CONSUMER**

**Pat Sidley's weekly advice on what to buy... and what to avoid**

The magazine notes that some traditional forms of clinical trials would not necessarily lend themselves to "proving" the efficacy of complementary medicine: it is difficult to imagine constructing what is known as a double blind trial (where the patient does not know what he or she is getting) for a treatment like acupuncture, where it is obvious whether or not the patient is being pricked with needles.

But they do argue even some traditional double blind trials have come up with convincing evidence that some herbal medicines have benefits. They cite chamomile for wounds and ginger for seasickness among others.

*Which? Way to Health* also quotes therapists querying: what is wrong with placebos anyway? "Placebo literally means in Latin 'I will please'. The placebo effect describes benefits from a medicine or treatment which can't be explained by its chemical or physical properties... And it's not just in the mind: the placebo effect has been shown to cause many physiological changes in the body such as reducing blood pressure, healing of ulcers, and reduced facial swelling."

The magazine quotes a study showing that four out of 10 patients who believed the shot of salt and water they had been given after an operation was morphine also believed their pain had been reduced. And placebos, according to *Which? Way to Health*, can override the real effects a drug should have and can imitate side effects.

It notes that the considerably longer time complementary practitioners tend to spend with patients can also increase the placebo effect of the type of treatment.

Some scientists reject what they can't explain, the magazine says, giving the example of Doctor Igor Philipp Summelweis in 1847 who demonstrated that when doctors washed their hands in chlorinated lime after examining corpses and before going on to examine pregnant women, the incidence of women dying from childbirth fever was dramatically reduced. But the method was opposed vigorously at the time by doctors, as it could not be explained according to scientific principles then accepted.

*Which? Way to Health* suggests that it may be more useful to use a system of "medical audits" where doctors' success rates are compared as well as the differences in their treatment. It recommends, too, "consensus conferences where many practitioners come together and pool their observations and experiences of a given treatment or technique".

Meanwhile, the Consumers Association sets out several ways a consumer can check on whether the person consulted is a quack or someone who will be of assistance:

- Is the practitioner registered with an association?
- What qualifications and training, if any, does the practitioner have and did he or she undergo to get there?
- How long has the person been in practice?
- Has the practitioner some form of indemnity insurance so consumers can sue if something goes badly wrong?
- Check if the registering body has a code of ethics with disciplinary procedures for practitioners who break the code and a complaints system for dissatisfied consumers.
BARRICADES if strike not settled

BRENDA TEMPLETON

TRANSVAAL civic associations have threatened to shut down strike-hit hospitals by barricading entrances and exits if the Government does not meet the demands of striking hospital workers by next Saturday.

The blockade would signal the full incorporation of the strike, which has paralysed scores of hospitals across the country, into the ANC's rolling mass action campaign, said Civic Association of the Southern Transvaal (CAST) vice-president Khabisel Mosunkutu.

**Escalation**

He also announced that the strike at the SABC by the Media Workers' Association of South Africa (Mwasa) had been incorporated into the mass action and called on all township residents to refuse payment of licence fees.

Despite the escalation of threats, the Transvaal Provincial Administration is refusing to budge on the strikers' demands, which include the reinstatement of dismissed strikers.

At a tense meeting outside Baragwanath Hospital yesterday, Mosunkutu told strikers that CAST would mobilise thousands of township residents and close down hospitals if authorities did not meet workers' demands. Similar action would be taken up by civic associations nationwide to force the Government to give in to the demands.

Before handing over a memorandum to the hospital management, he said residents in their thousands would barricade the hospital. "We will come here in our thousands and thousands and we will close the entry streets to Bara.

*TO PAGE 2*

P.T.O.
New prescription needed for hospital strike?
Nehawu strikers go back to work

"HEALTH services at Port Elizabeth hospitals should be back to normal in a few days, according to the CPA."

Nehawu decided this week to call off the strike following the intimidation and assault of nurses at the Dora Nginza hospital and elsewhere.

The CPA said workers at East London's Frere hospital and the Port England hospital in Grahamstown had agreed to continue striking as there had been no reports of violence or intimidation.

CPA spokesman Maryna Bradshaw said PE hospitals were busy "re-organising and conditions are returning to normal."

In a statement released this week, Nehawu spokesman Max Madikoski said general assistants, administrative staff and nurses would return to work today.

"Nehawu, the Public Servants League, the Port Elizabeth Peoples' Civic Organisation and the CPA met this week to discuss the demands of the strikers."

Nehawu is demanding a minimum wage of R724 a month to be backdated to January and a 15 percent wage increase.

Per
Human cost of hospital strike

SANNA MADIKANE sits on her hospital bed, suffering from her badly burned face, her eyes half-closed and her hands bandaged. She is a victim of the hospital strike propaganda war.

In the bed next to her is her daughter Fumula, who has burns to her neck and arm. Nearby, in Baragwanath Hospital's burn unit, Mrs Madikane's three daughters, Adelaide, Victoria and Zodwa, and 12-year-old grandson Jewel, are fighting for their lives with 90 percent burns.

This week the Transvaal Provincial Administration and police said the Madikane family — who had two petrol bombs thrown through their kitchen window on Tuesday night as they sat around the table — were hospital workers attacked because they had not taken part in the strike.

But no one in the family is, or has been, a hospital worker. Mrs Madikane is a retired domestic worker active in her local branches of the Soweto Civic Association, the SA Communist Party and the ANC.

Mrs Madikane said, "I'm confused. I can't imagine who attacked us, or why."

On Saturday afternoon, executive members of the National Education, Health and Allied Workers Union, who are behind the five-week hospital strike, visited her.

General secretary Philip Dexter told her: "I can assure you that none of our workers were involved. If we can help you with anything, we will."

Allegations of violence and intimidation have been flying on both sides in the bitter strike. The TPA suspended talks on Friday and is refusing to accede to Nehawu demands for third-party mediation.

Nehawu says striking hospital workers will occupy hospital administration and Transvaal and Free State provincial buildings if their demands are not met by July 17.

Threats

These demands include the reinstatement of about 7,000 sacked workers and a R16-a-month minimum wage increase.

Yesterday the TPA said it would not reiterate the workers despite Nehawu threats.

The Civic Association of Southern Transvaal has threatened to barricade hospitals from next Saturday if Nehawu demands are not met.

By CHARLENE SMITH
Reinstate workers

THE National Education, Health and Allied Workers Union (Nehawu) has set aside Friday as the deadline for the reinstatement of the dismissed hospital workers.

Nehawu general secretary Mr Phillip Dexter said yesterday that his union would replace the hospital management with "people's" leadership if they failed to meet its demands.

Dexter also refuted claims that Nehawu members were responsible for the spate of attacks on the so-called "non-striking" hospital workers.
Union boycotts hospital talks

HEALTH union Nehawu boycotted negotiations with the public sector negotiating forum yesterday and instead led marches by striking hospital workers in Cape Town and Johannesburg.

Police also said yesterday that a hospital worker killed an assailant with a broken bottle in an incident they indicated was connected to the strike. However, police refused to supply further details or say where the attack took place.

Sapa reported that three sisters injured in a petrol bomb attack related to the strike died in Baragwanath Hospital in Soweto at the weekend.

Hospital chief superintendent Dr Chris van den Heever said the sisters were among seven people injured in one of three petrol bomb attacks on the homes of non-strikers last week.

“A 13-year-old boy... remains on the critical list, while the remaining three patients are still serious but stable.”

Sapa reports that 1,000 Nehawu supporters marched to the TPA’s Braamfontein offices in Johannesburg yesterday, while in Cape Town striking hospital workers demonstrated outside the headquarters of the Cape Provincial Administration.

In a statement yesterday Nehawu said it might boycott all further meetings of the public sector negotiating forum as these had been made futile by constant bickering.

The forum is made up of 11 employee associations, including Nehawu and the Health Workers Union, and negotiates with government’s Commission for Administration on pay and benefits.

Nehawu’s position has been hardening, its secretary-general Phillip Dexter said yesterday.

“Until the weekend we were calling for mediation, but now that has changed. We have to get rid of the TPA.”

RAY HARTLEY reports that TPA spokesman Piet Wilkens said yesterday hospitals had become soft targets in the ANC’s mass action campaign since the Civic Association of Southern Transvaal (Cast) had threatened to barricade them in support of Nehawu’s demands.

The TPA knew from the beginning that the hospitals strike was linked to the mass action campaign, he said.
Alexandra fears brushed aside

WILSON ZWANE

THE need to settle homeless people in Alexandra’s Far East Bank area outweighs concerns of nearby residents about property depreciation, Alexandra Civic Organisation (ACO) official Richard Mdakane said yesterday.

East Bank homeowners have reportedly said they would boycott their rent payments if squatters were settled on their doorsteps.

Reacting to complaints that East Bank residents were not consulted, Mdakane said they had recently not regarded themselves as part of ‘Alexandra.’

But that was changing, he said, and the East Bank Residents’ Association had now applied to join the Joint Negotiating Forum.

Alexandra administrator Andre Jacobs said shack dwellers would not be evicted on the 7,000 sites of which 1,700 had already been serviced.

Meanwhile, STEPHANIE BOTHMA reports that an application by the Liazonia Landowners Association to prevent the TPA from resettling 200 squatters in their area was struck off the Pretoria Supreme Court roll yesterday.

Judge J M C Smilt removed the matter to the Master’s Court, citing no proper application.

In another action, lawyers representing the Diepsloot Residents Association yesterday asked for a suspension of the legalities of having squatters join as parties to the application.

A finding is expected today.

FW to get petition on hospital strike

LEADING medical academics from Wits University and Baragwanath Hospital said yesterday they would petition President F W de Klerk and Health Minister Rina Venter to intervene in the six-week-old strike.

They said 75 hospitals and 40,000 workers had been affected by the strike, a backlog of semi-urgent cases was building up and patients were being prematurely discharged.

The dean, deputy-dean and sub-deans of the Wits medical faculty and the chairman of the Medical Advisory Committee of the Baragwanath area’s main hospitals said the strike had become a “national crisis.”

“The ability of the medical and allied staff to continue work under these circumstances is extremely doubtful,” they said in a statement.

It called for a halt to dismissals until the crisis was resolved, even if this meant compulsory arbitration.

The dismissal of workers would “almost certainly place hospitals, staff, students and patients at further risk.”

The SAP warned yesterday that plans by the National Education, Health and Allied Workers’ Union (Nehawu), which is leading the strike, to occupy hospitals and government buildings would be illegal and “would invariably lead to confrontation with the SAP.”

Nehawu secretary-general Phillip Dexter said that “if the police get involved then our membership will have to defend themselves.”

Sapa reports that the Inkatha-aligned United Workers’ Union of SA has expressed its support for the strike, and that postal workers at Soweto’s Power Park Telecommunications Yard have decided to stop installing and maintaining telephones at Baragwanath Hospital.

Amid new rumours of assaults and intimidations by strikers, Baragwanath’s chief superintendent, Chris van den Heever, said that a fourth victim of last week’s petrol bomb attack had died. The 13-year-old boy was the son of one of the three who died last week.

Decker said an agreement which was reached yesterday afternoon in Cape Town between the Commission for Administration and employees organisations to give general assistants permanent status was “not concrete enough.”

The commission also agreed to consider claims that public servants in the education sector had received over Rtm more than they ought to and that some public servants might be reimbursed accordingly. Dexter, however, said that such a sum was totally insufficient.

ANC army on peace committee agenda

THE continued existence of the ANC’s armed wing Umkhonto we Sizwe is expected to be high on the agenda at today’s national peace committee meeting.

A source close to Inkatha said yesterday Umkhonto’s existence was a breach of the national peace accord, which outlawed private armies. The source said since talks between government and the ANC had broken down, the “unsolved MK issue” should be referred to arbitration in terms of the accord.

Inkatha had asked peace committee chairman John Hall to place the issue on the agenda for today’s meeting of the committee executive.

It is understood Inkatha has also urged the committee to discuss statements by ANC Youth League officials, which it regards as violations of the accord.

League president Peter Mokaba was quoted by a newspaper as saying the intention of his organisation’s mass action was to return townships to the era of “angeservantbility,” which characterised the mid-90s.

Ploy to make burials a lever

ANGER at continuing political violence has shifted into high gear, with township civic organisations threatening to bury victims in white areas.

The civic are also threatening to stage marches through white suburbs unless government ends the violence.

Civics Association of Southern Transvaal (Cast) general secretary Dan Mofokeng said yesterday civic organisations needed to carry “the struggle in all its forms” into the white suburbs because whites were apathetic about the violence.

“We are sick and tired of the ongoing violence... and unless government acts and puts an end to it, we are going to bury victims in the white areas,” Mofokeng said.

He said when the cemeteries were full, civics would have to “find space anywhere in the white areas.”

“If they see us burying our people in their areas, the whites are bound to bring pressure to bear on people they have elected to power to do something about the carnage,” Mofokeng said.

A policeman died in an attack yesterday, bringing the total number who have died this year to 169.

SAPA reports that regional police commissioner Maj-Gen Gert May said the attack occurred during an investigation of an attack in Malalupark, Vosloorus.

Two men armed with AK-47 rifles burst into the house, shooting dead F R Rihotso, 33. A second constable was seriously injured while a third escaped unhurt.

A shooting incident in Zone 11, Soweto, in the Vaal Triangle claimed the lives of two men on Monday night, a police report said yesterday.

Two men were gunned down in Bophatong on Monday evening, said PAC national executive member Mark Shinnars, but police were unable to confirm it.
Union offers to end hospital strike

Staff Reporters

The National Education, Health and Allied Workers' Union yesterday offered to call off its five-week-old hospital strike if the authorities reinstated dismissed strikers by Friday.

Nehawu general-secretary Phillip Dexter said that if strikers were given their jobs back, the union would seek other ways to fight its unresolved wage battle with the Commission for Administration (CFA).

If workers were not reinstated, Nehawu, with the help of civic associations and other organisations, would mobilise to intensify strike action. Entrances to Transvaal Provincial Administration institutions would be barricaded and TPA buildings occupied.

The Nehawu offer came as yet another victim of the strike, Joel Khatledi (13), died at the Baragwanath Hospital as a result of injuries sustained from a strike-related petrol-bomb attack in Soweto at the weekend.

His mother, Adelaide Khatlede (60), also died at the weekend. Three remaining family members are in a serious but stable condition at the hospital, a hospital spokesman said yesterday.

Nehawu has also criticised the media for sensationalising violence related to the hospital strike, saying there was no evidence of union involvement. “Unknown agents” were responsible, Nehawu said.

The union did not attend the two-day meeting between the CFA and 10 other employee organisations which ended in Cape Town yesterday.

Demands

Nehawu said it had boycotted the meetings as it focused on next year's issues while the union's wage demands had not yet been addressed.

A CFA spokesman confirmed that the meeting was aimed at addressing, among other issues, next year's non-financial matters and conditions of service. Nehawu said it was not satisfied with the agreement reached between the CFA and the Public Service Caucus — an umbrella body of 11 public-sector employee organisations that public servants would get an average 9.2 percent increase with effect from August 1 this year.

Nehawu is demanding a minimum wage of R724 and an across-the-board increase of 13 percent.

Meanwhile, Reef hospitals plagued by the five-week-old strike are handling only emergency cases.

Services at provincial hospitals in the Cape Peninsula were yesterday reported to have been so seriously disrupted that defence force members were called to intervene.

The Inkatha-aligned United Workers Union of SA yesterday expressed sympathy with striking hospital workers, but said those who continued to work had the right to do so.

An Uwusa statement called on officials of Nehawu to "pay attention" to attacks on Uwusa members and those who were still working.
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The Nehawu offer came as yet another victim of the strike, Joiz Khathladi (13), died at the Baragwanath Hospital as a result of injuries sustained from a strike-related petrol-bomb attack in Soweto at the weekend.

His mother, Adelaide Khathladi (46), also died at the weekend. Three remaining family members are in a serious but stable condition at the hospital, a hospital spokesman said yesterday.

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Doctors and nurses join dismissed workers

Scenes such as this occur daily at hospitals around the country as the strikes go on with no end in sight. There was a new development yesterday when doctors, nurses and paramedics at Garankuwa Hospital near Pretoria joined the strike in support of dismissed general workers.

PIC: PAT SEBOKO

Strike spreads to medics

■ DRAMATIC TURN Despite official warnings,

Garankuwa doctors and nurses down tools in solidarity with dismissed workers: Soweto 15/7/92

By Allinah Dube, Ruth Bhengu and Sapa

Doctors, nurses and paramedics at Garankuwa Hospital near Pretoria went on strike yesterday in solidarity with dismissed general workers.

The decision to join the National Education, Health and Allied Workers' Union (Nehawu) strike was taken at a meeting of professional workers at the Medical University of Southern Africa (Medunsa) on Monday.

A spokesman for the superintendent's office yesterday referred all inquiries to the Transvaal Provincial Administration (TPA) who were not readily available for comment.

For the past two weeks the group has been holding two-hourly demonstrations at the hospital protesting against the Government's handling of the strike nationally.

They said conditions under which they worked during the strike were such that they were unable to offer basic health care to patients.

Their decision to strike came after circulars were distributed among workers at the hospital, in which the hospital authorities warned doctors and nurses against striking and said those who did would be "dealt with".

The circulars further said the TPA's decision to dismiss striking employees was final and the recruitment of new staff was underway.

Meanwhile, one of the four survivors of last week's hospital's strike-linked petrol bomb attack on a Soweto house died at Baragwanath Hospital yesterday.

Joel Khatleli (13), died in the morning, according to Baragwanath superintendent Dr Chris van Heevel.

He said the three remaining family members - Mrs Sannah Mudlakane (63), Portia Khapile (17) and Mashi Khaleli (4) - were in a serious but stable condition.

Joel died a day after three other family members injured in the attack on the house at Natali Extension 2, had died. They were Miss Zodwa Mudlakane (42), Miss Buyiswa Khapile (24) and Miss Nongqobile Khaleli (40). The three were sisters.

At Pelonomi Hospital in Bloemfontein police arrested 153 people on Monday night after they had occupied part of the hospital.

Ninety women and 56 men, mostly dismissed workers, occupied the administrative section and police were called in when they refused to leave.
Doctors to join strike

IN SOLIDARITY: Health professionals down tools after 6000 hospital workers lose their jobs.

DOCTORS, nurses and paramedics at Garankuwa Hospital went out on strike yesterday in solidarity with fired hospital workers.

This now brings the hospital, which was recruiting labour to replace dismissed staff, to a virtual standstill.

Professional workers at other Transvaal hospitals where workers have been fired, or are still on strike, will now be under pressure to go on strike.

More than 6000 hospital workers who had been out on strike over salaries and working conditions have been fired by the TPA.

See story page 2
Nehawu rejects ‘cheap rumour’ of resignations

Several National Education, Health and Allied Workers’ Union members in Johannesburg resigned from the union over the past two days to show their dismay with the strike, the TPA said yesterday.

The claim was, however, immediately dismissed as ‘cheap, outdated propaganda’ by Nehawu vice-president Vusi Nhlapo, who said more workers were, in fact, joining the union.

TPA director of information Piet Wilken said the resignations occurred at the Johannesburg Hospital as well as the PW de Plessis laundry and the Kookvries factory in Rosslyn, Pretoria, but added that intimidations and assaults were creating “considerable problems” for job applicants and temporary and non-striking staff.

Members of the Posts and Telecommunications Workers’ Association (Potwa) have resolved not to maintain telephones and related services to Baragwanath Hospital and its satellite clinics in support of the strike, according to Potwa general-secretary Mlungisi Hlongwane.

But a Baragwanath spokesman said the hospital’s telephone service was normal.

Also yesterday, the SA Dispensing Practitioners pledged “undivided support” for the Nehawu strike. — Labour Reporter
Masa may help in health dispute

THE Medical Association of SA (Masa) looks increasingly like being drawn into helping resolve the dispute over health workers' pay and conditions.

There were indications in discussions last night that Masa, together with the newly formed SA Health and Social Services Organisation and other health groups, would be brought in as a mediator in the dispute between Nehawu and the authorities. The talks continue today.

The parties hope that Masa will be able to encourage intervention at the highest level.

A solution to the six-week-old hospital workers' strike also appeared closer after a meeting between Nehawu and the Cape Provincial Administration (CPA) in Cape Town yesterday.

Nehawu secretary-general Phillip Dexter said he was "optimistic and hopeful" any agreement reached in the Cape province would influence the outcome of strike talks in other provinces.

The CPA displayed a more progressive approach than the TPA, he said. His union had begun urging strikers in Natal and the Cape to return to work.

The CPA said yesterday that 2387 hospital, roads, community service and conservation workers were still on strike, LINDA ENSOR reports.

Striking workers marched through the Kimberley Hospital, while at Valkenberg strikers from surrounding hospitals gathered in the hospital and allegedly forced non-striking workers to join them.

Frere Hospital in East London announced that 90% of its work force had resumed work.
Hospital workers in the Cape have suspended their three-week strike and will return to work today, National Education, Health and Allied Workers' Union western Cape secretary Alistair Charles said yesterday.

The strike could be resumed on July 29 if dismissed workers in the Free State and Transvaal were not reinstated today.

The return-to-work decision followed 13½ hours of negotiations with the Cape Provincial Administration (CPA).

At a press conference, Mr Charles said the CPA had acknowledged the union's key demand for permanent status.

More than 300 strikers at the Kimberley Hospital ran amok yesterday, scattering rubbish.

The action followed the scene at Pelangeni Hospital in Bloemfontein the day before, when strikers occupied the hospital, paraded in the nude and disrupted services before being arrested by the police.

Union spokesmen allege a doctor drove into a crowd of strikers in his car and leapt out brandishing a meat cleaver.

In the Transvaal, the strike has resulted in the suspension of clinical teaching at the Medical University of Southern Africa because of the decreased patient load.

TPA deputy director of communication Deon van Loggerenberg has announced that many people had already been employed at several hospitals in a bid to normalise services.

Inkatha spokesman Ed Tilet has alleged that two IFP members hired by the TPA to fill the posts of fired workers at Tembisa Hospital have gone missing after allegedly being abducted by a group of dismissed workers on Monday.
State agents killed non-strikers, says union
Pressure is on to end hospital strike

CAPE TOWN — Agreement reached yesterday by the Cape Provincial Administration (CPA) and health union Nehawu to end the strike by 2,500 hospital workers in the Western Cape would put increasing pressure on other provinces to settle the six-week old dispute, the union said.

In terms of the Nehawu-CPA agreement, no worker will be victimised, no disciplinary action will be taken against workers and no worker will be dismissed.

Nehawu (the National Education, Health and Allied Workers' Union) regional chairman Wilfred Alcock said the CPA had agreed to take legal action against the union.

The CPA had also agreed to minimise workers' loss of earnings by paying them for the strike period but deducting these wages from their pay over five months.

The CPA undertook to make representations to the Commission for Administration to consider mediation to resolve the dispute and to make representations to the Transvaal Provincial Administration and its Free State counterpart to reconsider their dismissal of workers.

Alcock said the CPA had distanced itself from the dismissals, supported mediation and the demand for internal dispute resolution mechanisms. He said the union was grateful for the CPA's progressive attitude and that dialogue had resolved the dispute. He said it was not necessary to use force to resolve crises and that the police should not be used in industrial relations disputes.

Alcock said representations would be made to settle the dispute along similar lines elsewhere in the Cape.

But in Johannesburg, Nehawu vice-president Yvonne Nhlapo said the TPA was digging itself in very deeply.

He warned that the TPA had until 4pm to reinstate dismissed workers and that unless this demand was met, occupation of hospitals and government buildings would begin.

Representations had already been made to the Goldstone commission in anticipation of confrontations which might result from such actions.

He also warned of possible conflict with workers employed after the dismissal of strikers. Many of them were sympathetic to Inkatha and hostile to Nehawu and Cosatu and, he alleged, some of them had been armed by the TPA. Non-striking Nehawu members at Baragwanath Hospital had already been intimidated by new employees, he said.

Sapa reports that services at seven eastern Cape hospitals were returning to normal as workers returned to their posts, but that at Ga-Rankwana Hospital near Pretoria all but one of the administrative staff were absent.
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Behind the barricades at Hillbrow hospital

Our moral obligations do require us to remain at work, and there is nothing else we can do

Nurse at Bara

They say: "Now that's all uncleared. Be the nurse you teach Inkatha. That is striking workers at Trasusl Hospital. Where are they? Don't they realise we are fighting for them too?"

Nchabatoba, a resident who works at Hillbrow Hospital, is the National Education, Health and Allied Workers' Union (Soweto) secretary and one of the few nurses on strike. "Being a nurse," he says, "implies an obligation to heal people. My people are suffering because of below-bargain wages, so my obligation is to strike."

"I can't abandon my patients just because I can't get a little bit of hospital education that propelled me into the middle class."

Nursing has traditionally been one of the few professions open to black women, but has long been bastions of African society. Now, Nurse Nketa is saying, nurses have sold out to the doctors. If you touch become more preoccupied with their housing subsidies and bonds than with the good of society.

"But we are in a most difficult position," explains a nurse who, like all the nursing sisters interviewed this week, requested anonymity. "We are medically trained from all sides. The doctors who are in charge, from our former colleagues who threaten to fire us, and from our own discipline. We are not protected by the hospital. And, says one sister, 'most of us are very sympathetic with the workers.'" But we've done all we can. When nursing students were arrested for picketing without the strikers, we protested the administration to secure their release.

At Nketa's suggestion, we proposed a skeleton staff to the administration and they refused it. We have met the highest authorities, calling urgently for enforcement of the strike, but we have been ignored.

"Our moral obligations do require us to remain at work, and there is nothing else we can do.

Every evening, when this sister leaves work through the Baragwanzath gate, striking workers who used to be in her ward greet her. Sometimes, she digs into her purse and gives them some cash. "I've heard of intimidation," she says, "but I've never felt it myself. Some nurses have been indifferent but at least I know it is viciously against the strikers."

On the truth, she continues, "there is often talk about the strike. But nobody ever pays a finger at me in uniform. Usually, all they say is that patients are dying at Bara is because there is no food, and I have to laugh at myself, because I know it isn't true. I've been feeding the patients myself."

The situation is different at Hillbrow, where striking workers were responsible, according to some of the more progressive nurses at the institution, for at least eight assaults on nurses. "There's terror and paranoia and rage at Hillbrow," comments one nurse there, "and the assault turned into a very suspicious nursing staff election against the strikers."

"When one nurse stood up at a meeting and suggested that we write a letter to show solidarity, as a way of smoothing over the tension, she was actually booed down. 'Let them fight their own battles,' the nurse said. Some were even suggesting bringing people to attack the strikers. I don't think they meant it but that just shows you the extremes of their anger."

A major part of the problem, comments a senior nurse sympathetic to the strikers, "is that Nehawu has not organised properly among the nurses. We are health workers, and by putting pressure on us to strike, the union is insensitive to the professional obligations we have towards patients' demands. If the union had consulted us, we might have worked out a way we could support them."

The 1990 hospital strike remains a bitter memory for the present-day correspondence nurses at Nketa's hospital. "I'm not even the strike now," she says. "I'm just too old."

Stories by MARK GIEVISSEN and pictures by KEVIN CARTER
SA plans to build US$3bn coal-fired power plants after Supreme Court verdict on 17300 workers.

On Wednesday, the employee organisations released a statement on Thursday.

The statement condemned the state government's move to dismiss 17,300 workers, saying it was a violation of their rights.

The statement also condemned the state government's move to build a US$3 billion coal-fired power plant, saying it was environmentally destructive.

The state government is expected to comment on the issue shortly.
State taking sides in health strikes?

July 10 to July 22, 1982

By John F. O'Brien
Bara march erupts

Sunday Times Reporter

TENSIONS ran high yesterday when a group of demonstrators pushed, kicked and struck a police van, denting the driver's door, at about 2.00 pm. Protesters — some armed with cutlass, sharpened metal rods and pangas — were about to leave Baragwanath hospital after marching there.

Although angry marshals pushed the unruly marchers away, dozens of soldiers with rifles — some with bayonets fixed — advanced towards the protesters.

The marshals, trying to avert further eruptions, led the marchers back into Soweto.

There was a heavy police presence inside the hospital grounds, while at least eight SA Defence Force armoured vehicles followed the marchers on their route.
Preparation to tackle apartheid

People's power: the new national health and social service system will have the power to recover the national health and social services from the paralysing grip of apartheid. The new system will be based on the principle of equal access for all, irrespective of race, colour, or creed.

The system will be managed by a national board and will be responsible for the provision of health care, social services, and welfare benefits. It will be funded through a progressive tax system, with contributions from all income groups.

The new system will be implemented gradually, with the first phase beginning in 1980. This will include the establishment of a national insurance scheme and the introduction of a new National Health Act.
Minister wants to ban hospital strikes

HEALTH Minister Rina Venter — in only her third public statement on the hospitals strike since it began almost two months ago — said at the weekend she planned to ban strikes at hospitals.

She said she would do "everything in my power to make it against the law but at the same time to make sure that proper negotiations mechanisms are set up". She wanted hospitals declared an essential service to make strikes "impossible".

However, in terms of existing legislation, the strike is illegal because state workers are not covered by the Labour Relations Act.

Venter said she got the idea from Kenyan President Daniel Arap Moi when he visited SA recently.

She said at the weekend: "If I had had any news then I would have made a statement, but there is nothing new." Negotiations were solely a matter between the provincial administrations and the unions. The salaries issue would not be reopened.

"There is no more money," she said.

National Education, Health and Allied Workers' Union (Nehawu) vice-president Vusi Nhlapo said Venter was "one of the most inept ministers ever to come out of the NP".

He said an attempt to ban strikes would lead to a strike against a ban. If she wanted to protect essential services she should set up a mechanism for compulsory arbitration, Nhlapo said.

Venter defended herself, saying she had persuaded Administration Minister Org Marais to attend a forum with employee bodies last week which Nehawu had boycotted.

Venter would meet Marais today.

Attempts to resolve the strike will continue this week. Nhlapo said Nehawu wanted Saccoola intervention and attempts were being made through the employer body toSubset the TPA again. The hundreds of doctors, nurses, and paramedics marched within the Baragwanath Hospital grounds on Friday. On Saturday, about 2 000 people marched on the hospital and handed over a petition demanding normalisation of hospitals, reinstatement of dismissed workers, an end to hiring "scab" labour and that the TPA stop harassing and intimidating dismissed workers.

Police and SANDF troops locked the hospital gates to prevent marchers from trying to occupy the administration building. The marchers said they would return a week later if the demands were not met.

The march took place the day after Nehawu's deadline for the reinstatement of about 7 000 dismissed workers at Transvaal hospitals expired.

The TPA said on Friday intimidation by strikers was continuing and that almost 100 Nehawu members had handed back membership cards.
Nehawu 'takeover'

THE National Education, Health and Allied Workers Union (Nehawu) has set next Saturday as the "takeover" day of Baragwanath Hospital in Soweto. Nehawu's assistant general secretary, Mr Neil Thobekane, said yesterday: "That seems to be the only action the TPA will understand.

Meanwhile, the union signed an agreement with the Cape Provincial Administration last week allowing workers to return to work, according to Thobekane.
State blamed for hospital strike

By Paula Fray

Dismissed hospital strikers should be reinstated and the continuing dispute paralysing State hospitals should be referred for independent arbitration, according to the recently launched SA Health and Social Service Organisation (Sahso).

The organisation, which incorporates a broad range of medical professionals and health care workers' groups, was launched in Johannesburg this month.

Laying the blame firmly on the Transvaal Provincial Administration, Sahso publicity secretary Dr Aslam Dasoo said the strike had all the hallmarks of a long and bitter dispute not being resolved because of entrenched positions.

“We believe the union has been flexible in that the initial demand of a R1 300 minimum wage has now dropped to R724 a month with a 15 percent across-the-board increase.” The second demand was for an end to temporary employment.

These demands, which were legitimate, had been ignored by the TPA, he said.

Intransigence

“Our demands are that the dismissed workers be reinstated and that the matter be resolved through arbitration so that health services can now be provided adequately. Certainly patients have suffered – not as a result of the union's actions but because of the intransigence of the State in failing to address the demands of the workers.”

The international guidelines for strike actions made clear that industrial action could not be a tools-down approach in the health sector.

Dr Dasoo said workers accepted that because they were providing an essential service, emergency services were required. “But the TPA took out a court interdict and locked them out and then went on a moral crusade against them for jeopardising patients' lives. To this day, the workers are still prepared to provide emergency services.”

● Prescription to tackle apartheid – Page 13
Rival union to target health workers

THE Inkatha-aligned United Workers' Union of South Africa (Uwusa) would begin a recruitment drive among 900 hospital workers appointed to replace dismissed strikers, Uwusa national PRO Duke Senakgomo said yesterday.

Senakgomo said that by Thursday a strategy would be drawn up to attract new workers to Uwusa ranks.

Baragwanath Hospital obstetrics and gynaecology professor and Medical Advisory Committee chairman Cyril van Gelderen warned the recruiting drive "will almost certainly cause disharmony, maybe even worse".

SA Health and Social Services Organisation (Sahso) general secretary Dr Rafik Bismilla said "while other workers are on strike it would be incorrect for other unions to move in".

By employing new workers, he said, the TPA was "sowing the seeds of future conflict".

Nehawu officials were yesterday expecting a response from the TPA on the union's demand that workers be reinstated. Soccisa had agreed to act as a mediator between the two parties.

The PAC also joined the fray yesterday by calling for an urgent resumption of negotiations between Nehawu and the TPA, Sapa reports.

A spokesman for the PAC's West Rand region said it supported Nehawu's demand for a living wage and had decided to establish contact to help end the deadlock in the negotiations.

"We are mainly concerned with the suffering of black patients in Baragwanath and other hospitals," the PAC spokesman said. "Both sides must realise blacks are suffering and their attitudes, and particularly the TPA's, are not helpful."

Meanwhile, the three-week strike at Cape provincial hospitals showed no sign of letting up by yesterday as members of the Health Workers' Union (HWU) continued their protest over wages and service conditions.

Most Nehawu members had returned to their posts, but about 300 remained on strike at three hospitals.

In a statement yesterday, the Cape Provincial Administration said WHU members remained on strike at the Groot Schoor, Mowbray Maternity, Valkenberg, Woodstock, Somerset, Conradie, Victoria and Brooklyn Chest Hospitals in Cape Town.

The CPA said 262 Nehawu members were on strike at Kimberley Hospital.

Nehawu, whose members spearheaded the national strike, suspended its action in the western Cape last Thursday pending the reinstatement of fired workers by the Transvaal and Free State provincial administrations.

The situation at Pelonomi Hospital, at Mangaung near Bloemfontein, was tense yesterday after strikers overturned garbage cans and food in the wards.
Bara 'hiring Inkatha men'  

By Montshiwa Moroke

Baragwanath Hospital has recruited Soweto hostel inmates and workers from Natal to fill jobs vacated by fired strikers, members of the National Education Health Workers Union (Nehawu) said at a press conference yesterday.

A Nehawu member — who wished not to be identified — said some employees at the hospital and clinics were concerned about their safety because they believed the men were members of Inkatha, hired to "deal" with strikers.

They had been recruited from the Merafe, Diepkoef, Nancefield, Mzimhlope and Jabulani hostels.

Hospital nurses have confirmed the men were hired to clean floors and run errands. Nursing sisters said information from the men was that they came either from hostels or from Natal.

One Nehawu member said she had been warned by the recruits that if anything happened to non-strikers she would be blamed.

Deputy-director of community services at the Transvaal Provincial Administration Deon van Loggenberg yesterday denied the Nehawu accusations.

"If a group or groups from hostels came to the hospitals on their own to do voluntary work, it would not be correct for the hospitals to show those people away," he said.

That would be to discriminate against them just because they are hostel dwellers. You cannot turn them away on the grounds that they have a tendency towards violence. They may not be involved in the violence," he said.

The Star's Pretoria correspondent reports that four members of Nehawu yesterday appeared in the Pretoria Regional Court in connection with alleged intimidation at Ga-Rankuwa Hospital.

No charges were put to Betty Matshia (29), Ernest Mothabela (32), Joseph Mangee (30) and Samuel Mokoma and they were not asked to plead.

The hearing was postponed to August 18.
We don’t give preference to hostel dwellers — Bara

Baragwanath Hospital yesterday categorically denied giving preference to hostel dwellers to fill positions of dismissed strikers or by using them as volunteers.

National Education, Health and Allied Workers’ Union members claimed at a press conference on Monday that the hospital had recruited Soweto hostel dwellers and workers from Natal to fill jobs left vacant by dismissed striking workers.

Baragwanath superintendant Dr Chris van den Heever said rumours that the hospital was hiring hostel dwellers “could be part of discreditation propaganda”.

No specific efforts were made, said Dr van den Heever, to take on volunteers who lived in hostels. — Staff Reporter.
Hospital protests go on as vacancies are filled

PROTESTS at hospitals continued yesterday as hospital administrations began the process of employing new workers. 37

More than 7,000 vacancies were left after strikers were dismissed. 37

About 450 people were arrested while demonstrating outside the Hillbrow Hospital yesterday, said National Education, Health and Allied Workers' Union (Nehawu) regional secretary Bengani Tsimo. Police confirmed strikers were arrested for disrupting the flow of traffic.

On Monday Tsimo and four other union officials were arrested when they staged a two-hour sit-in at Hillbrow Hospital.

Tsimo said yesterday the TPA's decision to dismiss strikers would only escalate the action.

Hospital authorities said health services were still operating on an emergency basis, but the situation would return to normal once new staff had been employed.

KATHRYN STRACHAN

Cape hospitals were still being hit by the Health Workers' Union (HWU) strike. The Cape Provincial Administration (CPA) last week reached an agreement with Nehawu that its members would return to work on condition that no disciplinary procedures would follow.

TPA deputy director Deon van Loggerenberg said yesterday it would not be possible for the TPA to follow this example.

CPA spokesman Melanie Dedelkind said yesterday attempts were being made to bring the CPA and HWU together this week to reach a similar agreement.

CHARLIE PRETZLIK reports that an agreement on the return to work of almost 2,000 striking hospital workers in the northern Cape was on the verge of being concluded last night.

There is also hope of a resolution to the dispute between Nehawu and the Provincial Administration of the Free State.
The Diamond Store That Saves You More

Intimidatory pamphlet

Nehaun deneris an

NEWS

Teachers join mass action

Teacher union tells Goldstone Commission that it knows nothing about pamphlet
Hospitals remain on alert

The hospital strike was over but hospital authorities would remain on guard until after August's general strike, TPA officials said yesterday.

TPA chief director, administrative services, Pieter van Niekerk said hospital services would be returned to normal only once the threat of a general strike was over.

The TPA had instructed hospitals not to fill beds so that they were prepared for another wave of protest action next month. Van Niekerk said they would continue to operate on an emergency basis, discharging patients as soon as possible.

Almost 4 000 new appointments had been made to fill the positions left when about 7 500 strikers were dismissed, and a further 1 600 applications were being processed. The full quota would be made up once services had returned to normal.

Although general assistants were fired from 26 hospitals, the situation had normalised relatively quickly at most of the smaller hospitals in the province. Services at 11 larger hospitals remained affected.

National Education Health and Allied Workers' Union (Nehawu) secretary-general Philip Dexter said the TPA had not discussed the situation with the union. Nehawu would be part of the general strike, but staff would offer to work on a skeleton basis so that services would not be disrupted.

But Baragwanath Hospital superintendent Chris van den Heever said yesterday many patients, who normally came early for treatment, were afraid to go to the hospital during the strike.

"The result is that extremely ill medical and paediatric cases have been admitted lately, many with complications of respiratory tract infections, neglected diabetics and cardiac patients," he said.

Last week 13 patients died in a 24-hour period in the medical admission ward, compared with two to four cases under normal circumstances, he said.

Van den Heever said the hospital had been inundated with critically ill and seriously injured patients in cases directly related to township violence and the hospital strike.

Violence-related statistics at Baragwanath had soared, with more than 51 000 trauma patients treated in the past year, mostly with stab wounds, he said.

Intermediary

Charlie Pretzlik reports that despair has fallen on Nehawu as it awaits a response from the TPA a week after the union attempted to enter into negotiations with the body through employers' association Saccola.

Last week Saccola sent a request from Nehawu to the TPA for the reinstatement of dismissed workers. A response had been expected on Monday. The move was an attempt to involve Saccola as an intermediary between the two parties.

Dexter said: "We've pursued all the avenues, but they won't even listen to big business. "We just do not know what to do next," he said.
Politics in the wards

Weekly Mail Reporter

THE hospital strike is increasingly moving into the political arena, as provincial administrations continue to stonewall union demands for the reinstatement of 8,000 fired workers.

In the latest development, the Soweto Civic Association (SCA) is threatening to "take over the running" of Baragwanath Hospital on Saturday if the Transvaal Provincial Administration (TPA) fails to move towards resolving the strike by the end of the week.

And the Congress of South African Trade Unions, to which the National Education, Health and Allied Workers' Union (Nehawu) is affiliated, has resolved to include demands for the resolution of the strike as part of its mass action platform.

In solidarity this week, the SCA and the Cosatu-affiliated South African Municipal Workers' Union joined Nehawu in marches on hospitals in Soweto and Ga-Rankuwa.
Novel scheme takes health to the people

Distrust has been put aside as state funders and community groups work together on a new health project, writes Justin Pearce:

A NEW project that is pioneering the training of community health workers in the Western Cape hopes to see 120 trainees pass through its doors each year.

The scheme - a training centre for people chosen by their communities to serve as health workers - is the first systematic effort to develop the skills of community health workers. Once the project is running at full speed, the plan is to teach eight groups of 15 trainees each year.

Another novel aspect of the project, which started this month, is that it is providing a model of cooperation between community-based organisations and state funders.

The founders of the project were at first suspicious about embarking on a venture that involved state sponsorship - in this case the Western Cape Regional Services Council (RSC).

Said senior trainer Ms Keli Xorile, "When we drew up the contract with the RSC we were careful that it did not allow them to make the rules."

Now the founders believe they have been fortunate in dealing with individuals at the RSC who have acted in good faith.

But Dr Bob Mash, of the SA Christian Leadership Association's (Saca) health project, warned that this goodwill had not yet been put to the test. The scheme has not reached the stage where communities have initiated their own health care projects and approached the RSC for funding. From the trainers' point of view this is the ideal situation, but it remains to be seen whether the RSC will comply.

The training centre is located at the Ubuntu Community Centre in Guguletu - but only for now, since the project is still in the experimental stage.

"We didn't want to spend money on a fancy building and then find it was not what we needed. Once the project is under way we can look at future needs," said Xorile.

She describes a primary health care worker as "a jack of all trades who is on duty 24 hours a day."

Community health workers are the solid base which a health care system needs to survive. Working mostly with impoverished and under-educated people, they ensure that people know how to see to their own health needs and reduce the pressure on medical services by preventing illness and injury.

The training scheme originated when the Progressive Primary Health Care Network (PPHC) was approached by the RSC, which had funding to train 20 community health workers to work in Site C Khayelitsha.

THE PPHC felt that in the Western Cape, Saca was best suited to run the training scheme as it had trained workers for its own health projects in the Cape Flats.

The first 10 workers for the RSC initiative were trained last year. The RSC then came forward with a proposal and funding for a further 60 trainees, who would work in the Maccasar and Harare districts of Khayelitsha.

Ms Xorile said: "Saca did not have the capacity to train so many people - and anyway it is not our job. We need to develop a culture where health workers are responsible for their own homes. There they can expect to attend to people at any time of the day or night, occasionally making house calls if necessary."

The health workers are responsible for educating their communities about how to stay healthy, advising on nutrition and preventative medicine.

They need to be able to carry out basic curative tasks such as dressing wounds and administering medicines, but refer patients to a doctor for more specialised care.

Lightly populated in the areas served by Saca have used the services of a community health worker at some time, according to a survey conducted by Saca last year.

HEALTH STARTS HERE: Trainer Ms Keli Xorile teaches new health workers the skills they will disseminate at home.

Health workers may find themselves acting as facilitators for community development projects. If a community decides that it needs a creche or some other amenity, the health worker is usually the first person to be approached and may have to take the request to the relevant authorities.

Trainers are keeping an open mind about the project's future direction.

"We are serving the Western Cape and don't want to go national while we are still at the experimental stage," said Xorile.

"We don't want to raise people's hopes too much but we do want to make the project work. Primary health care is a matter of life and death."
Volunteers fill Soweto health care gap
CAPE TOWN — The degradation of health services in Vaal Triangle townships will not be allowed to continue, Minister of Health Dr Rina Venter said in a statement from Cape Town on Saturday.

Township violence, particularly in the Vaal Triangle, led to health hazards.

An urgent inquiry by the Department of National Health and Population Development showed that:
- The lack of refuse removal posed health hazards.
- The maintenance of an otherwise effective sewerage system was being sabotaged by radical elements.
- Maintenance personnel were being intimidated.
- Health personnel were prevented from moving freely and essential immunisation could not be undertaken.
- Essential emergency medical services, such as transporting maternity patients, could not be rendered.

"These conditions cannot be tolerated. It is the Government's responsibility to ensure that basic health services are rendered uninterrupted," she said. — Sapa.
Hospital strike was avoidable - Masa

By Paul Fray

The tragic consequences of the ongoing labour disruptions at hospitals could have been prevented if adequate dispute resolution mechanisms existed, Medical Association of SA (Masa) federal council chairman Dr Bernard Mandell said yesterday.

Masa called for the urgent establishment of a negotiation structure in accordance with accepted international labour relations practice.

The call came as the Transvaal Provincial Administration (TPA) said in a statement that all dismissals of strikers were final.

National Education, Health and Allied Workers' Union (Nehawu) general-secretary Phillip Dexter said the union was "obviously disturbed, but not surprised" at the TPA action. "It just means we will have to intensify our actions," he said, adding that Nehawu's programme of occupation of hospitals would continue.

The TPA yesterday reported several violent strike-related events in the Transvaal at the weekend. It said dismissed Gu-Rankuwa Hospital workers threatened to burn down the houses of several hospital employees.

Two hospital workers were treated for burns on Saturday after their houses had been petrol-bombed, the TPA said.

A 44-year-old Johannesburg man underwent an emergency heart transplant operation at Cape Town's Groote Schuur Hospital at the weekend, despite pressure on resources due to the strike.

About 600 members of the health workers' union were still on strike at eight Cape Peninsula hospitals yesterday.
CP softens stance to hold talks with Vance

US SPECIAL envoy Cyrus Vance would meet CP leader Andries Treurnicht and other officials today, a UN source said yesterday.

The meeting represents a dramatic about-turn by the CP which previously rejected Vance's mission out of hand because it said it constituted meddling in SA's domestic affairs.

The encounter, which had been confirmed by the CP, will probably discuss the CP's refusal to participate in formal negotiations at Codesa.

Vance would also meet COSATU delegation and Boerestaat Party leader Robert van Tonder today, the source said.

Arrangements were still being finalized for meetings with ANC president Nelson Mandela and business leaders.

Vance met renegade former CP MP Koos van der Merwe, Afrikaner Freedom Foundation head Carel Boshoff, the Labour Party, the Natal Indian Congress and several prominent lawyers yesterday.

A memorandum handed to Vance by Van der Merwe called on the UN to force the ANC back to negotiations.

Ray Hartley

Van der Merwe described the 'ANC's mass action campaign as "graveyard politics" and called on the UN to ask the organisation to call it off.

"I am an Afrikaner and I am representative of the modern Afrikaner who rejects racism and apartheid and is keen to be part of the solution rather than part of the problem," he said in the memorandum.

In an interview after the meeting, Van der Merwe warned of possible right-wing violence if a new constitution was not drawn up speedily.

"Under the right-wing umbrella hides a military power of many hundreds of thousands of trained soldiers with an intimate knowledge of every aspect of modern warfare," he said.

Van der Merwe described Vance as well-informed and open-minded.

Among the legal experts Vance met were John Dugard of the Independent Board of Inquiry and Brian Curren of Lawyers for Human Rights.

Hospital strike 'unnecessary'  

THE tragic consequences of the hospital strike could have been averted if adequate dispute resolution mechanisms existed in the public sector, the Medical Association of SA (Masa) said yesterday.

In a statement Masa chairman Dr Bernard Mandell said an urgent meeting between Masa representatives and the weekend resolved to call for the immediate establishment of a negotiating structure in accordance with international labour standards.

"Every possible effort must be made to avoid deadlocks, as nobody benefited and thousands of people have suffered," Mandell said.

He said public sector employees' rights and obligations should also be entrenched in appropriate legislation.

The call for a dispute resolution mechanism was among key demands made by the National Education, Health and Allied Workers Union (Nehawu) during the two-month hospital strike.

As vacancies in hospitals were filled and health services returned to normal, dismissed hospital strikers continued with their protest action yesterday.

Nehawu regional secretary Bongani Tshomo said about 600 dismissed workers marched on the Manpower Department's regional office in Johannesburg.

The union plans to march on John Vorster Square at midday today in protest against alleged police victimization during the strike.

Kathryn Strachan

Nehawu members who occupied the superintendent's office at Natalspruit hospital on Friday were joined by ANC NEC member Winnie Mandela.

Over the weekend several reports of intimidation and crime were received from GaRankuwa and Natalspruit hospitals, a TPA statement said.

At Natalspruit a nurse's husband was shot dead on his way to work, while another employee was attacked with a knife.

Dismissed workers at Ga-Rankuwa Hospital threatened to burn down the houses of several hospital employees. On Saturday two hospital workers were admitted and treated for burn wounds after their houses were petrol bombed, the TPA said.
Top US team to train black health workers

By Hugh Robertson
Star Bureau

WASHINGTON — Medical Education for South African Blacks (Mesab), an American organisation which this year alone has provided more than 400 scholarships to black South Africans to study medicine at South African universities, has launched a new project — a volunteer corps of black American and Jewish American medical specialists who will go to South Africa to teach and work.

The new project is to be officially launched later this week at a reception in the US Senate hosted by some of the most influential members of Congress, among them Senator Paul Simon, Senator Nancy Kassebaum, Senator Edward Kennedy, and Senator Orrin Hatch. Some of the most distinguished medical specialists in the US have either agreed to serve in the corps, or have indicated a strong interest.

Among the first volunteers, who will spend between six weeks and six months in South Africa, will be Dr Gary Dennis, chief of neurosurgery at the Howard University Hospital in Washington, Dr Theodore Steinman, a kidney specialist at Harvard Medical School, his wife Dr Carol Steinman, a psychiatric social worker, and Dr Arthur Yancey, a specialist in emergency medicine at Johns Hopkins University in Baltimore.

The first group will work in the Cape Town area, where Mesab organisers say the influx of blacks from desperately poor rural areas has put a heavy strain on medical services, and they will join efforts by the University of Cape Town and the University of the Western Cape to improve training for community service among blacks.

Mesab hopes to expand the project in South Africa.

A Mesab spokesman said the new project was being funded by a grant from the Marjorie Kovler Fund, which has a particular interest in promoting better relations between blacks and Jews. The fund has also provided support for Mesab scholarships and training projects. Mesab's major role is in providing financial aid to black students in the health sciences in South Africa.
Civil service may face new wave of protest

The Commission for Administration has until noon today to reinstate dismissed health workers, or face a new wave of protest in the public sector, the National Education, Health and Allied Workers Union (Nehawu) warned last night.

However, the Transvaal Provincial Administration remained adamant yesterday that hospital worker dismissals were final, saying it considered the strike over.

It did however wish to negotiate with trade unions a formal dispute resolution mechanism.

Yesterday, about 2000 Nehawu members marched through Johannesburg to protest against alleged police involvement in the hospital strike.

Nehawu Johannesburg branch chairman Siphiwe Mazibuko said police — under the pretext of enforcing court interdicts — were assisting the TPA to thwart efforts by striking workers to demonstrate for a living wage.
TALKS WITH

Nehawu

Soweto 29/1/92

The union of the National Union of Metalworkers of South Africa has announced its determination to provide
mechanisms to settle disputes in the public sector. The union has already sent a delegation to the National
Ministry of Labour to discuss the matter. The union's statement read: "We have decided to take action to
ensure that our members are protected in the workplace. We will not tolerate any form of harassment or
discrimination in the workplace."

The National Union of Metalworkers of South Africa has been at loggerheads with the Government over
the implementation of the National Minimum Wage Act. The union has been protesting against the
implementation of the act, which they believe will lead to the loss of jobs and the deterioration of
workers' rights. The union has been demanding a workers' charter that will guarantee their rights and
福利.
Kids fight for their lives

By Alinah Dube

Two children aged three and 12 years are fighting for their lives at Garankuwa Hospital following a predawn petrol bomb attack on their home in the township yesterday.

This was the third such attack on non-striking workers at the hospital in less than three days.

The latest victim is a middle-aged mother of two, who is a cleaner at the hospital and a non-member of the National Education, Health and Allied Workers' Union (Nehawu).

She suffered severe hand burns in a frantic attempt to save her children from the burning house.

The hospital's chief medical superintendent, Dr. JJ Crous, confirmed yesterday that the children suffered third-degree burns.

For fear of reprisals, the woman's name and those of her children are being withheld at the family's request.

Speaking on condition her identity was not disclosed, the woman said she was awoken by a loud bang about 1.30 am.

Going up in flames

"As I struggled to work out where the sound came from, I saw my curtains going up in flames. The bed I shared with my son and daughter also caught fire," she said.

"There was panic everywhere. I did not know what to do when I saw my defenceless kids and the entire room engulfed in flames," she added.

The three - trapped in the burning house - were rescued by a relative who was sleeping in an adjacent room who was wakened up by screams. He smashed the bedroom door and whisked the children outside.

"Although he managed to rescue us, the children were already severely burnt. We were rushed to hospital in a neighbour's car," she cried.

The incident is one of spiralling attacks on non-striking workers by alleged Nehawu members since the strike started.

The Transvaal Provincial Administration announced on Monday that two Garankuwa Hospital employees were treated for burns after their houses were petrol-bombed at the weekend.

A spokesman for the TPA said the incidents took place on Saturday after dismissed workers from the hospital had threatened to burn down houses of non-striikers. Names of the victims were not available.
Private hospitals now the target of health protesters

By Paula Pray

The hospital labour dispute will be taken to private hospitals from today in a "symbolic" gesture, National Education, Health and Allied Workers' Union (Nehawu) assistant general secretary Neal Thobejane said yesterday.

Workers would march on Johannesburg's Park Lane Clinic today, he said.

At a press conference in Johannesburg yesterday, the union reiterated that, despite Transvaal Provincial Administration statements to the contrary, the strike by hospital workers had not ended and moves to have strikers reinstated would be intensified.

Yesterday, TPA health services MEC Fanie Ferreira said the administration was prepared to consider re-employing dismissed workers on merit, depending on vacancies. However, it was not normal policy to reinstate dismissed workers fired for misconduct.

SA Health and Social Services Organisation (Sahso) publicity secretary Dr Adam Dasoo said numerous efforts to secure meetings with Government ministers on the issue had been fruitless. Sahso would therefore discuss calling for the reimposition of the international academic boycott.

Cosatu spokesman Sipho Binda said affiliated unions had thrown their weight behind Nehawu and would ask companies going to hospitals not to cross picket lines, and call for hospitals and other TPA institutions to be the target of occupations and demonstrations.

Yesterday, a few hundred workers at Pelonomi Hospital in Bloemfontein returned to work after a brief stoppage in support of 18 dismissed strikers.

Dr Dasoo said several nurses from Soweto clinics — including senior Sahso official Aubrey Senne — were arrested while marching to Baragwanath Hospital in support of strikers.

A small crowd of Nehawu members marched on Weskoppies Hospital demanding their jobs back.

Boy dies after home bombed — Page 5
Dismissed workers battle on.

The Transvaal Provincial Administration may consider the hospital strike over, but for the angry and bitter dismissed hospital workers who demonstrate daily outside Soweto's Baragwanath Hospital, the dispute is far from resolved.

They arrive at the start of the normal working day — about 7.30 to 8 am — and leave promptly at 3.45 pm.

They refuse to accept that they no longer work at Baragwanath Hospital.

So far, their almost two-month-long strike has brought the National Health, Education and Allied Workers' Union members no success.

No hospital official has come outside the gate to speak to them, nor to chase them away.

So they just carry on demonstrating, armed only with persistence and determination to get their jobs back.

Other hospitals in Johannesburg, by contrast, were quiet yesterday. — Staff Reporter.
Stikes are not over, says Union

Workers at Fruita Hospital in Fruita, Colorado, have joined 1990 hospital workers' strike, the latest in a series of strikes by hospital workers across the country. The Colorado Hospital Association has been criticized for not negotiating with the workers, who are demanding higher wages and better working conditions.

The workers are members of the Service Employees International Union (SEIU), which is one of the largest unions in the United States. The union represents over 1 million workers in health care and other industries.

The strike began on November 1, 2021, and is expected to last for several weeks. The hospital management has offered some concessions, but the workers are demanding more significant changes.

The strike is part of a broader movement of hospital workers across the country who are demanding better pay and working conditions. The pandemic has highlighted the need for better support for hospital workers, who have been working under difficult conditions.

The SEIU is calling on the hospital management to negotiate in good faith and to ensure that the workers' voices are heard. The union is also calling on the Colorado Hospital Association to support the workers' demands.

The strike continues to draw attention to the need for better support for hospital workers, who are facing significant challenges during the pandemic.
Protests stop schooling

KATHRYN STRACHAN

SCHOOLING in Soweto and Alexandra came to a halt yesterday as teachers protested against the dismissal of a colleague.

Department of Education and Training (DET) spokesman Sol Mashoka said almost all of the 60 high schools in the region were affected.

An SA Democratic Teachers' Union (Sadtu) spokesman said more than 3,000 teachers and thousands of pupils protested.

The DET said it was not responsible for dismissals at state-aided schools.

Jo'burg clinic workers join hospital strike

WORKERS at six private hospitals in Johannesburg joined the two-month-long National Education, Health and Allied Workers' Union (Nehawu) strike yesterday.

The general assistants began their strike by marching on the Park Lane Clinic yesterday morning. A group of six union officials handed a list of grievances to the management of Clinic Holdings — which controls the six private hospitals.

However, our Cape Town correspondent reports that Nehawu's plan to disrupt private clinics in that city fizzled out yesterday with no institutions reporting buildings occupied, demonstrations or sit-ins, despite an announced campaign.

About 600 health workers' union members are still on strike at Groote Schuur, Mowbray Maternity, Valkenburg, Woodstock, Somerset, Conradie, Victoria, and Brooklyn Chest hospitals and the Central Laundry in Pinelands.

In Johannesburg, Nehawu officials occupied the Park Lane Clinic until Clinic Holdings' director Graham Anderson agreed to fax the memorandum to the Department of Manpower, as a symbol of the private sector's support for the union's demand that 7,500 dismissed workers be reinstated.

Anderson said later he had added a covering letter dissociating the company from the memorandum.

Nehawu assistant general secretary Neal Thobejane said the union had targeted private hospitals because the strike, until yesterday, had affected only the black community.

The private sector strike also showed the union had the resources to bring health services to a standstill.

Anderson said the six clinics were left with only skeleton staff, but services had been kept running with the help of volunteers. He said it was unacceptable for the union to bring its political frustrations into the sensitive areas of health.

TPA MEC for health services Fanie Ferreira said yesterday the workforce at state hospitals could be cut if a TPA investigation found there were more workers than necessary. Fewer numbers would allow hospitals to set higher wages.

Saps reports at least three health workers have been admitted to hospital after assaults and intimidation, which were still taking place on hospital premises and in residential areas, the Transvaal Provincial Administration said yesterday.

Meanwhile, the TPA announced that a minimum salary of R768.50 a month for employees in rural areas and R783.50 in certain urban areas would come into effect on August 1.
**GOVERNMENT GAZETTE, 31 JULY 1992**

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<thead>
<tr>
<th>No. R. 2145</th>
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<tr>
<td><strong>DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDEHUELKUNDIGE RAAD</strong></td>
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<td>REGULASIES WAT DIE OMGANG VAN DIE BEROEP ARBEIDSTERAPIE OMSKRYF</td>
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Die Minister van Nasionale Gesondheid het, op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, kragtens artikel 33 (1) van die Wet op Geneesheer, Tandarts en Aanvullende Gesondheidsdienersborepe, 1974 (Wet 56 van 1974), die regulasies in die Bylau hiervan uiteengestel, uitgevaardig.

**BYLAE**

1. Die volgende handelingte word hierby bepaal as handelingte wat by die toepassing van die Wet op Geneesheer, Tandarts en Aanvullende Gesondheidsdienersborepe, 1974 (Wet 56 van 1974), geag word handelingte te wees wat by die beroep arbeidsterapie tuiskort, naamlik die handelingte wat die evaluering, verbetering of instandhouding van die gesondheid, ontwikkeling, funksionele werking en selfhandhawing van diegene by wie dit aangeteken is of in gevaar is, ten doel het deur die voorskriften en leiding van die pasiënt of klient se deelname aan normale bedrywighede, tesame met die toepassing van gepaste tegnieke voor of tydens deelname aan normale bedrywighede ten einde sodanige deelname te vergemaklik.

2. By die toepassing van regulasie 1 beteken "normale bedrywighede" ook die bedrywighede van gesonde kinders en volwassenes in die loop van hulle spel, werk, sociale aktiwiteite, vermaak, huishoudelike bedrywighede en persoonlike versorging.


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<th>No. R. 2161</th>
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<td><strong>WET OP VOEDINGSMIDDELS SKOONHEIDSMIDDEL EN ONTSMETTINGSMIDDELS, 1972 (WET 54 VAN 1972)</strong></td>
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<tr>
<td>REGULASIES BETREFFENDE MELK EN MELKPRODUKTE: WYSIGING</td>
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Die Minister van Nasionale Gesondheid is voornemens om kragtens artikel 15 (1) van die Wet op Voedingmiddels, Skoonheidsmiddels en Ontsmettingsmiddels, 1972 (Wet 54 van 1972) die regulasies vervat in die Bylau hiervan uit te vaardig.

Belanghebbendes word versoek om binne drie maande na die datum van publikasie van hierdie kennisgewing gemotiveerde kommentaar oor of vertoë in verband met die voorgestelde regulasies in te dien by die Direkteur-generaal: Nasionale Gesondheid en Bevolkingsontwikkeling, Privaat Sak X828, Pretoria, 0001 (vir die aandag van die Direkteur: Voedsel, Kosmetika, Ontsmettingsmiddels en Gevaarhoudende Stowwe).

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<tr>
<td><strong>THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL</strong></td>
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<tr>
<td><strong>REGULATIONS DEFINING THE SCOPE OF THE PROFESSION OF OCCUPATIONAL THERAPY</strong></td>
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The Minister of National Health has, in terms of section 33 (1) of the Medical, Dental and Supplementary Health Services Professions Act, 1974 (Act 56 of 1974), on the recommendation of the South African Medical and Dental Council, made the regulations set out in the Schedule hereeto.

**SCHEDULE**

1. The following acts are hereby specified as acts which shall for the purposes of the Medical, Dental and Supplementary Health Services Professions Act, 1974 (Act 56 of 1974), be deemed to be acts pertaining to the profession of occupational therapy, namely those acts which have as their aim the evaluation, improvement or maintenance of the health, development, functional performance and self-assertion of those in whom these are impaired or at risk, through the prescription and guidance of the patient's or client's participation in normal activities, together with the application of appropriate techniques preceding or during participation in normal activities which facilitate such participation.

2. For the purposes of regulation 1 "normal activities" shall include those activities performed by healthy children and adults in the course of their play, work, social activities, recreation, domestic activities and personal care.


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<td><strong>FOODSTUFFS, COSMETICS AND DISINFECTANTS ACT, 1972 (ACT 54 OF 1972)</strong></td>
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<tr>
<td>REGULATIONS RELATING TO MILK AND MILK PRODUCTS: AMENDMENT</td>
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The Minister of National Health intends, in terms of section 15 (1) of the Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act 54 of 1972), to make the regulations contained in the Schedule hereeto.

Interested persons are invited to submit any substantiated comments on the proposed regulations or representations they wish to make in regard thereto to the Director-General of National Health and Population Development, Private Bag X828, Pretoria, 0001 (for the attention of the Director of Foodstuffs, Cosmetics, Disinfectants and Hazardous Substances), within three months of the date of publication of this notice.
LABOUR BRIEFS

Wage deal at Implats

JMPALA PLATINUM circumvented Bophuthatswana's anti-union laws this week and concluded a wage agreement with National Union of Mineworkers representatives. Implats and members and Central Council of Worker Representatives — composed mainly of NUM officials — agreed on a 14 percent wage increase for Implats employees. South Africans union are banned in Bophuthatswana, but in order to avert wildcat strikes employers have recently been willing to deal with them on the provision that they adjust their names.

No end to hospital woes

WHILE the National Education, Health and Allied Workers' Union continues to organise assistance for striking hospital workers, the Transvaal Provincial Administration insists the strike is over. The TPA has begun hiring new employees and claims only 1,000 of the 7,000 fired strikers' jobs have yet to be filled. Nehawu says its members are still on strike and has set up food halls, a strike fund and arranged free transportation for strikers.
New target
in hospital dispute

By Justin Pearce

STRIKING hospital workers have launched a campaign to make whites aware of the predicament faced by state health sector workers.

The National Health Education and Allied Workers' Union (Nehawu) on Wednesday started to occupy private hospitals.

The new tactic was adopted after the union decided that the strike in the state health sector had affected black patients more than whites, and that taking the strike into the white community would force the government to notice workers' demands.

Cosatu regional secretary Mr Jonathan Arendse announced Cosatu's endorsement of the strike.

At City Park Hospital on Wednesday, six Nehawu members staged a sit-in at the office of the manager, Mr Allan Matthews.

Nehawu regional secretary Mr Wilfred Alcock said later Matthews had undertaken to contact the owners of City Park and request that the hospital's directors make representation to the government in support of resolving the dispute.

The Nehawu delegation then proceeded to the Vincent Pallotti Hospital in Pinelands where they spent an hour in consultation with management.

Nehawu emphasised however that the campaign was not intended to victimise patients.
Hospitals brace for act of industrial violence
WAR OF WARDS

No end in sight to the... • Claim 1981/2

By Themba Khuwalo

GA-RANKUWA HOSPITAL

Embrace
If you're a workhorse, you need to do things

SIEBENS

Hospitals braced for more disruption
Mabeouma high schools.

Winnie ‘won’t take orders’

MRS Winnie Mandela, estranged wife of ANC leader Mr Nelson Mandela, yesterday heaped abuse on the superintendent of Garankuwa Hospital and angrily said she would not take orders from him.

Mandela, who led a march of residents to call for the reinstatement of dismissed hospital workers, shouted at Dr JJ Crous after he had turned down the residents’ delegation’s request to discuss the memorandum he was presented with.

Crous told Mandela he was unable to respond to their demands because he acted under the TPA and would have to report to it first.

Pointing a finger at Crous, Mandela said: “Don’t you dare tell us you don’t have a final word in this matter. We are saying to you politely, let’s discuss this memorandum in privacy.

“We are here as the people’s representatives - the African National Congress - and you must be respectful enough if you are the head of this hospital. You are these people’s servant.”
THOUSANDS of ANC/SACP/Cosatu followers marched on Tembisa Hospital on Monday to demand the reinstatement of dismissed hospital workers. At Embalenhle, Secunda, a local trade union leader, Mr Thabo Mokoena, claimed the mass action was “forced down the throats of residents”.
VOICING DEMANDS... Health workers embark on action to improve their pay and upgrade working conditions in hospitals.

7 000 fired – but still hope for hospital strike solution

By THEMBA KHUMALO
Clenen 5/7/92

The Transvaal Provincial Administration’s belated decision to enter into mediation with the National Education and Health Workers’ Union (Nehawu) to try and resolve the wage dispute has restored the hopes of 7,000 strikers who were fired by the TPA this week.

TPA authorities agreed to resolve the strike through mediation after a last-minute meeting with union lawyers in Pretoria to salvage the hospital crisis.

Union officials said the decision by the TPA was directly linked to the mushrooming strikes by workers in Natal and eastern Cape hospitals who responded to the dismissal of their Transvaal colleagues by downing tools on Wednesday.

Nehawu assistant general-secretary Neil Thobejane said about 18,000 general assistants had joined the latest strike action. Employees at QwaQwa Hospital were reported to have taken similar action, Thobejane said.

A joint statement issued after the meeting said the parties would decide the details of the meeting at a later stage.

The dismissals at Baragwanath prompted thousands of workseekers to queue for employment at the hospital on Wednesday. The dismissed workers were allegedly angered by those who applied for their vacancies and incidents of assault were reported to the hospital authorities.

However, hospital spokesman Seugnet van Nielkerk said there was no cause for alarm because none of those who applied had been employed.

Downed tools

The matter was subject to mediation and besides, the dismissed workers had been given until July 10 to put their cases individually to the authorities.

The decision to go for mediation is the culmination of a series of strikes by thousands of general assistants and clerks in about 25 hospitals in the Transvaal, Cape and Free State.

They downed tools last month to demand a 15 percent wage increase and R724 across-the-board rise. They also demanded that all the casual staff, some of whom have been regarded as temporary workers for over 15 years, be appointed to permanent positions.

Two weeks ago the strikers were joined by 300 student nurses and radiographers at Baragwanath and marched to the administration building to present demands.

The strike threatened to become dangerous after the killing of two shop stewards and a porter who were attending a meeting in a private house in Krieltown on the East Rand three weeks ago.

A nursing sister who was on strike was assaulted and her car was damaged allegedly by the anti-strike elements at the Far-East Rand Hospital in Boksburg.

Thobejane promised to unload the might of the union’s 80,000 membership if mediation failed to yield concrete results.

He was particularly angered by the dismissals.

"The TPA is applying the dirtiest tricks I’ve ever known to solving a labour dispute," Thobejane said.

He alleged that authorities at Baragwanath were bussing in scabs from the nearby Diepkloof Hostel and were paying them R35 a day.

This was clearly aimed at setting the strikers at loggerheads with the hostel-dwellers who are predominantly IFP supporters, Thobejane alleged.
Mediation in health strike

A MEDIATION meeting to revive talks between the National Education, Health and Allied Union and the Transvaal Provincial Administration is underway.

The chairman of the National Peace Secretariat, Dr. Antoine Gildenhuys, said although the Peace Secretariat was not dealing with labour matters, the committee was committed to ending an impasse between Nehawu and the TPA.

He said Witwatersrand/Vaal Local Dispute Resolution Committee and the Western Transvaal LDRC had a meeting with the Minister for National Health and Population Development, Dr. Rina Venter, last Tuesday on the hospital strike. The outcome of the meeting would be disclosed at a later stage.
Strike talks on track

ANC 'frustrating' govt council plans

GOVERNMENT plans to amalgamate white and black local authorities into a "one city, one tax base" system by July next year had been frustrated by political differences between the ANC and the SA National Civics' Organisation (Sanco), Local Government Minister Leon Wessels said at the weekend.

During a Council for the Co-ordination of Local Government Affairs meeting in Bloemfontein on Friday, Wessels said the ANC had "excluded itself from negotiations at local level in an effort to hide its fundamental differences with Sanco".

Hampered

Local Government Ministry spokesman Johan Stem said Wessels believed "specific differences" existed between the ANC and the civic associations which had precluded the ANC's participation in future plans for local government.

Recent ANC criticism of Sanco's bond boycott initiative was given as an example of the differences of opinion which had hampered local government negotiations.

Wessels said the ANC had walked away from the negotiating process after consensus had already been reached on the formation of a transitional subcommittee for regional and local government affairs - a body intended to restructure local government - and he accused the ANC of "running away from the burning issues confronting local government".

Wessels' comments followed an ANC statement last week rejecting the deliberations of the council as a continuation of government attempts to unilaterally restructure local government.

The ANC statement said recent meetings of the council had produced initiatives such as the Interim Measures for Local Government Act of 1991 and the Local Authority Affairs Amendment Act of this year. "Both pieces of legislation have seriously and negatively affected local government negotiations throughout the country," the statement said.

"It is clear to the ANC that the results of the current trends of unilateral restructuring will be a priority for an interim government to deal with and remove."

In his reply, Wessels said restructuring initiatives had not been unilateral as all parties at a local level had been invited to participate. He said the ANC's critical statement bore "witness to their envy of not being part of the important debate concerning the establishment of amalgamated local authorities."

Wessels said negotiations on amalgamated councils or joint administrations, which were expected to be completed by July next year, were in progress in 267 regions around the country.
to re-instate workers

Tough stand on strikers

Workers won't be reinstated:

MORE than 7 000 hospital workers who have been dismissed by the Transvaal Provincial Administration will not be reinstated.

In an interview yesterday, vice-chairman of the Wits/Vaal Regional Dispute Resolution Committee, Mr Rupert Lorimer, disclosed that Health Minister Dr Rina Venter had said the Government would not budge on the issue.

"The Minister said they were not going to change their minds," Lorimer, who is also the Democratic Party MP for Bryanston, said.
Help sacked hospital staff
Minister launches bid to save

Call for halt to public land sale

HEALTH Minister Mike Waddie

Consultation launched after a top hospital
was reportedly sacked and another is
in danger of closure.

The minister said he was seeking
a solution to the problem of
healthcare provision in the area,
which has been exacerbated by
the recent cuts to hospital
funding.
TPA, union to discuss fate of hospital workers

THE Transvaal Provincial Administration and the National Education, Health and Allied Workers’ Union will discuss the reinstatement of 7 000 dismissed hospital workers tomorrow.

Sapa reports Nehawu assistant general secretary Neil Thobejane said yesterday the union was still lobbying for its members’ jobs. TPA spokesman Sonia de Wet said the TPA viewed tomorrow’s meeting as an attempt to normalise the situation at Baragwanath Hospital specifically.

At Baragwanath yesterday, police used teargas to disperse a crowd of dismissed workers after they apparently threw stones and disrupted traffic.

Nehawu’s fight could reach the Supreme Court if an application is lodged later this week, according to a Cheadle, Thompson and Haysom lawyer.

Thobejane said the union was hoping to meet the Free State Provincial Administration next week to discuss reinstatements of dismissed workers there.

CHARLIE PRETZLIK reports that Thobejane said yesterday Health Minister Rina Venter’s offer this week of assistance to dismissed health workers was “not enough” and “too late”.

However, he was “very optimistic” that common ground could be found on the reinstatement of the 7 000 dismissed workers.

But he emphasised that the question of wages and conditions of labour had still not been addressed by the Commission for Administration, which had still not agreed to mediation. Negotiations between Nehawu and the TPA began on Friday and continue this week.

The Nehawu strike in the Cape ended on Monday when workers at East London’s Frere Hospital returned to work. Action in Natal was suspended some weeks ago.

In the Cape Peninsula, however, 716 hospital workers — members of the Health Workers’ Union — are still striking at 10 hospitals after the union and the CPA failed to reach an agreement.
Police tear gas 200 protesters at Bara

By Charmeela Bhagwat

About 200 dismissed Baragwanath Hospital workers, protesting outside the hospital’s main entrance, were tear gassed by police yesterday after allegedly preventing delivery trucks from entering the premises.

The protesting National Education, Health and Allied Workers’ Union (Nehawu) members were dismissed last month and are demanding their own reinstatement as well as that of 7000 members countrywide.

Baragwanath Hospital spokesman Annette Clear said doctors complained yesterday morning that protesters had stoned their cars and refused them entry to the hospital.

The workers prevented delivery trucks with important medical supplies from entering the premises. “They protest at the gate every day. But the moment they prevent deliveries and disrupt services, we have to take action,” she said.

Baragwanath superintendent Dr Chris van der Heever said: “The police monitored the situation and after some stone-throwing took place, the area in front of the main entrance was cleared.”

However, the protesters claimed they did not stone doctors’ cars or prevent delivery trucks from entering.

Alina Molefe (57) said: “We did not do anything. I was just sitting down with all the other elderly women when the police announced that we had 10 minutes to disperse. When we refused, they tear gassed us.”

“One policeman stood right in front of me and sprayed the tear gas into my eyes and mouth.

“When one of the women asked a policeman why they were tear gassing us — because we had done nothing wrong — he said Dr van den Heever had ordered them to.”

The protesters dispersed peacefully an hour later.

The reinstatement of the dismissed workers will be discussed at a meeting between the Transvaal Provincial Administration and Nehawu tomorrow, reports Sapa.

Nehawu assistant general secretary Neal Thobejane said yesterday that the union was still pressing for their members’ jobs, but TPA spokesman Sonja de Wet said the TPA viewed the meeting as an attempt to normalise the situation, specifically at Baragwanath. The TPA did expect the issue of reinstatement to be raised.
Cops fire teargas at strikers

POLICE used teargas to disperse a crowd of dismissed hospital workers outside Baragwanath Hospital in Soweto yesterday.

Police spokesman Captian Govindasamy Marienuthoo said the incident happened about 1pm.

Baragwanath spokesman Mrs Feignet van Niekerk said police were called to the scene after some staff members who included doctors reported that they were prevented from entering the hospital premises.

She said delivery trucks bringing goods to the hospital were also stoned.

"Police first warned the strikers who had been demonstrating and picketing outside the hospital's gate to disperse before they took action," van Niekerk said.

The hospital's chief superintendent, Dr Chris van den Heever, said the crowd had thrown stones before the police took action.

Van den Heever said the protesters had also disrupted traffic entering the hospital and "attempts were made to dissuade trucks from entering the hospital with much needed provisions and medical supplies". "Even medical staff were interfered with," Van den Heever said.
Helping hand for hungry Norwood schoolchildren

By Anna Cox

In the heart of the upmarket suburb of Norwood, Johannesburg, there are children who go to school hungry every day. And if it were not for the efforts of Christo Lodder, master director of Dirko Uys Laerskool, who runs a feeding scheme at the school, many would go hungry.

"We have our own twilight children at school. It is one of the last few Afrikaans schools in the northern suburb, and when Joostert Park Laerskool closed we got many children from Hillbrow and Berea," said Mr Lodder.

"I found out by accident that certain children were coming to school hungry with Grade 1 pupil was found stealing a classmate’s lunch. She was caught red-handed, with a packet in her mouth. "She had nothing to eat for the food and when I asked her why she had done it she answered very simply that she was hungry," said Mr Lodder, who took over as principal in April.

He began investigating all the suspected cases of hardship and personally visited each family to see what conditions they were living in. "Some families are sleeping on blankets on the floor of unheated flats in Hillbrow. Husband and wife are often unemployed and there is no income. Some parents are even struggling to pay bus fare to school," he said.

After appeals for help from the local community failed, Mr Lodder asked the O’Connor Foundation for assistance. Forty food parcels a month are now being sent to the school for the children to take home.

"It is not enough. We need money to get these children proper school uniform, tracksuits and clothes for the colder winter days, but not many people are prepared to help." Anyone who can assist should call Mr Lodder at 722-8317.

New HIV and hepatitis test to be launched soon

Medical Reporter

A new test for the HIV and hepatitis virus — a 10-minute "tongue-tip" saliva test — will soon be launched in Johannesburg.

British dental consultant Dr Maurice Dennis is involved in clinical trials and the launch event, expected to be held by the National Association of Dental Laboratories of SA companies.

Developed by Oracle Diagnostics of the US, the saliva test is reported as accurate. It meets international standard test on blood but has the advantage of being quick, painless and affordable and can be done in the privacy of a doctor’s room.

National Institutes of Virology director Professor Barry Schaal said the test was still under evaluation and so he could not comment fully.

"If it is proved to be reliable then certainly it would be a very useful facility," said Professor Schaal.

However, he strongly cautioned against people checking themselves in the absence of professional advice.

According to Dr Midda the home test-kit has met with some controversy in the US and as any patient undergoing an HIV test must have full professional counselling as well.

"In some cases, however, it would be better to have a quick diagnosis as some patients who were negative continued to suffer from feeling the results of their blood tests," he said.

Arsonists set school bus alight

By Thabo Letsile

A bus belonging to a school for the handicapped was set on fire early yesterday, causing R160 000 damage, said Somido police station officer Captain Marina Mafabi.

"There have been problems lately at the JC Marks School for the Handicapped in White City, Somido," Captain Mafabi said.

In July, 36 of the school's buses were arrested after an all-night demanding the reinstatement of a colleague.

"Yesterday, as the kids were waiting for the bus, the vehicle was set alight after a fire started on the tyres of the bus," said Captain Mafabi.

The arsonists could expect strong action from the police, Captain Mafabi said.

Several hurt as hospital workers, protesters clash

By Thabo Letsile

Several people were injured in a clash between sacked hospital workers and those on duty at Hillbrow Hospital in Johannesburg yesterday.

The confrontation took place at about 6pm when 500 National Health, Education and Allied Workers’ Union members gathered for their daily picket. The SAP, Netawu and the hospital gave different accounts of how it started.

A Witswaterstrand police spokesman said hospital workers on duty "decided they had had enough of the shaming and noise of the protesters".

Hospital senior management said fighting started after two workers on their way to work were stabbed by strikers.

However, Netawu’s Johannesburg branch secretary Bongani Zuma claimed the attack was unprovoked. He said three Netawu members were admitted to hospital in a serious condition.

The Transvaal Provincial Administration said yesterday it would meet the Soweto Action Committee for talks on restoring parangram hospital services to normal.

Pamie Ferreira, MEC for health services, said reemployed sacked workers would be discussed at the committee’s request. Of the more than 300 sacked, just over 100 had given reasons why their dismissals should be reconsidered.
Govt slates marches by ANC alliance as illegal

GOVERNMENT yesterday accused the ANC of violating the law by staging 58 illegal marches earlier this month.

The Justice Department said yesterday the staging of marches by the ANC-SACP-Cosatu alliance on August 3 and 4 contravened laws and was contrary to the national peace accord and the agreement which the alliance reached with police last month.

The matter would be referred to National Peace Secretariat chairman Antonie Gildenhuys, it said.

The department's statement came a day after Qwa Qwa's ruling Dik-wankwenda Party pulled out of the peace accord, citing the ANC's "attitude and behaviour" as a reason.

Party leader Kenneth Mopei said the ANC was "making a mockery of the whole spirit of the peace accord".

The department said the peace accord stipulated that signatories should inform appropriate authorities in good time about the "date, place, duration and route of each march" they organised.

There was also an interim agreement between police, the ANC, SACP and Cosatu on how mass demonstrations should be conducted.

The Goldstone commission's Judge Richard Goldstone said on July 27 that police, the ANC, Cosatu and SACP had agreed that "proper notice and bona fide negotiations are preferable to applications for permission to ensure that public demonstrations are held and conducted peacefully".

The department stressed that the peace accord and the interim agreement between police and the ANC-SACP-Cosatu alliance did not amend or supersede existing legislation.

The 58 marches staged by the alliance were, therefore, unlawful.

ANC spokesman Gill Marcus said the department's statement showed how unchanged its attitude was regarding control.

Marcus said instead of "crying foul", the department should work on the implementation of the Goldstone commission's recommendations on the handling of demonstrations.

Meanwhile, Gildenhuys told the Bophuthatswana national executive council yesterday that the 50 UN observers expected in SA should be able to "inhibit any inclination among ANC supporters to violent actions", Sapa reports.

A Bophuthatswana government statement said he was referring to last week's largely peaceful mass action campaign when 10 UN observers managed to ensure no violence occurred at all the major events and most of the smaller ones.

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Now available in limited quantities at select stores –

La Motte
Cabernet Sauvignon 1986

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Shiraz 1986

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Millennium 1988
(Blend of Cabernet Sauvignon and Merlot)

•
Sauvignon Blanc 1991

•
Blanc Fumé 1990
(Wood-mellowed Sauvignon Blanc)

Hospital staff accused of attacking protesters

CHARLIE PRETZLIK

FOUR people were seriously injured yesterday after being attacked while picketing outside Hillbrow Hospital.

Dismissed health workers picketing outside the gates alleged they were attacked by hospital workers.

Johannesburg National Education, Health and Allied Workers' Union (Nehawu) branch secretary Bongani Tlomo said about 50 people armed with knives, pangas and spears were let out of the gates by a hospital official.

"We lay the blame squarely at the feet of the hospital's chief superintendent Dr Trevor Frankish because he gave the instructions for the workers to be allowed out and looked on as the attack took place," Tlomo said.

Nearby police had not interfered and the attackers returned to the hospital, he said.

Frankish last night "categorically denied" that he was in any way involved. The attack was "spontaneous", he promised an immediate internal investigation.

Sapa reports talks aimed at normalising the situation at Baragwanath Hospital will be held between the Transvaal Provincial Administration and the Soweto Action Committee in Johannesburg this morning.

The Cape Provincial Administration announced agreement had been reached with the Health Workers Union. Its members would return to work by noon today.
TALKS STALL ON REINSTATEMENT OF HOSPITAL WORKERS

Unfortunately, the document appears to be scanned in an orientation that makes it difficult to read. The text is partially visible and includes several fragmented sentences and phrases. The content seems to be related to a labor dispute, particularly concerning the reinstatement of hospital workers.

Without clearer visibility or a better scan, it's challenging to provide a coherent summary of the document's content. It appears to mention discussions or negotiations, possibly involving the American Nurses Association (ANA), and references to hospital workers and reinstatement.

For a more accurate transcription and understanding, a clearer or higher-quality scan would be beneficial.
Talks go on and so does hospital strike

By MCNDLU MARHAVA

It may have moved off your television screens but the hospital strike drags on.

The three-month strike by Transvaal hospital workers is now being waged not only by National Education, Health and Allied Workers Union members, but also by township communities and political movements. Strike support groups have been established by civic associations and political structures in the strike hotspots of Ga-Rankuwa and Soweto. It is these structures, together with Nehawu, that are now negotiating with the Transvaal Provincial Administration and central government.

Whether this pressure will win the reinstatement of 8,000 fired strikers is a moot point. Insisting that the strike is over, the TPA has already hired about 4,000 new employees. It has told dismissed workers they can individually re-apply for their jobs.

Negotiations have, however, been continuing, at the behest of the Vaal/Witwatersrand Dispute Resolution Committee, alarmed by the high levels of violence associated with the strike.

The Independent Mediation Service of South Africa has been refereeing the talks since last Friday and both sides say a solution may be found. Nehawu is also seeking legal advice with a view to challenging the dismissals in court.

While Nehawu has joined the Soweto negotiations with the TPA over the sacking of the strikers at Baragwanath and other southern Transvaal hospitals, it has not taken part in the Ga-Rankuwa talks.

"Health Minister Rina Venter refuses to talk to the union. She ... has problems with the present leadership," Nehawu's Neal Thobejane explained.

Venter also said this week she would expedite legislation aimed at outlawing strikes in the public service and institute "a dispute resolution mechanism to ensure a similar strike never occurs again". The meaning of her threat is unclear — the Public Service Act, which governs labour relations in the sector, does not provide for lawful strike action.
Cosatu gets tough on hospital strike

Cosatu and the government are poised for a showdown over the nine-week hospital strike. After an unsuccessful meeting with Minister of Health Nita Venet on Friday, the union federation has thrown down the gauntlet.

Cosatu, which has in recent times focused on recruiting in the public sector, says the strike is now a Cosatu strike. A day of solidarity will be held with striking hospital workers on August 31 and will include nationwide lunch-hour demonstrations.

Direct pressure will be placed on hospital administrations. "If the strike has not been resolved by September 1, Cosatu's executive committee will discuss more drastic measures at its meeting on September 3 and 4," Cosatu said in a statement.

The union federation sees the government's refusal to negotiate an end to the strike as a "deliberate attempt to crush Cosatu's attempts to organise government employees into unions."
Cosatu to help fired strikers

"Day of solidarity" on August 31:

By Ike Motsapi

THE Congress of South African Trade Unions (Cosatu) has called for a "day of solidarity" on August 31 in support of 7,000 dismissed hospital workers.

A number of protests - including lunch-hour factory demonstrations - will take place on that day.

Cosatu said in a statement that the decision to launch the protests was taken at its national executive committee meeting last Friday.

Cosatu has devised a programme of action aimed at putting pressure on the authorities.

- A "strike solidarity committee" involving all Cosatu affiliates as well as health organisations was being set up.
- Lunch-hour demonstrations would be held at the workplace on August 31.
- Cosatu would continue discussions with employers aimed at putting pressure on the Government to negotiate in good faith.
- The federation said if the strike was not resolved by September 1, its executive committee would discuss more drastic measures at its meeting on September 3 and 4.
News in brief

Boycott continues

STUDENTS at the Medical University of Southern Africa continued their lecture boycott yesterday, demanding the reinstatement of dismissed workers at Garankuwá Hospital.

SRC spokesman Kwezi Mabotja said yesterday a return to classes depended on the normalisation of employment at the hospital. At Transvaal provincial hospitals affected by strikes, patient care is returning to normal, according to TPA spokesman Elsebe Ferreira.

Our man

The general manager Rory Wilson, general manager of Town.

The appointment after he was appointed Argus Newsp.
Union and TPA discuss impasse

Soweto’s essential services ‘are heading to a standstill’

NEGOTIATIONS between the TPA and the National Education, Health and Allied Workers’ Union (Nehawu) resumed on Sunday at a high-level meeting convened by the national peace committee. A statement by the Wits/Vaal regional dispute resolution committee yesterday on behalf of the TPA, Nehawu and Cosatu, said the meeting was held in an attempt to find a way out of the impasse between the parties.

The parties agreed to continue discussions later this week. It was also agreed that future talks on the resolution of the hospital strike would be held exclusively in a new forum, and to give the discussions every chance of success, no “confrontational positions” would be adopted.

The meeting focussed on the fate of 7,000 dismissed striking workers, and the future relationship between the parties. A working group was established to develop a proposed code of conduct.

Comment: Page 8

ADRIAN HADLAND

ADRIAN HADLAND

ESSENTIAL services to Soweto’s 2-million residents would grind to a halt within the next three weeks unless additional funding could be found, Soweto City Council spokesman Mojalefa Moseke said yesterday.

Moseke said if an extra R3m a month could not be found to make up the council’s monthly shortfall, “everything will come to a standstill in Soweto”.

Details of the likely breakdown emerged yesterday after TPA MEC Gausa van Zyl said last week that a total collapse of services in Soweto was likely. He said less than 20% of Sowetan residents paid service tariffs.

Moseke said that while water supplies to Soweto from the Rand Water Board were unlikely to be halted, some areas would experience cuts due to a lack of maintenance and repairs staff.

“One way or the other there will be no water in some areas of Soweto,” he said.

Refuse collection in the township would end at the beginning of September as available funds would be used to pay for contractual fees in arrears, Moseke said.

With a bankrupt council unable to pay its workers, sewage services were also likely to be disrupted, he said.

Addressing the Central Witwatersrand Metropolitan Chamber last week, Van Zyl said the TPA and other government agencies provided 77% of Soweto’s expenditure and had limited funds available. He appealed to white local authorities to help Soweto in the provision of services.

Johannesburg City Council’s assistant committee chairman Paul Asherson said Johannesburg would not provide Soweto with funds or expertise until a political and financial solution had been found.

“Johannesburg will not be seen as an occupying force, propping up the regime in Soweto,” Asherson said.

He said a precondition for Johannesburg’s help was the dismantling of the black local authority system and the implementation of new local government structures.

“Until there is a political solution, we cannot guarantee the safety of our staff and that is paramount,” he said.

He said a collapse of Soweto’s services would force the TPA to speed up the local government restructuring process.

Corporation Limited

De Beer

CAPE TOWN — The mood among the unemployed, poverty-stricken, starving masses in South Africa was moving closer and closer to anarchy, DP leader Zach de Beer said last night.

He told the Institute of Architects he saw President F W de Klerk’s “brave new SA seemingly disintegrating in a cacophony of recriminations between those who were to have been partners in creating it. “I see blood everywhere. I see the investors unwilling to commit their resources in a land which threatens to become a morass of conflict.”

However, De Beer said he believed that the leaders of both the ANC and the NP had been “quite badly frightened by the consequences of their own errors”.

The new SA would however arrive “after a year or two or three.

“Even if the businessmen and the churchmen and the academics and others must shame the politicians into working for the nation instead of themselves and their friends, we must and shall find reconciliation and agreement.”

The three priorities facing the country were health, education and housing, he said.
Bid to end strike

AN attempt to resolve the hospital strike will be made at meetings under the auspices of the Wits/Vaal Regional Dispute Resolution Committee, the National Peace Secretariat said in a statement yesterday.

The statement was released after a meeting between the Transvaal Provincial Administration, Cosatu and the National Education, Health and Allied Workers Union on Sunday night. 

Soweto, 13/192
Hospital conflict grows

THE Congress of South African Trade Unions resolved to involve itself fully in the hospital general assistants' strike and make it a "Cosatu strike". The federation's central executive committee noted that a decision had been taken by hospital authorities "at the highest levels" not to give in to the strikers.

The National Education, Health and Allied Workers' Union is to ballot its members in private hospitals and clinics in preparation for "an all-out strike".

A five-point programme has been drawn up by Cosatu. It includes the establishment of a strike solidarity committee, the holding of lunch-time demonstrations on the August 31 Day of Solidarity and pressing private sector employers to lobby government to settle. Cosatu has set a deadline of September 1 for the strike to be resolved whereafter the executive committee will discuss "drastic measures".

Meanwhile, the authorities remained steadfast that dismissals are final and has encouraged workers to apply for UIF payments and food parcels being arranged by the Department of Health and Welfare. Talks between the two parties nonetheless continue under the supervision of the National Peace Secretariat's Andre Lamprecht.
Hospital strikers may lose homes

By THEMBA KHUMALO

DOZENS of dismissed strikers at Transvaal hospitals are facing eviction from their houses unless they pay up to R4 000 each to their building societies within 30 days.

Speaking outside Baragwanath Hospital where they stage daily pickets, the strikers said they had received threatening letters ordering them to pay the money as security for their loans after hospital authorities withdrew their loan guarantees.

The strikers said the building societies recently evaluated their homes.

The TPA fired 7 500 general assistants last month.

A 56-year-old woman, who has worked for the hospital for 18 years, said she received a warning letter telling her to pay R1 006 within 30 days.

As the authorities dig in their heels, morale is gradually sagging among the strikers. Only a few strikers are continuing the daily vigil outside Bara.

A fired driver who worked for the hospital for 14 years and has a loan on his house, said: "I haven't paid my bond premiums since last month. My wife is the sole breadwinner and we have two children."
WEST ISN'T ALWAYS BEST

By FRED KHUMALO

"SANGOMAS and other traditional healers could soon be officially recognised as medical practitioners if the ANC has its way.

This scenario was outlined during a debate on "The Future Health System in SA" by the southern Natal ANC Women’s League chairperson, Dr Nkosazana Zuma, who is also a researcher with the Medical Research Council.

In a new political dispensation the ANC would lobby for the integration of inyanges into the mainstream medical establishment because "we can’t ignore the fact that thousands of our people still primarily rely on traditional healers for their medical needs."

Moreover, the University of Liverpool-educated medic said, there are some ailments which Western medicine failed to cure.

"For example, Western medical practitioners can’t handle mental illness as well as our own traditional healers," Zuma said.

As the country moves towards transition, bonds of mutual trust between Western medical practitioners and their traditional African counterparts should be established.

"Traditional healers would have to be made aware of their limitations and the things that Western medicine can best handle," said Zuma.

She said the ANC put great emphasis on a national health care service that would ensure that services would be accessible and affordable to all.

Half the country’s doctors were in the private sector, which only caters for 22 percent of the population, she said.

Another glaring imbalance cited by Zuma was the distribution of doctors. The ratio of doctors to population in urban areas is approximately 1:800, while in rural areas which suffer malnutrition, lack of clean water and poor sanitation, the ratio is approximately 1:4000.

"Rural health services will be given priority. The community will have a say in the national health policy and its implementation and in the location of clinics," said Zuma.

Another controversial issue which would have to be addressed under a future dispensation was whether to legalise abortion.

Zuma said that because of their socio-economic conditions, many women had to deal with unwanted pregnancies. Because they lacked money and education they often ended up opting for backyard abortions.

"In 1989 at King Edward VIII Hospital (in Durban) there were 1 800 admissions of women who had incomplete abortions. Some 22 of them had their uteri removed as a result of complications that go with backyard abortions and 14 of them died while 34 were sent to the intensive care unit.

"This could have been avoided if abortions had been legal," she said."
Big business looks at links with sangomas

TRADITIONAL healers and businessmen met near Johannesburg last week to discuss ways of incorporating sangomas into company medical schemes.

Representatives of Anglo American, SA Breweries, AECI, Toyota and other companies listened intently as they were told sangomas often were more effective conduits of information about AIDS and family planning than Western doctors.

At the Indaba Hotel meeting, the corporate world asked questions about the nature of a "tokoloshe" and raised concerns about paying for rituals and herbal potions.

The medical world has recognised the vital role healers play in primary health care. Research indicates they are consulted by about 80% of black people.

The healers proposed that their sick-leave certificates be formally accepted, and that companies provide premises for them to conduct their businesses.

But spokesman for the Traditional Healers' Council, ex-SADF officer Pip Erasmus, said healers could never be accountable to a company MD as they were answerable only to their ancestors.

A new healers' co-ordinating body has agreed to monitor members' activities and enforce a strict code of conduct, which forbids dabbling in witchcraft.

Conference organiser John Durrant said the talks had opened up communication and it was now up to individual companies to contact the co-ordinating body.

The Representative Association of Medical Aid Schemes (Rams) has said one scheme has begun accepting claims for traditional treatments, and others will implement a similar policy soon.
Matron, nurses are assaulted

Clerk also attacked outside Baragwanath Hospital in the violence linked to strikes by hospital workers:

By Ike Motsapi

A matron, three nursing sisters and a clerk were stabbed and assaulted outside Baragwanath Hospital last week in the latest violence linked to the hospital strike.

Hundreds of members of the National Education, Health and Allied Workers' Union on strike at hospitals were dismissed by the Transvaal Provincial Administration (TPA) last month.

The names of the victims of violence are being withheld at their request.

The four were attacked last Wednesday. The deadline for the reinstatement of the dismissed workers is September 3.

The Soweto Local Dispute Resolution Committee, in an attempt to resolve the dispute, has chaired meetings between Nehawu and the TPA.

Mrs Seugnet van Nickerk, public relations officer for Baragwanath Hospital, said the clerk, three nursing sisters and a matron were severely assaulted when they reported for duty.

Mr Neal Thobejane, assistant general secretary of Nehawu, said he had no knowledge of the incident, adding “we have told our members not to attack others. Nehawu will act against those responsible if it gets a report”.

Cosatu has said it will press the TPA and the Government to resolve the matter. The federation also claims Minister of Health Dr Rina Venter has blocked attempts aimed at resolving the strike.

The federation has also called for lunch-hour demonstrations and pickets at the workplaces on August 31 to show solidarity with dismissed workers.

A meeting of all Cosatu affiliates will be held on September 4 to decide on action if the matter has not been resolved by September 3.
UIF cards will be posted - hospital

By Paula Fray
Medical Reporter

The Johannesburg Hospital is posting hundreds of Unemployment Insurance Fund (UIF) cards, pension details and service certificates to dismissed workers, a hospital superintendent, Dr Lize Kalmyn, said yesterday.

This follows a complaint from a Star reader that striking workers, dismissed last month, had still not received their pension payouts or their UIF cards.

However, National Education, Health and Allied Workers’ Union (Nehawu) assistant general-secretary Neal Thobejane yesterday said the union was still determined to get dismissed workers reinstated.

Nehawu and the Transvaal Provincial Administration are to meet again today under the chairmanship of the Wits/Vaal Regional Dispute Resolution Committee in a bid to resolve the 12-week hospital strike.

According to the reader, one hospital worker who was fired in July had, as yet, received only her final cheque. She had worked for the Johannesburg Hospital for nine years.

According to the reader, who preferred not to be named, he was told by Johannesburg Hospital administration that the cards would be posted as about 900 workers had been dismissed.

Dr Kalmyn said that if hundreds of workers had gone in to collect their cards, it would have resulted in delays in processing the documents.

The TPA yesterday said, intimidation was still being reported at provincial hospitals.

According to a TPA statement, a Ga-Rankwana Hospital recruit was stabbed on Sunday, a house belonging to a clerk at Witbank Hospital was set alight, and a senior official at Sebokeng Hospital had his vehicle damaged.

Written intimidatory threats, in which workers were warned of endangering their lives, had been distributed at Baragwanath Hospital, the TPA said.

Contributors who experience difficulty in obtaining their cards from ex-employers can approach any office of the Department of Manpower for assistance.
VAT lifts Safcor’s turnover

SA Freight Corporation (Safcor) turnover improved by nearly a third in the year to end-June 1992 and, as a result of this, forecasts were met with earnings up a creditable 14% over the previous year.

MD Peter Desilla said the introduction of VAT on imports resulted in the group having to fund importer’s VAT commitments. This was reflected in the increase in turnover to R1.2bn from R1.0bn in the 1991 financial year.

However, because of the difficulty of recovering cost escalations in the poor economic environment, profit margins were lower and operating income increased 13% to R34.6m (1991: R30.5m), said Desilla.

After taxation of R15.9m (R14.3m), taxed-profit was higher at R18.7m (R16.1m). Associated companies’ share of after-tax profits dropped substantially to R12.5m (R19.0m) leaving attributable profits 14% higher at R18.2m (R16.5m).

An extraordinary income of R2m (R1.2m) related to the sale of the trucking company Storm and Company Natal on July 1, 1991. Because of that, net profit after extraordinary items was 18% higher at R20.8m (R17.6m).

The average number of shares in issue increased slightly to 22.5 million from 22.4 million.

Earnings a share, which did not include the extraordinary item, increased to 53.5c (75.5c). The final dividend was raised to 25c (24c) a share, bringing the total for the year to 47c (37c) a share.

COMPANY LIMITED

AREHOLDERS

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Swiss firm to come to SA

SWISS-based fragrance and
flavouring company Firmenich would take over
operations from its agent
Southern Aromatics from October 1. SA MD Jurgen
Metzer said yesterday.

Metzer declined to say
how much Firmenich
would bring into the coun-
try. Firmenich is a $400m a
year company with offices in
100 countries worldwide.
It specialises in producing
fragrances for everything
from soap to perfume,
and also flavouring for a wide
variety of foods.

Metzer said Southern
Aromatics would now ser-
vice parts of Africa as well
as SA.

Increase lost

GOMA GOBULE

GENERAL Optical reported
a 4% decline in profit as
higher finance charges and
a higher tax rate wiped out
a 14% increase in sales.

Turnover was not
disclosed, but operating in-
come advanced 5% to R7m
from R6.7m. Pre-tax profit
rose marginally to nearly
R4m from R3.9m.

The tax rate increased to
49% from 46% and after-
tax profit fell to R2m
(R2.1m), equivalent to 78.6c
(76.8c) a share. An un-
changed dividend of 20c a
share was declared.
GENERAL Optical reported a 4% decline in profit as higher finance charges and a higher tax rate wiped out a 14% increase in sales.

Turnover was not disclosed, but operating income advanced 3% to R77m from R67m. Pre-tax profit rose marginally to nearly R4m from R3.5m.

The tax rate increased to 40% from 46% and after-tax profit fell to R2m (R2.1m), equivalent to 73.6c (76.6c) a share. An unchanged dividend of 20c a share was declared.
<table>
<thead>
<tr>
<th>Name of person</th>
<th>Nature of charge on which found guilty</th>
<th>Penalty imposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mej. E. Greenblatt</td>
<td>Skandalike gedrag: Dienste nie gelewer en rekenings foutief</td>
<td>Geskors vir drie maande voorwaardelik opgeskort vir twee jaar</td>
</tr>
<tr>
<td>Spraaktherapeute en Oudiologë</td>
<td>Onbetaamlike gedrag: Advertering</td>
<td>Boete van R1 000 elk.</td>
</tr>
<tr>
<td>Name of person</td>
<td>Nature of charge on which found guilty</td>
<td>Penalty imposed</td>
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<tr>
<td>Mr G. A. Brown</td>
<td>Disgraceful conduct: Unacceptable treatment and physical contact with patient</td>
<td>Suspended for three months conditionally suspended for five years.</td>
</tr>
<tr>
<td>Mr R. A. L. du Toit</td>
<td>Improper conduct: Use of title: “Prof”</td>
<td>Reprimanded and cautioned.</td>
</tr>
<tr>
<td>Dr N. J. van der Merwe</td>
<td>Improper conduct: Advertising</td>
<td>Reprimanded and cautioned.</td>
</tr>
<tr>
<td>Physiotherapists:</td>
<td>Improper conduct: Impolite conduct/poor communication and incorrect accounts</td>
<td>Reprimanded and cautioned.</td>
</tr>
<tr>
<td>Mr M. P. J. S. Olivier</td>
<td>Disgraceful conduct: Accounts incorrect</td>
<td>Suspended for three months conditionally suspended for two years.</td>
</tr>
<tr>
<td>Mrs U. L. Werth</td>
<td>Disgraceful conduct: Services not rendered and accounts incorrect</td>
<td>Suspended for three months conditionally suspended for two years.</td>
</tr>
<tr>
<td>Miss E. Greenblatt</td>
<td>Improper conduct: Advertising</td>
<td>Fine of R1 000 each.</td>
</tr>
</tbody>
</table>

REGISTRATION OF STUDENTS IN OPTOMETRY

2. A student in optometry at a university or training institution in the Republic shall, if he wishes to qualify and be registered in optometry, make application for registration in optometry, on a form which may be obtained from the registrar for such purpose—

(1) in the case of students commencing attendance at such university or training institution in the first year of study, within two months following such commencement; or

(2) in the case of students who have been exempted from the first year of study, within two months following his commencement of attendance in the second year of study; or

(3) in the case of students who on the date of publication of these rules, have already commenced attendance of courses at a university within two months of the date of publication of these rules.

3. An application for registration as a student in optometry shall be accompanied by—

(1) a birth certificate; or, if the student is unable to furnish a birth certificate, a baptismal certificate or such other evidence with regard to his age and correct names as may be to the satisfaction of the registrar;

(2) a matriculation certificate of the Joint Matriculation Board or a certificate of exemption from the matriculation examination granted by that Board; and a certificate of having passed an examination in Mathematics of a standard at least equivalent to that of the standard grade matriculation examination;

(3) a certificate indicating that a student commenced study for a qualification in optometry at a university or training institution approved by the council, which certificate shall indicate the year of study in which the student is enrolled and the date on which he was so enrolled;

(4) a registration fee of R10:

Provided that every application by an optometry student who has been admitted to a university or training institution in South Africa in a temporary capacity for a period not exceeding one academic year and not for degree or diploma purposes, need be accompanied only by a certificate of having commenced study of a subject or subjects in a year of study for a qualification in optometry, and proof that he is registered as an optometry student by a registering authority recognised by the council for this purpose in a country of state other than the Republic of South Africa.

4. A student in optometry who resumes study after having interrupted such study for a period of at least one year, shall submit an application for re-registration within two months of resumption of study in optometry; such application shall be accompanied by a certificate of having resumed study in optometry, his original certificate of registration, and a fee of R1:

Provided that, in cases where a student interrupts his studies for a period of more than one year but annually states in writing his intention of continuing with his studies, the name of such student shall not be erased from the register of students in optometry.
REGISTRASIE VAN STUDENTE IN OPTOMETRIE

2. 'n Student in optometrie aan 'n universiteit of opleidingsinrigting in die Republiek wat 'n kwalifisering aanbeënde in optometrie welke kwalifisering deur die raad erken word kratgents die bepaling van die Wet, moet ooreenkomstig die bepaling van reël 3 by die registrator aanseeksdoen om registrasie as student in optometrie op 'n vorm wat vir hierdie doel van die registrator verkry kan word:

(1) in die geval van 'n student wat by sodanige universiteit of opleidingsinrigting vir 'n eerstejaarkursus ingeskryf is, binne twee maande nadat hy aldaar ingeskryf is; of
(2) in die geval van 'n student wat vygestel is van die eerstejaarkursus; of
(3) in die geval van 'n student wat op die datum van afkondiging van hierdie reëls reeds aldaar ingeskryf is, binne twee maande na die datum van die afkondiging van hierdie reëls.

3. 'n Aansoek om registrasie as student in optometrie moet vergesel gaan van:

(1) 'n geboortesertifikaat; of, indien die student nie 'n geboortesertifikaat kan voorli nie, 'n doopsel of ander bewys in verband met sy ouderdom en korrekte name tot tevredenheid van die registraar;
(2) 'n matrikulasiesertifikaat van die Gemeenskaplike Matrikulasieraad of 'n sertifikaat van vyfdeeling van die matrikulasie-eksamen uitgereik deur die Raad; en 'n sertifikaat wat aandui dat die student in Wiskunde geslaag het in 'n eksamen waarvan die peil minstens gelykstaande is met die van die matrikulasie-eksamen van die standaardgraad;
(3) 'n sertifikaat wat aandui dat die student hom vir 'n kwalifisering in optometrie ingeskryf het aan 'n universiteit of opleidingsinrigting deur die raad goedgekeur; welke sertifikaat moet aandui in wat deur studiejaar vir 'n kwalifisering in optometrie, asook bewys dat hy as student in optometrie by die registrator van die land of staat, uitgesonder die Republiek van Suid-Afrika, geregistreer is;
(4) registratoragend van R10:

Meteen verstande dat elke aansoek deur 'n student in optometrie wat in Suid-Afrika nie vir graad- of diploma- doelendes nie tot 'n universiteit of 'n opleidingsinrigting in 'n tydperk van hoogstens 'n akademiese jaar, vergesel hoel te gaan slegs van 'n sertifikaat wat aandui dat die student aanvank gemaak het met studie van 'n vak of vakke in 'n studiejaar vir 'n kwalifisering in optometrie, asook bewys dat hy as student in optometrie by die registrator van die land of staat, uitgesonder die Republiek van Suid-Afrika, geregistreer is.

4. 'n Student in optometrie wat na 'n onderbreking van 'n jaar of langer studie in optometrie hervat, moet binne twee maande na hervatting van sodanige studie 'n aansoek om herregistrasie indien, by welke aansoek ingestuurs moet wees 'n sertifikaat wat aandui dat sodanige student sy studie in optometrie hervat het, sy oorspronklike registratoragend en 'n betaling van 'n bedrag van R1:

Meteen verstande dat, in gevalle waar 'n student sy studies vir langer as 'n jaar onderbreek maar jaarliks skriflik sy voorneem verklar om weer met sy studies voort te gaan, die naam van sodanige student nie van die register van studente van optometrie geskrap word nie.

REGISTRATION OF STUDENTS IN OPTOMETRY

2. A student in optometry at a university or training institution in the Republic offering a qualification in optometry, which qualification is recognised by the council under the provisions of the Act, shall in accordance with the provisions of rule 3 hereof submit to the registrar an application for registration as a student in optometry on a form which can be obtained from the registrar for this purpose—

(1) in the case of students commencing attendance at such university or training institution in the first year of study, within two months following such commencement; or
(2) in the case of students who have been exempted from the first year of study, within two months following his commencement of attendance in the second year of study; or
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(3) a certificate indicating that a student commenced study for a qualification in optometry at a university or training institution approved by the council, which certificate shall indicate the year of study in which the student is enrolled and the date on which he was so enrolled;
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Provided that, in cases where a student interrupts his studies for a period of more than one year but annually states in writing his intention of continuing with his studies, the name of such student shall not be erased from the register of students in optometry.
Health Strike

Time to heal

A settlement to the 14-week-old hospital workers' strike seems to be on the cards. Both the health workers' union (Nehawu) and the TPA are keen to extricate from their messy dispute, which both sides have handled in an amateurish and shortsighted fashion.

That was until the entry on August 16 of the Wits/Vaal Regional Peace Committee, under its chairman André Lamprecht, as mediator in talks between the TPA (representing Health Minister Rina Venter) and Nehawu and its parent-body Cosatu. Lamprecht became involved after a series of discussions and contacts with the antagonists. After a second session last Friday, he described the meetings as very constructive. Both groups had committed themselves to avoiding “confrontational positions” in what had become a bitter conflict, marked by violence and intimidation. Other interested parties were requested to do the same and give the discussions a reasonable chance.

Central to these negotiations is the future relationship between the union and the hospital administration. A small working group has been appointed to flesh out the terms of a proposed code of conduct. This includes a mechanism for resolving disputes, as well as the fate of some 7 000 dismissed strikers.

Their reinstatement is seen by Nehawu as the “crux” of the issue, according to a spokesman for the union, which clearly overreached itself with this strike.

An important high-level plenary meeting between the parties was due to take place on Wednesday or Thursday.

Nehawu began its action on May 18 when it called out its members at the Klerksdorp and Tahepong hospitals. On June 2 general assistants at Baragwanath Hospital joined in and soon 27 of the TPA’s 81 hospitals and health institutions were hit by strikes. On June 12 the TPA got an interdict against Nehawu and its members from the Pretoria Supreme Court.

Among the union’s demands was a minimum wage of R724 a month plus a 15.5% increase across-the-board. The TPA has been at pains to point out that it does not have jurisdiction over wages, which are set by the government-appointed Negotiating Forum for the public sector. Nehawu pulled out of the forum on May 19. The forum meanwhile decided to award a minimum wage of R708.50 from August 1 this year. In addition, says a TPA spokesman, there is an area travel allowance of R75 a month, which, for those in certain urban areas, would mean a total wage of R753.50.

On the demand for permanent status with accompanying benefits, the TPA says that general assistants are appointed as temporary government employees in terms of the Public Service Act. However, they receive various benefits, such as immediate pension fund membership, voluntary medical aid benefits and participation in a housing scheme under certain conditions.

It will be particularly interesting to see how the issue of the dismissed workers is resolved. Before the latest round of talks hosted by the regional peace committee, Venter stated that they could not be reinstated because the vacancies have already been filled. But, she added, discussions on grievances could readily continue.

Venter insisted that correct procedures were followed when disciplinary steps were taken. To many labour observers, though, it looked as though the authorities had decided to try to break the union, instead of trying to heal the breach by, for example, going earlier to mediation or arbitration.

Among government’s procedures were ultimatums, open letters in the media and an opportunity to make written representations to the TPA. Just over 1 000 of the 7 000 workers fired on July 1 wrote in (within a week, as required) submitting reasons why their dismissals should be reconsidered. About 400 dismissals were set aside. Dismissals had been necessary, government said, in order to prevent the disruptive strike from harming patient care indefinitely.

The TPA, in fact, seems to have cut this segment of its workforce, since it employed just over 5 000 workers to fill the vacant posts. Most provincial hospitals seem to have stabilised and some have returned to normal, according to the TPA.

Aware of the hardship facing the dismissed, Venter and the TPA announced relief measures. Those in distress could apply for assistance at the food distribution points run by the Health Department; most would qualify for Unemployment Insurance Benefits from the Department of Manpower and have their pension fund contributions refunded.

Regarding wages and benefits, Venter said these aspects should be dealt with through the forum.

She acknowledged that questions such as the permanent status of general assistants and the establishment of a dispute resolution mechanism in the public sector should be addressed in due course.
SYMBOL OF HOPE

Woman of the Week

Emmy Moses

Emmy Moses, 31, of the 13th Street Project, recently died of cancer. Her death was a shock to her family and friends.

Emmy's life was filled with challenges, but she always remained resilient. She was a dedicated volunteer at the Women's Center and worked hard to help others.

Emmy's legacy will live on through the memory of her incredible spirit and her unwavering dedication to helping others.

By Pearl Melila
Morale boost for strikers

DISMISSED hospital strikers received a morale boost yesterday when thousands of Cosatu members took part in lunch-hour factory demonstrations in a show of solidarity.

Cosatu has "adopted" the hospital strike and is demanding the dismissed workers be reinstated.

Mr Neil Coleman, media officer of Cosatu, said thousands of members took part in pickets and demonstrations inside factories and businesses premises yesterday.
Cosatu demo for hospital workers

Scores of Cosatu-affiliated trade unionists took part in shop floor protests yesterday in solidarity with dismissed hospital workers. The protests were aimed at forcing employers to pressure the Transvaal Provincial Administration to reinstate the 7,000 who were dismissed.

Cosatu declared yesterday a day of solidarity with the National Education, Health and Allied Workers' Union.

Cosatu affiliates will meet on Friday to decide on what action to take if the hospital wage dispute is not resolved by Thursday. — Labour Reporter.
Mob sets nurse alight

LOST LIVES Fresh attacks on staff as conditions at strike-hit black hospitals on the Reef deteriorate:

ATTACKS on nurses, clerks and ward helpers at hospitals by alleged strikers who have lost their jobs have increased in past weeks.

Several people have lost their lives and others have been injured. Meanwhile, conditions at black hospitals are deteriorating rapidly with untrained staff unable to cope.

Patients are using washing rags as toilet paper. Critical operations are also being delayed.

A victim of one of the latest attacks, who was doused with petrol and set alight after being stabbed, yesterday described her ordeal at the hands of 30 men and three women.

Speaking from her bed at Baragwanath Hospital, the 32-year-old Soweto woman, a nursing assistant at Hillbrow Hospital, tells of her escape from death.

See story page 2
as possible

Exploring medical issues at Muldersdrift

The Muldersdrift Health Development Project (MHDP) is nearly 20 years old and has been a valuable resource for sensitising Wits students to community-related health problems in rural South Africa.

The Project (previously called the Muldersdrift Clinic) is about an hours' drive from Wits. Activities include the broad scope of primary health care services: immunisation, family planning and health education. Because there is no hospital nearby, the MHDP has a strong curative component, too.

It was started by students and today much of the input is from medical students. The constitution was changed recently to accommodate community members and academics on the Board of Management.

Bernhard Gaede, chairperson of the student committee at the MHDP, says there are many advantages to getting involved.

"The project gives us a different perspective on health in South Africa. Unlike the academic setting, work there is more hands-on and practical. Students can make their own decisions about their education in Muldersdrift, as they get the chance to pursue fields which interest them personally.

"We are also exposed to non-medical challenges like time and stress management and decision-making skills, which are all things health workers must learn if they are to do their jobs efficiently and adequately.

"We learn to contextualise health problems in the socio-political nature of the community. Exposure to this other reality is vital if health care professionals are to deliver a community-appropriate service."
Burger up? ANC – Butchered!

Seven strikers wounded in hospital clash

ANC Kisses Goodbye

The ANC has decided to officially dissolve itself. This comes after the ANC leadership met in Johannesburg over the weekend and agreed to liquidate the organisation. The decision was taken in light of the ongoing crisis within the party and the need for a radical overhaul.

ANC's decision to dissolve itself was met with mixed reactions from across the political spectrum. While some welcomed the move as a step towards tackling the party's deep-seated problems, others expressed concern that it could lead to a power vacuum and further instability.

In a statement issued on Sunday, the ANC said it would work with other organisations to establish a new political force that could address the country's challenges.

ANC leaders have been under intense pressure in recent months due to a series of scandals and allegations of corruption. The party's popularity has also been eroded by its performance in government and its failure to deliver on promises.

The decision to dissolve the ANC was not without controversy. Some members of the party have expressed reservations about the move and have called for a more gradual approach.

The ANC's history of political violence and repression has also raised concerns about its dissolution. The party has a long record of using violence to silence its opponents and stifle dissent.

The ANC's dissolution raises questions about the future of political parties in South Africa. Some analysts have suggested that the ANC's example could lead to a decline in party politics and the rise of a new, more fragmented political landscape.

The ANC's dissolution is likely to have a significant impact on the political landscape in South Africa. It could lead to a period of transition and uncertainty as other parties struggle to fill the void.

ANC leaders have said they will continue to work with civil society organisations to support the country's democratic institutions and promote social justice.

The ANC's decision to dissolve itself is a landmark moment in South African politics. It marks the end of an era for the party, which has been a dominant force in the country's history since the end of apartheid.

The ANC's dissolution is unlikely to bring an end to political intrigue and competition in South Africa. The country's challenging political landscape will continue to be marked by divisions and disputes, with various parties vying for power and influence.

The ANC's legacy will be debated for years to come. Its contributions to South African democracy cannot be denied, but its record of corruption and violence has also left a lasting scar.

The ANC's dissolution is a moment of reckoning for South Africa. It is a reminder that political parties are not immune to systemic failure and that they must be held accountable for their actions.
Vital talks for Cosatu

By Ike Motsapi

The Congress of South African Trade Unions (Cosatu) is to hold a three-day national campaign conference starting Saturday to finalise its programme to resolve the hospitals strike crisis. Also on the agenda is:

- The National Educational Health-and Allied Workers' Union strike.
- Labour legislation in Bophuthatswana and other homeland and.
- Drought, food prices and the rights of farm workers.

The Cosatu executive also supported efforts of people of the Border region and all other regions in their attempts to force the government to allow a climate of free political activity in the homelands.

The trade union federation supported the ANC's refusal to resume talks with the Government and reaffirmed its commitment to negotiations.

Cosatu will be conducting its own investigations to bring private prosecution against those implicated in death squad activities but still is to make a decision whether to take part in the restructuring of the National Manpower Commission.
New bid to end hospital strike

TODAY
NEWS Nurse recounts ordeal ● A chance to

Crisis at Reef hospitals grows

ATTACKS MOUNT Vicious assault on woman

as TPA hospital conditions deteriorate:

By Ike Motsapi and Sapa

A VICTIM OF A HORROR attack this week, who was doused with petrol, set alight and stabbed, yesterday described her ordeal at the hands of 33 men and women.

Ms Gladys Muguni (32) of Zondi, Soweto, from her bed at Baragwanath Hospital described how she narrowly escaped death.

Muguni is one of a number of victims of attacks on nurses, clerks and ward helpers, which have increased after hopes of a solution to the hospitals strike crisis were dashed this week.

Hospital staff yesterday also spoke out against deteriorating conditions at black hospitals on the Reef with many seriously patients being discharged untreated.

Muguni, a nursing assistant at Hillbrow Hospital, was attacked at her home on Monday night.

She said: "I was relaxing at home when 30 men accompanied by three women entered my house. They dragged me outside and ordered my family not to follow.

"They took me to a dark alley where someone in the group stabbed me twice in the back. They then doused me with petrol and set me alight."

Three nurses, among them Thembelile Sibeko, were also the victims of the latest attacks on non-striking hospital workers.

Meanwhile, conditions at some Transvaal hospitals are becoming so bad that some patients are using washing rags as toilet paper and critical operations are being delayed.

A Baragwanath doctor said the situation had not normalised at the hospital as the TPA had claimed.

"Many 'non-urgent' surgery cases have been withheld since April... the waiting list extends to certain cancers."

TPA director-general said it was premature to comment. "Negotiations between the TPA, Cosatu and Nehawu are at a delicate stage. We hope to find a solution as soon as possible."
Plan to end strike crisis

The Congress of South African Trade Unions has devised a strategic plan aimed at forcing the authorities to resolve the hospital strike crisis.

Cosatu is to release the details of the programme of action today after a three-day conference in Johannesburg at the weekend.

Cosatu official Mr Zwelibanzl Vavhi said some of the proposed action will be for the public to telephone the hospitals where workers were dismissed to demand that they be reinstated. He said talks between Transvaal Provincial Administration and Cosatu Hospitals Strike Action Committee broke after no agreement was reached.
Family links deaths to on-going hospital strike

Nursing sister and her 2 daughters shot dead

■ Survivor (6) seriously hurt:

By Abbey Makoe

A NURSING sister at the Natalspruit Hospital and her two daughters were shot dead in their home at Katlehong's Maphanga section on Saturday night.

A family spokeswoman, Mrs Evon Mathare, said Mrs Margaret Mabaso and 14-year-old daughter Matsidiso died instantly.

The other girl, Numthandazo (11), died later at the Natalspruit Hospital.

The only surviving member of the family was the youngest daughter Mbali (6), who was shot in the throat.

A Baragwanath hospital spokesman said yesterday the child was "conscious but in a very serious condition".

Mathare said the family was convinced Mrs Mabaso's death was linked to the hospital strike.

"Only three weeks ago we were urging Margaret to resign because we had seen reports about people being killed for not taking part in the strike - but what would her children eat?"

She said police found spent AK-47 rifle cartridges in the house.

There were also 9mm pistol cartridges.

Witwatersrand police spokesman Captain Eugene Opperman yesterday said the motive for the attack was not yet known. No arrests had been made.
Protest threat over hospitals
Couple critical after bomb attack

By Monk Nkomo and Josias Charle

AN Atteridgeville man and his wife are in a critical condition at Kalafong Hospital after petrol bombs were hurled into their home while they were asleep in the early hours of yesterday morning.

Mr Sydney Ntse (42) and his wife Charlotte (39) of Matlejoane Street were trapped in their burning bedroom after the attack at about 1 am, a spokesman for the family said yesterday.

Mrs Ntse is a clerk at Kalafong Hospital and Mr Ntse works in a factory at Hammanskraal.

A few minutes before the attack, the house of a neighbour, Mr Johannes Maake, who works at HF Verwoerd Hospital, was also petrol-bombed but nobody was injured.

Both families believe the attacks are linked to the strike at HF Verwoerd Hospital.

There was only a one-day stoppage at Kalafong Hospital during the recent nationwide strike by hospital workers.

In another attack, which has also been linked to the hospital strike, a nursing sister at Natale Hall Hospital, Mrs Margaret Mabaso, and her two daughters, aged 13 and 11, were gunned down at their home in Katlehong on Saturday night. Another daughter, aged six, was shot in the throat and is in a serious condition at Baragwanath Hospital in Soweto.

The Ntse and Maake families said yesterday they had identified one of the attackers as a recently dismissed worker at the HF Verwoerd Hospital who was also a shop steward of the National Education Health and Allied Workers Union (Nehawu).
Parties deny health talks impasse

THE Transvaal Provincial Administration, Congress of South Africa Trade Unions and the National Education, Health and Allied Workers Union last night denied negotiations on the recent health workers' strike had broken down.

Instead, they announced they had held another meeting under the chairmanship of Wits/Vaal Regional Peace Committee chairman Andre Lamprecht "in an effort to resolve the dispute".

"A further meeting is scheduled towards the end of the week when the parties will seek to finally resolve the dispute," they said in a joint statement issued through Lamprecht by the national peace committee.

An estimated 7 000 health workers in the province were dismissed and replaced in the wake of the weeks' long hospital strike.

"There have been reports in the media to the effect that the negotiations have broken down," the statement added. "Both parties wish to stress that this is not so. The chairman confirms that the negotiations are continuing." -- NP

Nchawu and SAPA noted with regret "that certain (unspecified) incidents have taken place and statements have been made which have bedevilled the sensitive process".

"Both parties call on everyone to desist from actions or statements that contribute to heighten conflict and undermine the negotiation process." — Sapa.
Hospital strikers resort to begging

By Thabo Lesitle
Labour Reporter

Dismissed Baragwanath Hospital strikers — who have been without income for 18 weeks — have resorted to begging.

Cash-strapped National Education, Health and Allied Workers' Union members armed with collection cans now stand at intersections in the Old Potchefstroom Road, opposite the hospital, asking motorists for money.

The strikers said yesterday that money collected was spent mainly on transport to attend the daily pickets outside the hospital.

The proceeds hardly suffice to pay for meals.

More than 600 general assistants were fired at Baragwanath in July.

Already, attendance at the daily demonstrations has dwindled.

Nehawu assistant general-secretary Neal Thobejane said the union had no resources to support strikers.

The strike relief fund could barely cover stewards' transport costs to attend meetings.

However, about 50 demonstrators found outside the hospital remained hopeful they would return to work.

"Vacancies in the hospitals have not been filled," one of them said.

Another behind-the-scenes meeting aimed at resolving the dispute over pay and having the fired 7,000 Transvaal hospital workers reinstated was held between Nehawu, the Congress of SA Trade Unions, the TPA and the Wits-Vaal Regional Dispute Resolution Committee on Monday.
Shock portrait of a hospital on the edge of collapse

Inside Bara's wards of filth

A nurse tiptoes through a puddle of urine and water in a ward bathroom. In the corner, a dustbin filled with discarded tissue paper and surgical gauze breaches a paint-stained stanchion into the ward. Down the corridor in the ward storeroom, piles of dirty linen litter the floor. They have been there "for some time", says a nursing sister. The syringes stored on the shelves above will be used, she says, to give patients medication.

These were some of the images confronting The Weekly Mail during an unannounced visit to the Bara Hospital this week. More than 100 patients were treated here in July, and although some replacement staff have been hired, the quality of patient care continues to suffer.

The hospital has been turned into a fortress, with a large contingent of security guards on the access gate, further guards posted at the main entrance to the hospital complex and a controlled turnstile in the main administration block. All media visits have been banned.

The Weekly Mail, with the aid of the Bara Health Crisis Committee and South African Health and Social Services Organization activists, managed to get a journalist, who spent five hours touring the casualty section, the maternity ward, the orthopaedic workshop and a number of the general wards. In interviews with hospital staff and from first-hand observation, a horrific picture emerged of surgical operations being delayed, dirty conditions, nurses carrying out menial functions such as cleaning and the neglect of patients.

Many people spoke to the Daily Mirror's editor about their names mentioned, citing fear of losing their jobs or violent reprisals by the temporary workforce hired by the hospital. Even patients were not willing to talk, fearing they might be blackballed.

The major problem at Bara Hospital is a lack of suitably trained support staff, said one doctor, which means the health of patients is being compromised.

The worst-affected area was surgery. "Last week we were unable to operate due to a lack of surgeons," he said. "Two of the children, with cancer, had their operations this week after a week's long delay - but who is to decide? The delay of even one day in a child with cancer?" the doctor asked.

As for adults, "many non-emergent" surgery cases have been delayed since April. The reason was "the lack of staff and not enough interns or certified surgeons". Before the strike there had been 80 operations a day. That number has dropped to 41.

On the outside you will not see anything that has not already happened, the doctor said. "There have always been people coming and going." Commending that "patient care was eventually compromised", an insider said a patient with "wind jaws had not eaten for two and a half days last week because he was not provided with any food by the kitchen."

These pails of water are a frequent sight in the hospital. A student nurse was caught in the middle of the ward, her head bowed. "I'm doing the best I can, but I can't do it myself. There isn't anyone else to do it," she said. She explained that the general workers had been hired, but it was the day off for one of them, another had gone to school and the third had "just not picked up".

People hired to replace strikers were not much in evidence at Bara Hospital. It was common in the hospital to see cancer-pushing oxygen cylinders.

Frightened Gqozo's pre-march dithering

 Republic Church leader Ray McCauley, who engaged in an extraordinary dialogue with a frightened and vacillating Brigadier Oupa Gqozo shortly before the Biko tragedy, has provided new insights into the events leading up to the massacre.

Gqozo, who at the time seemed willing to back down and call a referendum, showed McCauley an exchange of letters with FW de Klerk, in which the state president tried to press him into allowing the African National Congress march to take place.

No peace in the town of Vrede

The town may be called Vrede, but there's never been much peace. Boerwinger was the local term... until the new South Africa provided a common foe and a shared fear.
Hospital staff to carry guns?

By BAPANA KHUMALO

BARAGWANATH Hospital management is to push for police permission for staff to carry guns in the hospital, as an exception to Soweto's emergency regulations.

The Weekly Mail has in its possession a circular from hospital administrator Dr C van den Heever saying that although Soweto had been declared an unrest area, police had agreed that hospital management could apply for "collective permission" for the carrying of weapons.

Approached for comment, the Baragwanath public relations department referred The Weekly Mail to Soweto police. Soweto SAP liaison officer Tienie Hulgryn was unable to confirm that an application to carry weapons had been received from Baragwanath.

The hospital's move takes place against the background of continuing violence related to the four-month Transvaal hospital strike.

The Transvaal Provincial Administration revealed that on Tuesday this week, a worker was murdered outside the Natalpraf Hospital. Since September 3, five Soweto clinics had been firebombed, causing thousands of rands of damage. Part of the Orlando Clinic was burnt down on Monday this week.

The TPA said a Tembisa Hospital nurse's house had been burnt down in broad daylight and that other workers had been threatened with similar violence. The house of a clerk at the Kralfont Hospital in Pretoria was also burnt down, and the clerk and her husband admitted to hospital with serious burns.

Workers at the Hillbrow Hospital had been assaulted — one being stabbed in his home — while an IF Verwoerd Hospital staff was thrown from a train.

This week the TPA, National Education Health and Allied Workers Union and the Congress of South African Trade Unions issued a joint statement, under the auspices of the Wits-Vaal regional peace secretariat, urging people not to act in such a way as to intensify conflict and undermine negotiations.
Bara's wards of filth

Workers after nurses had marched in Pretoria last week. She said the workers had accused the nurses of having gone to "tell De Klerk to take away our jobs".

The only ward in the hospital which seemed to be operating normally was the surgical admissions ward — where, said a health worker, the nurses usually do the job themselves anyway.

One nurse summed up the feelings at the hospital: "They say things are normal but things are far from normal."

Meanwhile, the hospital is still trying to recruit new staff. A hospital clerk this week was putting up an advertisement for porters to work in the maternity section. The requirements: None.

Commenting on what The Weekly Mail witnessed at Baragwanath, the hospital's public relations department said the matron in charge had no knowledge of nurses carrying out non-nursing tasks. Bara, it said, had always had a waiting-list for non-urgent surgical cases. It said it had no information from the head of paediatric surgery, Dr. Fonseca, about the cancellation of the entire paediatric surgery list last week.

A mentally disturbed patient who, according to a staff member, should have been supervised at all times, was lying on his bed unattended as the nurse scrubbed the walls of the ward.

It is not only the patients who are suffering from the lack of support staff. Student nurses have also been affected. "Since the problems started we have not had any practicals," said one student nurse. The senior nursing staff who supervise student nurses have to do "non-nursing duties and therefore do not have the time to supervise us," he said.

One nurse said she had been threatened by new
Hospital strike end in sight

BRENDAN TEMPLETON

SETTLEMENT may have been reached in the Transvaal hospital strike which has been racked by violence and threatened health services for over 16 weeks.

The Transvaal Provincial Administration (TPA) and the National Education, Health and Allied Workers' Union (Nehawu) say it is now up to their constituencies to accept or reject the deal which has been struck.

Over 7 000 jobs are on the line and this has been the major stumbling block to a settlement. It is believed a code of conduct for future negotiations may also have been drawn up.

Union leaders were yesterday meeting their members and discussing the deal which was hammered out under the watchful eye of the Witwatersrand-Vaal Dispute Resolution Committee.

- See Editorial on Page 10

Earlier this week, Nehawu assistant-general secretary Neal Thobejane threatened to "politicise" the strike if agreement was not reached. "If the talks fail, battle lines will be drawn...we will call on all our members in all sectors to ballot and go on strike. All 8 000 dismissed workers will take to the streets.

"The political process in our country will not be able to afford that situation. We will take it to those kinds of extremes," he said.

This week's tentative agreement comes at a time when strike-related violence has started hotting up.

Five clinics in Soweto have been petrol-bombed since September 5, the latest being the Orlando East clinic which suffered extensive damage on Tuesday. Other violent incidents during the strike included:

- A union member was shot dead in cold blood at 8:00 am entrance of Natalspruit hospital on June 3.
- Two union stewards who were gunned down in a private home by unknown assailants on June 5.
- Two people in a non-striker's family were petrol-bombed.
- A Johannesburg Hospital nurse was killed on a roadside. Other nurses said they felt isolated and cut off because the TPA gave them a cool reception.
- On August 14, union members outside Baragwanath Hospital were involved in a fistfight with non-strikers.
- Last week, a Natalspruit nurse, aged 41, was struck on his head when his car was petrol-bombed.

A Johannesburg Hospital nurse was killed on a roadside. Other nurses said they felt isolated and cut off because the TPA gave them a cool reception.

- Another two non-strikers burned to death on July 28, when their home was petrol-bombed.

The TPA will have to find a way of breaking the strike if the workers are not reinstated, the 8 000 dismissed workers will start climbing the streets.

- To PAGE 2.
Health workers to push state for funding
Health workers aim to oust Venter

THE South African Health and Social Services Organisation (Sahso) and the National Health, Education and Allied Workers' Union (Nehawu) were expected to lead a campaign of mass action yesterday. (41) (97) 9/07/22

This follows an announcement made by the Natal Provincial Administration on its proposed cutbacks on health funding in Natal.

Demands made to the government include the resignation of Health Minister Rina Venter.
Soweto hospitals plunged into crisis

By THEMBA KHUMALO

Health services in Soweto have been plunged into a serious crisis following the destruction of at least five clinics which were petrol-bombed over the past two weeks.

Health authorities fear the destruction of more health institutions in the area unless stricter security measures are taken to protect them.

The clinics in Dobsonville, Zola, Mofola, Diepkloof and Orlando East have been closed temporarily in the wake of a spate of attacks since the beginning of September.

Their closure has forced patients to go to Baragwanath Hospital for treatment, leaving hospital authorities to grapple with the problem of overcrowding.

The surviving clinics are Klipspruit, Chiawelo, Tladi, Orlando West and Meadowlands.

Although it is not known why clinics have been singled out for attacks, the SA Police said they suspected the incidents were linked to the three-month strike by members of the National Education and Health Workers Union (Nehawu).

This was denied by Nehawu's assistant general secretary Neal Thobejane, who said union members would not burn their own clinics which served the black community.

Transvaal administrator Danie Hough has expressed dismay at the attacks.

"The TPA assumes that the parties concerned are not directly responsible for the incidents, since they have already committed themselves in public to defusing the conflict," he said.

"I find it totally unacceptable that this tendency persists, especially since health institutions are regarded as an essential service and are normally not affected, even in the worst cases of international conflict."

Hough also condemned the killing of an employee outside Natalpruit Hospital on Tuesday afternoon.

On other strike-related incidents, Hough said a clerk at Kalafong Hospital in Atteridgeville and her husband were admitted to hospital for serious burns after their house was petrol-bombed.

Last week two clerks at Hillbrow Hospital were assaulted while on their way to a taxi rank. Another hospital employee was also admitted to hospital after being assaulted and stabbed, Hough said.

He said another hospital worker at HF Verwoerd Hospital was thrown from a train by three men.

"I learnt with dismay about the serious intimidation and assault of health workers and the damaging of their property," he said.

The crisis comes barely a week after health workers expressed concern at the deteriorating health standards at Baragwanath. They alleged that the crisis was caused by the absence of experienced general assistants who were dismissed last month for their part in the strike.

A doctor who did not want to be named said sometimes nurses and doctors had to scrub the floors in the wards because the new recruits were obstinate, not co-operative or not properly trained.

The doctor and three others have formed the Baragwanath Health Crisis Committee to bring the problems at the hospital to the attention of the public.
Health workers under attack

By SOPHIE TEMA

ATTACKS on nurses and health workers by faceless perpetrators of violence were slammed this week by Transvaal administrator Danie Hough.

Violence associated with the strike by hospital workers took an ugly turn last week when five Soweto clinics were attacked in the wake of the ongoing strike.

Natalasruit nursing sister Margaret Mabaso, her two children, died after their home was attacked by thugs wielding AK-47 rifles. On the same day a worker was killed outside the hospital grounds.

Mabaso's son, 11, died later at the Natalasruit Hospital. The only surviving member of the family is Mabaso's youngest daughter, six-year-old Mbali, who was shot in the throat and later admitted to Baragwanath Hospital in a serious condition.

In Atteridgeville, near Pretoria, the homes of clerks from Kapsfong and HF Wereko hospital were petrol-bombed.

Sydney Mofu and his wife Charlotte were seriously burnt and their home extensively damaged after unknown persons hurled petrol bombs while they were asleep.

Several homes belonging to hospital workers in Soweto and other areas were torched and a number of matrons and nurses assaulted on their way to or from work.

Since September 5, four clinics have been damaged in the Soweto area.

Expressing shock and dismay at the intimidation of hospital staff and the damage of their property, Hough said: "As recently as September 14, the TPA, Neawu and Coatu in a joint statement called upon all to refrain from doing anything that would contribute to the intensifying of conflict and the undermining of negotiations.

"Despite the statement, new incidents of violence are still being reported.

"The TPA assumes that the parties concerned are not directly responsible for the incidents, since they have already committed themselves to defusing the conflict.

"I therefore find it totally unacceptable that this tendency persists."
Doctors finally go public

By THEMBA KHUMALO

MORE trouble is expected at Baragwanath and other Transvaal hospitals this week following shocking revelations by doctors relating to the sharp decline in patient care and health standards.

At a recent media conference, three doctors said they were risking their jobs by exposing “repression and the compromise of health and patient care at Bara and other Transvaal hospitals hit by the strike.”

“Behind the facade of normality, hospital authorities are trying to tell the public there is a lot of dissatisfaction among health workers,” they said.

They accused the TPA of making a political decision by firing striking members of the National Education and Health Workers’ Union.

A Baragwanath doctor said after she told the media “the real happenings in the wards” she was told that her contract would not be renewed at the end of the year as she had defied an order not to attend the media conference.

South African Health and Social Services Organisation national secretary, Dr Aslam Dasoo, said his organisation would do everything to prevent their “brave members” and other health workers from losing their jobs for revealing hospital irregularities.

He appealed to other health workers to tell the public about the problems they experienced after the dismissal of Nehawu members.

He alleged that hospital authorities had no respect for black lives, and the horrifying conditions did not exist in “white” hospitals.

A Baragwanath doctor said because of staff shortages doctors and nurses were forced to scrub floors.

She said that after waiting three weeks, an elderly woman cancer patient was discharged and told she would be called back once the theatres were “back to normal”.

Operations which should have been performed on five children were cancelled, and some paediatric surgery patients were told to return in a month.

A radiographer at Thembisa Hospital said a patient died recently after she was discharged prematurely.

The crisis, she said, had forced the authorities to reduce the number of wards from 21 to 14.

TPA spokesman Jan Van Wyk said he would issue a statement later.
Hospital strike may end soon

THE National Education, Health and Allied Workers Union and Transvaal Provincial Administration are today expected to announce details of a settlement of the four-month-old hospital strike which has led to clashes between strikers and non-strikers.

Talks between the TPA and Nehawu were held on Friday in another bid to reach a compromise and end the strike. Violence has mounted and lives have been lost since the strike began. About 7 000 hospital workers have been dismissed since the strike began.

-Sowetan Reporters and Sapa.

Cops probe ANC members

A SPOKESMAN for the Department of Law and Order yesterday denied allegations that, by investigating members of the ANC, police were trying to obtain a blanket amnesty for members of the security forces.

Police spokesman Captain BSJ van Rooyen confirmed, however, that 17 senior ANC members were being investigated for various crimes.

Among those police are probing are South African Communist Party general secretary Mr Chris Hani, SACP chairman Mr Joe Slovo, ANC national chairman Mr Oliver Tambo, SACP member Mr Ronnie Kasrils and commander of the ANC's military wing, Mr Joe Modise.
A hospital]

As the hospital's doors were opened wide, the injured were rushed in. The staff worked tirelessly to save the lives of those who had been injured.

Two workers were seen拖着 injured patients into the hospital. They were assisted by the nurses and doctors who were on duty.

A worker was spotted carrying a child who was injured in the attack. The little one was crying and in pain.

The hospital was a hive of activity. Medical professionals were busy treating the injured.

The hospital's main entrance was cordoned off to prevent further accidents. The police were seen standing guard outside.

After the attack, the hospital became a symbol of hope for those who had been injured. The staff worked around the clock to ensure that everyone received the best possible care.

A sign outside the hospital read: "We stand united in the face of adversity."

By Luma Lul

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Related Strike

After petrol attack

A man with an axe

NEWS

Victim dies of burns wounds after bomb attack • Baby killed in axe attack • Man butchered

SOWETO Thursday September 22 1992
Health workers to be reinstated

By Ike Motsapi

ABOUT 7,000 dismissed hospital workers are expected to get back their jobs.

It is expected the 16-week-old hospital strike that has claimed more than 12 lives and resulted in substantial damage to houses and government buildings is likely to end this week.

Sources told Sowetan yesterday that the Transvaal Provincial Administration had agreed to the demand by the National Education, Health and Allied Workers' Union (Nehawu) that all dismissed workers be reinstated.

The National Peace Secretariat has been delegated to find solutions to four outstanding issues while the workers are back at work.

These are: that workers should be given a R725 across-the-board increase; a 15 percent salary increase; permanent status for workers who have been classified as temporary staff; and maternity leave.

A settlement between Nehawu and the authorities to end the strike was expected to be finalised last night.

This follows last week's behind-the-scenes talks between the two parties.
Hospital strike settlement imminent

By Mike Siluma

Negotiations were "at a critical stage".

The talks are chaired by Witwatersrand-Vaal Dispute Resolution Committee chairman Andre Lamprecht.

The proposed agreement centres on the reinstatement of the nearly 7 000 Nehawu members dismissed three months ago in a dispute over pay and working conditions at TPA-administered hospitals, including Baragwanath, Hillbrow and Natalspruit.

Parties to the dispute were reluctant to divulge other details of the proposed agreement. But Mr Lamprecht confirmed that, after talks which continued at the weekend, everything was "on course".

So far, more than 12 people, including non-strikers and their family members, as well as union members, have been killed in strike-related violence. Several have been injured.

At least five TPA clinics in Soweto have been fire-bombed and, in some cases, extensively damaged in attacks linked to the strike.
Hospital dispute nears end

By Thabo Leshilo
Labour Reporter

The much-awaited agreement ending the bloody four-month dispute at Transvaal hospitals — brokered by the Wits/Vaal Dispute Resolution Committee — would only be published at the end of the week, the parties said yesterday.

National Education, Health and Allied Workers' Union (Nehawu) assistant general-secretary Neal Thobejane said: "The parties have reached an agreement ... the finer details of which are not finalised."

He said the "in principle" understanding between Nehawu and the Transvaal Provincial Administration did not mean the parties were capitulating to the other's demands.

TPA director-general Andre Cornelissen said he was "in full agreement with the spirit and content" of Mr Thobejane's statement.

More than 12 people have been killed and scores injured in strike-related violence.
End to hospital strike closer after agreement

THE TPA, Cosatu and the National Education, Health and Allied Workers' Union (Nehawu) have reached an agreement on resolving the 16-week hospital strike.

Nehawu said in a statement details of the agreement would be released to the media at the end of the week, after the parties had discussed them with their respective constituencies.

TPA director-general André Cornelissen confirmed that an understanding had been reached, but would not elaborate.

André Lamprecht, chairman of the negotiations between the TPA, Cosatu and Nehawu, said that barring "unforeseen" occurrences, agreement would be reached this week.

Lamprecht cautioned against speculating about the nature of the agreement, saying "parties want nothing to jeopardize the settlement at this late stage".

But it is believed that the agreement will lead to the reinstatement of 7 000 hospital workers, which the TPA dismissed for striking.

Nehawu has repeatedly said it would fall off the strike if all dismissed workers were reinstated.

The TPA has, until recently, been adamant it would not give in to the union's demands.

The protracted strike was sparked by the TPA's refusal to meet Nehawu's demands which included better working conditions, permanent worker status and a minimum monthly wage of R729.

The strike has led to widespread intimidation, which has claimed more than 10 lives.

The latest victim was a Nelspruit Hospital employee, who was gunned down last week as he was leaving the hospital.

Nehawu has distanced itself from acts of intimidation against non-striking workers, saying these were contrary to its policy.

In another development, Nehawu said yesterday unilateral cutbacks in Cape Provincial Administration (CPA) health spending would be met by mass action.

Sapa reports from Cape Town that Nehawu regional chairman Wilfred Alecok appealed to the CPA to implement an immediate moratorium on unilateral restructuring and demanded consultation with the union and community-based organisations.

The CPA was reportedly considering drastic spending cuts to curb projected overspending of R100m to R200m.

If the CPA did not respond to Nehawu's demands, the union would rally support from political and community organisations and all Cosatu affiliates.
No accord yet in hospital strike

Nwefret 23/9/1992

Negotiations have not been concluded yet: (97)

ALTHOUGH agreement had been reached on a settlement of the strike at Transvaal provincial hospitals, negotiations have not yet been concluded.

This was said yesterday by Director-General of Transvaal Provincial Administration Mr Andre Cornelissen.

Appealing to everyone involved to "remain calm", he said he agreed with the spirit and content of a news release issued by the National Education, Health and Allied Workers Union earlier yesterday reacting to Press reports that agreement had already been reached on the issue.

In the statement, Nehawu pointed out that the negotiating parties - Nehawu, the TPA and the Congress of SA Trade Unions - had reached understanding on how the dispute may be settled, "finer details of which are not yet finalised as all parties have still to discuss this with their respective constituencies".

Nehawu also said a news conference would be held at the end of the week at which the agreement reached would be fully publicised.

Referring to the statement by Nehawu, the National Peace Secretariat appealed yesterday to the media to refrain from speculative reporting until all details were finalised as the parties wanted nothing that would jeopardise a settlement "at this late stage".

"As soon as these are finalised, full details will be made available to the Press as promised. "

"There has been some delay but it will still be this week, unless something untowards happens," the NPS said.
Hospital strike could end today

WITH a settlement to the four-month hospital strike expected today, the National Education Health and Allied Workers' Union (Nehawu) and the TPA yesterday reported that the home of Baragwanath Hospital's senior chief matron had been bombed on Tuesday night.

Sapa reported last night that the attack had been referred to the Goldstone commission. 24/11/92

The national peace secretariat's Wits/Vaal regional peace committee said the incident was to be condemned "in the strongest possible terms".

KATHRYN STRACHAN

In a joint statement Nehawu and the TPA said the futility of the incident should be seen in view of the fact that the parties were on the verge of finalising the settlement - details of which would be released today.

The protracted negotiations have been brokered under the chairmanship of national peace committee Wits/Vaal region chairman Andre Lamprecht and centred on the reinstatement of more than 7 000 dismissed strikers.

A separate statement issued by Nehawu and Cosatu said the hospital strike had been characterised by an "unprecedented amount of violence which all parties sincerely regret".

Strike-related violence has claimed the lives of 12 people, including non-striking hospital workers and union officials. Five Soweto clinics have been firebombed and many homes have been extensively damaged in attacks related to the dispute.

The Nehawu and Cosatu statement said both sides recognised that they needed to do "everything in their power to bring the disputes to an end".
Bomb attack on Bara matron

Soweto home of Baragwanath’s chief matron:

BARAGWANATH Hospital chief matron Mrs Thelma Zwedala is believed to be in hiding following a petrol bomb attack on her Dube, Soweto, house on Tuesday night.

Her husband, Greenland, suffered serious cuts while trying to put out the fire.

Hospital authorities said yesterday Zwedala did not report for work and her daughter Nonceba said they did not know where she was.

Police could last night could not confirm whether any arrest had been made. Extensive damage was caused to furniture, linen and clothing. The family believes the attack could be linked to the current hospital strike.

Baragwanath chief superintendent Dr Chris van den Heever yesterday described the attack as “a despicable deed of cowardice”.

Zwedala’s daughter Nonceba said yesterday her mother had received several threats to her life since the strike began 17 weeks ago. On the night of the attack they had received a telephone call in which the caller wanted to know whether that was “Dr Zwedala’s residence”.

“I told him that there was no Dr Zwedala living with us and he hung up. Later there was a knock at the front door and when I looked through the window I saw about 10 men.

“I then called out to my sister to lock the kitchen door. Shortly afterwards there was a loud bang. This was followed by another and we saw that the curtains and furniture had caught fire,” she said.

They tried to use the phone but it was dead, apparently having been cut off. They were helped by the neighbours to extinguish the fire.

Since the strike began five Soweto clinics have been burnt down. Among attacks on non-striking workers and family members were:

• Four members of the Madikane family were killed after a petrol bomb attack on their Naledi, Soweto, home on July 7.

• Nursing assistant at the Hillbrow Hospital Miss Gladys Mnguni (32) was stabbed and doused with petrol before being set alight.

The National Education, Health and Allied Workers Union, which represents striking workers, has distanced itself from the attacks.
Nehawu, TPA reach agreement

About 5,000 hospital workers to get their jobs back.

By Ike Motsapi

THE Transvaal Provincial Administration and the National Education, Health and Allied Workers Union reached an agreement on the reinstatement of dismissed hospital workers in Johannesburg last night.

Although details of the settlement were not available at the time of going to press, Sowetan sources said the deal involved the immediate reinstatement of 5,000 of the 7,000 dismissed workers.

The sources said a decision on the remaining 2,000 will be taken after they had appeared before arbitration as they had criminal cases pending against them. The cases resulted from the strike.

The sources further said about 4,500 scabs who were employed during the strike would be offered voluntary retrenchments or retirements.

The same applies to the 5,000 who will be reinstated in terms of the agreement.

It is expected that the 16-week-old hospital strike will be called off next week.
I Strike

The Transvaal Hospital Workers' Union has called a 48-hour strike by hospital workers in the Transvaal. The union says the strike is in response to the government's proposed changes to the National Health Insurance Act, which the union claims will lead to a reduction in services and a rise in patient fees.

The strike is expected to affect hospitals throughout the Transvaal, with workers demanding better wages, improved working conditions, and a say in the running of the hospitals.

The union has called on the government to negotiate in good faith and to ensure that the interests of hospital workers are protected.

The strike is set to begin at midnight on Tuesday, and will continue until 9am on Thursday.

No winners in bitter hospitals

The news of the strike has been met with mixed reactions. Some hospital workers have welcomed the strike as a way to improve their working conditions, while others have expressed concern about the impact on patients.

The strike comes at a time of economic uncertainty, with many hospital workers facing reduced wages and increased workloads.

The union has called on the government to address these issues and to ensure that hospital workers receive a fair deal.

Meanwhile, the government has said that it will not allow the strike to disrupt essential services and has called on hospital workers to return to work.

The strike is expected to continue until a resolution can be reached.

The Weekday Mail, September 25 to October 1, 1992
Amendment of regulation 2 of the Regulations

2. Regulation 2 of the Regulations is hereby amended by—

(a) the substitution for the words "the pathologies of such persons" in subregulation (2) of the words "such communication disorders";

(b) the substitution in the Afrikaans text for the words "gehoor aantasting" in subregulation (3) of the word "gehoorgestremdheid";

(c) the substitution for the word "pathologies" in subregulation (4) of the word "Impairment".

DEPARTMENT OF TRANSPORT

No. R. 2666 25 September 1992

MERCHANT SHIPPING ACT, 1951 (ACT No. 57 OF 1951)
SHIP'S OFFICERS' MEDICAL TRAINING REGULATIONS, 1992

The Minister of Transport has, under section 336 of the Merchant Shipping Act, 1951 (Act No. 57 of 1951), made the regulations in the Schedule.
### BYLAE

**ORDENING VAN REGULASIES**

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**Woordomskrywing**

1. In hierdie regulasies heties enige woord of uitleu-
king waaraan in die Wet 'n betekenis toegewe is die
betekenis wat aldus daarvan toegeken is, en tensy uit
die samehaling anders blyk, beteken—

"goedgekeur" goedgekeur deur die Direkteur-
generaal;

"departement" die Departement van Vervoer;

"instelling" 'n instelling wat onderrig gee en eka-
mens afneem in kursusse in noodhulp en mediese
sorg; en

"die Wet" die Handelskweekvaartwet, 1951 (Wet No.
57 van 1951).

**Toepassing**

2. Hierdie regulasie is van toepassing op elke—

(a) gediplomeerde dekoffisier wat die houer moet
wees van die Skeepskaptein se Sertifikaat in
Mediese Opleiding kragtens regulasie 3.7 van
die Eksamenregulasis vir Bekwaamheidsertifika-
te vir Dekoffisier, 1985, uitgevaardig door
Goewermentskennisgiving No. R. 2656 van 29
November 1985, soos gewysig; en

(b) gediplomeerde visserman wat die houer moet
wees van die Sertifikaat in Praktiese Noodhulp
ter See en die Skeepskaptein se Sertifikaat in
Mediese Opleiding kragtens regulasie 2.2 van
die Eksamenregulasis vir Bekwaamheidsertifika-
te vir Vissermanne en Seemasjinite, 1985,
uitgevaardig door Goewermentskennisgiving No.
R. 2653 van 29 November 1985, soos gewysig.

**Algemeen**

3. (1) Die mediese opleiding van offisiere in die
handels- en vissersvloot moet gebaseer wees op
boekte of ander publikasies deur die Direkteur-generaal
aangedui.

(2) Hierdie regulasies het betrekking op die vol-
gende:

(a) Die kursus vir die Sertifikaat in Praktiese Nood-
hulp ter See.

(b) Die kursus vir die Sertifikaat in Noodhulp ter
See.

(c) Die kursus vir die Skeepskaptein se Sertifikaat
in Mediese Opleiding.

### SCHEDULE

**ARRANGEMENT OF REGULATIONS**

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</tr>
</tbody>
</table>

**Definitions**

1. In these regulations any word or expression to which a meaning has been assigned in the Act shall have the meaning so assigned to it and, unless the context otherwise indicates—

"approved" means approved by the Director-Generaal;

"department" means the Department of Transport;

"institution" means an institution which gives
instruction and conducts examinations in courses
of first aid and medical care; and

"the Act" means the Merchant Shipping Act, 1951
(Act No. 57 of 1951).

**Application**

2. These regulations shall apply to every—

(a) certificated deck officer who is required to hold
the Ship Captain’s Medical Training Certificate
in terms of regulation 3.7 of the Examination
Regulations for Certificates of Competency for
Deck Officers, 1985, promulgated under
Government Notice No. R. 2656 of 29
November 1985, as amended; and

(b) certificated fisherman who is required to hold
the Practical First Aid at Sea Certificate, the
First Aid at Sea Certificate and the Ship
Captain’s Medical Training Certificate in terms
of regulation 2.2 of the Examination Regulations
for Certificates of Competency as Fisherman
and Marine Motorman, 1985, promulgated under
Government Notice No. R. 2653 of 29
November 1985, as amended.

**General**

3. (1) The medical training of officers in the mer-
chant and fishing fleets shall be based upon books or
other publications as designated by the Director-
Generaal.

(2) These regulations shall refer to the following:

(a) The Practical First Aid at Sea Certificate course.

(b) The First Aid at Sea Certificate course.

(c) The Ship Captain’s Medical Training Certificate
course.
Goedkeuring

4. (1) Die personeel betrokke by die onderrig en by die eindeksamens van die kursusse in regulasie 4 (2) bedoel, moet goedgekeur wees en die kursusse moet beskikbaar wees vir inspeksie deur beamptes van die Departement of deur persone wat deur die Direkteur-generaal aangewys is om sodanige inspeksies uit te voer ten einde te verseker dat behoorlike standaarde gehandhaaf word.

(2) Die onderwyser en eksaminators van die kursus vir die Skeepskaptein se Sertifikaat in Mediese Opleiding moet sover moontlik mediese praktisyns wees wat gereeld na seemanne omsien en wat kennis dra van die probleme wat met die lewe aan boord van 'n skip gepaard gaan, bygestaan deur goedgekeurde persone.

(3) Die onderwyser en eksaminators van die kursus vir die Sertifikaat in Noordhulp ter See, en die vir die Sertifikaat in Praktiese Noordhulp ter See moet die houers wees van 'n Instruktiersertifikaat wat deur 'n goedgekeurde inrigting uitgereik is.

Uitreiking van sertifikate

5. 'n Sertifikaat bedoel in regulasie 4 (2) word deur 'n goedgekeurde inrigting toegewe aan 'n kandidaat wat die volledige kursus bevredigend bywoon en wat in die eindeksamen slaag.

Geldigheidsydperk

6. Die sertifikate in regulasie 3 (2) (a), (b) en (c) bedoel, is geldig vir drie jaar vanaf die datum van sleging in die eindeksamen.

Waar aansoek gedoen moet word

7. Kandidate wat aansoek wil doen om toelating tot die sertifikaatkursus in regulasie 3 (2) (a), (b) en (c) bedoel, moet aansoek doen by die inrigtings in Aanhangsel 4 van hierdie regulasies aangedui.

Vereistes vir kursus in Mediese Opleiding vir Skeepskaptein

8. 'n Kandidaat wat aansoek doen om toelating tot die kursus in Mediese Opleiding vir Skeepskaptein moet die houer wees van 'n Sertifikaat in Noordhulp ter See.

Syllabusse vir kursusse

9. (1) Die syllabus vir die kursus vir die Sertifikaat in Noordhulp ter See word in Aanhangsel 1 uiteengesit.

(2) Die syllabus vir die kursus vir die Sertifikaat in Praktiese Noordhulp ter See word in Aanhangsel 2 uiteengesit.

(3) Die syllabus vir die kursus vir die Skeepskaptein se Sertifikaat in Mediese Opleiding word in Aanhangsel 3 uiteengesit.

Kort titel

10. Hierdie regulasies staan bekend as die Regula-
sies in verband met die Mediese Opleiding van Skeepsoffisiere, 1992.

P. J. WELGEMOED,
Minister van Vervoer.

Approval

4. (1) The staff involved in the teaching and at the terminal examinations of the courses referred to in regulation 4 (2) shall be approved and the courses shall be open for inspection by officers of the Department or by persons assigned by the Director-General to carry out such inspections to ensure that proper standards are maintained.

(2) The teachers and examiners of the Ship Captain's Medical Training Certificate course shall as far as possible be medical practitioners who attend regularly to seafarers and who have knowledge of the problems associated with life on board ship, assisted by approved persons.

(3) The teachers and examiners of the First Aid at Sea Certificate and the Practical First Aid at Sea Certificate courses shall be in possession of an Instructor's Certificate issued by an approved institution.

Issue of certificates

5. A certificate referred to in regulation 4 (2) shall be awarded by an approved institution to the candidate who satisfactorily attends the complete course and who is successful in the terminal examination.

Period of validity

6. Certificates referred to in regulation 3 (2) (a), (b) and (c) shall be valid for three years from the date of passing the terminal examination.

Where to apply

7. Candidates wishing to apply for admission to the certificate courses referred to in regulation 3 (2) (a), (b) and (c) must apply at the institutions listed in Annexure 4 of these regulations.

Requirements for Ship Captain's Medical Training course

8. A candidate applying for admission to the Ship Captain's Medical Training course shall be in possession of a First Aid at Sea Certificate.

Syllabus for courses

9. (1) The syllabus for the course for the Practical First Aid at Sea Certificate is set out in Annexure 1.

(2) The syllabus for the course for the First Aid at Sea Certificate is set out in Annexure 2.

(3) The syllabus for the course for the Ship Captain's Medical Training Certificate is set out in Annexure 3.

Short title

10. These regulations shall be called the Ship's Officers' Medical Training Regulations, 1992.

P. J. WELGEMOED,
Minister of Transport.
AANHANGSEL 1

PRAKTIESE NOODHULP TER SEE

SILLABUS

Lengte van kursus
20 uur, met inbegrip van die eksamen

Inhoud
Asemhaling (teorie)
Resussitasie (prakties)
Verstikking (prakties)
Sirkulasie (teorie)
Skok (teorie en prakties)
Wonde en bloeding (prakties)
Kneusings (prakties)
Snye en skaaafplekke (prakties)
Vreemde voorwerpe (prakties)
Doekverbande (prakties)
Hangverbande (prakties)
Swagtels (prakties)
Brand- en skroeiwonde (prakties en teorie)
Skelet (teorie)
Fracture (teorie en prakties)
Gewrigte, ens. (teorie en prakties)
Senuweestelsel (teorie)
Bewusteloosheid (teorie en prakties)
Uitwerking van temperatuur (teorie en prakties)
Toksten en byte (teorie en prakties)
Vervoer van pasiënte (prakties), met inbegrip van die gebruik van die Neil Robertson-draagbaar
Hoe om 'n ongeluk te hanteer (prakties)
Siektes wat algemeen by vissermense voorkom
Reddingsbootongesteldhede en oortewendes
Inligting wat beskikbaar moet wees wanneer mediese advies per radio versoek word.

AANHANGSEL 2

NOODHULP TER SEE

SILLABUS

Lengte van kursus
30 uur, met inbegrip van die eksamen

Inhoud
Belangrike noodhulpregnieke
Respirasie
Asfiksie
Resussitasie
Sirkulasie
Skok
Beheer van bloeding (direk en indirek)
Wonde en bloeding
Wondverbande
Doekverbande en swagte
Brand- en skroeiwonde
Temperatuur
Bloedomloopaandoenings
Senuweestelsel
Bewusteloosheid
Ondersoek van 'n bewusteloze ongeval
Skelet
Gewrigte
Fracture

ANNEXURE 1

PRACTICAL FIRST AID AT SEA

SYLLABUS

Length of course
20 hours including examination

Content
Breathing (theory)
Resuscitation (practical)
Choking (practical)
Circulation (theory)
Shock (theory and practical)
Wounds and bleeding (practical)
Brusing (practical)
Cuts and grazes (practical)
Foreign bodies (practical)
Triangular bandages (practical)
Slings (practical)
Roller bandages (practical)
Burns and scalds (practical and theory)
Skeleton (theory)
Fractures (theory and practical)
Joints, etc. (theory and practical)
Nervous system (theory)
Unconsciousness (theory and practical)
Effects of temperatures (theory and practical)
Poison and bites (theory and practical)
Transporting patients (practical) including Neil Robertson stretcher
How to handle an accident (practical)
Diseases common to fishermen
Lifeboat ailments and survivors
Information to be at hand when requesting radio medical advice.

ANNEXURE 2

FIRST AID AT SEA

SYLLABUS

Length of course
30 hours including examination

Content
Major first aid techniques
Respiration
Asphyxia
Resuscitation
Circulation
Shock
Control of bleeding (direct and indirect)
Wounds and bleeding
Dressings
Triangular and roller bandages
Burns and scalds
Temperatures
Circulatory disorders
Nervous system
Unconsciousness
Examination of unconscious casualty
Skeleton
Joints
Fractures
<table>
<thead>
<tr>
<th>GOVERNMENT GAZETTE, 25 SEPTEMBER 1992</th>
<th>No. 14293</th>
<th>43</th>
</tr>
</thead>
</table>

| Beserings van die spiere en gewigte  |
| Spysverteringstelsel                |
| Toksiene, byte en steke            |
| Vreemde voorwerpe en aanhoudende pyn|
| Optrede in 'n noodgeval            |
| Vervoer van pasiënte (met inbegrip van die gebruik van die Neil Robertson-draagbaar) |
| Verwydering van 'n beserde uit 'n skeepsruim, ens. |
| Basiese kennis van skip se mediese sluikas |
| Rekondituiring van medisyneresoptering |
| Kennis van wondtermateriëal en wondhegting (mag in die praktiek alegs onder die registreeke toesi gen van die skeepskapteins uitgevoer word) |
| Aanbring van speciale verbande op wonde en brandwonde |
| Reddingsbootgestieldhede en oorlewendes |
| Radiologie, met speciale aandag aan mediese aangeleenthede |
| Siektes wat algemeen by seemanne voorkom |

**Opmerking:** Fotoskylies en films toepaslik op die leerstof wat tydens die sessie aange bied word, moet wanneer moontlik vertoon word.

Besoeke aan buitepasiënte- of ongevalleafdelings moet wanneer moontlik gerealiseer word.

**AANHANGSEL 3**

**SILLABUS VIR DIE SKEEPSKAPTEIN SE SERTIFIIKAAT IN MEDISE OPLEIDING**

<table>
<thead>
<tr>
<th>Lengte van kursus</th>
<th>44 uur, met inbegrip van die eksamen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inhoud</td>
<td>Basiese anatomi en tisiologie</td>
</tr>
<tr>
<td></td>
<td>Verpleging en versorging van beseredes</td>
</tr>
<tr>
<td></td>
<td>Gevorderde verpleegstelsel</td>
</tr>
<tr>
<td></td>
<td>Waarneming van die pasiënt</td>
</tr>
<tr>
<td></td>
<td>Meet en aanteken van temperatuur, polsslag, respi rasiemento en bloeddruk</td>
</tr>
<tr>
<td></td>
<td>Voorbereiding van smeerkylies</td>
</tr>
<tr>
<td></td>
<td>Toets van urine met &quot;Clinistix&quot;</td>
</tr>
<tr>
<td></td>
<td>Insinutings</td>
</tr>
<tr>
<td></td>
<td>Verbind van 'n kateter</td>
</tr>
<tr>
<td></td>
<td>Verbind van wonde en brandwonde—tegnieke van geen aanraking</td>
</tr>
<tr>
<td></td>
<td>Wondhegting</td>
</tr>
<tr>
<td></td>
<td>Insinyding van abces</td>
</tr>
<tr>
<td></td>
<td>Sterilisatie en onsmetting</td>
</tr>
<tr>
<td></td>
<td>Maagspoeling</td>
</tr>
<tr>
<td></td>
<td>Toediening van IV-vloeistowwe en vloeistofkommas</td>
</tr>
<tr>
<td></td>
<td>Asifikse</td>
</tr>
<tr>
<td></td>
<td>Resusisatie</td>
</tr>
<tr>
<td></td>
<td>Gebruik van asemhalingsapparaat tydens 'n redningsoperasie</td>
</tr>
<tr>
<td></td>
<td>Gebruik van suurepot</td>
</tr>
<tr>
<td></td>
<td>Verwydering van vreemde voorwerpe uit oë en ore</td>
</tr>
<tr>
<td></td>
<td>Toediening van oog- en oordrupsels</td>
</tr>
<tr>
<td></td>
<td>Verskilende minder belangrike tegnieke</td>
</tr>
<tr>
<td></td>
<td>Die in bedwang hou van 'n wilde pasiënt</td>
</tr>
<tr>
<td></td>
<td>Diagonoseer en behandeling van vergiftiging deur alko hol, chemiese stowwe, dwelmiddele, ens.</td>
</tr>
<tr>
<td></td>
<td>Hygiëne en voorkoming van siektes</td>
</tr>
<tr>
<td></td>
<td>Diagonoseer en behandeling van alle aansteklike siektes en ander siektes en mediese probleme wat in die Skeepskaptein se Mediese Handleiding aangedui word</td>
</tr>
<tr>
<td></td>
<td>Injuries to muscles and joints</td>
</tr>
<tr>
<td></td>
<td>Digestive system</td>
</tr>
<tr>
<td></td>
<td>Poisons, bites and stings</td>
</tr>
<tr>
<td></td>
<td>Foreign bodies and aches</td>
</tr>
<tr>
<td></td>
<td>Action in an emergency</td>
</tr>
<tr>
<td></td>
<td>Transporting of patients (including use of Neil Robertson stretcher)</td>
</tr>
<tr>
<td></td>
<td>Removing injured person from ship's holds, etc.</td>
</tr>
<tr>
<td></td>
<td>Basic knowledge of ship's medical locker</td>
</tr>
<tr>
<td></td>
<td>Keeping record of dispensing medicines</td>
</tr>
<tr>
<td></td>
<td>Knowledge of sutures and suturing (may only be carried out in practice under direct supervision of ship's captain)</td>
</tr>
<tr>
<td></td>
<td>Application of special dressings to wounds and burns</td>
</tr>
<tr>
<td></td>
<td>Lifeboat ailments and survivors</td>
</tr>
<tr>
<td></td>
<td>Radio techniques with particular reference to medical matters</td>
</tr>
<tr>
<td></td>
<td>Diseases common to seamen</td>
</tr>
</tbody>
</table>

**Note:** Photographic slides and films appropriate to the subject matter of the session should be shown whenever possible.

Practical visits to outpatients or casualty departments should be arranged whenever possible.

**ANNEXURE 3**

**SYLLABUS FOR THE SHIP CAPTAIN’S MEDICAL TRAINING CERTIFICATE**

<table>
<thead>
<tr>
<th>Length of course</th>
<th>44 hours including examination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content</td>
<td>Basic anatomy and physiology</td>
</tr>
<tr>
<td></td>
<td>Nursing and care of injured</td>
</tr>
<tr>
<td></td>
<td>Advanced nursing techniques</td>
</tr>
<tr>
<td></td>
<td>Observation of the patient</td>
</tr>
<tr>
<td></td>
<td>Measuring and recording of temperature, pulse, respiration rate and blood pressure</td>
</tr>
<tr>
<td></td>
<td>Preparation of smear slides</td>
</tr>
<tr>
<td></td>
<td>Testing of urine with &quot;Clinistix&quot;</td>
</tr>
<tr>
<td></td>
<td>Injections</td>
</tr>
<tr>
<td></td>
<td>Use of a catheter</td>
</tr>
<tr>
<td></td>
<td>Dressing of wounds and burns — no touch technique</td>
</tr>
<tr>
<td></td>
<td>Suturing</td>
</tr>
<tr>
<td></td>
<td>Incision of abscesses</td>
</tr>
<tr>
<td></td>
<td>Sterilisation and disinfection</td>
</tr>
<tr>
<td></td>
<td>Gastric lavage</td>
</tr>
<tr>
<td></td>
<td>Administration of IV fluids and fluid enemas</td>
</tr>
<tr>
<td></td>
<td>Asphyxia</td>
</tr>
<tr>
<td></td>
<td>Resuscitation</td>
</tr>
<tr>
<td></td>
<td>Use of breathing apparatus in rescue</td>
</tr>
<tr>
<td></td>
<td>Use of oxygen</td>
</tr>
<tr>
<td></td>
<td>Removal of foreign bodies from eyes and ears</td>
</tr>
<tr>
<td></td>
<td>Application of eye and ear drops</td>
</tr>
<tr>
<td></td>
<td>Miscellaneous minor techniques</td>
</tr>
<tr>
<td></td>
<td>Restraint of violent patient</td>
</tr>
<tr>
<td></td>
<td>Diagnosis and treatment of poisoning by alcohol, chemicals, drugs, etc.</td>
</tr>
<tr>
<td></td>
<td>Hygiene and prevention of disease</td>
</tr>
<tr>
<td></td>
<td>Diagnosis and treatment of all communicable diseases and other diseases and medical problems listed in Ship Captains Medical Guide</td>
</tr>
</tbody>
</table>
Beheer van pyn
Kortstondige tandheelkundige noodgevalle
Noodbevallings
Regulasies betreffende die skeepshospitaal
Beskrywing en gebruik van geneesmiddels en toe-
stellte wat by regulasie vereis word
Bystand van buite en mediese advies per radio
Simptome van dood

Opmerking: Fotoskjies en films toepaslik op die
leerstof wat tydens die sessie aangebied word, moet wanneer moont-
lik vertoon word.
Besoeke aan buitepasiënte- of ongevalleafdelings
moet wanneer moontlik gereël word.

AANHANGSEL 4
Die name van ingriëngs wat goedgekeur is om kur-
susse aan te bied, sal van tyd tot tyd in 'n Marineken-
siegewing bekendgemaak word.

No. R. 2701 25 September 1992
LUGVAARTWET, 1962
VYFDE WYSIGING VAN DIE REGULASIES INSAKE
DIE ONDERSOEK VAN LUGVAARTUGONGELUKE
1973
Die Minister van Vervoer het kragtens artikels 22 en
die Lugvaartweg, 1962 (Wet No. 74 van 1962), die
regulasies in die Bylge uitgaaf.

BYLAE

Woordomskrywing
1. In hierdie regulasies betekent "die Regulasies" die
Regulasies insake die Onderzoek van Lugvaartuig-
ongelukke, 1973, afgekondig deur die Gouvernementskennis-
gewing No. R. 120 van 26 Januarie 1973, soos gwy-
sig deur Gouvernementskennisgewings Nos. R. 1003 van

Wysiging van regulasie 3 van die Regulasies
2. Regulasie 3 van die Regulasies word hierby
ge wysig—
(a) deur die omskrywing van "'Kommissaris van
Burgerlugaar' of 'KBL' " te scrup; en
(b) deur die omskrywing van "Onderzoeker-in-
beheer" deur die volgende omskrywing te ver-
vang:
"'Onderzoeker-in-beheer' 'n gemagtigde
beampte wat op grond van sy kwalifikasies deur
die Kommissaris aangewys is en wat belas is
die verantwoordelikheid vir die beheer oor
die onderzoek van 'n ongeluk of voorval."

Vervanging van regulasie 5 van die Regu-
asies
3. Regulasie 5 van die Regulasies word hierby deur
die volgende regulasies vervang:
"BEVOEGDHEDE EN PLAGTE VAN DIE KOM-
MISSARIS
5. Behoudens die bepalings van die Wet—
(a) moet die Kommissaris hierdie regulasies
administreer en toepas;

Control of pain
Brief dental emergencies
Emergency child birth
Regulations covering ship's hospital
Description and use of drugs and appliances re-
quired by regulation
External assistance and medical advice by radio
Signs of death

Note: Photographic slides and films appropriate
to the subject matter of the session should
be shown whenever possible.
Practical visits to outpatients or casualty depart-
ments should be arranged whenever possible.

ANNEXURE 4
The names of institutions approved for giving
courses of instruction will be notified from time to time
by Marine Notice.

No. R. 2701 25 September 1992
AVIATION ACT, 1962
FIFTH AMENDMENT OF THE REGULATIONS
REGARDING THE INVESTIGATION OF AIRCRAFT
ACCIDENTS, 1973
The Minister of Transport has, under section 22 of
the Aviation Act, 1962 (Act No. 74 of 1962), made the
regulations in the Schedule.

SCHEDULE

Definition
1. In these regulations "the Regulations" means the
Regulations regarding the Investigation of Aircraft
Accidents, 1973, published under Government Notice
No. R. 120 of 26 January 1973, as amended by Gov-
ernment Notices Nos. R. 1003 of 16 May 1980, R.

Amendment of regulation 3 of the Regula-
tions
2. Regulation 3 of the Regulations is hereby
amended—
(a) by the deletion of the definition of " 'Commis-
sioner for Civil Aviation' or 'CCA' "; and
(b) by the substitution for the definition of "Investi-
gator-in-Charge" of the following definition:
" 'Investigator-in-Charge' means an author-
ised officer designated by the Commissioner on
the basis of his qualifications and charged with
the responsibility for the control of the inves-
tigation of an accident or incident."

Substitution of regulation 5 of the Regula-
tions
3. The following regulation is hereby substituted for
regulation 5 of the Regulations:
"POWERS AND DUTIES OF COMMISSIONER
5. Subject to the provisions of the Act—
(a) the Commissioner shall administer and
enforce these regulations;
Scabs lose out in health pact

SCAB labourers who replaced fired hospital strikers were the losers in this week’s agreement between workers and health authorities.

Most of them will have to leave their new-found jobs to make way for the 5,000 strikers reinstated this week. About 2700 other strikers will not be reinstated.

Wits/Vaal Local Dispute Resolution Committee chair

man Andre Lamprecht said at the signing of the agreement yesterday that most of the scab workers would lose their jobs.

A six-month truce was agreed to allow the delicate agreement time to mature. Negotiators yesterday took pains to stress the accord was still in

TO PAGE 2.

Accord

FROM PAGE 1

its infancy, but expressed hope that it would last a long time.

National Education, Health and Allied Workers Union (Nehawu) assistant general-secretary Neal Thobejane said members were committed to the agreement.

Nehawu agreed to a six-month moratorium on strike action.

A new code of conduct in the accord provided for compulsory arbitration between the Transvaal Provincial Admin-

tration and Nehawu in the event of a deadlock — a major obstacle to agreement during the four-month strike which claimed at least 12 lives.

Strikers who would not be reinstated because they might have been guilty of violence or other misconduct associated with the strike could take their cases to arbitration.

JOE LOUW reports that eight women and two men were seriously hurt yesterday when police set dogs on workers demonstrating at Garden City Clinic over a deadlock in negotiations with private hospital group Clinic Holdings.
Agreement ends costly strike

By THEMBA KHUMALO

THE reinstatement of 5 000 Transvaal hospital workers should end the massive destruction of property and lives which characterised the three-month strike.

More than 20 people died, dozens were injured and several houses were burnt during the strike.

Spearheaded by the National Education, Health and Allied Workers' Union, the strike ended on Friday morning after TPA and Nehawu officials signed an agreement.

The agreement, brokered by the PWV dispute resolution committee, was sealed at the offices of a multi-national company in Sandton.

However, the axe is hovering over the heads of about 2 000 strikers who are guilty of various offences related to the strike. Their fate would be decided by arbitration, the agreement said.

Also in the danger zone are old workers who are due for pension. Matters came to a head in August when the TPA fired about 7 500 strikers after they had defied an ultimatum to return to work.

The strike was marked by attacks on scabs and non-strikers. GaRankuwa Hospital in Pretoria became particularly notorious for such attacks and several people were facing various charges in this regard.

The strike plunged Transvaal hospitals into serious crisis. Three weeks ago a group of doctors, radiographers and nurses came out in the open about declining healthcare standards.

They said Baragwanath Hospital was hardest hit as critical patients were turned away because there was a manpower shortage.

At least five Soweto clinics and one in Daveyton on the East Rand were temporarily closed after they were set on fire two weeks ago.

Health services were disrupted sporadically with nurses and doctors mounting protest marches to demand the reinstatement of the dismissed workers.

The TPA/Nehawu agreement was welcomed by various trade unions, political bodies and health organisations. A Cosatu spokes-

man hailed the pact as a "victory for the workers".

The agreement also brings to an end the collection of donations from passing motorists by destitute Nehawu workers along Potchefstroom Road.
NEWS ANALYSIS  Hospital workers become the victims

Strike left family near starvation

By Ike Motsapi

Life has not been all that easy for more than 7,000 hospital workers who had to go without wages and even food, during their 16-week wage strike. One of the strikers spoke to the Sowetan.

Sklina Senokoane, not her real name, is an unmarried 38-year-old mother of five who has been battling for the past four months to make ends meet without a salary.

Senokoane is one of about 7,000 members of the National Education, Health and Allied Workers Union who were dismissed by the Transvaal Provincial Administration when they went on strike 16 weeks ago.

She was employed at Baragwanath Hospital as a ward helper for eight years.

She and her five children live in a shack in Protea South, Soweto, and survived on a R500 a month salary before she was fired. She used this money to feed for her family, buy clothing for them and also pay for their education.

Things became difficult for her family when she was dismissed. She was forced to lean on her mother, who came to the rescue of her grandchildren during this hard time.

Senokoane said life was like hell for her.

"We lived from hand to mouth and luckily we survived. The going was very tough for us. At one stage I thought God was very unfair to me and my colleagues.

"For eight years, I have been paid less than the living wage and this led me to believe that the only thing that was left for us to do was to go on strike.

Our leaders have been trying for years to talk the authorities into paying us living wages. I am glad that the issue is likely to be resolved so that we can go back to our jobs.

"We come here to Baragwanath Hospital every day to picket, but the painful thing is that we are not allowed to enter the premises.

"This has been a very painful experience for us," said Senokoane, relieved that one of the most violent strikes had come to an end.

However, the struggle for a living wage is not over yet for Senokoane and many other hospital workers who went on strike 16 weeks ago.
Counting the Costs

By Abbey Makoe

WHEN some health workers refrained from joining the recent strike by members of the National, Education, Health and Allied Workers' Union (Nehawu) little did most of them know their resolve was tantamount to a death warrant.

And, this invisible warrant was kept there by forces of darkness, no doubt milling among thousands of health strikers who probably wanted nothing to do with murder or arson.

As if attacks on non-strikers were not enough, the strike took an ugly twist when families of non-strikers were also attacked. As it is, a list of children killed in petrol bomb and AK-47 rifle attacks is increasing.

It all started when the employer of the striking workers, the Transvaal Provincial Administration (TPA), used a legal advantage during the strike to sack workers after an ultimatum to return to work was ignored.

Those who did not participate in the strike had their houses attacked by messengers of doom.

At the end of the day, all hell broke loose after the TPA sacked the striking workers.

Workers were obviously infuriated by the TPA's act, and the fists of fury sprang into the open.

Attacks on non-striking hospital workers were carried out. Arson and murder reigned supreme. More than 30 people were killed.

Nehawu officials have constantly distanced the union from these violent acts blaming "State agents" instead.

This is a chronology of some of the attacks on non-strikers:

June 3: A union member is shot in next to Natalspruit Hospital.

June 5: Two union shop stewards gunned down in a private home.

July 10: The home of Mrs Nandi Ngcobo, a non-striking matron at Natalspruit Hospital, is petrol-bombed. She blamed Nehawu members.

July 13: Seven members of the family of Mrs Sanah Madikane (63) is besieged by petrol-bomb attackers. Four family members died.

Madikane's daughter-in-law is a clerk at Johannesburg Hospital. It was alleged she was not on strike.

July 22: The body of a non-striking Groote Schuur hospital worker, Mr Ivor Michaels, is found along a railway line in the Cape.

July 29: A woman employed as a cleaner at the Gugulethu Hospital in Johannesburg has her house petrol-bombed. Her hands were burnt as she tried to rescue her two children, aged 12 and three.

August 3: An assistant nursing sister at the Johannesburg Hospital, Miss Rosina Mphambukeli, is killed while on her way to work.

August 3: Non-strikers attack union members outside Baragwanath Hospital, seriously injuring two.

Between August 17 and 21, a matron, three nursing sisters and a clerk are attacked and assaulted outside Baragwanath Hospital in Soweto as they report for work.

September 1: Three nurses are attacked on their way home from work.

September 11: About 33 men and women attack a Hillbrow Hospital nursing sister at her Soweto home. They dragged her outside, stabbed her and doused her with petrol and set her alight. She miraculously survived and is recuperating in hospital.

September 12: Four men armed with AK-47s and a 9mm pistol burst into the home of a non-striking assistant nursing sister at Natalspruit Hospital, Mrs Margaret Mabaso. Nkumelo.

She was shot dead while having dinner.

Her three daughters, were also shot - two fatally. Those killed were Matsikiso (21) and Nomsando (17). The youngest Mhali (9), is still being treated at Baragwanath Hospital for a gunshot wound in the neck.

September 15: A non-striking clerk at Kalafong Hospital, Charlotte Ntise (39) and her husband, Sydney, are admitted to the hospital with serious burn wounds after a petrol bomb attack on their house. Mrs Ntise later died.

On that same day Mr Johannes Maake, a non-striking employee at HF Verwoerd Hospital also had his house petrol-bombed but nobody was injured.

Lately, arson attacks have spread to clinics in Soweto, threatening to bring health services in the townships to a halt.

September 5: A Mofolo Central clinic in Soweto is attacked with petrol bombs, damaging X-ray facilities.

September 7: Zola clinic is attacked by arsonists, damaging the maternity ward.

Same day: Diepkloof clinic is also attacked with petrol bombs.

September 12: Dobsonville clinic is attacked.

September 15: Orlando East clinic is set on fire.

And, with a solution between Nehawu and the TPA reached, one wonders if the list of casualties has come to an end.

Irreparable Damage

| Health centres affected by the strike: 90 |
| People injured during the strike: 9 000 |
| People killed during the strike: 120 |
| Number of people killed: 30 |
| Number of people injured: 100 |
| Intimidation cases recorded during the strike: 3,700 |
| Financial damage to property: More than R5 million |

* These figures were obtained from the South African Police.
Strikers return

OCTOBER 26 has been set as the return to work of the 5 000 dismissed hospital workers after the TPA and Nehawu reached a settlement last week.

And the remaining 2 700 workers could also be re-employed after appearing before an arbitrator chosen by the Transvaal Provincial Administration and the National Education, Health and-Allied Workers union.

The losers are the 4 500 scabs who were hired during the strike.

They are going to be offered options of voluntary retrenchment or early retirement.

Nehawu has agreed that it will not be involved in any industrial action for a period of six months.
OTSAPi: Are there any efforts being made to end the 16th hospitals strike?

Thobejane: We are busy working towards ending the strike sooner rather than later. At the moment the talks are at a critical stage. At our previous meeting what happened was that we closed the gap between ourselves and the Transvaal Provincial Administration. The Peace Secretariat of the Vaal-Witwatersrand Regional Dispute Committee is involved in the process aimed at finding an acceptable settlement on the issue.

Mr. André Lamprecht is chairing our meetings so that it should not appear that everyone involved in the talks is seen to be scoring points. We regard this as a very sensitive matter. I think that before the end of the week we will be jointly announcing the details of the settlement.

Motsapi: There is an air of hope among the dismissed workers who are confident that they are going to get their jobs back. What is your reaction?

Thobejane: The strike has gone on too long and everybody is hoping that it will be resolved as quickly as possible.

Well, people have the right to speculate. I must point out that this is the first strike of its kind that has been undertaken by Nehawu. It was clear that it was going to affect our members and other communities because it has been politicised by the government and other political organisations in a way.

The strike has obviously caused damage. This includes loss of life and damage to property. We have lost four shop stewards who were killed during the process. So, if the strike could be resolved this will be a relief to a lot of people.

I want to stress that those expectations are genuine.

The strike has to be resolved quickly. If it is allowed to go on and on a lot of lives will be lost in the process.

Motsapi: You speak of the damage that has been caused and done during the strike. What is your assessment of the whole situation?

Thobejane: Well, obviously it is regrettable that people were killed and property was damaged. That was not the intention of the strike. This has resulted in the collapse of essential services and this is wrong.

Motsapi: People say that Nehawu is linked to the harassment, murder and damage done to property. What is your reaction to this?

Thobejane: We at Nehawu are aware of what has been happening. We believe that the murderers that have been taking place are the work of professional killers. To us we did not want to come to the conclusion that this was the work of the government. We could not link it to the TPA, police or anybody. We agreed that this was the work of the vigilantes themselves. People also say the attack in Naledi Extension 2 was our fault. What came to mind was how did people reach the conclusion that it was us?

I want to point out that both parties, that is to say the TPA, maybe Nehawu and the government, are responsible for what has happened.

Motsapi: Was the strike legal or not?

Thobejane: You know that because of the present legislation in the country, unions are illegal and regarded as null and void.

Even the 1990 strike was regarded as illegal. Well, this strike is our biggest one but we did not anticipate that it would take so long.

Motsapi: People say the strike was not well-co-ordinated and, hence there has been this delay in reaching a settlement. What is your response?

Thobejane: As trade unionists we believe that it is impossible to predict when a strike will take place. This strike was impulsive.

So the question of planning and making strategy is out of question. The workers should decide themselves. If you want to dictate to them it is like saying, tomorrow we are going out to fight. But the question is: What if they are not ready? You cannot push them to do that.

Motsapi: What is Nehawu's plan or programme of action now?

Thobejane: We are still fighting to have our workers reinstated. Obviously if this is not done we have to go back and plan what we should do. We will obviously step up the programme of pressuring the authorities to accede to our demands.

Motsapi: What is the total membership of Nehawu and does it have the support of nurses or, say, professional people?

Thobejane: We have a membership of about 80 000 at present and this is growing. We have nurses, doctors and other people in our ranks and we believe that this too is growing.
Death drips were infected, tests show

By Monica Oosterbroek

Tests have proved that the intravenous drips given to the seven babies who died in Johannesburg last week were contaminated.

Four babies died of septicemia at JG Strijdom Hospital, two at Johannesburg Hospital and one at Park Lane Clinic after they were put on drips supplied by Isotec Nutrition.

A baby girl is still critically ill in Johannesburg Hospital.

Isotec's managing director Iain Rosekilly confirmed yesterday that the results of intensive microbiological tests had shown the drips had been contaminated by bacteria.

These initial results were only the first phase of a thorough and intensive investigation being conducted by Isotec, Lancet Laboratories, the South African Institute of Medical Research and Sabax — the company which supplied all the drip components, according to Mr Rosekilly.

Each component in the drip would now be tested to find out exactly how the drips were infected, he added.

Mr Rosekilly said there was no reason for pregnant women to panic because the highly specialised solution, Total Parenteral Nutrition, was prescribed and administered only to newborn babies who were already critically ill.

The solution provided life-sustaining nutrients vital for premature babies who would otherwise die, Mr Rosekilly said.

Any baby put on the drip was first closely examined by a paediatrician before a doctor issued a prescription.

"Due to the highly complex nature of these solutions, a terminal sterilisation process cannot be performed on these products. Therefore, the components are mixed in a totally isolated, sterile environment and sealed prior to distribution to the patient," he said.

Since November last year, more than 10,000 units have been supplied by Isotec Nutrition based on doctors' prescriptions.
news Mass resignations of white hospital staff • Mee

the nation in brief

New staff stay on

PEOPLE employed to replace dismissed hospital workers when talks between the Transvaal Provincial Administration (TPA) and the National Education, Health and Allied Workers Union (Nehawu) deadlocked will not lose their jobs, it was confirmed yesterday.

A TPA spokeswoman said although Nehawu and the administration reached an agreement on the re-employment of dismissed workers, it does not mean the newly employed would have to lose their jobs.

She said there were open posts and a possibility of resignations by some employees who were among those who went on strike.

The four-month-old hospital dispute came to an end last week when the TPA and Nehawu signed a settlement on the re-employment of dismissed workers.

Two new schools

TWO new schools are to be opened at Midrand between Pretoria and Johannesburg next year.

Dr. Ken Paine, Transvaal Education Department executive director, said yesterday an English medium primary school and a parallel medium secondary school would start classes at the beginning of the new school year.

Building of the primary school at Noordwyk, Midrand, is on schedule. Construction of the secondary school has just begun. Vacant classrooms at Halfway House Primary School will be used until building is completed.

AA annual rally

THE Soweto branch of Alcoholics Anonymous will hold its annual rally at the Funda Centre this weekend.

The rally, which starts on Saturday at 10am, is open to the public. If you think you have a drink problem or know anyone who has, you will find people who are sympathetic, understanding and able to give practical help.

Alcoholics Anonymous is a fellowship of men and women who help each other to stay away from alcohol and lead useful lives. There is no fee required to join AA.

Anti-overload drive

THE South African Black Taxi Association (Sabta) will begin a three-month "anti-overload" campaign on October 1 to encourage drivers to comply with loading certificates.

In a statement on Tuesday, Sabta said commuters would also be asked to refrain from boarding full taxis.

Sabta will warn drivers of the braking problems caused by overloading, and the possible denial of insurance benefits in accidents involving overloaded vehicles.

Letters have been sent to Sabta affiliates country-wide urging participation.
**Isotec probe shows drip contamination**

**KATHRYN STRACHAN**

Isotec Nutrition yesterday admitted its investigations had found bacterial contamination in drip bags which allegedly caused the deaths of seven babies last week.

Isotec MD Tom Roskilly said the results of independent laboratory testing, commissioned by the company, were released yesterday.

“At least three intravenous solutions were contaminated,” he said. 

Investigations are being conducted by the SAN Institute of Medical Research and the Medical Control Council, as well as researchers abroad, to find the exact cause of the contamination. The preliminary results of these tests will be available today.

Isotec buys some of the ingredients for the solutions from Saba, the company which supplied drips given to 13 babies who died in 1990.

Roskilly said that due to the highly complex nature of the solutions, a sterilisation process of the final product could not be performed.

“Some components therefore had to be mixed in a totally isolated sterile environment and sealed prior to distribution, he said.”

Meanwhile, two babies who were given intravenous fluids last week are still in intensive care. A Johannesburg General Hospital spokesman said 19-day-old Louise Bester was in a critical condition, but the condition of the baby at Park Lane Clinic had improved.

**Hospital staff alarmed by murder of doctor**

Staff at Baragwanath Hospital in Soweto were deeply shocked and upset at the killing of a German doctor who was shot in the head after leaving work on Monday evening. He was found unconscious at the turnoff on the M1 North, close to Baragwanath, and was taken to hospital. He died without regaining consciousness.

Baragwanath Hospital spokesman Annette Clear said the killing had not only shocked those close to Walter, but had left a feeling of fear and uncertainty that could be sensed throughout the hospital.

It was also possible that the attack would turn away doctors and nurses who might otherwise have applied for jobs at the hospital, she said.

“Everyone was in shock,” she said.

Clear said Walter was shot on a road which many of the staff used as a shortcut through the township.

Hospital superintendent van den Heever appealed to staff members yesterday not to go into areas about which they had any doubts.

**35 hurt as police open fire on Ratanda march**

**RAY MARLETT**

AT LEAST 35 residents of Ratanda township near Heidelberg were injured — two seriously — when police opened fire on protesters at Ratanda police station yesterday, ANC PWV spokesman Ronnie Mamoepa said.

The residents marched to the police station to demand demolition of the Ratanda Hostel from which a grenade attack, in which one person was killed and others were injured, was allegedly launched on Monday.

Ten protesters were arrested during the demonstration, he said.

Ratanda Hostel is believed to be among 15 hostels targeted by government and ANC negotiators for fencing in mid-November.

The ANC called for urgent security measures to be implemented at the hostel to prevent further flare-ups in the area.

Baragwanath Hospital spokesman Annette Clear said the killing had not only shocked those close to Walter, but had left a feeling of fear and uncertainty that could be sensed throughout the hospital.

It was also possible that the attack would turn away doctors and nurses who might otherwise have applied for jobs at the hospital, she said.

“Everyone was in shock,” she said.

Clear said Walter was shot on a road which many of the staff used as a shortcut through the township.

Hospital superintendent van den Heever appealed to staff members yesterday not to go into areas about which they had any doubts.

**Train boycott erupts in PWV**

ANC-aligned organisations in the PWV have agreed in principle to boycott commuter trains because of the continued failure of police and SA Rail and Computer Corporation to implement agreements. The decision was taken at a PWV Action Council meeting which included representatives of Cosatu, the SACP and the ANC, but would have to be vetted by individual organisations before it was implemented, ANC PWV spokesman Ronnie Maamoepa said.

He said it was unacceptable that a new rail guard would only come into operation in April 1992 instead of the end of the year.
Angolan voters flock to polls as peace holds

LUANADA — Heavily armed riot police guarded government buildings in the capital yesterday as voters turned out in large numbers for the first day of Angola's first free elections following 16 years of civil war.

The nation was sealed off from the rest of the world for the two days of voting, with Angolan airspace closed.

Four hundred UN observers are monitoring the elections, fanning out across a country twice the size of France in 40 helicopters and 15 other aircraft.

"Everybody wants to vote today," said one UN observer. "I don't think there will be many left for the second day."

There are 11 presidential candidates, but the only real threat to MPLA President Jose Eduardo dos Santos is Unita rebel leader Jonas Savimbi.

Angola's 4.6 million registered voters are also turning out at 5,000 polling stations to elect a 220-seat parliament.

Many observers here fear widespread violence in the event of a disputed result and do not rule out a return to war.

But hours before a ballot was cast, the commanders of a new unified army were installed in an attempt to allay fears.

"The process is irreversible, the soldiers will not accept a return to fighting," said General Arlindo Chenda Pena, a former rebel leader who commands the army with one-time foe, General Antonio Fanka.

However, Unita secretary-general Paulo Alcides Mango claimed the government planned to delay voting in some areas and had failed to equip voting stations in provinces where Unita has wide support.

But his claims were refuted by Margaret Anstee, the British head of a UN monitoring team.

TPA reacts to reports of dismissals

It was too early to give any detailed information on the future of newly appointed hospital workers who had taken the positions of people dismissed during the recent hospital strike, the TPA said yesterday.

TPA director-general Andre Cornelisse was reacting to an earlier radio news report saying people employed to replace dismissed hospital workers would not lose their jobs.

A TPA spokesman earlier said that although the National Education, Health and Allied Workers' Union (Nehawa) and the administration had reached an agreement on the re-employment of dismissed workers, this did not mean the newly employed would lose their jobs.

Mr Cornelisse said: "In terms of the agreement reached by the TPA and Nehawa, employees dismissed for taking part in strike action may apply for re-employment. Applications completed on the prescribed Z83 forms, obtainable from any government office, may be sent to the head of the institution where the employee was previously employed." - Sapa.
Nehwu strikers go back to work

Scabs to lose jobs, have to retire or be retrenched

By Ike Motsapi

OCTOBER 26 marks the return to work of 5,000 dismissed hospital workers after the Transvaal Provincial Administration (TPA) and the National Education, Health and Allied Workers Union (Nehwu) reached a settlement last week.

A committee overseeing the orderly return to work of the dismissed workers, meets next Thursday to lay foundations for the process.

The remaining 2,700 workers could be re-employed after appearing before an arbitrator.

The losers are the 4,500 "scabs" hired during the strike.

They will be offered options of voluntary retrenchments or early retirements.

Mediator Mr. Andre Lamprecht said: "In this context provision is made for a return to work after due application of a substantial number of dismissed employees.

"Employees who are not taken back because they may have been guilty of violence or misconduct associated with the strike can take their cases to be expedited by arbitration.

"Provision is made for extensive training including joint training between the parties on the code of conduct and its provisions.

"There is also provision for the regulation of any future disagreements between the parties."

A committee chaired by Lamprecht will oversee the agreements' operation and the Witwatersrand-Vaal Dispute Resolution Committee will oversee the return to work.
Hospital

staff set
to reapply

By Thabo Tshilo
Labour Reporter

The 7700 union members dismissed for taking part in the strike at Transvaal hospitals are due to start applying for re-employment today, National Education, Health and Allied Workers' Union assistant general-secretary Neal Thobejane said yesterday.

However, only 5000 would immediately be taken back in accordance with Friday's agreement between the union and the TPA.

Workers can obtain 233 application forms from any Government office. They must apply to the heads of the institutions where they were employed before October 12.
It is further notified in terms of section 72 (2) that a public meeting of persons with an interest in the subject of the said petition will be held at 18:00 on 29 October 1992 in the Uitkeer Recreation Hall under the chairmanship of an officer of the Department of Water Affairs and Forestry to enquire into the subject of the petition and hear evidence for or against the proposal.

All interested persons are hereby notified that the meeting will also be held for the purpose of recording votes for or against the proposal since section 72 (3) provides that the petition may be granted if not less than two-thirds of the owners of land situated within the area specified in the said petition, who together own not less than two-thirds of the land irrigated and proposed to be irrigated within such area, are in favour of the proposal.

Any person who cannot be present at the meeting may, by proxy or power of attorney, delegate any other person to vote on his behalf at the meeting.

(2 October 1992)

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NOTICE 871 OF 1992

PUBLIC SERVICE BURSARY SCHEME

FULL-TIME BURSARIES FOR 1993: DEPARTMENT OF HEALTH SERVICES AND WELFARE

Bursaries for full-time study are granted from funds of the Department of Health Services and Welfare in the following fields:

- B / Occupational Therapy / BSc Occupational Therapy.
- B / Physiotherapy / BSc Physiotherapy.

Bursaries are not to exceed R9 800 per annum.

Applications must be submitted to the following address on form KVA 95:

The Director-General
House of Assembly: Department of Budgetary and Auxiliary Services (Poynton Building)
Private Bag X723
PRETORIA
0001

Application forms can be obtained at the above-mentioned address. For any further enquiries contact Mrs B. Pieterse, Tel. (012) 314-5223.

Applicants must forward the following documents with their applications:

(1) A certified copy of an official statement of symbols obtained in the Standard 10 final examination, if the examination has already been written; OR

(2) a certified copy of an official statement of symbols obtained in the Standard 9 final examination where the Standard 10 examination has to be written during 1992; AND

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Voorts word in gevolge artikel 72 (2) bekendgemaak dat 'n openbare vergadering van persone wat by die onderwerp van genoemde versoekekrif belang het, om 18:00 op 29 Oktober 1992 in die Uitkeer Ontspanningsaal onder voorversitterskap van 'n amptenaar van die Departement van Waterwese en Boombou gehou sal word ten einde onderzoek na die onderwerp van die versoekekrif in te stel en getuiesis ten gunste van of teen die voorstel aan te hoor.

Alle belanghebbendes word hierby in kennis gestel dat die vergadering ook gehou word met die doel om stemme ten gunste van of teen die voorstel op te neem, aangesien artikel 72 (3) bepaal dat die versoeke toegestaan kan word indien minstens twee derdes van die eienaars van grond geleë binne die gebied in genoemde versoekekrif vermeld, wat tesame minstens twee derdes van die grond besit wat in daardie gebied besproei word en voorgestel word om besproei te word, ten gunste van die voorstel is.

Enige persoon wat nie die vergadering kan bywoon nie, kan 'n ander persoon deur middel van 'n prokura- sie of volmag maglik om namens hom by die vergadering te stem.

(2 Oktober 1992)

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KENNISGEWING 871 VAN 1992

STAATSDIENSTEBEURSSKEMA

VOLTYDSE BEURSE VIR 1993: DEPARTEMENT VAN GESONDHEIDSDIENSTE EN WELSYN

Beurse vir voltydse studie word toegeken uit fondse van die Departement van Gesondheidsdienste en Wel- syn in die volgende studierigtings:

- B / Arbeidsterapie / BSc Arbeidsterapie.
- B / Fisioterapie / BSc Fisioterapie.

Die grootte van beurse is hoogstens R9 800 per jaar.

Aansoek moet op vorm KVA 95 na die volgende adress versend word:

Die Direkteur-generaal
Adminisrasisie Volksraad: Departement van Begrotings- en Ondersteuningsdienste (Poyntonkomponent)
Privaatsak X723
PRETORIA
0001

Aansoekvorms is ook by bovermelde adres beskikbaar. Vir enige verdere navrae kontak mev. B. Pieterse, Tel. (012) 314-5223.

Applikante moet die volgende dokumente by hul aansoek insluik:

(1) 'n Gewaarmerkte afskrif van 'n amptelike staat van simbole behaal in die standerd 10-eindek- samen, indien die eksamen reeds afgelê is; OF

(2) 'n gewaarmerkte afskrif van 'n amptelike staat van simbole behaal in die standerd 9-eindek- samen, indien hulle gedurende 1992 met stand- derd 10 besig is; EN
NOTICE 872 OF 1992
MEETINGS OF PARLIAMENTARY COMMITTEES

WEDNESDAY, 30 SEPTEMBER 1992
Joint Committee on Justice (Admission of Advocates Amendment Bill [B 3—92 (GA)], Gambling Amendment Bill [B 156—92 (GA)] and Judicial Matters Amendment Bill [B 156—92 (GA)]).

THURSDAY, 1 TO FRIDAY, 2 OCTOBER 1992
Joint Committee on Justice (Admission of Advocates Amendment Bill [B 3—92 (GA)], Gambling Amendment Bill [B 156—92 (GA)] and Judicial Matters Amendment Bill [B 156—92 (GA)]).
Joint Committee on Home Affairs (Filling of Casual Vacancies in Parliament Bill [B 157—92 (GA)]).
Joint Committee on Constitutional Affairs (Constitution Amendment Bill [B 158—92 (GA)]).

THURSDAY, 8 TO FRIDAY, 9 OCTOBER 1992
Joint Committee on Constitutional Affairs (Constitution Amendment Bill [B 158—92 (GA)]).

MONDAY, 12 OCTOBER 1992
Joint Committee on Constitutional Affairs (Constitution Amendment Bill [B 158—92 (GA)]).

TUESDAY, 13 OCTOBER 1992
Joint Committee on Health (Medical Aid Schemes Amendment Bill [B 115—92 (GA)]).
Joint Committee on Pension Benefits for Members of Parliament and Political Office-bearers.
Joint Committee on Constitutional Affairs (Constitution Amendment Bill [B 158—92 (GA)]).

WEDNESDAY, 14 OCTOBER 1992
Joint Committee on Health (Medical Aid Schemes Amendment Bill [B 115—92 (GA)]).
Joint Committee on Public Accounts.

Enquiries: W. Fourie, Head; Committee Section, Tel. (021) 403-2598. Beltel Page No: 3199.

KENNISGEWING 872 VAN 1992
VERGADERINGS VAN PARLEMENTÈRE KOMITEES

WOENSDAG, 30 SEPTEMBER 1992
Gesamentlike Komitee oor Justisie (Wysigingswetsonwerp op die toelating van Advokate [W 3—92 (AS)], Wysigingswetsonwerp op Dobbelys [W 156—92 (AS)] en Wysigingswetsonwerp op Geregtelike Aangeleentheite [W 156—92 (AS)]).

DONDERDAG, 1 TOT VRYDAG, 2 OKTOBER 1992
Gesamentlike Komitee oor Justisie (Wysigingswetsonwerp op die Toelating van Advokate [W 3—92 (AS)], Wysigingswetsonwerp op Dobbelys [W 156—92 (AS)] en Wysigingswetsonwerp op Geregtelike Aangeleentheite [W 156—92 (AS)]).
Gesamentlike Komitee oor Binnelandse Sake (Wetsonwerp op die Aanvulling van Tussentydse Vakatures in die Parlement [W 157—92 (AS)]).
Gesamentlike Komitee oor Staatkundige Aangeleentheite (Wysigingswetsonwerp op die Grondwet [W 158—92 (AS)]).

DONDERDAG, 8 TOT VRYDAG, 9 OKTOBER 1992
Gesamentlike Komitee oor Staatkundige Aangeleentheite (Wysigingswetsonwerp op die Grondwet [W 158—92 (AS)]).

MAANDAG, 12 OKTOBER 1992
Gesamentlike Komitee oor Staatkundige Aangeleentheite (Wysigingswetsonwerp op die Grondwet [W 158—92 (AS)]).

DINSdag, 13 OKTOBER 1992
Gesamentlike Komitee oor Gesondheid (Wysigingswetsonwerp op Mediese Skemas [W 115—92 (AS)]).
Gesamentlike Komitee oor Pensioenvoordele vir Parlementslede en Politieke Amptbekleerds.
Gesamentlike Komitee oor Staatkundige Aangeleentheite (Wysigingswetsonwerp op die Grondwet [W 158—92 (AS)]).

WOENSdag, 14 OKTOBER 1992
Gesamentlike Komitee oor Gesondheid (Wysigingswetsonwerp op Mediese Skemas [W 115—92 (AS)]).
Gesamentlike Komitee oor Openbare Rekenings.
Healthy deal holds hope

THE bitter lessons learnt at the end of the 17-week health strike in the Transvaal have come at a cost — at least 12 lives were lost, about 2,700 workers will lose their jobs, and South Africa's hospital services are in turmoil.

But some good has come out of it: the former adversaries have now thrown their lots together and are trying to ensure that their tentative peace accord has time to grow, despite its being limited to only the Transvaal at present.

Although it will not be able to address all the woes besetting the health system, the accord will be an effective, pressure valve until a new dispensation has been hammered out for public-sector industrial relations. A major stumbling block which will have to be surmounted in the coming months is the content of a new Bill which will set the future ground-rules for the government and its workers.

The National Education, Health and Allied Workers' Union (Nehawu) has been absent from negotiations to determine the content and will now have to try to ensure that its ideas will also be considered. Until then, the TPA-Nehawu code of conduct is the only mechanism existing in the public sector which makes room for dispute-resolution.

Vital to the accord's success is the role an external mediator will play in solving future disputes and the implementation of agreements made. Both sides have made major concessions and it will be up to the Wits/Vaal Regional Peace Committee (RPC) to ensure that injured pride on both sides does not boil over.

The biggest concession made by the TPA was to release the iron-cast grip it held over health services. In the past, TPA decisions were law and there was no one that disgruntled workers could turn to if they did not agree with its decisions. That's why health workers saw strike action as their only course of action.

Now a dispute resolution procedure exists and matters can be taken to an independent arbiter in the case of deadlock. Both sides would be bound by the arbiter's decision.

On the other side, Nehawu has agreed not to embark on any industrial action for six months. This will give the accord the vital breathing space needed to find its footing. Nehawu has also agreed that only 5,000 of the 7,700 workers dismissed during the strike will be reinstated.

Dismissed workers were this week filling in forms for reinstatement, and the testing time for the accord will come on October 18 when the TPA identifies those who will not get their jobs back.

Strikers found guilty of intimidation or unacceptable behaviour during the strike will not be reinstated. But workers will be able to challenge this through the RPC.

Reinstated workers will not necessarily get the same positions they held before the strike, but their accumulated benefits will be given back to them — on condition that they stick to the six-month strike moratorium.

According to the agreement, Nehawu will also have to follow strict guidelines if it wants to hold demonstrations on hospital grounds.

The union does not recognise that the issues which gave rise to the dispute have been properly settled, and steps are being taken by the RPC to set up bilateral talks between the union and the Commission for Administration (CFA), the governing body of the provincial administrations.
REVOLUTIONISING HEALTH: Cuban DR Fidel Castro (left) and Dr Carlos Zuñiga who are leading South Africa's health care revolution.

"A health system that's free of profit, where doctors order a health care service, and not a profit."
Bringing near-dead back into the world

H is OT (occupational therapist) makes no bones about it. She says he was "a vegetable when they brought him in."

She is talking about Steve Red - not his real name, of course: there's a court case pending. But she is talking about when Steve was admitted to the Barrowariate Medical Institute in June for intensive therapy after a road accident in which he was hit by a truck while changing a tyre at the side of the road. His wife was killed. She saw the truck coming and managed to dive to safety.

"He had nothing," the OT continues. "But for the tracheotomy he wouldn't even have been breathing. He was responding to pain only. He had no other interest in his surroundings. He was just a pair of eyes."

Qualified

That was in June. Today, this qualified accountant, after a coma that lasted 18 weeks, has returned to work at lower intensity two days a week. He is back working with computers and has set himself a target of January 1 to resume work full time.

Morag Cave, the Occupational Therapy Co-ordinator at the Barrowariate Institute, introduced me to Steve Red and his therapist. He's in remarkable shape, considering - and most important of all, with his quality of life improving daily, he's in good spirits and a wonderful example to others.

Mrs Cave (50) is a former Edinburgh lass who lived in Verenitting with her Verenitessen husband, and their menagerie of 13 cats and dogs. Clearly, the Cave's are first-class. Thirteen of them is a nice round number.

Caring

Morag says that above her head is an imaginary plaudit: It says "Sockeye Comes on It. On the wall of her office is a painting depicting some 40 cats. She sees it as a symbol of "a self-depreciating shrug. She smiles at the saying that she is an intensely caring person, always putting others before herself.

Exactly the sort of person for the institute as OT Co-ordinator. She feels the institute's chief rehabilitation services are:

- Occupational therapy
- Physiotherapy
- Speech therapy
- Social rehabilitation.

The institute, she says, is the dream of a private neurologist to bring together a team at one centre able to provide holistic rehabilitation services in the private sector.

Excellent

"Here, everyone is able to work on common goals in the best interests of the patient. Provincial hospitals provide an excellent service, but they are often not able to function on the best interests of the patient. For instance, therapy might have to be terminated simply because of the demands of the patient's bed or his well enough to be discharged."

Rehabilitation for both in- and out-patients is undertaken for sufferers in three main areas: strokes, head injuries and spinal injuries - the latter two almost always the result of motor accidents. A young student, learning to put it all together again, indicates himself and his damaged limbs and remarks as we pass "Because I was too young to buy a motor bike."

Sobering thought, isn't it?
LABOUR FM 91092

Pyrrhic victory

Plans are on track for the reinstatement of 5,000 health workers dismissed during the National, Education & Health Workers’ Union (Nehawu) hospital strike. Their return will take place on October 26 in terms of a milestone agreement between the TPA, Cosatu and Nehawu. The cases of the rest of those dismissed — about 2,700, who face various criminal charges — will go to arbitration.

But what happens to the 5,000-plus new workers taken on by the TPA to fill the vacancies? Not much has been said on this score; the TPA had yet to respond to inquiries as the FM went to press. As matters stand — and even if some of those dismissed do not reapply — the question seems fraught with difficulty and indicates a ballooning of the TPA’s wage bill, without any gains in productivity.

The Nehawu-TPA agreement came after a month of intensive negotiation. The chairman was Andre Lambrecht, head of the Wits/VAal Regional Peace Committee. His quiet mediation, which ended the messy four-month dispute on September 24, chalked up one of the Peace Accord’s more visible success stories.

Lambrecht described the agreement as creating “an entirely new beginning for the relationship between the parties,” changing it from one which had been often marked by antagonistic positions to one of problem solving and co-operation, based on their extensive new code of conduct.

This code provides for the return to work after due application by those dismissed and a moratorium on industrial action for six months. Employees not rehired because they face charges of violence or other misconduct during the strike can take their cases to arbitration.

The parties agreed on a programme of training about the code and its provisions. These include the regulation of disagreements. A committee chaired by Lambrecht will oversee implementation of the code; his regional peace committee will oversee the return to work.

Both parties condemned the violence and commit themselves to avoiding it in future. They also accept the principle of freedom of association.

The purpose of the code is to create a climate for formalising the relationship between the TPA and Nehawu. They agreed to recognise that, given the present public service structure, the TPA could deal only with matters within its jurisdiction. The process to legislate new arrangements for this sector has been set in motion; until then, the code will remain binding on both parties.

The union undertook to rejoin the central negotiation forum set up for the public sector in 1990. It also recognised the right of TPA management to manage, which includes recruitment and placement, promotions, demotions, transfers, training, retraining and redundancy, discipline and dismissals, work classification, and so on.

The special nature of health care institutions was acknowledged, plus the fact that as essential service providers they can determine the life and death of patients. Hence the special arrangements provided for freedom of expression.

Demonstrations will be authorised only by the head of the institution affected subject to certain conditions that they:
- Shall not hinder or undermine the rendering of services;
- Concern only unresolved issues directly related to the work relationship, and provided that no demonstrations are authorised once a dispute is referred to arbitration;
- Not infringe upon access to health institutions by the public and/or workers who are not part of the demonstration, or on the rights of patients;
- Be conducted peacefully and with due regard to the interests of patients, the proper functioning of health services and in particular the need to keep down noise; and
- Stop stewards shall control and monitor protests responsibly.

Any dispute arising out of the interpretation of the code will be resolved in terms of a special arbitration procedure.

The code provides a good foundation for a full recognition agreement, which will be finalised towards the end of next month, between the TPA and union.

Lambrecht also agreed to approach the SA Nursing Council and the Medical & Dental Council to persuade them not to take disciplinary action against certain strikers, in view of the new conciliatory approach between the parties.

Meanwhile a meeting has yet to be arranged between the union and the Commission for Administration, which determines public sector wages and conditions, to resolve the demands which led to the strike. These included a minimum wage and a 15.5% increase across-the-board, maternity leave, a 40-hour week, permanent status for workers classified as temporary employees and a dispute resolution mechanism.

Most of these are in effect accepted by the TPA, though it requires formal approval by the commission.

Though a good foundation has been laid to deal with health worker disputes, the union is not happy with draft legislation regarding conditions of employment in this sector.

In particular, it is opposed to the apparent requirement that would lump together the union with staff associations, which tend to be more conservative bodies. Nehawu also believes that their right to strike is fudged in the draft law as it stands.

FINANCIAL MAIL • OCTOBER 9 • 1992 • 43
R2.4-m for new Soweto clinics

The Department of National Health and Population Development has allocated about R2.4 million to the Soweto Council to build nine satellite clinics in the township. A spokesman for the department said these clinics would complement and form part of the existing health network as well as acting as referral points. They would also provide an integrated primary health care service, the spokesman said.

The clinics would be built at Mofolo North, Orlando East, Dube, Khloe Town, Jabulani, Naledi, Naledi Extension, Protea South and Mapetla.
Traditional poisons

By Mokgadi Pela

The use of traditional medicines is the biggest cause of poisoning after pesticides, snake bites and household chemicals, a 10-year study revealed.

The study was carried out at Zimbabwe’s six main urban hospitals to evaluate the epidemiology of poisoning caused by traditional medicines. A total of 1,456 cases were recorded, representing 25 percent of all poisoning cases. Sixty-seven percent of the patients were male and 33 female.

The majority of patients (776) were under five years, 264 were between 21 and 30 years while 132 patients were between 31 and 40 years. Only 22 patients were over 60 years.

The main reasons for seeking treatment were fever in children and diarrhoea and abdominal pain in adults. Treatment consisted mainly of supportive therapy and involved the induction of vomiting.

An article in the South African Medical Journal says studies in this country have revealed patterns similar to those in Zimbabwe.

In Zimbabwe, the use of traditional and orthodox medicines coexists, an understanding of referral from one system to the other is essential.

The researchers recommended that traditional practitioners be trained in order to integrate them with primary health care.
news in brief

Strike is over

An estimated 5,000 Transvaal hospital workers return to their posts today after a bloody four-month strike over union recognition.

Some 2,700 strikers have lost their jobs in the deal ending the stoppage marked by petrol-bomb and gun attacks. Initially 7,700 workers were dismissed by the provincial authorities. - SAGP.
# Tender Care: About 30 Sites People's Lives Services Provide

A professional nursing service to care for patients at home in the community.

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<thead>
<tr>
<th>Service Type</th>
<th>Description</th>
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<tr>
<td>Home Health Care</td>
<td>Provides skilled nursing services to assist patients with daily living activities.</td>
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<tr>
<td>Personal Care</td>
<td>Helps with activities such as bathing, dressing, and meal preparation.</td>
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<td>Transportation</td>
<td>Helps patients get to and from medical appointments.</td>
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<tr>
<td>Meal Prep</td>
<td>Prepares meals for patients who are unable to cook for themselves.</td>
</tr>
<tr>
<td>Housekeeping</td>
<td>Performs tasks such as cleaning and laundry.</td>
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For more information contact the administrator at 888-123-4567.
The agreement to end the dispute between the TPA and the National Education Health and Affected Workers Union (Nchawu) was brokered by the Witwatersrand-Vaal region peace committee, the first labour dispute for the National Peace Accord.

Nchawu's six-month freeze on its right to strike is central to the carefully balanced agreement.

Faced with thousands of displacements, the union has agreed that it will not call its members out on strike. In return, the TPA has backed down and agreed to institute a recognition agreement with the union within six months.

The parties also agreed to a code of conduct, following a trend started in the mining industry. The fate of about 2,000 workers found guilty of misconduct will be referred to arbitration.
Workers to get jobs back

ABOUT 600 hospital workers who were dismissed for taking part in a recent hospital strike may get their jobs back.

In a statement released at the weekend, the Transvaal Provincial Administration said it was prepared to re-employ up to 600 of the 850 workers by next Thursday.

This was after the TPA had reached an agreement with the National Education, Health and Allied Workers Union. - Supa.
Babies starve while Government dawdles

MILLIONS OF CHILDREN IN DOOMED
starving areas are faced with starvation because Government schemes to provide food relief are run by corrupt bureaucrats that are siphoning off the food.

And organizations such as Operation Hunger (OH) have been involved in relief work for years, are hamstringed by lack of funds.

Faced with a growing list of applicants rural and urban alike, OH submitted an application for Rs17 million funding to the Government in May.

But to date no money has come through, OH executive director Mrs Ina Perlman told Sowetan.

"The tragedy is that while the State refuses to fund us and claims that they are feeding the people through their own schemes, basically on the ground in quite different.

"In many areas of the Transvaal, Orange Free State, Natal and Eastern Cape, where we pulled out because of State allegations that they are feeding, we have children dying at an alarming rate because of malnutrition.

"The condition of the under-five’s has really deteriorated. And with the summer rains now on, the danger of gastro-enteritis becomes even more real for the malnourished children,” Perlman said.

Politics behind logjam

Politics is behind the logjam of dispute between OH and the Government.

On the one hand the State insists that OH should apply for funds regionally, which means going through the bureaucracy in many instances.

The Government also buys food which is sent to various areas for distribution.

Where this happens, OH pulls out to avoid duplication.

"OH, however, refuses to apply regionally and insists that funds be made available nationally for it to subdivide as needs arise," a source close to the Department of Health said.

"They have decided to deal with different governments saying they are non-representative structures that are corrupt.

"The report of the Department Commission is a vindication of our stand in that governments are as good as they are because their money has been siphoned.

"Food that is destined for poor, malnourished and impoverished people is stockpiled in centres with no distribution network.

Neglect of black communities

"All sorts of reasons are given for this state of affairs. And many of the people we stopped feeding are faced with famine and are coming back to us for food.

"And yet the Government refuses to fund us for filthier reasons.

"I believe that where we were told our application had been lost in the office, and where we were only told four months after we submitted it when we were asking what was happening,” Perlman said.

"OH argues that the recipe part of the hunger problem is not drought-related but a long-standing evolution due to the neglect of the black communities by the white Government.

We have children dying at a growing rate because of malnutrition.

Ina Perlman, CEO Operation Hunger.

"The structures we are now expected to work with are the very ones that formerly accepted without protest and more often compounded it by maladministration - inefficiency and neglect.

"We are not by co-optation, particularly with the 'hush money', showing up incompetents, denouncing the indefensible and giving credibility to that which had none.”

"OH said in its September hunger crisis update.

And the statistics are shocking: A total of 2.8 million people are being fed by OH alone throughout the country.

White-owned farms

Another 129 000 are on the waiting list in the Free State, all of them former farm labourers who have been retrained and provided with their homes on white-owned farms.

In Johannesburg OH is fed with daily requests for assistance by people referred to it by nurses and social workers at the Randpark hospital.

In Lethapo over 10 000 people are waiting for food from OH.

The situation in Guanakulu is no better, with 30 000 children joining the feeding queues in August alone.

In Lesotho, Bophuthatswana, Venda and Ciskei, OH says it has found no trace of any Government-run feeding schemes despite allegations that these were in place.

"Where this has happened, they were run on a parech-a-person basis, which did not intake account the fact that a malnourished child is a sign of a malnourished family.

"The State approach is that you give a food parcel to the affected child. But which parcel will feed one child and leave the other equally hungry ones starved there without food? That approach does not work but they do not know,” Perlman said.

No firm decision

OH met with health and welfare officials last week to discuss funding but no decision was taken on whether this would be forthcoming, according to OH source official Mr Mpho Masse."
Health care groups to discuss policy issues

Prompted by expectations that the health sector is facing a "fundamental transformation" within the next few years, primary health care groups will gather outside Johannesburg next week to discuss policy issues within the industry.

A joint South African Health and Social Services Organisation (Sahso) and National Progressive Primary Health Care Network (NPPHCN) conference was announced at a press conference in Johannesburg yesterday.

Joint policy committee chairman Dr Max Price said the theme, "Transforming the Health Services", had been precipitated by the "realisation that within the next two to three years we expect to see a fundamental transformation of health services".

Price said pressure on the Government to reduce inequalities in health care would be so great that it would have to respond immediately.

He added that transforming the present health bureaucracy — such as the attitudes and practices of health service managers who would probably continue to work in the future health services — would receive special attention at the two organisations' joint national policy conference next week.

Price said transformation would require the reallocation of financial resources and the establishment of facilities which were more accessible to previously oppressed communities. It would also require transforming the ideology, attitudes and practices of the current personnel in the health sector.
Healers and medical workers against AIDS

By NOMVULA KHALO

TRADITIONAL and Western medical workers came together this week and jointly pledged their commitment to fighting AIDS.

In a clear departure from widespread pronouncements, a traditional healer confessed: “We (traditional healers) also can’t cure the disease.”

Healer Mercy Mance was speaking at the World Aids Day commemoration held at Baragwanath Hospital in Soweto.

“Aids is reality and is here to stay as long as there is no cure for it,” said Aids counsellor Alice Mbangeni at the function.

The aim of World Aids Day was to highlight the gravity of the problem, and to remember those who died as a result of the disease.

Mbangeni said it was tragic how people reacted when told they had tested positive for the HIV virus. Some became aggressive, others commit suicide, while others simply do not believe it.

“They say ‘why me?’ It is our duty as counsellors to calm them down and advise them how to behave,” Mbangeni said.

“Aids knows no colour, nation and age... it affects everybody. That is why the onus lies on us to support and understand the sufferers.”

Mance said: “All I can say is that prevention is better than cure. The Aids sufferers should not despair, but hold on and fulfill their dreams.”

In his message to Aids sufferers, Vincent Veal, 31, who is HIV positive said: “If you have been diagnosed as being HIV positive, do not hide it from your family and friends. Come out of the closet.

“This is the 7th year I have been diagnosed as HIV positive and I have been able to live with the virus through a positive attitude and a holistic approach to treating the disease.”

Veal believes that people should stop looking to doctors for “magic bullets” to cure the disease, they should take responsibility for their own health, and that includes prevention.
Old cures for new ills

Healers can prevent AIDS

By Mokgadi Pela

TRADITIONAL healers could play a vital role in the prevention of AIDS, a meeting to mark World AIDS Day was told in Johannesburg on Saturday.

Mma Mola Mabaso, Twila, of the South African Institute for Medical Research, said traditional healers were offering comprehensive care to thousands of black people. She said after the SAIMR had noticed that, it formed a working forum with them in 1988 to promote their relationship.

The president of the Traditional Healers Organisation of South Africa, Mr Horacio Zungu, said they offered counselling, preventive and curative services and rehabilitation to their patients.

Zungu said that as 80 percent of the community consulted healers regularly, his role in educating people about AIDS was important. He said healers preferred to talk to their patients one to one rather than in group settings.

"This enabled patients to communicate freely," Zungu said.

He said a traditional healer who claimed to have a cure for AIDS must have the necessary scientific back-up to support his theory. This, he said, would make the discovery of a cure acceptable to all.
Ever rising health care costs have resulted in fingers of accusation being pointed in all directions, and members of the various medical professions have come under fire with suggestions of over-inflated fees.

However, Moscon Optics International, which supplies spectacles to optometrists, says people buying glasses in South Africa are getting the best deals in the world.

Managing director Colin Lewis says: “I think it is very important for the public to know that while the cost of spectacles from their optometrist may appear to be high, there is nowhere in the world that people are getting a fairer deal than in South Africa.

“I know what the prices of lenses and frames are in the rest of the world and they are much higher. In many cases the South African cost is half that of Britain or the USA.

“There are places such as Hong Kong which offer very cheap optics, but people must understand they are buying very inferior product. Most optometrists in South Africa offer quality products and services at incredibly reasonable prices.”

He also says people buying spectacles through non-professional outlets are short-changing themselves on quality of service.

Says Mr Lewis: “It is important to realise that while the consumer can buy a frame through a totally non-professional outlet, he will never be able to get the kind of service and direct health care relationship which he will obtain from the professional optometrist.

“In the same way as when a person is sick he goes to a doctor, when his eyes need attention there is no-one more qualified in the country to take care of his needs than an optometrist.”

His strong belief in the need for people to use the services of an optometrist has resulted in Moscon adopting the policy of supply frames only to professional practices.
Health care plan

Call to Review

NEWS

Councils are in red for R10.4 million Conference highlights health care problems.
Medical Reporter 97

Medunsa in link with traditional healing

To this end, Medunsa's Department of Pharmacology has started talks with traditional healers to work out ways in which sharing knowledge can be of benefit to traditional and orthodox medical practitioners.

The World Health Organisation (WHO) is keeping records on the efficacy and safety of all medicines, including medicinal plants.

Any traditional healers who wish to assist the WHO or who wish to learn more details about these studies should contact Professor H D Brandt at the Department of Pharmacology, Medunsa, Box 280, P O Medunsa, 0204.
TPA, Hospersa sign accord

THE TRANSVAAL Provincial Administration and the Hospital Personnel Association of South Africa have signed a recognition agreement to regulate labour relations, the two said in a statement yesterday.

The agreement provides for the furthering of healthy employer-employee relations, the formulation of clear rules and procedures to prevent conflict between management and workers, procedures for the settlement of disputes and the rights and responsibilities of Hospersa representatives, the statement said.
NEWS Nehawu strikers dismissed from their posts • “No agreement on fencing”

50 clerks retrenched by the TPA

SOWETAN 30/12/1992

SINGLED OUT Dismissed workers

claim they are victimised by the TPA:

By Alinah Dube

ABOUT 50 clerks who participated in this year’s five-month-old strike by hospital workers have been fired from Ga-Rankuwa Hospital.

The dismissed clerks were among the workers who were reinstated following the National Education, Health and Allied Workers’ Union agreement with the Transvaal Provincial Administration three months ago.

Some of those affected told Sowetan yesterday that they were shocked to receive letters dismissing them suddenly without notice.

A spokesman for the dismissed workers said they failed to understand how they were singled out from the more than 500 reinstated workers.

In letters dismissing them, the TPA said the dismissals were carried out in terms of the existing agreement between the TPA and Nehawu.

Meanwhile, former strikers still in the employment of the same hospital have complained of having been stripped of their titles.

Clerks were now doing odd jobs in the dumping area and elsewhere while some of the cooks were working as gardeners.

“What angers us most is that we are often used to teach people doing our previous jobs,” said one worker.

Most jobs, including clerical duties, were presently being done by whites who were employed during the strike.

In its response, the TPA said 46 employees were given retrenchment packages in accordance with an agreement with Nehawu.

“The TPA and Nehawu agreed that 600 of the 800 officers dismissed during the May/October strike be re-employed and that retrenchment packages be offered to others.

“Re-appointed clerks still do clerical work. Where possible, re-appointed officers were placed in the positions that they held before dismissal, especially where work is of a specialised nature such as in the pharmacy or kitchen supervision.

“Is it possible that unskilled workers previously employed in the kitchen are now being used elsewhere on the premises.”
FOCUS Many queue for healer who shies away from the Press

By Tsale Makum

The resource of the house can easily be mistaken for a timber yard. The scores of people standing in the queuing queue to address their health concerns are almost a kilometer long, and not in single file, could be there to buy firewood. Except they are all carrying wounds. The strong smell of herbs and roots, the studded thorn as the boys grilled them, and the big boiling drums suggest the house is a chemist - only a traditional one.

The medicine bottles are the vessels the people are carrying to take home the elixirs of life. And this is not a house on the outskirts of the city, but a farm. It is "Mabanana’s house" (as Mrs Mokotodi is known to her patients) in the heart of Orlando East, Soweto.

Seeing the Sowetan cover that has come to see this great healer, people shy away. An old man talks: "There is nothing wrong with being here. We are all here to get well. If we were here for witchcraft concoctions we would troop in the still of the night." He says he went there to get medicine like any other medicine. "White men want to pretend that they taught us medicine. They learnt medicine from us. If we want to know medicine and healing herbs, we would have been extinct long before the first white man arrived in South Africa.

Stolen secrets

"They stole some of our secrets, took our herbs to the laboratory and put syrup on them so the medicine would be palatable. That is the only difference between what we are doing here and what other people are doing at hospitals and chemists."

However, the difference is also that at the back of Mokotodi’s yard are five big boiling drums. Each is marked with names of various diseases, "Infida, high-blood pressure, insomnia.

Mr (name), who went there for his medication, says a consultation goes something like this: "You go into a garage where Mokotodi’s assistants attend to you. They take your house number down and write it on whatever vessel you are going to put your medicine in. You pay money depending on the size of the container of your medication (R2 for 2L, R10 for 20L)." They ask you your illnesses and write your illness on your vessel. You wait until your house number is called. You get your medicine and go home.

The procedure is quick. The people do not have to wait for Mokotodi. The live or so assistants make sure that service is efficient. It sounds very simplistic and people who have been there say the treatment works. Dlamini says he got the address from a man who said he heard of Mokotodi from some uncle at Baragwanath hospital.

"He had been taking treatment there for so long, one aunt secretly scribbled Mabanana’s address on paper and gave it to him."

Is he improving? Dlamini is not sure because the man has been sick for too long. Dust-filled cars with registration numbers afer afer are parked around Mokotodi’s house. These are signs that he has become famous.

Mokotodi’s daughter, Tsakbi, is reluctant to speak to Sowetan. No, her mother is not in, and she does not give interviews.

"We have discussed the media issues. We do not want publicity. Publicity spoils everything."

She says the media has a tendency to exaggerate and create false expectations among the people. "Look at what happened to the woman from Chatsworth. She was doing well until the media started publicizing and exaggerating her powers."

Mabanana is the new healing sensation to hit Soweto. The street outside her house is packed with people who believe her claim that she can cure high blood pressure and cancer.

"My mom does not perform miracles. She just uses the right roots to cure diseases. She can cure high-blood pressure and cancer."

Tsakbi says people come with ridiculous problems: that their children fell at school or that children fight among themselves.

"There are problems that need discipline and working together."

After all these revelations, Tsakbi agrees to an appointment with her mother the following day. That is, provided she is around to guide her mom. "She is a simple person and can easily be intimidated by the media and end up saying things she is not supposed to say."

The appointment is later canceled. Mokotodi, sitting in a corner, first welcomes the appointment but quickly changes her mind. The queue has not become any shorter. It has begun to deplete, but the people patiently await their turn.

In sickness and in health, it seems. Mokotodi will continue to smile all the way to the bank as long as the queues wane along the streets.
BOARD NOTICE 2 OF 1993
THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL
RULES RELATING TO THE REGISTRATION OF BASIC AMBULANCE ASSISTANTS

The South African Medical and Dental Council hereby makes the rules in terms of section 32 (1) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), as set out in the Schedule hereto.

SCHEDULE

1. The council may register any person as a basic ambulance assistant to whom a qualification in basic ambulance emergency care was awarded after having been examined by an institution or examining body which, by resolution of the council, was approved as competent to award such qualification.

2. If the qualification on the basis of which application for registration is made, has not yet been approved by the council, the applicant must see to it that authoritative information be submitted to the council with regard to the nature, content and duration of the training which is or was required for such qualification after which, if the council regards such training as satisfactory, it may approve that qualification.

(8 January 1993)

BOARD NOTICE 3 OF 1993
THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL
RULES RELATING TO THE REGISTRATION OF PARAMEDICS

The South African Medical and Dental Council hereby makes the rules set out in the Schedule hereto in terms of section 32 (1) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), in substitution of the rules published as Board Notice No. 42 of 1987, as amended by Board Notice No. 81 of 1990.

SCHEDULE

1. (1) The council may register as a paramedic any applicant who satisfies the council that he complies with the requirements set out in subrules (2) and (3) or (4) of these rules.

(2) The applicant shall hold a matriculation certificate of the Joint Matriculation Board or a certificate of exemption from the matriculation examination granted by that board, or a school-leaving certificate approved by the council.

(3) The applicant shall hold the following qualification:

<table>
<thead>
<tr>
<th>Examing authority and qualification</th>
<th>Abbreviation for registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Diploma in Ambulance Emergency Technology</td>
<td>Nat Dip Amb Emergency Tech (SA)</td>
</tr>
</tbody>
</table>

(8 January 1993)
(4) The applicant shall submit a certificate to prove that he has been awarded a qualification in critical care approved by the council, after having been examined by a body or examining authority approved by resolution of the council as competent to award such qualification.

2. Notwithstanding anything to the contrary contained in rule 2, it shall be lawful for the council to register as a paramedic any person who has not fully complied with that rule, if the council, after the due inquiry, is satisfied that such person is competent to practise as a paramedic.

3. Any person who, on the date of publication of these rules, has been registered as an ambulance emergency technician in terms of the Rules, shall be deemed to have been registered in terms of these rules as a paramedic.

(8 January 1993)

BOARD NOTICE 4 OF 1993
THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL
NOTICE OF ELECTION
ELECTION OF MEMBERS OF THE PROFESSIONAL BOARD FOR PHYSIOTHERAPY

Notice is hereby given in terms of the provisions of the regulations relating to the election of members of the Council, read with section 15 (11) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), that an election of eight physiotherapists as members of the Professional Board for Physiotherapy to serve during the period ending the 30th day of April 1998 is about to be held.

Nominations of eligible physiotherapists are awaited. Every person so registered (a) who has not entered into a composition with the creditors of his estate, or whose estate has not been sequestrated, and (b) who is not disqualified under the Act from practising his profession, is eligible for nomination.

Each candidate must be nominated on a separate nomination form, but any person entitled to vote in the election may sign the nomination forms of any number of candidates not exceeding the number to be elected.

Each nomination form must state the first name and the surname of the candidate nominated and must be signed by two registered physiotherapists. The person nominated must also sign the form, confirming that he consents to his nomination. The registered address of each one so signing must be appended to his signature. If the person nominated is unable to sign the nomination form he may inform the returning officer by letter or telegram that he consents to his nomination.

Every nomination form must reach the undersigned (from whom nomination forms may be obtained on application) at the address given below not later than 9 February 1993 at 12:00.

A deposit of R33 must accompany the nomination.

(4) Die applikant moet 'n sertifikaat voorlê om bewys te lever dat hy deur die raad goedgekeurde kwalifikasie in kritiekeorg verwerk het, nadat hy geëxameneer is deur 'n inrigting of eksaminerende liggam wat by besluit van die raad goedgekeur is as bevoeg om sodanige kwalifikasie toe te ken.

2. Nieleenstaande die bepaling van reël 2, is die raad geregte om enige persoon wat nie ten volle aan die vereistes van daardie reël voldoen nie, as 'n paramedikus te regstreeër, indien die raad, na behoorlike onderzoek, daarvan oortuig is dat sodanige persoon bevoeg is om as 'n paramedikus te praktiseer.

3. Enige persoon wat by die publiserig van hierdie reëls as 'n ambulansnoodsorgtegenoeg sterkte regstreeër is, sal seeg word kragtens hierdie reëls as 'n paramedikus geregstreeër te wees.

(8 Januarie 1993)

RAADSKENNISGEWING 4 VAN 1993
DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD
KENNISGEWING VAN VERKIESING
VERKIESING VAN LEDE VAN DIE BEROEPSRAAD VIR FISIOTERAPIE

Hierby word ingevolge die bepaling van die regulasies betreffende die verkiesing van lede van die Raad, gelee met artikel 15 (11) van die Wet op Geneesheer, Tandartse en Aanvullende Gesondheidsdiensbereep, 1974 (Wet No. 56 van 1974), kennis gegee dat 'n verkiesing gehou staan te word van agt fisioterapeute as lede van die Beroepsraad vir Fisioterapi om te dien gedurende die tydperk wat op die 30ste dag van April 1998 verstrek.

Nominasies van verkiesbare fisioterapeute word ingewag. Elke sodanige geregistreerde persoon (a) wat nie met sy skuldeiser 'n akkordie aangegaan het nie, of wie se boedel nie gesekekwesteer is nie en (b) wat nie kragtens die Wet onbevoeg is om sy beroep te beoefen nie, is nomineerbaar.

Elke kandidaat moet op 'n afsonderlike nominasievorm genoem en word maar elkeen wat by die verkiesing stemgeregte is, kan die nominasievorms van enige aantal kandidate teken, dog nie meer as die getal wat verkies moet word nie.

Elke nominasievorm moet die voorname en die van van die genoemde kandidaat aangee en moet ge- teken wees deur twee geregistreerde fisioterapeute. Die genoemde persoon moet ook die vorm onder- teken ter bekrachtiging van sy instemming tot sy nominasie. Die geregistreerde adres van elkeen wat aldus teken, moet by sy handtekening gevoeg wees. As die genoemde persoon nie in staat is om die nominasievorm te teken nie, kan hy die kiesbeampie per brief of telegram meedenk dat hy tot sy nominasie instem.

Elke nominasievorm moet die ondergetekende (van wie nominasievorms op aanvraag verkry kan word) voor of op 9 Februarie 1993 om 12:00 by onderstaande adres bereik.

'N Deposito van R33 moet die nominasie vergezel.
Every nomination form in respect of which any of these provisions has not been complied with, or which is not received by the aforesaid date at the address given below, will be invalid.

N. M. PRINSLOO,
Returning Officer.

P.O. Box 205
PRETORIA
0001.

OR

553 Vermeulen Street
Arcadia
PRETORIA
0083.

(8 January 1993)

RAADSKENNISGEWING 5 VAN 1993
DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDEHULKUNDIGE RAAD
KENNISGEWING VAN VERKIESING
VERKIESING VAN LEDE VAN DIE BEROEPSPRAAD VIR GENEESKUNDIGE TEGNOLOGIE

Hierby word ingevolge die bepaling van die regu-
lasies betreffende die verkiesing van lede van die Raad, gelees met artikel 15 (11) van die Wet op Geneeshuise, tandartse en Aanvullende Gesondheidsdiens beroepes, 1974 (Wet No. 56 van 1974), kennis gegee dat 'n verkiesing gehou staan te word van ses geneeskundige tegnoloë en een genees-
kundige tegnikius as lede van die Beroepspraad vir Geneeskundige Tegnologie om te dien gedurende die tydperk wat op die 30ste dag van April 1998 verstryn.

Nominasies van verkiesbare geneeskundige tegno-
loë en geneeskundige tegnicki word ingewag. Elke

donage geregistrerende persoon (a) wat nie met sy

skuldeiser 'n akkoord aangegaan het nie, of wie se

boedel nie gesekewester is nie (b) wat nie kragtens
die Wet onbevoeg is om so beroep te beoefen nie, is

nomineerbaar.

Elke kandidaat moet op 'n afsonderlike nominasie-

vorm genoem word maar alleen wat by die verkies-
ing stemgeregelig is, kan die nominasievorm van

nenige aantal kandidate teken, dog nie meer as die

getal wat verkies moet word nie.

Elke nominasievorm met die voorname en die van
die genomineerde kandidaat aangee en moet geteken

wees deur twee geregistrerende geneeskundige tegno-

loë/geneeskundige tegnicki. Die genomineerde persoon

moet ook die vorm onderteken ter bekrachtiging van sy

instemming tot sy nominasie. Die geregistrerende adres
tekn van elkeen wat aldus teken, moet by sy handtekening

gegoeg wees. As die genomineerde persoon nie in

staat is om die nominasievorm te teken nie, kan hy die

tekseempte per brief of telegram meedeel dat hy to

sy nominasie instem.

Elke nominasievorm moet die ondergetekende (van

wie nominasievorms op aanvraag verkry kan word)
voor of op 9 Februarie 1993 om 12:00 by onderstaande

adres bereik.

'n Deposito van R33 moet die nominasie vergesel.
Every nomination form in respect of which any of these provisions has not been complied with, or which is not received by the aforesaid date at the address given below, will be invalid.

N. M. PRINSLOO,
Returning Officer.
P.O. Box 205
PRETORIA
0001
OR
553 Vermeulen Street
Arcadia
PRETORIA
0083.
(8 January 1993)

BOARD NOTICE 6 OF 1993
DEVELOPMENT AND SERVICES BOARD
PROPOSED AMENDMENT OF THE REGULATIONS IN TERMS OF THE SEA-SHORE ACT, 1935 (ACT No. 21 OF 1935)

It is hereby notified that the Development and Services Board, duly authorised thereto by the Administrator of the Province of Natal, in terms of Board Notice 31 of 1990 published on 22 June 1990, intends to amend the regulations promulgated under Government Notice No. R. 3150 on 30 November 1992 by the substitution for regulation 2 (2) of the following regulation, which proposed amendment has been approved by the Administrator of the Province of Natal:

"(2) A permit contemplated in subregulation (1) may be issued by the Board on application by any person for the issuing of a permit, to the Secretary of the Board, against simultaneous payment of an annual amount of R20.00 with the application.".

Any objections to the foregoing, together with the reasons therefor, should be lodged in writing with the undersigned on or before 8 February 1993.

L. F. FORSYTH,
Secretary.
P.O. Box 416
PIETERMARITZBURG
3200
OR
115 Loop Street
PIETERMARITZBURG
3201.
(8 January 1993)

BOARD NOTICE 7 OF 1993
THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL
NOTICE IN TERMS OF REGULATION 15 OF GOVERNMENT NOTICE No. R. 2303 OF 28 SEPTEMBER 1990

The following particulars concerning registered medical practitioners and dentists who have been found guilty by the South African Medical and Dental

Elke nominasievorm ten opsigte waarvan een van hierdie bepalinge nie nagekome is nie of wat nie teen voormelde datum by onderstaande adres ontvang is nie, is ongeldig.

N. M. PRINSLOO,
Kiesbeampte.
Posbus 205
PRETORIA
0001
OF
Vermeulenstraat 553
Arcadia
PRETORIA
0083.
(8 January 1993)

RAADSKENNISGEWING 6 VAN 1993
RAAD OP ONTWIKKELING EN DIENSTE
VOORGESTELDE WYSIGING VAN DIE REGULASIES INEGOLVE DIE STRANDWET, 1935 (WET No. 21 VAN 1935)

Kennis g Eskied hiermee dat die Raad op Ontwikkeling en Dienste, behoorlik daartoe gemagtig deur die Administrateur van die provinsie Natal kragtens Raadskennisgewing 31 van 1990 op 22 Junie 1990 gepubliseer, van voormene is om die regulasies afgekondig kragtens Goewermentskennisgewing No. R. 3150 op 30 November 1992 te wysig deur regulasie 2 (2) deur die onderstaande regulasie te vervang. Die voorgestelde wysiging is deur die Administrateur van die provinsie Natal goedgekeur:

"(2) Wanneer iemand by die sekretaris van die Raad aansoek doen om die uitvoering van 'n permit soos in subregulasie (1) beoog, kan die raad sodanige permit uitreik by betaling van 'n jaarlikse bedrag van R20.00, tesame met die aansoek.".

Enige besware teen die voorgaande, tesame met redes daarvoor, moet skriftelik en nie later as 8 Februari 1993 by die ondergetekende ingediend word.

L. F. FORSYTH,
Sekretaris.
Posbus 416
PIETERMARITZBURG
3200
OF
Loopstraat 115
PIETERMARITZBURG
3201.
(8 January 1993)

RAADSKENNISGEWING 7 VAN 1993
DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

KENNISGEWING Kragten REGULASIE 15 VAN GOEWERMENTSKENNISGEWING No. R. 2303 VAN 28 SEPTEMBER 1990

Die onderstaande besonderhede rakende geregistreerde geneesheere en tandartse wat kragtens die bepalings van die Wet op Geneesheer, Tandarte en
Attempt to halt spate of attacks on health workers in Vaal Triangle

By Paula Fray, Medical Reporter

Police and medical representatives have formed a working committee to combat a spate of attacks — including the murder of three doctors — on health workers in the volatile Vaal Triangle.

An emergency number, for specific use by medical staff, has been provided and more policemen have been deployed in the area.

This comes after the Medical Association of South Africa (Masa) approached the Commissioner of Police to relay community concern that recent attacks in the area could lead to a collapse of medical care.

According to a joint-SAP and Masa statement issued yesterday, clinics, surgeries and related institutions will receive more attention to ensure the safety of doctors and nurses in the area.

Masa federal council chairman Dr Bernard Mandell said the association believed violence was endemic and affected entire communities, not just health services.

But Masa felt that special attention should be given to health services.

"The nature of health care involves intimate contact with all people at irregular hours, which makes doctors soft targets and security precautions therefore difficult to implement," he said.

Since the start of last year, attacks on doctors included the murder of a Dr Mokabudi, whose body was found in a field after he was shot in the head; Dr J J Bornman in Vereeniging and Dr H L Kuhn in Eevaton. Five people have been arrested in connection with Kuhn’s murder.

The association pointed out that attacks on doctors was a national problem, but was worst in the Vaal Triangle.

Police said it appeared the attacks in the Vaal were criminal in nature. They undertook to leave no stone unturned until the assailants have been brought to justice.

Anyone who can help solve these crimes should call the SAP's toll-free Crime Stop number, 0800-11-12-13.
Radical youths blamed for many police deaths

PRETORIA — Radical youths and criminals had been mainly responsible for the increasing number of police fatalities, Brig Stefanus Abric told the Goldstone commission yesterday.

The commission, which began hearing evidence yesterday on attacks on police officers, heard that during 1992, 269 policemen had been killed and more than 60 police stations and 95 private residences had been attacked.

In spite of efforts by the police to make themselves more acceptable to all parties, attacks on security forces — more than 2,000 last year — had increased steadily, Abric said.

The fatalities among the SAP had increased from about one a month in the 1970s to two a month in the 1980s. By 1991 the figure had risen to 134 police deaths a month, while last year the figure was 193.

"It is clear there exists a deep-rooted distrust towards the SAP, especially among young people," Abric said.

He added that criticism of the SAP by political leaders was interpreted by radical youths as encouragement to continue the armed struggle.

Sapsa reports that he also told the commission about 3,000 Umkhonto we Sizwe members had decided, before traveling to Tanzania, to continue the armed struggle. This was contrary to ANC policy.

"The solution to the problem lies in a co-ordinated effort in which all political groupings co-operate in the spirit of existing multilateral and bilateral agreements towards effective policing," he said.

Attorney Brendan Barry, on behalf of the ANC and Umkhonto we Sizwe, said he had been given insufficient time to study Abric’s statement, and deferred cross-examination.

The PAC indicated it would not attend the hearings.

Deputy Justice Minister Du Plessis later told the commission that Apla and Umkhonto we Sizwe planned and committed attacks against police in East Rand townships.

Du Plessis said that between July 17, 1991, and November last year there had been 80 attacks on policemen at Thokoza, Vosloorus and Katlehong.

Six attacks by Apla and six by Umkhonto we Sizwe were politically motivated.

Investigations were hampered by a lack of co-operation from the community. "They (witnesses) know they will be killed if they co-operate with police," Du Plessis said.

Goldstone commission also recommended its investigation yesterday into allegations made last year by Mozambican immigrant Joao Cuna concerning "third force" activities by the security forces.

ANC NEC member Mac Maharaj, who was named by Cuna as the mastermind behind a campaign to discredit the security forces, denied any knowledge of the campaign. He had never met or seen Cuna, he said.

During yesterday’s tea break, Cuna identified Maharaj as the "tall man, with a beard and whitish hair" he had met "many times" and who suggested Cuna tell the story which appeared in Vrye Weekblad.

This was placed on the commission’s record.

Both hearings will continue for the next two weeks.

A Goldstone commission sub-committee investigating causes of political violence in Natal, other than ANC-IFP rivalry, will sit in Empangeni today to hear preliminary submissions from people on the north coast.

The committee, chaired by Malcolm Wallis, sat in Port Shepstone on Monday.

Joint bid to protect health staff

The Medical Association of SA (Masa) and the SAP said yesterday that they had formed a combined working committee to counter the rise in attacks on health workers in the Vaal Triangle.

Masa had approached the SAP Commission after concerns that medical care would collapse in the area, a joint statement said.

SAP spokesman Col Mark Alston said police were unable to say why health workers and, in particular doctors, were being attacked but it appeared robbery was the motive as criminals assumed the victims were wealthy.

The statement said police would be deployed at clinics, surgeries and other health institutions in the area to ensure doctors’ and nurses’ safety. An emergency phone number had also been made available for their use.

Masa federal council chairman Dr Bernhard Mendell said in a separate statement yesterday that the problem could only be solved in the context of a national reversal of the culture of violence and crime.

Health care centres should be protected and safe places for patients and medical personnel provided, Mendell said.

He said doctors sometimes worked irregular hours in close contact with people, making them soft targets and hindering security precautions. Doctors were also perceived as being wealthy.

Recruiting doctors and nurses to work in the Vaal Triangle had become difficult, Masa profession development director Dr David Green said.

Police and Masa have appealed to Vaal Triangle communities to assist in preventing attacks on health workers and ensuring the continuation of health services.

Police reported a Dr Mokabedi and another person were found dead in an open field in Soweto in May last year, while in September Dr J J Borman was murdered near his surgery in Vereeniging. In December Dr H L Kuhn was murdered at her surgery in Evaton.

Attack on wilderness slammed

DURBAN — Conservationist Ian Player said yesterday Richards Bay Minerals was insulting several religions by attacking the wilderness concept.

Player, founder of the Wilderness Leadership School, was commenting on a 15-page sponsored survey on RBM in Leadership magazine.

In the survey, RBM’s public relations head Barry Clements was quoted as saying: "This talk of saving St Lucia by preventing mining is one of the biggest hoaxes in the annals of SA conservation."

"The anti-(mining) lobby would continue to make their absurd pronouncements," Clements is quoted as saying.

"The anti-(mining) lobby would continue to make their absurd pronouncements," Clements is quoted as saying.
Train clinic brings eye-care to bundu

By Paula Fray
Medical Reporter

More than 1,000 rural dwellers have been given a new view of life when modern technology took to the train tracks last week to bring primary eye-care within the reach of all people.

Volunteer optometrists and 12 final-year students have seen about 200 people a day since the innovative eye clinic train first pulled into Thabaazwi last week, according to Rand Afrikaans University Department of Optometry head Professor Janie Ferreira.

Carried

Among the first 200 patients was a woman who was born in a train carriage a few hours earlier.

"Her relatives, who carried her to the station, said this was the only chance she would get to have her eyes tested," Ferreira said.

The overwhelming response has been encouraging for a project which has been in the pipeline for barely six months.

There is a need for primary health care facilities for those who cannot afford to go to private clinics. We sought at putting up clinics, but these were static and we needed to expand our services," Ferreira said.

At first they considered renovating a truck, but then there was the problem of inaccessible roads in the rural areas.

A staff member mentioned the idea of a similar train project in India and the idea was born. And so, the train was born.

The students work hard: "During the second phase, the service will be extended to include other services to provide comprehensive primary health care. Then, the final vision is to take the project north to provide a service outside South Africa's borders."

The project is unique in South Africa, as it takes eye-care to the doorsteps of those who need it but who do not have the necessary financial means.

During the second phase, the service will be extended to include other services to provide comprehensive primary health care. Then, the final vision is to take the project north to provide a service outside South Africa's borders.

Waiting... Helena Radisi joined about 200 Brits residents at the mobile eye clinic at Brits Station this week.

Picture: Joao Silva

Casualtary. But I haven't seen patients at the pace we've seen here," says Fatael Sujoe, final-year student.

At the end of the day, when the equipment is packed away and the train moves off to the next station, hundreds of more hopeful patients will prepare for their treatment.

"The patients are there, the need is there," says Ferreira.

Cataracts

After thorough eye tests, a pair of black-rimmed "John Lennon-type" glasses later and Radisi will probably still be referred to an ophthalmologist in town to have her cataracts removed.

In the meantime, a pair of glasses will greatly increase her vision.

"It was at the clinic when they told me the eye doctor was here. I've been waiting since early morning. It's been a bit long," she said.

At No 107, she had numerous other people around her.

It is estimated that eye-care services are inaccessible to about 80 percent of South Africa's estimated 37 million population.

Recent statistics show that there are at least 23,000 blind people in rural communities: most of whose blindness could have been prevented if diagnosed at an early stage.

The three coaches were refurbished by Transnet, Lions International assists in streamlining the waiting procedures and appointment schedule, while the South African Optometric Association members are giving of their time and money.
Masa warns Govt on pay offer

DURBAN — The Medical Association of South Africa (Masa) has warned the Government that it would not tolerate actions that would harm patients — which would happen if State workers received only a 5 percent salary increase this year.

Professor Ralph Kirsch, chairman of the Fulltime Practice Committee of Masa, said medical care would be severely jeopardised by this offer, and the association was not prepared to indulge in any action which would see patient care compromised.

All levels of the health care team would be affected by the increase, from doctors to support staff such as cleaners, who previously expressed concern about low salaries by striking.

A 5 percent salary increase was very little, especially when faced with increased taxation, including VAT, which would hit the lower earners in particular.

If the increase was applied across the board for all public servants, categories such as doctors would receive effectively between 3.7 percent and 4.2 percent because their salaries included a non-pensionable allowance which would not be subject to the increase, Masa said.

Young doctors, often with debts totalling R30 000 to R40 000 by the time they graduated, would find it extremely difficult to pay them off if working in State services where earnings were not high enough. They would be reluctant to work in the public service.

This could result in a brain drain, where doctors would rather work overseas and earn more or enter the more lucrative private sector.

Many doctors and nursing staff would reconsider their positions in State facilities. The result would be an exodus of health workers from the public sector which would create a higher ratio of patients to doctors.

He said patient care would be affected and health professionals would be forced to compromise their standards. State health services, which were not of an excellent quality anyway, catered for about 80 percent of the population. Health care would become even more inaccessible to patients if professional posts were made unattractive, he said.

Nurses would also consider leaving State services because the private sector offered them higher salaries and better working conditions.

Conditions would worsen until the services collapsed totally, Kirsch predicted.

“We believe there are solutions to the problem. One is the fact that more money can be generated.

“One of our previous Ministers of Finance indicated that raising taxes on products which cause serious illnesses, such as tobacco and alcohol, would generate an enormous amount of money,” he said.

An increase of 1 c on each purchase of cigarettes or alcohol would generate R80 million. An increase of 10 c would generate R800 million, and tobacco and alcohol would still be cheaper than in many other countries.

Taxes on these products in other countries were channelled into health and education, and if this money could be raised in South Africa and dedicated to the same fields, much could be done to solve the problems.
Court curbs spectacles (9)

discount boss

Sunday Times Reporter

An American-inspired campaign by a Cape Town optometrist to advertise spectacles at discounts of up to 50% has been stopped in a Supreme Court action by a threatened rival.

In terms of the temporary order against Spectacle Warehouse and its director, Mr Christian Faul, advertisements that were to have been carried by the Sunday Times Metro and SABC were cancelled on Friday night.

Mr Justice Thring said he had granted the application by Mr Rodney Murray Buchanan, an optometrist, because of the urgency of the matter, but would give his reasons later.

Mr Buchanan’s business is metres away from Spectacle Warehouse in Access Park, near the Kenilworth Centre.

He told the court he had taken over a successful practice, which had built up “substantial” goodwill, and employed three people.

He claimed Mr Faul and Spectacle Warehouse were in breach of the rules governing optometrists and the bylaws of the South African Optometrical Association.

Mr Faul had told him last month that he intended to open a “discount optical superstore”, a concept shaped by his experience in America.

Unlawful

The first advertisements appeared in newspapers late last month and these were “a direct threat” to his practice and goodwill, Mr Buchanan said.

His lawyer had written to Mr Faul asking him to stop advertising and complaints had been laid with the SA Optometrical Association and the SA Medical and Dental Council.

The SAMDC had told him a disciplinary hearing might take four months to arrange, Mr Buchanan said.

He was prohibited from placing similar advertisements and could not compete on equal terms with Spectacle Warehouse, which was trading unlawfully.

A comment in a recent newspaper report, that optometrists “inflated” prices, had been “defamatory, untruthful and misleading”, Mr Buchanan said.

Spectacles Warehouse and Mr Faul’s claims of offering discounted prices were related principally to their products being inferior and cheaper, he claimed.

Spectacle Warehouse and Mr Faul have until February 25 to reply.
Row over ambulance trip bill

By Paul Fray

2 metro

Today
Recognition for acupuncturists

Political Staff

People practising acupuncture, reflexology and aromatherapy are to be given statutory recognition. Provision for their official recognition has been made in the Associated Health Service Professions Amendment Bill, which has been tabled in parliament.
TvL ambulances to be cut back

By Paula Fray
Medical Reporter

Ambulance services in the Transvaal will be scaled down to emergency services only in order to provide much-needed services to rural areas, the Transvaal Provincial Administration has announced.

The rationalisation could cut service trips by up to 60 percent and save the province about R10 million, TPA acting MEC Dr Willie Hoods said in Pretoria yesterday. This could, in turn, be used to buy about 20 ambulances for areas where no such services existed.

"The rationalisation of the ambulance services will ensure that ambulances are used only for emergency transport and treatment of patients who really need it and not for other purposes for which cheaper existing transport would suffice," said Hoods.

About 50 percent of the 30 000 people who used the ambulance service last year were "priority three" patients who did not need urgent care, according to chief director of community health Dr E Veldsman.

Hoods said the moves were essential as there was "no money in the treasury".

"Since there are no further additional funds available for financing the extension of ambulance services, the scaling down of the convenience services is inevitable.

"Through these actions the TPA intends to establish at least a basic ambulance service in those communities where no ambulance coverage is available."

According to TPA emergency medical services director Dr J M Kotze, these services would first be targeted at the eastern and northern Transvaal and then at the PWV area.

The services of private contractors providing transport for indigent patients would be suspended from the end of March but the contractors would be encouraged to continue operating, he said. However, patients would be responsible for the payment of private operators, not the TPA.

"Consequently, the patient will in future have to accept more responsibility for his own health," added Hoods.

He appealed to the public to regard the emergency services as community assets and not to abuse them.

Although the TPA did not have any power over private ambulance services and did not dictate the service charges, it would keep a close watch on private operators to ensure they did not charge too much.

Persons who qualify for emergency treatment include all persons:

- Whose condition is assumed to be critical.
- Diagnosed as patients at the scene of an emergency.
- Who could endanger public safety.
- With a physical disability or handicap, as well as psychiatric pathology cases requiring ambulance transport for treatment or security.
- Contagious patients.
- Anyone with written authorisation from a doctor.
Row erupts over cheaper spectacles

A ROW has broken out between Frames Unlimited, which is selling spectacle lenses at a 25% discount against the lowest medical aid tariffs and registered optometrists.

Frames Unlimited faces criminal charges on April 15 in the Cape Town regional court for selling lenses directly to the public. The charges were laid by the SA Optometric Association (SAOA) which said only a person registered with SA Medical and Dental Council could sell lenses to the public.

Frames Unlimited has 36 branches which sell spectacles and lenses, but do not test eyes. It started selling lenses a year ago, charging no dispensing fees. About 25% of Frames Unlimited's income was derived from lenses. Orders were made up from prescriptions or old lenses.

Frames Unlimited MD Irwin Schaffer said his organisation and optometrists used the same laboratories to produce their lenses.

In a similar but unrelated dispute, the Cape Town Supreme Court granted a temporary interdict on February 5, preventing Spectacle Warehouse from advertising its prices. The outlet is run by five registered optometrists in Cape Town. The action was brought by optometrists saying advertising was in breach of professional rules and by-laws.

Spectacle Warehouse director Chris Foul said it was proved possible to provide cheaper care without “compromising on standards”.

Last year the Professional Board of Optometrists asked the SAOA to lift the ban, but it had not changed the rules. “The SAOA is supposed to be the public watchdog and is not there to protect the profession,” Foul said.

SAOA president Lotiek van Zyl refused to comment, saying the matter was sub judice.
Ambulance services cut

PRETORIA — A drastic cut in the provision of ambulance services for non-emergency patients was announced by the TPA yesterday.

Acting MEC for health services Willie Woods told a media conference the rationalisation of the service had become necessary because of rising incidents of abuse by patients and contractors as well as a shortage of funds.

Woods said ambulances transported 30,000 patients in the Transvaal annually. Up to 60% of these were non-casual "priority three" patients.

The estimated R16m the TPA would save by implementing the changes would be used to provide improved emergency services in rural areas such as the southeastern and western Transvaal, Woods said.

From April 1, patients using private ambulance contractors would have to pay the bill, not the TPA.

If complaints were received from the public that private contractors were overcharging, the matter would be looked into by the TPA's executive committee.

Only patients with a "life-endangering condition" would be transported in a TPA ambulance. Exceptions included patients at the scene of a medical emergency, all patients with a contagious disease, the physically and mentally disabled, psychiatric pathology cases or patients who might endanger public security.
Hani shots because of high spirits

Staff confirm view of the SACP:

SHOTS fired at Fort Hare University during a visit by Mr Chris Hani were an expression of excitement among students and not an attempt on the life of the South African Communist Party general secretary.

This was said yesterday by SACP deputy general secretary Mr Charles Ngakula, who added that "someone, in a moment of excitement among the students on campus, fired shots into the air".

University staff said the shots had apparently been fired into the air. — Sapa.

News in brief

Crawford returns

AMERICAN singer Randy Crawford is due in South Africa for a two-week tour at the end of March with concerts in Johannesburg, Port Elizabeth, Durban and Cape Town.

Crawford was in South Africa in May last year to promote her album Through The Eyes Of Love. During her last visit Crawford (40) said she was surprised at the friendliness of the people she met after reading about so much violence in the country.

New regulations

In an effort to save R10 million needed for ambulances in rural areas, the Transvaal Provincial Administration (TPA) intends using ambulances only for the emergency transport and treatment of patients.

Acting MEC for health services Dr Willie Hood said in Pretoria yesterday that in future those needing ambulances for less serious cases would have to use expensive private ambulance services. From April 1 the TPA would pay the costs of transport by private contractor but independent...
By FAROUK CHOTHIA

PATIENCE Kholoko is an unusual woman — she uses her influence as a traditional healer to spread the gospel of safe sex.

Based in Hammarsdale near Pietermaritzburg, Kholoko is one of the few traditional healers who is prepared to break the taboos in the African community around condom-use — and the need to see AIDS as a killer disease.

Sangoma joins the Aids battle

"We must spread the gospel — take the message to those who don't know anything about AIDS," Kholoko said. She believes traditional healers are ideally placed to perform this task. "They are powerful in communities. People come to them first and then go to hospitals and clinics."

"The community doesn't like people with AIDS. They don't want contact with them. I am saying this is not correct. They need to be reassured — to be loved," Kholoko said.

"Medical doctors and traditional healers need to work hand in hand. Together we can do wonders." The result, she said, "would be hope — love for all our people."
(d) it is unmarked or is invalid because it is unclear;
(e) it votes for more candidates than there are members to be elected;
(f) it bears any writing or mark by which a voter may be identified;
(g) a voter lodges more than one ballot paper.

This ballot paper shall be folded face inwards and placed in the accompanying identification envelope, which shall be sealed and then placed in a covering envelope which shall be sealed, stamped and addressed to the returning officer at ................................................................. to reach him not later than ......................................... on the ..... day of

The ballot paper may also be lodged by hand with the returning officer at.

"BYLAE F
VERKIESING VAN LEDE/"N LID VAN DIE SUID-AFRIKAANSE RAAD OP VERPLEGING
STEMBRIEF

| Name van kandidate in alfabetiese volgorde | Verkiesingstreek waarin kandidate woonagtig is| Kolom vir kieser se merk "X"
|------------------------------------------|-----------------------------------------------|----------------------------------|

INSTRUKSIES AAN KIESERS

Elke kieser is geregeld om vir ................................................. kandidate/kandidate te stem, en nie meer nie, en stem deur 'n kruis "X" teenoor die naam/name van die kandidate/kandidate vir wie hy/sy stem, te maak.

'n Stembrief word verwerp indien—
(a) dit nie die amptelike merk van die kiesbeampte dra nie;
(b) die voorlating op die identifikasiekoert nie in orde is nie;
(c) dit nie in die identifikasiekoert ingedien is nie;
(d) dit ongemerk is of weens onduidelikheid ongeldig is;
(e) dit stemme uitbring vir meer kandidate as wat daar lede is wat verkie of moet word;
(f) dit enige skrift of enige merk daarop het waardoor die kieser verdeel of se is;
(g) 'n kieser meer as een stembrief indien.

Hierdie stembrief moet met die gesigkant na binne gevoel word en moet geplaas word in bygaande identifikasiekoert wat goed toegeplaat en dan geplaa moet word in 'n ander koert, wat toegeplaat moet word, van 'n seel voorsien moet word en aan die kiesbeampte te .......... geroep moet word sodat dit hom nie later nie as om........... op die ....... dag van...........19... bereik.

Die stembrief kan ook per hand by die kiesbeampte te ..................................................... ingedien word.

Die verkiesingstrekse is de bybedoel in artikels 5 (f) en (g) (7) van die Wet op Verpleging, 1976."

No. R. 449 19 March 1993
THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL
REGULATIONS RELATING TO THE SCOPE OF THE PROFESSION OF HEARING AID ACOUSTICIAN

The Minister of National Health has, in terms of section 33 (1) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), on the recommendation of the South African Medical and Dental Council, made the regulations set out in the Schedule hereto.

SCHEDULE

1. In these regulations "the Act" means the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), and any expression to which a meaning has been assigned in the Act shall bear such meaning.

No. R. 449 19 Maart 1993
DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD
REGULASIES WAT DIE OMVANG VAN DIE BEROEP VAN GEHOORAPPARAATAKOESTIKUS OMSKRYF

Die Minister van Nasionale Gesondheid het kragtens artikel 33 (1) van die Wet op Geneesheer, Tandarts en Aanvullende Gesondheidsdiensberoep, 1974 (Wet No. 56 van 1974), op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, die regulasies in die Bylae hiervan uiteengepel, uitgevaardig.

BYLAE

1. In hierdie regulasies beteken die uitdrukking "die Wet" die Wet op Geneesheer, Tandarts en Aanvullende Gesondheidsdiensberoep, 1974 (Wet No. 56 van 1974), en die enige uitdrukking waaraan 'n betekenis in die Wet geheg is, daardie betekenis.
2. The following acts are hereby specified as acts which shall for the purposes of the application of the Act be deemed to be acts pertaining to the profession of hearing aid acoustician:

1. The selection, fitting, adjustment and repair of hearing aids.

2. The taking of ear mold impressions and the manufacturing of ear molds for a patient who, according to the evaluation by a registered person who may carry out such an evaluation, needs a hearing aid.

3. The conducting of pure tone air conduction and pure tone bone conduction hearing tests and speech hearing tests for the purpose of fitting a hearing aid.

4. The evaluation of hearing aid fittings by means of measurements in the ear or similar related measurements.

5. The instruction of a patient in the use and maintenance of a hearing aid.

No. R. 450
19 March 1993
THE SOUTH AFRICAN MEDICAL AND
DENTAL COUNCIL
PROFESSIONAL BOARD FOR SPEECH-
LANGUAGE THERAPY AND AUDIOLOGY


E. H. VENTER,
Minister of National Health.

No. R. 450
19 Maart 1993
DIE SUID-AFRIKAANSE GENEESKUNDIGE EN
TANDEHKUNDIGE RAAD
BEROEPSRAAD VIR SPRAAK-TAALTERAPIE
EN AUDIOLOGIE


E. H. VENTER,
Minister van Nasionale Gesondheid.
2. The following acts are hereby specified as acts which shall for the purposes of the application of the Act be deemed to be acts pertaining to the profession of hearing aid acoustician:

(1) The selection, fitting, adjustment and repair of hearing aids.

(2) The taking of ear mold impressions and the manufacturing of ear molds for a patient who, according to the evaluation by a registered person who may carry out such an evaluation, needs a hearing aid.

(3) The conducting of pure tone air conduction and pure tone bone conduction hearing tests and speech hearing tests for the purpose of fitting a hearing aid.

(4) The evaluation of hearing aid fittings by means of measurements in the ear or similar related measurements.

(5) The instruction of a patient in the use and maintenance of a hearing aid.

No. R. 450 19 March 1993
THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL
PROFESSIONAL BOARD FOR SPEECH-LANGUAGE THERAPY AND AUDIOLOGY


E. H. VENTER,
Minister of National Health.

No. R. 450 19 Maart 1993
DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD
BEROEPSRAAD VIR SPRAAK-TAALTERAPIE EN OUDIOLOGIE


E. H. VENTER,
Minister van Nasionale Gesondheid.

Use it.
Don't abuse it.
water is for everybody

Werk mooi daarmee.
Ons leef daarvan.
water is kosbaar
BOARD NOTICE 31 OF 1993

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

NOTICE OF ELECTION: ELECTION OF ONE MEMBER OF THE PROFESSIONAL BOARD FOR SPEECH-LANGUAGE THERAPY AND AUDIOLOGY

Notice is hereby given in terms of the provisions of the regulations relating to the election of members of the Council, as provided in section 15(11) of the Medical, Dental and Supplementary Health Service Profession Act, 1974 (Act No. 56 of 1974), that an election of one speech therapist and audiologist as a member of the Professional Board for Speech-Language Therapy and Audiology to serve during the period ending the 28th day of February 1996 is to be held.

Nominations of eligible speech therapists and audiologists are awaited. Every person so registered (a) who has not entered into a composition with the creditors of his estate, or whose estate has not been sequestrated, (b) who is not disqualified under the Act from practising his profession, is eligible for nomination.

Each candidate must be nominated on a separate nomination form, but any person entitled to vote in the election may sign the nomination forms of any number of candidates not exceeding the number to be elected.

Each nomination form must state the first names and the surname of the candidate nominated and must be signed by two speech therapists and audiologists. The nominee must also sign the form, confirming that he consents to his nomination. The registered address of each one so signing must be appended to his signature. If the nominee is unable to sign the nomination form he may inform the returning officer by letter or telegram that he consents to his nomination.

Each nomination form must reach the undersigned (from whom nomination forms may be obtained on application) at the address given below not later than 27 April 1993.

A deposit of R33 must accompany the nomination.

Every nomination form in respect of which any of these provisions has not been complied with, or which is not received by the aforesaid date at the address given below, will be invalid.

N. M. PRINSLOO,
Returning Officer
P.O. Box 205
PRETORIA
0001

OR
SAMDC Builing
553 Vermeulen Street
Arcadia
PRETORIA
0002


(26 March 1993)

RAADSKENNISGEWING 31 VAN 1993

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEEKLUNDIGE RAAD

VERKIESINGSKENNISGEWING: VERKIESING VAN EEN LID VAN DIE BEROEPESRAAD VIR SPAAKTAALTERAPIE EN OUDIOLLOGIE

Hierby word ingevolge die bepalinge van die regulasies betreffende die verkiesing van lede van die Raad, gegee met ankaal 15(11) van die Wet op Geneesheerse, Tandartse en Aanvullende Gesondheidsdiensberoepes, 1974 (Wet No. 56 van 1974), kennis gegee dat 'n verkiesing gehou staan te word van een spraakterapeut en oudioloog as lid van die Beroepesraad vir Spraak-Taaltherapie en Oudiolologie om te dien gedurende die tydperk wat op die 28ste dag van Februarie 1996 verstryk.

Nominasies van verkiesbare spraaktherapeute en oudioloë, word ingewag. Elke sodanige geregisterde persoon (a) wat nie met sy skuldigheids 'n akkoord aanegaan te het nie, of wie se boedel nie gesekeur is nie (b) wat nie klawerig die Wet onbevoeg is om sy beroep te beoefen nie, is nomineerbaar.

Elke kandidaat moet op 'n afsonderlike nominasievorm genoem word en elkeen wat by die verkiesing stemgereg is, kan die nominasievorm van enige aantal kandidate teken, dog nie meer as die getal wat verkies moet word nie.

Elke nominasievorm moet die voornaam en die van die genomineerde kandidaat aangegee en moet geteken word deur twee spraaktherapeute en oudioloë. Die genomineerde persoon moet ook die vorm onderken ter bekraging van sy instemming tot sy nominasie. Die geregisterde adres van elkeen wat aldus teken, moet by sy handtekening gevoeg word. As die genomineerde persoon nie in staat is om die nominasievorm te teken nie, kan hy die kiesbeampte per brief of telegram mededeel dat hy tot sy nominasie instem.

Elke nominasievorm moet die ondergetekende (van wie nominasievorm op aanvraag verkry kan word) voor of op 27 April 1993 om 12:00 by onderstaande adres bereik.

'n Deposito van R33 moet die nominasie vergesel.

Elke nominasievorm ten opsigte waarvan een van hierdie bepalinge nie nagekoms is nie of wat nie teen voormalde datum by onderstaande adres ontvang is nie, is ongeldig.

N. M. PRINSLOO,
Kiesbeampte
Posbus 205
PRETORIA
0001

OF
SAGTR-gebou
Vermeulensstraat 553
Arcadia
PRETORIA
0002


(26 Maart 1993)
No transport to hospital

Pensioners and residents of old age homes visiting outpatient departments can no longer use Johannesburg’s emergency medical service ambulances, the Johannesburg City Council was told this week.

This was as a result of the Transvaal Provincial Administration’s rationalisation of ambulance services and the increase in violence, said Koos Roets, Public Safety, Licensing and Tenders Committee chairman.

Emphasising that Johannesburg had to implement the TPA decision as an agent, he said that it cost up to R300 000 a year to acquire and maintain an ambulance, and the average cost a trip was R110.

“About 60 percent of our 120 000 trips a year are mostly for people like pensioners and residents of old age homes who request transport to outpatient departments or dispensaries,” he said. — Staff Reporter
Hospital staff burn letters.

Hundreds of hospital workers burnt their retrenchment letters near the Johannesburg Hospital's garbage collecting point yesterday.

Mr Siphiwe Mabaso, branch secretary of the National Education, Health and Allied Workers Union, said about 500 union members who were asked to complete the retrenchment letters by yesterday decided to burn them in protest.

"The management actually tried to force our members to sign voluntary retrenchment letters.

"We view the action as being irresponsible, as the union was never consulted by the hospital management about the matter," Mabaso said.

Johannesburg Hospital public relations officer Miss Somarie van der Merwe said she was not aware of the protest action.
Cutback in TPA ambulance services

Elderly outpatients will no longer be allowed to use ambulances as taxis to get to hospital because the vehicles are urgently needed for the disabled, chronic cases or people who need medical support, according to Johannesburg City Council management committee member Koos Roets.

Explaining the cutback, he said the move was due to the Transvaal Provincial Administration’s rationalisation of ambulance services and the increase in violence.

About 60 percent of the annual 120 000 ambulance trips at R110 each were for the so-called “priority three” patients — mostly pensioners and residents of old age homes needing transport to medical service points. In future, ambulances would be used only for emergency cases, which included people in life-threatening medical emergencies, Roets said.

Patients whose presence in public may distress the public or would be a threat to public safety, and those with physical disabilities or psychiatric disorders, would still be transported by ambulance. Other categories also included are those with written requests from medical doctors or authorisation by the regional director of emergency medical services.

- All pensioners over the age of 70 and Government pensioners and war veterans over the age of 60 may use municipal buses free of charge during off-peak periods — roughly between 6.30 am and 4 pm.
The Casualties of a Battle

In a battle that occurred on the field of

The man received more than 10

These were the words of the man

And the woman's teeth were

He lay on the ground, the bullet in his

Anxious, she left her home to

The battle, which had begun, was

Food and drink were scarce and

She had been seen over by care.

The man received more than 10

He lay on the ground, the bullet in his

And the woman's teeth were

She had been seen over by care.
The American Academy of Family Physicians:

The American Academy of Family Physicians (AAFP) is a national organization of family physicians and a national leader in family medicine education, training, research, health care, policy, and advocacy. The AAFP, established in 1939, is the largest national medical organization in the United States and represents more than 37,000 family physicians, medical students, and residents. The AAFP is committed to promoting the highest standards of care and promoting the health of the public. The AAFP is dedicated to providing the highest quality health care to all Americans, including the underserved and vulnerable populations. The AAFP is dedicated to promoting the health of the public through the provision of high-quality health care and the promotion of health and wellness. The AAFP is committed to advocating for policies that support access to affordable, high-quality health care and the promotion of health and wellness.


The Minister: Hon成员国, let me make it very clear that we are not thinking about mandating or requiring employers to do anything. We are looking at what measures can be taken to support our workers and our communities. The important thing is that we have a system in place that supports our workers during this pandemic. The government has put in place measures to support our workers and our communities. The important thing is that we have a system in place that supports our workers during this pandemic. The government has put in place measures to support our workers and our communities.
DP slams optometry 'fat cats'

THE optometry and optical dispensing professions have become a monopolistic cartel bent on ripping off consumers," the Democratic Party charged yesterday.

"The industry had become such a "close shop" that mark-ups on spectacle lenses now ranged from 30% for medical aid patients to 600% for patients not on medical aid, DP consumer affairs spokesman, Mr Robin Carlisle, said.

Simple deregulation of the industry would "almost immediately" reduce costs between 25% (medical aid) and 60% (non-medical aid), he said.

Mr Carlisle said monopolistic practices adopted by the SA Optometric Association (SAOA) and the SA Registered Optical Dispensers' Association (SARODA) "restrict access and exclude competition".

"The impact of this monopoly has been to place spectacles outside the reach of millions.

"We will not tolerate a situation where sight-impaired people — particularly the poor and the old — are denied treatment simply to keep a small number of so-called professionals rich and idle," he said.

The DP had already consulted with parties like the ANC and planned a national campaign if the government did not take immediate steps to deregulate the R600m-a-year industry.

Later, then Minister of Health, Dr Rina Venter, told Parliament that the government believed in deregulating the health care delivery system.

She said that fixing of minimum fees for professional service by SAOA went against the spirit of the Competition Board's recommendations.

SAOA director Mr Peter Brauer said the DP's criticisms were "lacking in accuracy, truth and misleading".

He said membership of the association was not obligatory.

In the past three years 30 free service clinics had been established for "poor people", he said.

He dismissed DP claims of price fixing and said SAOA had recommended tariffs for reference points.

He also disputed Mr Carlisle's mark-up claims, while a city optometrist offered Mr Mike Ellis, the DP's health spokesman, access to his balance sheets to disprove the DP's claim.

The optometrist, who declined to be named, said the DP's disservice to hard-working professionals was "expedient politics".

He said SAOA had approached the SA Medical and Dental Council a year ago for deregulation.

He supported Mr Brauer's claim the DP had been fed disinformation by two companies with vested interests in tarnishing the industry.

SARODA chairman Mr F.K. Esterman said they would prepare a statement. — Political Correspondent

Staff Reporter
At the General Agreement on Tariffs and Trade (GATT), of which South Africa is a member, it has already been decided that a move should be made away from quantitatively import control or control by means of import permits. According to GATT imports should not be limited, but that the harmful effect thereof on the importing country can be countered by means of import tariffs. Until such time as acceptable import tariffs (in terms of the Customs and Excise Act, 1964) are in place, total quantities to be imported are determined, which are then allocated on an agreed basis.

(23 April 1993)

BOARD NOTICES

BOARD NOTICE 38 OF 1993
THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

It is hereby notified in terms of regulation 12 of Government Notice No. R. 2279 of 3 December 1976 that at an election of members of the Professional Board for Physiotherapy for the five year period ending 30 April 1998 held in accordance with the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), the number of votes appearing below were recorded for the respective candidates:

BEATTIE, Margaret Ann .................................................. 309
BEENHAKKER, Johlyne .................................................. 441
BLAKE, Priscilla Frances .................................................. 182
BOWERBANK, Patricia .................................................. 377
BUTLER, Marion Joan Lamont ........................................... 228
DE WET, Christiaan ..................................................... 430
EVANS, Hannah .......................................................... 160
GILDER, Johanna Alexandra Couttis ................................... 229
GLAUBER, Frances Mathilda ............................................. 266
GOUNDEN, Poobalam ..................................................... 172
HUYSAMEN, Hester Jacoba .............................................. 203
MCKEON, Dorothea Ann .................................................. 152
REYERS, Lynne ........................................................... 172
ROUX, Lo-An ............................................................ 486
SEAMAN, Yvonne Maria .................................................. 271
SMITH, Elsa Dorothea ................................................... 275
STOFBERG, Martinus Theunis Steyn .................................. 260
UYS, Marietta Susanna .................................................. 384

I declare the following to have been elected as members of the Professional Board for Physiotherapy for the period 1 May 1993 to 30 April 1998:

BEATTIE, Margaret Ann.
BEENHAKKER, Johlyne.
BOWERBANK, Patricia.
DE WET, Christiaan.
ROUX, Lo-An.
SEAMAN, Yvonne Maria.
SMITH, Elsa Dorothea.
UYS, Marietta Susanna.

N. M. PRINSLOO,
Registrar.

(23 April 1993)

RAADSKENNISGEWINGS

RAADSKENNISGEWING 38 VAN 1993
DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

Kennis word hierby gegee ingevolge regulasie 12 van Goewermentskennisgewing No. R. 2279 van 3 Desember 1976 dat by 'n verkiezing gehou ingevolge die bepaling van die Wet op Geneesheer, Tandartsen en Aanvullende Geneeskundiges, 1974 (Wet No. 56 van 1974), van lede van die Beroeperaad vir Fisioterapie vir die vyfjaarlyksperiode eindigende op 30 April 1998, die getal stemme deur die onderskeie kandidate aangeteken die volgende is:

BEATTIE, Margaret Ann .................................................. 309
BEENHAKKER, Johlyne .................................................. 441
BLAKE, Priscilla Frances .................................................. 182
BOWERBANK, Patricia .................................................. 377
BUTLER, Marion Joan Lamont ........................................... 228
DE WET, Christiaan ..................................................... 430
EVANS, Hannah .......................................................... 160
GILDER, Johanna Alexandra Couttis ................................... 229
GLAUBER, Frances Mathilda ............................................. 266
GOUNDEN, Poobalam ..................................................... 172
HUYSAMEN, Hester Jacoba .............................................. 203
MCKEON, Dorothea Ann .................................................. 152
REYERS, Lynne ........................................................... 172
ROUX, Lo-An ............................................................ 486
SEAMAN, Yvonne Maria .................................................. 271
SMITH, Elsa Dorothea ................................................... 275
STOFBERG, Martinus Theunis Steyn .................................. 260
UYS, Marietta Susanna .................................................. 384

Ek verklaar die volgende persone as verkies tot lede van die Beroeperaad vir Fisioterapie vir die tydperk 1 Mei 1993 tot 30 April 1998:

BEATTIE, Margaret Ann.
BEENHAKKER, Johlyne.
BOWERBANK, Patricia.
DE WET, Christiaan.
ROUX, Lo-An.
SEAMAN, Yvonne Maria.
SMITH, Elsa Dorothea.
UYS, Marietta Susanna.

N. M. PRINSLOO,
Registraturer.
don't do any testing ourselves. We merely send eye prescriptions — mainly from ophthalmologists (physicians specialising in eye care but who also can't legally dispense glasses) — to the same manufacturers who supply the optometrists."

Schaffer has been offering discounts of up to 42% in the past year at his 30 outlets countrywide. He's determined to fight the charges against him.

Another business that's fallen foul of the SA Medical & Dental Council is Spectacle Warehouse. Established this year in Cape Town, this one-stop service is owned and run by five fully qualified optometrists. Their alleged sin was a 10-day extensive media campaign that advertised discounts of up to 50% on lenses and frames. They've been silenced by a temporary interdict — the return date is in August — and are deciding whether to oppose the civil action.

Says director Chris Faul: "We know we have contravened the law by advertising, but we have to make the public aware that they can obtain this service."

Faul adds that only 20% of the population is covered by medical schemes. "This means that most people have little or limited access to affordable eye care. It's quite possible that a new government could relax the requirements of entry into the profession to alleviate this problem, but this we believe isn't the route to go."

He says Spectacle Warehouse is able to offer such huge discounts only because it operates on large economies of scale — made possible through advertising. "We are a volume business that benefits from low-rent premises and highly efficient staff."

Possibly the worst case of protectionism is demonstrated by the criminal case against Optilab, a Cape Town-based lens manufacturer. Optilab MD Greg McGlip has been manufacturing lenses for the past 32 years. Three years ago he began bypassing optometrists and optical dispensers by selling directly to the public. The reason: Groote Schuur Hospital and cash-strapped government welfare organisations asked him to help patients who could no longer be subsidised but who couldn't afford high optometrist bills.

McGlip is defending himself — he can't afford an attorney. He hopes that a favourable decision will pave the way for wide-scale discounting. "Of course, optical dispensers who are now graduating from technikon and can't find work have the most to lose. But in reality, all they do is order the glasses from us and stick them on the patient's face, or get their receptionists to do the job."

Health Minister Rina Venter says she will try to determine what is in the public interest — particularly regarding safety standards. But she warns: "I don't want to protect any specific occupational group at the cost of the patient."

Meanwhile, MP Carlisle is pushing his proposals to reform the industry, and if government approves, optometrists and optical dispensers will be seeing a lot more competition.

Mirjana Duob
the news
in brief

Nehawu pays legal costs

THE National Education, Health and Allied Workers Union will pay for the defence of five of its members arrested at the weekend in connection with the death of 24 babies during the 1990 Garankuwa Hospital strike.

The five have been charged with murder and intimidation. They have each been granted bail of R5 000 on condition they do not go near the hospital or talk to hospital employees or their relatives. They are also to report weekly to the police in Soshanguve. They will appear in court again on May 28.

Greetings for special mom

ONLY three days are left for messages for Mother’s Day.

We have received many Mother’s Day messages and find it interesting that 95 percent of them have
SADF man killed in scuffle

Crime Reporter

A South African Defence Force (SADF) member died in a West Rand hospital yesterday after being shot in the chest during a scuffle with rampaging youths in Mohlakeng, near Randfontein, police said.

Police spokesman Major Henriette Bester said the soldier, whose name has not yet been released, was shot trying to prevent a youth from stealing his pistol.

She said he and his patrol chased a group of youths who were petrol-bombing vehicles and attacking passersby to a corner cafe, where he was shot.

Bester said about 250 youths, apparently upset that township residents had delivered to the police a suspect wanted in connection with an intimidation charge, went on the rampage on the West Rand.

Police received reports that the youths had assaulted a woman, who had to be treated for minor injuries.

The youths set alight several vehicles in Mohlakeng.

Also on the West Rand, a couple were attacked at the entrance to the township and their car was set alight.

Union defends 5 charged with murder

The National Education, Health and Allied Workers' Union will defend five members arrested at the weekend in connection with the deaths of 24 babies during the 1990 Ga-Rankuwa Hospital strike.

The court has granted each bail of R5,000 on condition they do not go near the hospital or talk to hospital employees or their relatives.

They also have to report weekly to the police.

A commission of inquiry found the deaths were the result of the strike. — Sapa.
work with or for nonmembers of the profession. All of this would, of course, open up the profession to competition and bring down prices dramatically as it has around the world.

Not all of Carlisle’s recommendations are anathema to optometrists. SA Optometric Association director Peter Brauer says his organisation supports many of the board’s findings and has been instrumental in many of the reforms now being promulgated by the SA Medical & Dental Council. Optometrists do indeed want deregulation that would allow them to expand their scope. For instance, they are prevented by law from treating eye illnesses they detect; that’s the preserve of ophthalmologists — physicians specialising in eye care. Optometrists have also recommended an end to the ban on window displays and asked to be allowed to enlarge their signboards.

But Carlisle is focusing on deregulation that would bring down prices in what he says is an R800m/year industry. (In 1990, about 2m people wore eyeglasses or contact lenses, while professionals estimated that at least another 6m needed them.)

He claims that mark-ups for medical-aid patients can be as high as 207% and as much as 300% for non-medical-aid patients, though he concedes that only some professionals are culpable of gouging. He says simple deregulation could drop prices by as much as 60%. Price lists made up under oath from Frames Unlimited — a 30-branch discount chain that’s not owned by an optometrist — bear this out.

Brauer says Carlisle’s claims are “defamatory, misleading and inaccurate” and that margins are closer to 47% (which results in a mark-up that’s effectively much higher). The optometrists’ association has threatened to sue Carlisle for his statements.

Optometrists certainly protect their turf. In recent months they have also instigated legal proceedings through the Medical & Dental Council against several fellow optometrists and some non-optometrists who ran discount eyewear businesses, such as Frames Unlimited.

Says Brauer: “The optometrists’ council has decided that optometrists can advertise only the availability of certain lenses but not the price. The council’s thinking is that there is a professional service involved in providing a lens and that advertising lens prices could mislead the public because there are many different types of lenses.”

Optometrists also oppose any deregulation that would allow them or optical dispensers to work for nonmembers of the profession. Large discount stores such as Clicks and Pick ’n Pay could use their bargaining clout and economies of scale to keep down costs.

Though it’s a reform that’s found its way into the Pharmacy Amendment Bill, now with the Cabinet, Brauer is unconvinced. “Pressures to contain costs would impinge on professionalism. For example, a store manager could encourage an optometrist to use a lens that is bought in bulk but might not be suitable for the patient’s individual needs.” Ultimately, society needs to strike a balance between individual choice, which may be deficient but is personal, and enforced guidance from a professional that may be sage but could be tyrannical.

Health Minister Rina Venter recently rejected that same argument about pressure on standards when it was made by pharmacists, another cartel fighting deregulation.

Many of these issues have already been sorted out in the US, UK, Australia and Canada through extensive deregulation. In the US, widespread advertising, discount outlets and service innovations — ranging from in-store optometrists to contact lenses by mail — have all kept prices well below the inflation rate for at least the past 15 years.
BOARD NOTICE 48 OF 1993
THE SOUTH AFRICAN MEDICAL
AND DENTAL COUNCIL

ELECTION OF ONE MEMBER OF THE PROFESSIONAL BOARD FOR SPEECH-LANGUAGE THERAPY AND AUDILOGY

It is hereby notified in terms of section 15 (5) of Act No. 56 of 1974, and regulation 8 (2) of the regulations for the election of members of the Council published under Government Notice No. R. 2279 of 3 December 1976, that the following persons have been validly nominated as candidates for election as a member of the Professional Board for Speech-Language Therapy and Audiology for the remainder of the five year period ending on 28 February 1996:

ROBERTS, Estelle.
STEENEKAMP, Anne-Marie.
TUOMI, Seppo Kailervo.

As the number of persons validly nominated exceeds the number of persons to be elected, I have appointed 21 June 1993 at 12:00, before which every person entitled to vote in the election may sign and transmit or deliver to me a voting paper described in the Third Annexure of the said regulations. A voting paper will be posted to the last registered address of every person entitled to vote in the election.

N. M. PRINSLOO,
Returning Officer,
SAMDC Building
553 Vermeulen Street
Arcadia
PRETORIA
0083;
or
P. O. Box 205
PRETORIA
0001.
(14 May 1993)

RAADSKENNISGEWING 48 VAN 1993
DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDEHKUNDIGE RAAD

VERKIESING VAN EEN LID VAN DIE BEROEPSRAAD VIR SPRAAK-TAALTERAPIE EN OUDILOGIE

Ingevolge artikel 15 (5) van Wet No. 56 van 1974, en regulasie 8 (2) van die regulasies vir die verkiesing van lede van die Raad afgekondig by Goewermentskennisgewing No. R. 2279 van 3 Desember 1976, word hierdie bekendgemaak dat ondergenoemde persone geldig genomeer is as kandidate vir verkiesing tot lid van die Beroepsraad vir Spraak-Taaltherapie en Oudiologie vir die oorblywende gedeelte van die vyfjaarlyksrlek eindigende op 28 Februarie 1996:

ROBERTS, Estelle.
STEENEKAMP, Anne-Marie.
TUOMI, Seppo Kailervo.

Aangesien die getal genomeerde persone, die getal persone wat verkies moet word te bowe gaan, het ek 21 Junie 1993 om 12:00, vasgestel as die dag en tyd waarvoor elkeen wat geregistreer is om by die verkiesing te stem 'n stembriefie in die Derde Aanhangsel van die gemelde regulasies beskryf, kan teken en aan my stuur of oorhandig. 'n Stembriefie sal gypoos word na die laatste geregistreruie adres van elkeen wat vir die verkiesing stemgeregte is.

N. M. PRINSLOO,
Kiesbeampte.
SAGTR-gebou
Vermeulenstraat 553
Arcadia
PRETORIA
0083;

of
Posbus 205
PRETORIA
0001.
(14 Mei 1993)

BOARD NOTICE 49 OF 1993
THE SOUTH AFRICAN MEDICAL
AND DENTAL COUNCIL

ELECTION OF MEMBERS OF THE PROFESSIONAL BOARD FOR HEALTH INSPECTORS

Notice is hereby given in terms of the provisions of the regulations relating to the election of members of the Council, read with section 15 (11) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), that an election of five health inspectors as members of the Professional Board for Health Inspectors to serve during the period ending 30 September 1993 is about to be held.

Nominations of eligible health inspectors are awaited. Every person so registered (a) who has not entered into a composition with the creditors of his estate, or whose estate has not been sequestrated, (b) who is not disqualified under the Act from practising his profession, is eligible for nomination.

RAADSKENNISGEWING 49 VAN 1993
DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDEHKUNDIGE RAAD

VERKIESING VAN LEDE VAN DIE BEROEPSRAAD VIR GESONDHEIDSINSPEKTORE

Hierby word ingevolge die bepalinge van die regulasies betreffende die verkiesing van lede van die Raad, gelees met artikel 15 (11) van die Wet op Geneesheere, Tandartse en Aanvullende Gesondheidsdiensberoepse, 1974, (Wet No. 56 van 1974), kennis gegee dat 'n verkiesing gehou staan te word van vyf gesondheidsinspecteurs as lede van die Beroepsraad vir Gesondheidsinspecteurs om te dien gedurende die tydperk wat op die 30ste dag van September 1993 verstrek.

Nominasies van verkiesbare gesondheidsinspecteurs word ingewag. Elke sodanige geregistreerde persoon (a) wat nie met sy skuldweser 'n akkoord aangegaan het nie, of wie se boedel nie gesequestrer is nie (b) wat nie krakers die Wet onbevoeg is om sy beroep te beoefen nie, is nomineerbaar.
Each candidate must be nominated on a separate nomination form, but any person entitled to vote in the election may sign the nomination forms of any number of candidates not exceeding the number to be elected.

Each nomination form must state the first name and the surname of the candidate nominated and must be signed by two registered health inspectors. The person nominated must also sign the form, confirming that he consents to his nomination. The registered address of each one so signing must be appended to his signature. If the person nominated is unable to sign the nomination form he may inform the returning officer by letter or telegram that he consents to his nomination.

Every nomination form must reach the undersigned (from whom nomination forms may be obtained on application) at the address given below not later than 21 June 1993 at 12:00.

A deposit of R34,20 must accompany the nomination.

Every nomination form in respect of which any of these provisions has not been complied with, or which is not received by the aforesaid date at the address given below, will be invalid.

N. M. PRINSLOO,
Returning Officer.
P.O. Box 205
PRETORIA
0001;
or
553 Vermeulen Street
Arcadia
PRETORIA
0083.
(14 May 1993)

BOARD NOTICE 50 OF 1993
SECURITY OFFICERS' BOARD

In terms of section 10 (5) (b) of the Security Officers Act, 1987 (Act No. 92 of 1987) (as amended), the Security Officers' Board hereby gives notice that the Board intends to recommend to the Minister of Law and Order that the provisions of the Security Officers Act, 1987 (Act No. 92 of 1987) (as amended), shall apply to the categories of employees listed below who render a security service.

The Board invites interested parties to submit in writing to the Board within eight weeks from date of publication of this notice any objection to or representations concerning the inclusion of certain categories of practitioners who render a security service.

Comments or representations should be submitted in writing to the Registrar of the Security Officers' Board, Private Bag X817, Pretoria, 0001.

F. K. LUBBE,
Registrar: Security Officers' Board.

Elke kandiaat moet op 'n afsonderlike nominasie-vorm genomeer word maar elkeen wat by die verkiesing stemgereig is, kan die nominasie-vormens van enige aantal kandidate teken, dog nie meer as die getal wat verkies moet word nie.

Elke nominasie-vorm moet die voorname en die van, van die genomeerde kandiaat aangee en moet getekene wees deur twee geregistreerde gesondheids-inspektors. Die genomeerde persoon moet ook die vorm onderteken ter bekragting van sy instemming tot sy nominasie. Die geregistreerde adres van elkeen wat aldus teken, moet by sy handtekening geveg wees. As die genomeerde persoon nie in staat is om die nominasie-vorm te teken nie, kan hy die kies-beampte per brief of telegram meedeel dat hy tot sy nominasie instem.

Elke nominasie-vorm moet die ondergetekende (van wie nominasie-vormens op aanvraag verkry kan word) voor of op 21 Junie 1993 om 12:00 by onderstaande adres bereik.

'n Deposito van R34,20 moet die nominasie vergeel.

Elke nominasie-vorm ten opsigte waarvan een van die bepalinge nie nagekom is nie of wat nie teen voormelde datum by onderstaande adres ontvang is nie, is ongeldig.

N. M. PRINSLOO,
Kiesbeampte.
Posbus 205
PRETORIA
0001;
or
Vermeulenstraat 553
Arcadia
PRETORIA
0083.
(14 Mei 1993)

RAADSKENNISGEWING 50 VAN 1993
RAAD VIR SEKURITEITSBEAMPTES

Ingevolge artikel 10 (5) (b) van die Wet op Sekuriteitsbeamptes 1987 (Wet No. 92 van 1987) (soos gewysig), gee die Raad vir Sekuriteitsbeamptes hiermee kennis dat die Raad van voorneme is om aanbevelings by die Minister van Wet en Orde te doen dat die bepalinge van die Wet op Sekuriteitsbeamptes, 1987 (Wet No. 92 van 1987) (soos gewysig), van toepassing sal wees op ondervorme kategorieë van werknemers wat 'n sekeriteitsdiens lever. Belanghebbendes word hierby uitgenooi om binne acht weke vanaf datum van publikasie van hierdie kennisgewing, besware teen of vertoë aangaande onderwerp skriftelik by die Raad in te dien.

Besware teen of vertoë moet by die Registrateur van die Raad vir Sekuriteitsbeamptes, Privaatsak X817, Pretoria, 0001, ingediend word.

F. K. LUBBE,
Registrateur: Raad vir Sekuriteitsbeamptes.
BOARD NOTICE 48 OF 1993
THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

ELECTION OF ONE MEMBER OF THE PROFESSIONAL BOARD FOR SPEECH-LANGUAGE THERAPY AND AUDIOLOGY

It is hereby notified in terms of section 15 (5) of Act No. 56 of 1974, and regulation 8 (2) of the regulations for the election of members of the Council published under Government Notice No. R. 2279 of 3 December 1976, that the following persons have been validly nominated as candidates for election as a member of the Professional Board for Speech-Language Therapy and Audiology for the remainder of the five year period ending on 28 February 1998:

ROBERTS, Estelle.
STEENKAMP, Anne-Marie.
TUOMI, Seppo Kairaavo.

As the number of persons validly nominated exceeds the number of persons to be elected, I have appointed 21 June 1993 at 12:00, before which every person entitled to vote in the election may sign and transmit or deliver to me a voting paper described in the Third Annexure of the said regulations. A voting paper will be posted to the last registered address of every person entitled to vote in the election.

N. M. PRINSLOO,
Returning Officer.

SAMDC Building
553 Vermeulen Street
Arcadia
PRETORIA
0083;

or

P.O. Box 205
PRETORIA
0001.

(14 May 1993)

RAADSKENNISGEWING 48 VAN 1993
DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

VERKIESING VAN EEN LID VAN DIE BEROEPSRAAD VIR SPRAAK-TAALTERAPIE EN OUDILOGIE

Ingevolge artikel 15 (5) van Wet No. 56 van 1974, en regulasie 8 (2) van die regulasies vir die verkiesing van lede van die Raad afgekondig by Goewermentskennisgewing No. R. 2279 van 3 Desember 1976, word hierby bekendgemaak dat ondergenoemde persone geldig genomineer is as kandidate vir verkiesing tot lid van die Beroepsraad vir Spraak-Taaltherapie en Oudiologie vir die oorbywende gedeelte van die vyfjaarstydperk eindigende op 28 Februarie 1996:

ROBERTS, Estelle.
STEENKAMP, Anne-Marie.
TUOMI, Seppo Kairaavo.

Aangesien die getal genomineerde persone, die getal persone wat verkies moet word to toe gaan, het ek 21 Junie 1993 om 12:00, vasgestel as die dag en tyd waarvoor elkeen wat geregistreer is om by die verkiesing te stem 'n stembriefie in die Derde Aanhangsel van die gemelde regulasies beskryf, kan teken en aan my stuur of oorhandig. 'n Stembriefie sal gepos word na die laaste geregistreerde adres van elkeen wat vir die verkiesing stemgeregig is.

N. M. PRINSLOO,
Kiesbeampte.

SAGTR-gebou
Vermeulenstraat 553
Arcadia
PRETORIA
0083;

of

Posbus 205
PRETORIA
0001.

(14 Mei 1993)

BOARD NOTICE 49 OF 1993
THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

ELECTION OF MEMBERS OF THE PROFESSIONAL BOARD FOR HEALTH INSPECTORS

Notice is hereby given in terms of the provisions of the regulations relating to the election of members of the Council, read with section 15 (11) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), that an election of five health inspectors as members of the Professional Board for Health Inspectors to serve during the period ending 30 September 1998 is about to be held.

Nominations of eligible health inspectors are awaited. Every person so registered (a) who has not entered into a composition with the creditors of his estate, or whose estate has not been sequestrated, (b) who is not disqualified under the Act from practising his profession, is eligible for nomination.

RAADSKENNISGEWING 49 VAN 1993
DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

VERKIESING VAN LEDE VAN DIE BEROEPSRAAD VIR GESONDHEIDSINSPEKTORE

Hierby word ingevolge die bepaling van die regulasies betreffende die verkiesing van lede van die Raad, gelees met artikel 15 (11) van die Wet op Geneesheere, Tandarts en Aanvullende Geneesheidsdiensberoep, 1974, (Wet No. 56 van 1974), kennis gegee dat 'n verkiesing gehou staan te word van vyf gesondheidsinspecteurs as lede van die Beroepsraad vir Gesondheidsinspecteurs om te dien gedurende die tydperk wat op die 30ste dag van September 1998 verstryk.

Nominasies van verkiesbare gesondheidsinspecteurs word ingewag. Elke sodanige geregistreerde persoon (a) wat nie met sy skuldeiser 'n akkoord aangegaan het nie, of wie se boedel nie gesequestrer nie (b) wat nie kragtens die Wet onbevoeg is om sy beroep te beoefen nie, is nomineerbaar.
BOARD NOTICES

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

ELECTION OF MEMBERS OF THE PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY

Notice is hereby given in terms of the provisions of the regulations relating to the election of members of the Council, read with section 15 (11) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), that an election of five occupational therapists as members of the Professional Board for Occupational Therapy to serve during the period ending the 30th day of September 1998 is about to be held.

Nominations of eligible occupational therapists are awaited. Every person so registered (a) who has not entered into a composition with the creditors of his estate, or whose estate has not been sequestrated (b) who is not disqualified under the Act from practising his profession, is eligible for nomination.

Each candidate must be nominated on a separate nomination form, but any person entitled to vote in the election may sign the nomination forms of any number of candidates not exceeding the number to be elected.

Each nomination form must state the first name and the surname of the candidate nominated and must be signed by two registered occupational therapists. The person nominated must also sign the form, confirming that he consents to his nomination. The registered address of each one so signing must be appended to his signature. If the person nominated is unable to sign the nomination form he may inform the returning officer by letter or telegram that he consents to his nomination.

Every nomination form must reach the undersigned (from whom nomination forms may be obtained on application) at the address given below not later than 21 June 1993 at 12:00.

A deposit of R34.20 must accompany the nomination.

Every nomination form in respect of which any of these provisions has not been complied with, or which is not received by the aforesaid date at the address given below, will be invalid.

N. M. PRINSLOO,
Returning Officer.

P.O. Box 205
PRETORIA
0001;

or

553 Vermeulen Street
Arcadia
PRETORIA
0083.

(14 May 1993.)
Clinic workers sacked

The management of Johannesburg's Garden City Clinic has confirmed that a number of workers had been dismissed from the clinic after they went on an illegal strike.

The clinic's general manager, Dr. André Nel, estimated the number of the dismissed workers at 20.

The workers, all members of the National Education, Health and Allied Workers Union, downed tools in protest against the dismissal of a fellow worker for allegedly arriving late at work. 

Nehawu's organiser, Bongani Tsimo, estimated the number of the dismissed workers at 110.
Makunyane wins against odds

Dr. Seselwane Makunyane, who was once a slave driver, now has a degree and is working in the healthcare system. She is the first female doctor in the country. Makunyane, who has a degree in medicine from the University of Natal, is determined to use her knowledge to help the people of her country. She is currently working towards becoming a neurosurgeon and plans to open a hospital in the future. Makunyane is a role model for young women and girls in the country, inspiring them to pursue their dreams and aim for success.
**NEWS IN BRIEF**

**Farmers demonstrate**

A TRUCK was torched during a demonstration by farmers and businessmen against "selective business boycotts by the ANC" in Harding in Natal yesterday.

Five men were arrested during the protest which blockaded the town centre. The ANC, local action committee and other parties were meeting last night to try to solve the crisis.

**ANC welcomes plan**

The ANC yesterday welcomed the funding of Eskom's electrification programme. The programme was announced jointly by Eskom and the Life Offices Association on Monday. "We welcome any such funding, provided it is properly discussed and negotiated with local communities," spokesman Carl Niehaus said.

**Hospital strike**

The National Education, Health and Allied Workers' Union (Nehawu) yesterday threatened to spread its industrial action campaign at the Johannesburg's Garden City Clinic to all Clinic Holdings' hospitals. The union said if management maintained its intransigent approach, the union would launch a national strike.
Hospital strikers return

MORE than 1 000 workers dismissed by the Transvaal Provincial Administration during last year's hospital strikes returned to work on Monday. (Mail 14/5 2015)

Meditators ruled in favour of the dismissed members of the National Education Health and Allied Workers' Union.

(21 May 1993)

BOARD NOTICES

BOARD NOTICE 52 OF 1993

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

NOTICE OF ELECTION: ELECTION OF MEMBERS OF THE PROFESSIONAL BOARD FOR PODIATRY

Notice is hereby given in terms of the provisions of the regulations relating to the election of members of the Council, read with section 15 (11) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 No. of 1974), that an election of five podiatrists as members of the Professional Board for Podiatry to serve during the period ending the 30th day of September 1998 is about to be held.

Nominations of eligible podiatrists are awaited. Every person so registered (a) who has not entered into a composition with the creditors of this estate, or whose estate has not been sequestrated, (b) who is not disqualified under the Act from practising his profession, is eligible for nomination.

Each candidate must be nominated on a separate nomination form, but any person entitled to vote in the election may sign the nomination forms of any number of candidates not exceeding the number to be elected.

Each nomination form must state the first names and the surname of the candidate nominated and must be signed by two registered podiatrists. The person nominated must also sign the form, confirming that he consents to his nomination. The registered address of each one so signing must be appended to his signature. If the person nomination is unable to sign the nomination form he may inform the returning officer by letter of telegram that he consents to his nomination.

Every nomination form must reach the undersigned (from whom nomination forms may be obtained on application) at the address given below not later than 29 June 1993 at 12:00.

A deposit of R34.20 must accompany the nomination.

RAADSKENNISGEWINGS

RAADSKENNISGEWING 52 VAN 1993

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

VERKIESINGSKENNISGEWING: VERKIESING VAN LEDE VAN DIE BEROEPSRaad VIR VOETKUNDE

Hierby word ingevolge die bepalings van die regulasies betreffende die verkiesing van lede van die Raad, gelees met artikel 15 (11) van die Wet op Geneesheere, Tandarte en Aanvullende Gesondheidsdiensberoeppe, 1974 (Wet No. 56 van 1974), kennis gegee dat 'n verkiesing gehou staan te word van vyf voetkundiges as lede van die Beroepsrad vir Voetkunde om te dien gedurende die tydperk wat op die 30ste dag van September 1998 verstreke.

Nominasies van verkiesbare voetkundiges word ingewag. Elke sodanige geregistreerde persoon (a) wat nie met sy skuldesiers 'n akkoord aangegaan het nie, of wie se boedel nie gesequestrer is nie (b) wat nie kragtens die Wet onbevoeg is om sy beroep te beoefen nie, is nomineerbaar.

Elke kandidaat moet op 'n afsonderlike nominasieform genomineer word maar elkeen wat by die verkiesing stemgeregig is, kan die nominasievorms van enige aantal kandidate teken, dog nie meer as die getal wat verkies moet word nie.

Elke nominasieform moet die voornaam en die van van die genomineerde kandidaat aangee en moet getekene wees deur twee geregistreerde voetkundiges. Die genomineerde persoon moet ook die vorm onder teken ter bekrachtiging van sy instemming tot sy nominasie. Die geregistreerde adres van elkeen wat aldus teken, moet by sy handtekening gevoeg word. As die genomineerde persoon nie in staat is om die nominasieform te teken nie, kan hy die kiesbeampte per brief of telegram meedeel dat hy tot sy nominasie instem.

Elke nominasieform moet die ondergetekende (van wie nominasievorms op aanvraag verkry kan word) voor of op 29 Junie 1993 om 12:00 by onderstaande adres bereik.

'n Deposito van R34,20 moet die nominasie verge-
Every nomination form in respect of which any of these provisions has not been complied with, or which is not received by the aforesaid date at the address given below, will be invalid.

N. M. PRINSLOO,
Returning Officer.

P.O. Box 205
PRETORIA
0001

or

SAMDC Building
553 Vermeulen Street,
Arcadia
PRETORIA
0002.

BOARD NOTICE 53 OF 1993
THE SOUTH AFRICAN NURSING COUNCIL
REMOVAL OF NAMES FROM REGISTERS
AND ROLLS

Notice is hereby given that in terms of section 29 (1) (c) of the Nursing Act, 1978 (Act No. 50 of 1978), the name of Mr S. P. Olifant has been removed from the registers of nurses and midwives following on a disciplinary inquiry by the South African Nursing Council into his conduct on 2 March 1993. The sentence comes into operation on 17 May 1993.

F. GERMISHUizen,
Registrar.
14 May 1993.

Elke nominasievorm ten opsigte waarvan een van hierdie bepale nie nagekom is nie of wat nie teen voormelde datum by onderstaande adres ontvang is nie, is ongeldig.

N. M. PRINSLOO,
Kiesbeampte.

Posbus 205
PRETORIA
0001

of

SAGTR-gebou
Vermeulenstraat 553
Arcadia
PRETORIA
0002.

RAADSKENNISGEWING 53 VAN 1993
DIE SUID-AFRIKAANSE RAAD OP VERPLEGING
SKRAPPING VAN NAME UIT REGISTERS
EN ROLLE

Kennis word hiermee gegee dat, kragtens artikel 29 (1) (c) van die Wet op Verpleging, 1978 (Wet No. 50 van 1978), die naam van mnr. S. P. Olifant geskrap is uit die registers van verpleegkundiges en vroedvroue na aanleiding van 'n tughoudersoek deur die Suid-Afrikaanse Raad op Verpleging op 2 Maart 1993. Die vonnis tree op 17 Mei 1993 in werking.

F. GERMISHUizen,
Registraatuer.
14 Mei 1993.
African medical students meet at UCT

By Justin Pearce

SOUTH African medical students recently had their first opportunity to meet their counterparts from beyond the Limpopo. The occasion was the Federation of African Medical Students’ Associations (Famsa) conference held at UCT last month – the first time the gathering has been held in South Africa.

Famsa unites medical students in southern, east and west African countries.

While South African students were keen to learn from their northern counterparts about community health issues, the visitors were wide-eyed at the advanced level of medical technology available in the country which performed the first heart transplant but where tuberculosis is still rife.

Zambian delegate Mr Lishomwa Nkolou said he was shocked by the wide disparity between private and public health services in South Africa.

“At its worst, the quality is worse than in Zambia,” he said.

Zambia, however, being forced by economic pressures to introduce fees in the state’s formerly free health care system.

Kenyan delegate Mr Edwin Bogenko pointed out that an unequal system of health care provision was not unique to South Africa, but occurred in Kenya too.

“We have adopted the British model of medicine, based on curative medicine,” Bogenko said. “The elite can afford it, but not the poor.

“We address similar problems, but the basis of inequality is different. In South Africa, it is the result of apartheid; in Kenya it’s the result of social stratification.”

The Kenyan government has, on occasion, closed universities, medical faculties included, when it suspected that political opposition was brewing on campuses.

“Closing the university is like a prophylactic,” remarked a delegate who did not want to be named. (A prophylactic is a medical term for a precautionary measure against disease.)

This strategy of the Kenyan government has forced medical students to sometimes miss out on a whole year of education, and to double-up with the next year’s class when the university reopened.

Bad communications services between the various African countries have hampered Famsa’s efforts to bring members countries together. Letters take months to get from South Africa to the countries of East Africa. Conference organiser Ms Nicky Moll complained about a letter UCT received from Tanzania that had arrived with a postmark from Brussels.
Public sector simmering

Weekly Mail Reporter

STRIKING staffers from the Garden City Clinic held a protest demonstration near the hospital this week. The health-workers were dismissed by the clinic for going on a wage strike. The National Education Health and Allied Workers' Union (Nehawu) and the clinic's management have agreed to take the dispute to mediation.

If the strike at the clinic (owned by Clinic Holdings) spills over to state-run hospitals, it would add to simmering conflict in the public sector. Clinic Mail 285 - 361 93

The government's climb-down on teachers' salaries narrowly averted a strike this week. But, it has also sparked calls for the reopening of wage negotiations across the sector.

Nehawu assistant general secretary Neal Thobozani said "this (wage negotiations) can't be done in a piecemeal way". The South African Democratic Teachers' Union (Sadtu) would put forward this demand in its negotiations with the government.

Sadtu, along with Nehawu and other public sector unions and associations, is a member of the Public Sector Forum.

The South African Municipal Workers' Union (Samwu) will soon ballot its 70 000 members for strike action to protest against the rationalisation and restructuring of local authorities across the country.

"These actions are proceeding despite appeals, petitions, and protests by workers. All workers protests have been completely ignored and are a waste of time and energy," Samwu said in a statement.

The Posts and Telecommunications Workers' Association will ballot its members for strike action at the Postal Services and at Telkom on June 1. The union this week said it would embark on strike action "not later than mid-June".

Wage negotiations have broken down in the sector and the union has pulled out of multilateral negotiations with a range of racial staff associations.

These associations have accepted a wage increase offer of 5.4 percent in the postal services and 5.8 percent from Telkom.
Union pressure blocks hospital clerk's promotion

By AYESHA ISMAIL

THE Public Service League of South Africa (PSL) is threatening to take action to reinstate a Zulu hospital worker whose promotion was "temporarily cancelled" after pressure from a rival union.

Mr. Temba Xaba, a clerk at Red Cross War Memorial Children's Hospital, was temporarily removed from his new post as an administrative clerk this week after the National Education Health and Allied Workers Union (Nehawu) objected to his appointment.

The objection, according to hospital staff, included that Mr. Xaba was not a member of Nehawu and that he is believed to be a member of the Inkatha Freedom Party (IFP).

Spokesman for the PSL, Mr. Neville Petersen, said Mr. Xaba was informed by letter of his appointment as from May 1.

"Mr. Xaba was then informed by management that Nehawu objected to his appointment, with the result that he was unable to execute his duties," Mr. Petersen said.

Experience

Mr. Petersen said Mr. Xaba had worked as a clerk for several years and was promoted on merit. "While he does not have the qualifications for his new job, he certainly has the experience."

"Two members of Nehawu also applied for this job, but they did not have the experience," Mr. Petersen said.

"The PSL has demanded that Mr. Xaba start his new job tomorrow.

"Cape Provincial Administration Director of Labour Relations Mr. Pierre Oosthuizen said Mr. Xaba had been "temporarily removed from his post to defuse the situation at the hospital.""

A meeting will take place this week between the CPA, Nehawu, and the PSL. Nehawu could not be contacted for comment.
Unionists don't get promoted, say staff

By Quentin Wilson

UNIONISED workers at the Red Cross Hospital in Rondebosch have accused management of discriminating against union members in the appointment of an administrative clerk to the hospital.

Members of the National Education, Health and Allied Workers' Union (Nehawu) have complained that the person who was given the post, Mr Themba Xaba, lacks the qualifications held by two Nehawu members who also applied.

Xaba is not a Nehawu member.

Mr Wilfred Alcock, Nehawu's Western Cape treasurer, believes his union's members at the hospital are consistently overlooked for promotion, even though they have the qualifications.

Xaba has passed standard six while the other two applicants have a year of tertiary education.

"Normally management insists on minimal educational requirements for posts, but they seem intent on excluding Nehawu members from promotion whenever possible," Alcock alleged.

Hospital management would not comment on Nehawu's allegations and referred SOUTH to the CPA.

Mr Pierre Oosthuizen, the CPA's director for labour relations, denied the change of preferential treatment for non-union members.

"When a person is being considered for an appointment, we do not ask for their organisational allegiance. Whether they belong to a union or not, is not an issue," Oosthuizen said.

He said Xaba's knowledge of languages and his work experience outweighed his academic shortcomings.

Alcock alleged that when interviews for the post were conducted late last year, Xaba was found "an unsatisfactory candidate".

It was therefore expected, he said, that one of the other two candidates, who were found to be satisfactory for the job, would get it.

Oosthuizen said he had "no knowledge" of Xaba ever being found unsuitable for the clerical position and that no agreement had been made to exclude him from the post.

Alcock insisted the procedure was part of management's "union bashing campaign" and said Nehawu, although they held nothing against Xaba, would campaign for an end to "boetie-boetie appointments" and "back-door promotions".

"Discrimination against Nehawu members is not only happening at Red Cross, it is happening at all the other CPA-run hospitals. We cannot stand by and watch. We must continue to expose state corruption and clean the public service," Alcock said.

"Xaba has refused to be interviewed by the press."
Remaining extent and Portion 2 of Erf 724, Brooklyn, Pretoria

300 Olivier Street, approximately 1,28 ha in extent

Double-storey with four bedrooms, (one with bathroom and en suite), lounge, dining-room, kitchen with cold storage room, study, balcony, double garage, swimming-pool, two servants’ rooms and numerous outbuildings.

Floor area approximately 684,21 m².

Three subdivision possibilities. (Refer to tender documents for details.)

For conditions of sale and viewing contact Mr J. Prinsloo (012) 310-5011 or Mrs E. Campher (012) 310-5048.

Office hours 07:45-16:00.

Offers close at 12:00 on Friday, 16 July 1993.

Offers to be sent to the Regional Representative, Department of Public Works, Private Bag X229, Pretoria, 0001. Fax (012) 310-5061.

(25 June 1993)

NOTICE 552 OF 1993

PROVINCIAL ADMINISTRATION OF THE CAPE OF GOOD HOPE

PROPOSED CONSTRUCTION OF A BOARDWALK AND A FLOATING SEMI-PERMANENT SNACKBAR: OUDEKRAAL

Notice is hereby given in terms of section 3 (5) of the Sea-Shore Act, 1935 (Act No. 21 of 1935), that it is proposed to enter into a lease with Thom Kat in which provision is made for the proposed construction of a floating semi-permanent snackbar and a boardwalk.

A locality sketch of the area affected by the proposed construction lies for inspection at the office of the Chief Director: Nature and Environmental Conservation, Provincial Administration of the Cape of Good Hope, Room 302, Utilitas Building, Dorp Street, Cape Town.

Objections to the proposed lease must be lodged with the Chief Director: Nature and Environmental Conservation, Private Bag X9086, Cape Town, 8000, on or before 26 July 1993.

(25 June 1993)

BOARD NOTICES

BOARD NOTICE 58 OF 1993

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

RULES FOR THE REGISTRATION OF MEDICAL TECHNOLOGISTS: AMENDMENT

In terms of section 32 (1), read with section 61 (4), of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), the South African Medical and Dental Council made the rules set out in the Schedule hereto.

(25 June 1993)

KENNISGEWING 552 VAN 1993

PROVINSIALE ADMINISTRASIE VAN DIE KAAP DIE GOEIE HOOP

VOORGESTELDE KONSTRUKSIE VAN ‘N PLANKPAD EN ‘N DRYWENDE SEMI-PERMANENTE SNOEPKROEG: OUDEKRAAL

Ingevolge artikel 3 (5) van die Strandwet, 1935 (Wet No. 21 van 1935), word hiermete bekendgemaak dat dit die voorneme is om ‘n huuroorlokonts met Thom Kat aan te gaan waarin voorstelling gemaak word vir die voorgestelde konstruksie van ‘n drywende semi-permanente snoepkroeg en ‘n plankpad.

‘n Ligtingsplan van die gebied wat deur die voorgestelde konstruksie geraak word, lê ter insaam by die handhavers van die Hoofdirekteur: Natuur- en Omgewingsbewaring, Provinsiale Administrasie van die Kaap die Goede Hoop, Kamer 302, Utilitasgebou, Dorpstraat, Kaapstad.


(25 Junie 1993)

RAADSKENNISGEWINGS

RAADSKENNISGEWING 58 VAN 1993

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDEHKUNDIGE RAAD

REELS, BETREFFENDE DIE REGISTRASIE VAN GENEESKUNDIGE TEGNOLOE: WYSIGING

Die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad het kragtens artikel 32 (1), gelees met artikel 61 (4), van die Wet op Geneesheer, Tandarts en Aanvullende Gesondheidsdiensberoep, 1974 (Wet No. 56 van 1974), die reëls in die Bylae uitgevaar-

(25 June 1993)
SCHEDULE

1. In this schedule, unless the contents otherwise indicates, the expression "the rules" means the rules published under Board Notice 61 of 1991.

2. Rule 1 of the rules, under the heading "ZIMBABWE", is amended as follows:

(a) the note "(Recognised only if obtained prior to 31 December 1992)" is being added to the qualification Diploma in General Medical Laboratory Technology from the University of Zimbabwe;

(b) the following qualification is being added under the headings as indicated:

<table>
<thead>
<tr>
<th>University of Zimbabwe</th>
<th>Specialist Diploma in Medical Laboratory Technology</th>
<th>Specialist Dip Med Lab Tech Zimbabwe</th>
</tr>
</thead>
</table>

(25 June 1993)

BYLAE

1. Tensy uit die samehang anders blyk, beteken die uitdrukking "die reëls" in hierdie Bylae die reëls afgekondig by Raadskennisgewing 61 van 1991.

2. Reël 1 van die reëls, onder die opsks "ZIMBABWE", word as volg gewyse:

(a) die opmerking "(Word erken slegs indien toegeken voor 31 Desember 1992)" word toegevoeg tot die kwalifikasie Diploma in Algemene Geneeskundige Laboratorium Tegnologie van die Universiteit van Zimbabwe;

(b) die volgende kwalifikasie word toegevoeg onder die geaksidente soos aangedui:

<table>
<thead>
<tr>
<th>Universiteit van Zimbabwe</th>
<th>Specialist Diploma in Geneeskundige Laboratorium Tegnologie</th>
<th>Specialist Dip Med Lab Tech Zimbabwe</th>
</tr>
</thead>
</table>

(25 Junie 1993)

BOARD NOTICE 59 OF 1993

THE SOUTH AFRICAN NURSING COUNCIL

The South African Nursing Council, hereby, in terms of section 5 (7) of the Nursing Act, 1978 (Act No. 50 of 1978), divides the Republic into the regions mentioned in Column A of the Schedule hereto, and which will consist of the magisterial districts mentioned in Column B of the said Schedule referred to, opposite each region.

<table>
<thead>
<tr>
<th>COLOMN A</th>
<th>COLOMN B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region 1</td>
<td>Beaufort West, Bolville, Bredasdorp, Caledon, Calitzdorp, Calvinia, Cape town, Ceres, Clanwilliam, Fraserburg, George, Goodwood, Heidelberg (C.P.), Hermanus, Hopefield, Krynau, Kuils River, Ladismith (C.P.), Laingsburg, Malmsbury, Montagu, Mossel Bay, Murraysburg, Namaqualand (Springbok), Oudtshoorn, Paarl, Piketberg, Prince Albert, Riversdale, Robertson, Simon’s Town, Somerset West, Stellenbosch, Strand, Sutherland, Swellendam, Tulbagh, Uniondale, Van Rhynsdorp, Victoria West, Vredenburg, Vredendal, Walvis Bay, Wellington, Williston, Worcester, Wynberg.</td>
</tr>
</tbody>
</table>


| Region 3 | Aberdeen, Adelaide, Albary (Grahamstad), Albert (Burgersdorp), Alexandria, Aliwal North, Barkly East, Bathurst (Port Alfred), Bedford, Cathcart, Cradock, East London, Elliot, Fort Beaufort, Graaff-Reinet, Hankey, Hofmeyr, Humansdorp, Indwe, Jansenville, Joubertina, King William’s Town, Kirkwood, Komga, Lady Grey, Maclaren, Mdantsane 2, 3 and 4, Middelburg (C.P.), Molsdene, Pearson, Port Elizabeth, Queenstown, Somerset East, Sterkstroom, Steynsburg, Steytterville, Stutterheim, Tarkastad, Uitenhage, Venterstad, Willowmore, Wodehouse (Dordrecht). |
Trauma services face collapse

AMBULANCE services in the Western Cape are on the verge of collapse because of faulty vehicles and equipment, a critical staff shortage and battered morale.

In the past two weeks, the service's mechanical staff have warned that a serious accident is likely, two paramedic crews have refused to go out on calls and staff who are members of the South African Municipal Workers Union (Samwu) have met to discuss possible action in protest.

An effect of the deepening crisis is that emergency call response times have increased.

In a confidential report to the council, the Chief Ambulance Officer, R S Douglas, said electronic equipment and radios were ageing and frequently breaking down.

Council was asked to consider paying staff overtime as morale had sunk because of the "work overload".

Particularly hard-hit is the city's elite paramedic unit, once regarded as among the best in the world.

A routine order issued in March this year by Mr Douglas said the unit's 1982 and 1983 Chevrolet ambulances had deteriorated to the extent that they could no longer be used for trips beyond the Peninsula.

The fleet of Chevrolet ambulances should no longer be on the road, the service's mechanical staff said in a memorandum two weeks ago to the Management and Safety Committee.

"A major accident is only a matter of time away," the memorandum said.

"We refuse to be held responsible as management has not been warned in writing for the second time."

It is understood new ambulances have been ordered, but delivery is several weeks away.

According to well-placed sources, on several occasions ambulances have broken down while transporting critically injured accident casualties.

One source claimed an ambulance had collided with a car after its steering column snapped.

Ambulance sources say medical equipment is in a similar state of disrepair. Paramedics have resorted to providing their own equipment rather than risk using malfunctioning ventilators and suction units.

The Cape Town City Council's deputy administrator, A Dolby, failed to respond to fixed requests for comment.

The head of the council public relations office, Ted Doman, referred all inquiries to Mr Dolby.

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Focus on New Technology, page 8
Wine and Dine, page 10
Trauma services face collapse

By CHIARA CARTER

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The head of the council public relations office, Ted Doman, referred all inquiries to Mr Dolby.

Focus on New Technology, page 8
Wine and Dine, page 10
Council moves to save ambulance service

Immediate steps are essential to halt the deterioration of the Western Cape ambulance service, according to a confidential memorandum by Cape Town's deputy administrator Mr Alan Dolby.

The memorandum comes in the wake of a Cape Metro report that the ambulance service was in crisis because of faulty vehicles and equipment, severe shortage of staff and battered morale.

According to Mr Dolby, the main reason for the deterioration is the drastic cut in the service's budget. This has also led to overtime being halted.

"Overtime was used to maintain the required number of crews," Mr Dolby reported.

Mr Dolby said there were vacancies for eight ambulance men and four officers. Fifteen ambulance men had been declared permanently unfit and eight temporarily unfit. Seven staff members were nearing retirement age "and cannot carry the same workload as younger men".

Fatigue

Because of the officer vacancies, supervision was lacking. The level of fatigue among staff was "disturbing" and stress and low morale were common.

Emergency response times had increased significantly. In July, it took more than 41 minutes for the service to respond to 17 percent of the emergency calls and between 20 and 40 minutes for 27 percent of the calls.

In terms of internationally accepted standards, 50 percent of emergency calls should be dealt with within seven minutes and 90 percent should be handled within 14 minutes.

"This deterioration cannot be allowed to continue. It is obvious that the reduced staff cannot cope with the unchanged workload," Mr Dolby wrote.

It was suggested that the service's chief officer, Mr RS Douglas, be allowed to resume paying staff overtime.

Mr Dolby refused to comment on his memorandum. However, he confirmed that the service's mechanical staff had recommended that the aged fleet of Chevrolet ambulances be taken off the road.

"We have arranged for all those vehicles to be made roadworthy by the agents for Chevrolet."

Mr Dolby confirmed that the council had bought replacements.

Cape Town's Town Clerk, Mr Keith Nicol, confirmed yesterday that urgent steps were underway to resolve the crisis.
New link to cut cost of optometric health care.

KATHRYN STRACHAN

SA's first optometric "preferred provider" organisation was launched this week, bringing with it a significant reduction in the cost of optometric health care.

Leading medical scheme administrators Medicaid announced a link with more than 50% of all optometrists countrywide.

Medicaid director Quentin Robinson predicted that the introduction of preferred provider organisations would enable medical schemes to negotiate with suppliers in the best interests of their members.

Their advent also gives medical schemes the power to control the spiralling cost of health care directly without prejudicing professional standards.

"The optometric benefit of medical schemes has always been compromised. Members have had to make up the shortfall between the benefit limits and the often inflated prices they have been charged for spectacle frames and lenses," he said.

Bryan Dowley, director of Preferred Provider Negotiators — the company which initiated the project to link up optometrists — said members would save between 20% and 30% on frames and lenses by using the services of an optometrist contracted to the organisation.

Prices for lenses, frames and eye tests would be agreed upon in advance with the medical scheme, and it was unlikely that members would have a price shortfall, Dowley said.
Healers' role highlighted

KATHRYN STRACHAN

ABOUT 100 healers will be joined by academics, businessmen and health professionals in Honeydew, near Johannesburg today to mark the national day of traditional healers.

Topping the agenda at Heia Safari Lodge’s Zulu Kraal will be the issue of AIDS and how it relates to spells and potions.

About 80% of blacks consult healers and the corporate world is increasingly recognising their importance in the health network.

The event’s organisers claim “a major announcement will be made today”.

Traditional healers’ steering committee spokesman Horatius Zuma says talks with government over the recognition of healers as health practitioners have made progress.
Ram in the Red
Ambulance Service

BY NAZEM HOWN

There's a budget problem.

The service will not be able to operate.

The additional million be more than enough.

officials here were unwilling to answer

questions about the additional million.

The service is a source of embarrassment.

Primary among the weaknesses of

Pretoria's ambulance service is that it

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Health workers run gauntlet in care visits to townships

Stonings, threats increase stress for dedicated group of people

ANDREA WEISS
Health Reporter

HEALTH workers have escaped injury in three incidents in Peninsula townships.

The incidents last week were reported to the Community Health Workers Crisis Forum which has been meeting intermittently since Chris Hani's assassination in April.

The forum consists of representatives of more than 30 government and non-government bodies working in the health arena. All members have undertaken to arrange their own escorts into townships but never to use police or the defence force.

Last week, two women doctors from the Guguletu Day Hospital were spared a stoning when escorts taking them from the township intervened with youths.

In another incident in Guguletu, a University of Western Cape community rehabilitation worker had to persuade a group who threatened to burn a combi transporting disabled people from Groote Schuur Hospital not to force the passengers to leave the vehicle.

A Cape Provincial Administration employee, driving a vehicle with the new health workers' logo, reported being stoned in Eisleben Road in Khayelitsha after a rally in honour of victims of an SADF attack in the Transkei.

Co-ordinator Ellise Appel said the main aim was to ensure health workers' safety.

She said many community organisations had cut back on the services they provided to communities because of a safety problem.

One of the services to suffer was the transport of disabled people to self-employment projects. Another was a training programme for community health workers because two doctors had been unable to visit the training centre in New Crossroads.

The forum has set up a psychological support group for health workers operating under stressful conditions.

Ms Appel said many people felt they had been over-reacting to the situation, but at the forum's meeting this week, health workers were warned not to take any chances and to withdraw if they saw groups gathered.

One of the forum's problems was the lack of participation by political parties - even though these had repeatedly been invited to attend meetings, she said.

The forum is also involved in a dispute with the Red Cross Society over the use of an emblem designed in conjunction with the Peace Committee.

The Red Cross contends that the emblem, a white cross on a red circle linked to a dove, is a contravention of its copyright.

Ms Appel said the forum had decided this week to continue using the emblem because it felt that it could not change it after publicising it in township communities.

"We feel it is imperative to protect health workers now. We don't really want to be in conflict with the Red Cross.

"We would like them to give us their blessing to use the emblem, which is not the same as theirs."

Ms Appel said the use of the logo went hand-in-hand with a code of conduct which, among other things, required drivers of vehicles to carry letters of authorisation.

Vehicles bearing the logo were not allowed to carry arms, instigate violence or travel with armed guards.
Psychology body plans to relaunch

Staff Reporter

OVER 2 000 psychologists voted to close down their apartheid-tainted organisation — the Psychologists' Association of South Africa (PASA).

The move was decided by a ballot of the 2 400-strong organisation and will result in an "absolutely new beginning", University of Stellenbosch psychology lecturer and executive member of the Committee for the Reconstruction of Psychology (CRP) Professor Bodley van der Westhuizen said yesterday.

A new organisation will emerge after an international conference at the University of the Western Cape early next year, he said.

The South African Psychologists Association (SAPA) in the '50s had an unwritten policy not to admit black psychologists into its ranks and when it did in the '60s, caused the formation of a splinter group, the Psychologists' Association of the Republic of South Africa, Professor Van der Westhuizen said.

Ballot to replace 'white' image

The two organisations united in the 1980s as PASA, which was "coloured by its political history", Professor Van der Westhuizen said.

CRP chairman and UWC lecturer Dr Lionel Nicholas said PASA was "a white-dominated status quo supporting body, with little concern for the havoc apartheid reaped on the mental health of South Africa".

CRP executive member Ms Rachel Prinsloo, also of UWC, said psychology clearly had a role — for instance, to prepare mentally soldiers of liberation movements and the SADF to work together in a new national force.

Psychology students to practising psychologists may become members of the new organisation, whereas PASA had limited its membership to SA Medical and Dental Council-registered psychologists, a CRP spokesman said.

A meeting to discuss the future of South African psychology will be held at 7pm tonight at the University of Cape Town. The meeting will be confined to psychology students, psychologists and interns.
Red Cross gearing up for election day

A

s the day of South Africa's first non-racial democratic election draws near, aid and peace organisations as well as international observer missions are beginning preparations for an upsurge in conflict.

The South African Red Cross Society is embarking on an intensive programme of preparation ahead of the April 27-1994 election to ensure the organisation is equipped to handle emergencies.

"SARCS officials said this week it is the organisation's sincere hope that the election — and the run-up to April 27 — will be peaceful. But the Red Cross is nevertheless working to equip itself to handle any eventuality in the event of an outbreak of violence.

2 000 fully qualified people

New volunteers are being trained, first aid equipment is being stocked up, and the society hopes to have in place an estimated 2000 fully qualified people, plus "senior youth", to stand by to assist where and when necessary.

Additional ambulances are being purchased and the society will have access to 60 land and two air ambulances.

The SARCS' national communications officer, Derrick Thoma, told Sapa that, in order to maintain its neutrality and impartiality, the society will not "embroil" itself too closely with the elections — but the organisation will "provide information on the procedures for the election".

Election strategy

Peace organisations have indicated to Sapa they will be formulating an election strategy to ensure the election and its run-up proceeds as peacefully as possible.

The United Nations Observer Mission in South Africa said the need for a substantial number of international monitors at the election is imperative.

The country's first ever democratic election had to be not only free — but to be seen to be free and fair by all political groupings in the country as well as the outside world.

The UNOMSA said other factors that make monitoring imperative include:

- A lack of a democratic culture of political tolerance;
- Unabating violence of an increasingly violent and callous nature;
- Bias, suspicion and outright hostility to the concept of universal suffrage on the part of some political factions; and
- A new and unstable political system.

Red Cross officer Derrick Thoma.
Ambulance services curbed by crews with complaints

Karin Schinke
Staff Reporter

Peninsula ambulance services were curbed by the introduction of a new rostering system which the hospital's medical committee chairman said would make it impossible for the service to respond to calls when it was most needed.

The system, which was introduced last month, has been blamed for delays in responding to calls, particularly during the week when the service is understaffed.

The medical committee chairman said the new system was introduced to reduce the number of ambulance calls, but it has had the opposite effect.

"We have been asked to reduce the number of ambulance calls," he said. "But the new system has made it impossible for us to respond to calls when they are most needed."
Health & Disease

- Other Medics -

1994 - 1999
X-ray protest at Bara

By Mzwandile Jacks

SIXTY-SEVEN radiographers staged a march at Baragwanath Hospital yesterday to demand the replacement of "old and malfunctioning" X-ray equipment.

Their action follows a resolution by Baragwanath radiographers to launch a go-slow strike in protest against the situation in their department.

A spokesman for the radiographers told Sowetan that X-ray equipment currently used by them was not functioning properly.

"Our lives are in constant danger because we always have to tamper with the transformers to make the equipment work. We have to subject our patients to unnecessary radiation by using X-ray equipment several times on one patient because of faulty machines," the spokesman said.

She said hospital management had promised during meetings between the two parties to get new equipment but this had not happened.

"Instead, what has happened is that new machines were installed at smaller hospitals such as Hillbrow and Johannesburg."
The Argus Correspondent

DURBAN. — An urgent meeting on the strike crippling ambulance services throughout Natal has raised hopes of ending the crisis.

But at least 22 patients have died in Transkei hospitals since a nurses' strike which began last Thursday crippled services in the region's 32 hospitals.

Acting Natal Director of Health Services Patrick Lowe said today provincial authorities had met representatives of the Natal Public Sector Workers Union last night in an attempt to end the chaos caused by the strike.

Proposals put to the union had been accepted by delegates, who would now refer them to striking workers.

Private ambulance services in Durban were also plunged into chaos yesterday as the widespread strike by provincial ambulance workers for higher pay left most of Natal without proper services.

Spokesmen for private services said extra staff were called in and some had to work shifts of up to 17 hours.

Peter Noppe, who is in charge of the midlands region of the Natal Provincial Administration, said provincial traffic staff attended to more than 200 cases yesterday, including all emergency cases, and performed all normal hospital duties.

Representatives of Transkei nurses and government officials met last night in an attempt to end the strike in the territory.

The nurses are demanding money which they claim the government promised to pay them in October 1991 to bring them in line with their counterparts in South Africa.

Members of the Transkei Defence Force, the Red Cross and volunteers began helping at hospitals.
Ultimatum for Natal ambulance drivers

MARITZBURG. — Striking Natal Provincial Administration ambulance workers were given an ultimatum yesterday to return to work today or face disciplinary action.

This was announced by the NPA's acting deputy director-general Dr J Stewart in the wake of the "illegal" strike by employees of the Ambulance and Emergency Medical Services.

Road Traffic Inspectorate personnel and private ambulance companies have been called in to man the ambulances for the duration of the strike which affects Durban, Maritzburg, Greytown, Ladysmith, Estcourt, Ixopo and surrounding areas.

East London's Frere Hospital is taking only emergency cases following an influx of patients from Transkei where a strike by thousands of nurses has crippled services at 30 hospitals.

About 200 student nurses at Bishop Hospital went on strike yesterday, complaining they and patients were being fed little more than mealie meal. — Own Correspondent, Sapa
Metro to get bigger, better ambulances

BY SHANNON NEILL

INADEQUATE ambulances and frozen posts in the Emergency — or Metro — Rescue Services caused by massive budget cuts in the Health Department last year are finally being overcome.

Dr Pete Malan, Head of Metro, said it was clear last year the service’s big ambulances would have to be replaced but budget cuts prohibited this. They hoped ambulances would last till the end of the year, but they did not.

As an emergency measure they were replaced with small, minibus-type ambulances while big ones were built.

There were problems with the small ambulances. They accommodated two patients and in accidents like taxi crashes as many as five vehicles had to be on the scene.

Paramedics struggled to do complicated procedures in the small vehicles.

Dr Malan said the big ambulances finally arrived in March — three months late.

"The quality of workmanship was terrible and they had to be sent back," he said.

They lacked space between wheels and at high speeds had tyre blow-outs. In the 18 hours they were on the road two vehicles had blow-outs.

"We sent them to be repaired and expect them back this week. They're still not adequate, but they're better than the mini-bus ones," Dr Malan said.

He sympathised with "poor paramedics" who had to work in the small vehicles.

More big ambulances should arrive in September.

Posts were also frozen because of budget cuts so staff who left the service were not replaced.

Dr Malan said one way the service dealt with this was to take people from the rescue service who spent time at the base and put them on ambulances.

Many paramedics left because the conditions and worked for private ambulance services.
They were not satisfied by the initial offer of a 15% increase in wages, which was suggested by the union. The workers were demanding a minimum wage of 1500. The union also demanded that the management should provide a written commitment to ensure that the workers' demands were met. The workers were also protesting against the management's policies, which they believed were unfair and discriminatory. The workers were calling for the government to intervene and ensure that their demands were met.
CPA to probe promotions allegations

The union is to take up a question regarding promotions at Cape Province Administration buildings. About 100 pickets were outside the CPA buildings. Union spokesman Norman Maharaj said the group of workers were demanding a 20 percent increase in pay. They met a CPA team headed by director-general Herbert Boshoff. People with only five years service had been promoted over the heads of people with 20 years service. Dr. Maharaj said the union had been ordered to complete the investigation before one was promoted.

DEMANDS: Housing subsides for women!
SOS from ambulance service

BY VICKY STARK

ANGRY ambulance staff appealed to the regional minister of health and welfare, Mr Ebrahim Rasool to help them save lives, not transport dead people.

"We're working as undertakers not rescuers," said ambulance driver, Mr Archie Flax.

"There is one ambulance to every 150,000 people in Cape Town. We sometimes arrive at a scene five - and - half hours after a distress call to the control room. By the time we get there, the person has died."

The 40 ambulance staff, who met Mr Rasool at the Pinelands depot, feel the lack of equipment and personnel leads to hundreds of unnecessary deaths.

"We have to stop killing our people. The government must take responsibility for upgrading the ambulance service," Mr Flax said.

The ambulance staff also complained that fire chiefs and traffic department heads were managing the ambulance services.

"We need experienced ambulance people to manage the service," said Mr Benjamin Arendse.

He expressed his concern about a manager spending R3-million on satellite tracking equipment for ambulances.

"That equipment doesn't even work. Why don't they buy more ambulances?"

The lack of blankets and stretchers also affected the service. "Blankets have to be cut in half, the comfort of the patient isn't considered," said Mr Arendse.

Rural workers also told of racial wage differences and 72-hour shifts spent working alone.

Mr Rasool invited ambulance staff at the meeting to help rebuild the service in the Western Cape.

"We have set ourselves a six-month period to find the best way to reform the health services in this country," he said.

"Mr Faried Essack and Ms Shiela Lapinsky, who serve on the strategic management team, are consulting with other experts in the field to ensure that we rebuild the health system."
Ambulance services disrupted by protest

JENNY VIAL
Staff Reporter

AMBULANCE services were disrupted in Cape Town today when ambulance workers refused to go on duty with beach constables.

The beach constables completed a three-week intensive training course and were to start working today with the ambulance service for the winter months.

Ambulance workers say they were not consulted on the moves. They are also unhappy that the beach constables are to get a five percent pay increase.

Rod Douglas, chief officer of Cape Ambulance Rescue Services, said the South African Municipal Workers' Union and the council had negotiated the new deal.

"An ambulanceman said: "We work in pairs as a team and now they are splitting us up."

Mr Douglas said: "I sympathise with them when it comes to splitting up partnerships but once the constables find their feet we will put them back with their partners."

"All I am asking is that in their own interests and the interests of the community they put their grievances aside so that we can get more people on the road."

Traditional medicine guidelines accepted

KATHRYN STRACHAN

TRADITIONAL healer Solomon Mahlangu's proposals on the registration and control of traditional medicines have been accepted unanimously by the Medicines Control Council of SA, and placed before the Health Department.

Mahlangu, the first traditional healer to address the council, proposed that a special committee be established to look into herbal medicines, to liaise with healers and to guide the council on registration and control.

In the meantime, he proposed that traditional medicines already in use be registered under an interim clause.

Nigel Gerike of Cape Town University's traditional medicines programme said it was important for the pharmaceutical industry to understand the role traditional medicines played, and the size of the trade in herbal remedies which was estimated at almost R1bn a year.

Traditional medicines could be incorporated into the mainstream of SA's pharmaceutical industry by screening traditional medicines for active compounds that could be developed into ethical drugs, or by producing a range of traditional remedies into standardised herbal extracts and teas.

It was a misconception that traditional medicines were mainly used for magical or ritual purposes, said Gerike. The remedies consisted of a large number of pharmacologically active plants.

NUM will appeal to govt

ERICA JANKOWITZ

THE NUM would approach Labour Minister Tito Mboweni to discuss a lack of conciliation board mechanisms in the former Bophuthatswana, as it was unable to pursue this route in its wage dispute with Impala Platinum Mines, the union said.

The NUM said it had declared a dispute with the mine — the world's largest platinum producer — with the company offering a "meagre" 4% wage increase and the union demanding 12%.

About 30 903 workers were affected by the dispute.

A conciliation board involving the Chamber of Mines and the NUM would sit on Wednesday after the union rejected an average 6% wage increase on member mines. Other areas of dispute were holiday leave allowances, provident fund contributions and traditional healers, the NUM said.

KATHRYN STRACHAN reports Impala Platinum responded yesterday that the figures of 4% and 12% quoted by the NUM ignored the costs of union demands for improved benefits. Once these costs were included, the management offer was worth 6% and union demands still exceeded 30% of wage costs.

Impala management said it had offered to assist the union in clarifying the legal position with regard to conciliation board proceedings in Northwes.

Wage negotiations between union representatives and management would continue today.
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Morgue service, rather than an ambulance,
Overhaul of ambulance services on the cards

MICHAEL MORRIS
Political Correspondent

A MAJOR overhaul of ambulance services in the Western Cape is on the cards following a far-reaching "strategic appraisal" pin-pointing key problems and suggesting solutions.

Some improvements have already been made and others are expected in the new year.

The 130-page report — released by regional Health Minister Ebrahim Rasool yesterday — is being studied by "key role-players" who have until February to comment on the findings.

This will be followed by a forum in April to "thrash out a plan of action".

Key recommendations include:

- Stepping up liaison between the provincial and local authorities on all aspects of running ambulance services;
- Changing funding procedures so that the province will provide a subsidy for a minimum service, with local authorities contributing more money where necessary;
- Cutting non-emergency use of ambulances and providing cheaper alternative transport for inter-hospital transfers;
- Upgrading and providing better ambulance equipment;
- Beefing up operational and control measures to improve response times;
- Ensuring closer cooperation between public and private ambulance services;
- Standardising recruitment, promotion and pay, and introducing affirmative action;
- Introducing a more "participative" management style to improve worker/employer relations as well as morale and discipline, and
- Launching a public awareness programme to curb the abuse of the emergency services for non-emergency purposes — presently accounting for between 30 and 40 percent of ambulance trips.

Among several long-term recommendations is that more fully equipped hospitals be provided closer to large residential areas to reduce the load on the ambulance service.

The task team appointed by Mr Rasool in August — and headed by Elize Appel of the National Progressive Primary Health Care Network — found that key problems in the ambulance services were:

- The absence of account-ability of the service to the community;
- Unhappiness with recruitment, conditions of service and promotion which had led to "demotivation and dissatisfaction" among ambulance staff, and
- "Inadequate resources" as a result of "budgetary constraints and inadequacies" and funding which had not kept pace with inflation.

Mr Rasool had called for the comprehensive report because attempts to deal with crises in the service in an ad hoc way was becoming "unbearable".

He said while the "implementability" of the report depended to a large extent on the national restructuring of health services, budgetary allocations to the Western Cape and the restructuring of local government, many of the recommendations could be acted on with spending money.
Move for a link with traditional healers

By Mokgadi Pela

THE Medical Association of South Africa (Masa) has published a discussion document on the possible collaboration between western and traditional medicine. 

"This, according to Dr Edoo Barker, chairman of the committee for science and education of Masa, is to recognize the fact that about 80 percent of South Africa’s black population consult traditional healers.

Barker said there were about 200,000 healers practising in South Africa. This means one healer attends to about 300 patients." Statistics also show that up to 80 percent of all babies in rural areas are delivered by traditional birth attendants. The traditional healer has enormous influence with the patient and his family and community.

"It therefore means that in general, he or she makes a positive and beneficial contribution to the cultural and spiritual life of the individual and the community," Barker said.

"The traditional healer shares with the patient a view of the world and the way it works. The western healer, on the other hand, focuses on the nature and causation of disease. This obviously makes it impossible for western doctors to understand all those aspects of the patient which are essential to effective medical care," he said.

Landmark recommendations about traditional healers’ potential role in the South African health care system include:

- A nationally legislated policy accepting traditional healers as health care workers;
- A standardized core training programme in aspects of bio-medicine relevant to the provision of primary health care services to enable traditional healers to understand western healing;
- The creation of a national drug schedule of traditional medicines;
- More empirical research on traditional healing; and
- Education of the medical profession about traditional healing in an attempt to dispel misconceptions and suspicions.

This study by the Medical Research Council was commissioned by Masa to provide doctors with an insight into the world in which many of their patients live.

FLASHBACK: Traditional healers on the march against Aids.

Healers closer to their patients

By Mokgadi Pela

TRADITIONAL healers have an important role to play in Primary Health Care, the South African Medical Journal says in an article in its latest edition. They are usually the first contact between a black patient and health care services.

"Therefore, health workers should realise that the traditional system is important if PHC is to succeed," the SAMJ says.

"Traditional healers are very popular because they provide culturally familiar ways of explaining the cause of ill-health and its relationship to the people’s social and supernatural worlds.

"There is no cultural difference between the traditional healer and his patients. Living in the community and speaking its language makes them acceptable and accessible.

They are therefore the primary health care workers of rural folk," the article says.

SAMJ believes that if traditional healers were to work hand in hand with western medicine, many patients would be saved from complications of certain ailments.
Long debate but the eyes have it

BY JANINE SIMON

After years of debate — and a kick in the right direction from the Minister of Health — registered optometrists are now free to advertise the prices of lenses, services and frames.

The kick came in March in the form of a letter from Minister Nosazana Zuma to the registrar of the South African Medical and Dental Council.

Zuma said she could under no circumstances defend the prohibition of advertisements for free services or prices of lenses.

The letter probably hurried the council into accepting the January resolution of its executive committee to allow the direct price advertising of optometric items or costs of services, a SAMDC spokesman said yesterday.

Although the change had still to be approved by the minister and lifted from the statute books, the chance of any registered optometrist being investigated for advertising lens prices or free services was "remote", he said.

Optometrists are, however, restricted from misleading, self-promoting or comparative advertising, and could be reported for that.

The change to regulations has already unleashed a round of advertising and price cutting in the profession, and consumers should be aware of both the quality and the price of products being offered, the council warned.
By Glenn McKenzie

TRADITIONAL healers could soon be "rolling the bones" and analysing ancient remedies in university classrooms.

Next January, Rand Afrikaans University (RAU) will kick off a unique three-year traditional health care diploma programme for practising *nymagas* and *sangomas*.

It is believed to be the first course of its kind in South Africa and possibly the only one in the world.

Traditional doctor Seth Seroka says the programme will "improve the standard" of the craft by giving healers a practical knowledge of modern disciplines like primary health care, anatomy, physiology and botany.

Seroka, who is a board member of the African National Healers' Association (ANHA), has "a few

Health care diploma for traditional healers

Aspiring traditional medical students must be able to read and write English or Afrikaans. They must also be fully-fledged "practising healers".

RAU public relations spokesman Ms Wilna de Beer said the course is designed to "give traditional doctors the opportunity to make more informed decisions about their remedies".

In addition to the above-classes, the programme will also teach basic medical practices, including hygiene, the use of sterilised implements, and so on.

Graduates will be required to write three two-hour papers in the third year.

Classes will begin in late January or early February 1996, according to university administrators. "We must consult the healers before we make a firm date," said nursing professor Dr Hester Klopper.

Traditional healer Seth Seroka ... learning about primary health.
Valuable course for healers

By Eugene Sithole

Recently traditional practitioners, civic association leaders, professional doctors, civic association leaders and other traditional healers came together to celebrate the graduation of a group of traditional healers who had completed a course at the local clinic.

"In other words, we are learning from traditional practitioners and they are also learning more about diseases and sicknesses. It is a blessing to see traditional practitioners working with us."

At first, Selaco battled to teach the healers because she was forced to translate information from English into Sotho, Tshivenda, Zulu and other languages.

The training course, which began in 1994, is offered free of charge.

Over 50 traditional practitioners graduated last year.

Another 50 traditional graduates underwent training and received certificates this year.

Mrs Tshinakalo, a traditional healer who graduated last year, says one benefit of the programme is that she now refers some of her patients to the clinic or Baragwanath Hospital.

"No one knows everything. There are diseases and sicknesses which I cannot heal. The sicknesses I am able to cure are cancer, diarrhoea, and stomach aches," she claims. "If a patient needs an X-ray, I refer them to the hospital or clinic."

Mr Peter van Zyl, a traditional healer, says the health profession needs to distinguish between bad and good traditional doctors. Failure to do so will mean good healers do not receive the recognition they deserve.

"Being a traditional doctor is not easy. When it comes to white society, it is difficult to live freely as a traditional doctor. I have suffered a lot," he says.

"There are people who used to throw stones at me because I was a traditional doctor. But there are also many people who come to me when things go wrong."

Van Zyl adds: "I believe in the spirit of humanity. Without ubuntu many people become evil and start cutting other people's bodies apart to make muti."

Tshiavho civic association spokesperson Mr Simon Baloyi says traditional doctors and professional doctors could play an important role in raising the standard of health in the community.

"I think it's about time people started taking traditional doctors seriously. And traditional doctors have a duty to prove to the community that they have what it takes when it comes to healing."
Can syringes replace spirits and shrubs?
Free primary health care at
Gauteng clinics from today

Star 1/4/96

Primary health care at 40 curative clinics in Gauteng will be free from today.

"We have been planning this for the past month. We are prepared, staff have been consulted, drugs are in place and we don’t anticipate any problems," said the province’s health spokesman Popo Maya.

"It’s not yet winter and there probably won’t be a flood of patients," he added.

It is expected to cost the department R26-million for the 1996-97 financial year and generate an extra 430 000 visits a year.

Most of the 40 clinics are in the central region (20), with the remainder on the East Rand (12), West Rand (three), Vaal (two) and Pretoria (three).

The Hospital Personnel Trade Union (Hospersa) welcomed the principle of free primary health care but condemned Health Minister Dr Nkosazana Zuma.

Hospersa had not been properly consulted about the plan, and there was considerable dissatisfaction with the timing, the union said.

Neither staffing structures nor conditions of employment had been sufficiently altered to compensate for the expected increase in workload.

There were insufficient primary health care nurses and the district health system was not yet in place, it said. – Medical Correspondent.
Soweto patients try out free clinics

Kathryn Strachan

THERE was an atmosphere of festivity as primary health clinics in Soweto opened their doors yesterday and treated all who came free of charge.

Patients flooded into the clinics on the first day of government's free primary health care for all - but clinics reported that despite the surge, the first day had gone smoothly.

"People are very happy they have been given this opportunity to get free health care," said chief matron Theodo- ra Mohadi, who supervises all the clinics in Soweto.

The consulting room in Soweto's Zo- la clinic was packed, but matron Vivien Madelela said extra nurses and doctors had come in to deal with the flood.

At Chiwala clinic patients were in for a wait because they had all come before the clinic doors had opened, said matron Dorothy Mosaka. By 2.30pm the clinic had seen about 400 patients, and by 3pm there was just a trickle of patients coming through.

Some matrons said nurses had complained about being overworked yesterday, but the additional staff who had been brought in had helped.

Gauteng deputy director-general of health Eric Buch said he was impressed by the commitment and enthusiasm of the nurses - as well as by their questions about how the plan would be sustained.

See Page 19

Limit on drugs faced if private sector fails to curb its prices

Kathryn Strachan

GOVERNMENT has stated that unless reforms unveiled this week succeed in bringing down medicine prices in the private sector, it will have to intervene by limiting the number of drugs available.

The health department shelved an earlier proposal to extend the policy of an essential drugs list - which was introduced into state clinics yesterday - to the private sector.

Whether it later gets revived depends on the private sector's ability to contain medicine costs. The list limits the existing range of about 3,000 drugs, used by general practitioners and clinics, to a set package of about 200 drugs.

The National Association of Pharmaceutical Manufacturers executive director Barney Sachs has said that applying the essential drugs list to the private sector would have "potentially disastrous consequences, particularly in the community sector where the drugs are the most needed."

It was therefore in the interests of pharmaceutical manufacturers, wholesalers, retailers and private doctors to make sure that the measures unveiled this week succeeded in bringing prices down.

The department said at the weekend it planned to reduce the price of medicines dramatically on July 1 by introducing legislation to prohibit mark-ups by private doctors and pharmacy retailers.

Consumers will then pay only a small dispensing fee in addition to the wholesale price. The department was also unveiling regulations which compelled doctors to prescribe cheaper generic medicines.

Representative Association of Medical Schemes executive director Declan Brennan welcomed the move, but warned of the dangers of "merely shifting costs" and called for consultation with all stakeholders to ensure patients were the consumer benefiting.

He said the move would bring down medicine prices to levels comparable with those in South Africa and the US.

Health ministry special adviser Ian Roberts said the drug policy unveiled this week addressed the entire medicine chain, and all levels including medical aids would be affected.

Pharmaceutical retailers have supported the move as they believe a dispensing fee will give them greater security than a system of mark-ups.

Pharmaceutical Society's Brian Walpole said the medical-aid schemes imposed a discount on mark-ups, and the retailer came out with very little. This retail sector is struggling and an average of 2% are closing down each month.

There is also pressure on pharmacists to play a role in private health care rather than simply surviving on retail profits.

The department's moves are aimed at creating transparency along the entire chain, so that customers will be able to see the exact mark-up on a product at each level.

Trade and Industry Department chemical and applied industries director David Wallen says there is a long way to go in creating a viable pharmaceutical manufacturing industry. Because the cost of raw materials was high, very little profit was made.

The health department director of medical schemes, supplies and services Precious Matsoso said the high cost of raw materials for subsidiaries of multinationals was in many cases due to "transfer pricing" - the local subsidiary charged an excessive price for raw materials, leading to lower profits locally.

She said that although trade and industry had removed the import duties on raw materials for pharmaceuticals last year, this step had not resulted in a lowering of prices.
Paarl hospital a bloodbath, say battle-weary doctors

PIETER MALAN
Staff Reporter

PAARL hospital urgently needs a fully-equipped trauma unit with intensive care facilities to ensure its survival.

So says a Paarl surgeon, who has been rendering his services on a contract basis to the provincial hospital.

The doctor, who did not want to be named for professional reasons, is one of three Paarl surgeons threatening to withdraw their services from the local provincial hospital because the workload has become too great.

Speaking out publicly for the first time, he said that over the last two years violence-related trauma, and specifically gang violence, had escalated to such an extent that he and his colleagues could not do after-hours work and tend to their private practices as well.

"We are not prepared to work through nights to stitch up drunken gangsters injured in gang fights," he said.

"Nowadays the trauma unit at the hospital looks like a battlefield over weekends.

The doctors and nursing staff simply cannot cope any more and those who are really ill do not get the attention they need."

He said it was quite normal to be called out between 10 and 12 times over a weekend.

One of the doctors now threatening to withdraw his services has an association with the hospital stretching back two generations, as his father had also been a doctor in the town.

"The hospital has become a bloodbath over weekends. Between me and my three colleagues we have had to deal with about 12 stab wounds in the heart already this year."

He said doctors were not unwilling to render the service to the community, but the act of juggling after-hours trauma work and the demands of a private practice had become too much.

He said 80 to 90 percent of all hospital work involved after-hours trauma.

"What Paarl Hospital needs is a fully-equipped trauma unit with staff and an intensive care unit," said the doctor.

At present, the hospital has no intensive care unit and patients needing specialist care are treated in normal hospital wards.

"If the trauma load is taken away from the hospital it would be able to survive," he said.
New laws soon to get the measure of medicine thieves

OWN CORRESPONDENT
Durban

Measures to combat the large-scale theft of drugs from public sector hospitals and clinics are soon to be announced by the Government in a bid to prevent a repeat of the past three years, when drugs valued at R1,2-billion were stolen from the State.

Speaking at a nurses' rally in Durban yesterday, Minister of Health, Dr Nkosazana Zuma, said new legislation would be gazetted.

It would be an offence for private institutions and individuals to be in possession of and dispense public sector drugs.

In the past, prosecution in cases of drug theft from the public sector had been made difficult for the police due to a lack of witnesses prepared to stand up in court and testify to the actual theft.

Barda Pharasi, chief director of regulations, registration and procurement for the ministry, said the legislation would oblige pharmaceutical manufacturers to colour-code medicines.

Medicines would be colour coded into three categories: medicines for the public sector, medicines for the private sector and medicines for export. These measures would enable police to prosecute on the basis of possession and not only of theft, which in the past had been difficult to prove.

He said those who were caught violating the new legislation faced the prospect of heavy fines and severe jail sentences.

Dr Zuma said: "As many hospitals and clinics don't report stolen drugs, we want to change the regulation so that police can prosecute the cases without statements, as long as it can be proved the drugs found were stolen."

Zuma said the concept was currently being negotiated with the pharmaceutical industry, which seemed willing to co-operate.

Prior to the drafting of the new legislation, police had conducted a feasibility study.

The legislation amending the regulations of the Medicines and Related Substances Control Act (Act 101 of 1965) would be gazetted for final comment before being implemented.

Dave McGlew, spokesman for Dr Zweli Mkhize, the KwaZulu Natal health MEC, said: "We are not looking for the nurse snatching a packet of aspirin, we look for those stealing in bulk and then selling the goods."

Pharasi commented: "This legislation alone will not end the wholesale theft of drugs, and therefore we are looking at other measures."
Community health service on the move

The Argus Correspondent

DURBAN. - Primary health objectives of the government have received a further boost with an additional 85 mobile clinics taken into service in KwaZulu-Natal.

The 85 vehicles, each costing R96 000, are intended to provide primary health services to about 340 000 people across the province, and each of the mobile clinics is expected to treat an estimated 400 patients per day.

National Minister of Health Nkosazana Zuma and her KwaZulu-Natal counterpart Zweli Mkhize said there had been a lot of input from nurses in the design of features of the new clinics, ensuring that their past experience was being used.

The ministers were speaking at Addington Hospital, where the keys of the first five vehicles were handed over to the primary health teams who will be using them.

About half of them will replace older mobile clinics, while the remainder will bring primary health care, health education and ante-natal clinics to areas that previously lacked a service.

Dr Mkhize said a total of 122 mobile clinics were now “cruising the countryside of KwaZulu-Natal”.

The mobile clinics would relieve the workload of overcrowded clinics and hospitals in the cities, he said.
Progress in health care

AT LEAST 343 clinics will be built and 58 upgraded this year to give more people access to free primary health care, the Department of Health has announced.

Director-General Dr Olive Shisana said on Monday minor improvements would be made to 3 000 clinics.

Accessible

Launching the Government's free primary health-care service in Pretoria, she said the scheme would be meaningless unless facilities were accessible throughout the country.

"It will take us up to 10 years to achieve full access to quality health care," Shisana said.

Part one of the universal health-care plan, to be phased in from Monday, includes free medical service at public primary health care facilities such as clinics, community health-care centres and local authorities.

"It should be fully implemented by July 1," Shisana said.

Some drugs free

Medicines on a list called the essential drugs list for primary health care will also be free of charge from Monday.

Free health care for pregnant women and children under six years would continue.

Shisana said part two of the plan, entailing regulatory reform of the private health sector, will require legislation and amendments to regulations before being put into action.

Reforms

Some of these reforms will be incorporated in the National Health Bill.

The government was determined to provide basic health care as a fundamental right.

Shisana said progress in implementing the plan will be measured in terms of its impact on the health status of the nation. - Sapa.
Hospital gets life-saving boost

Kathryn Strachan

AN ORTHOPAEDIC hospital serving more than 5-million people in the Eastern Cape has received a R2.3m corporate-sponsored life-saving medical complex following a fund-raising campaign initiated by President Nelson Mandela.

Four high-tech operating theatres and an intensive care unit will improve medical services at Uttarata's Bedford Orthopaedic Hospital, which has been grinding to a halt because of the lack of facilities.

Engen, Ampla and JCI have been donors to the hospital which takes referrals from 26 other hospitals in the area for major orthopaedic surgery.

There is also a project to set up a radiology department and a children's ward, and to refurbish other wards.
Cash-strapped hospital gets helping hand

Innovative donation scheme gives welcome boost

Peter Goosen
Staff Reporter

An innovative system of voluntary public donations is just one of the successful fund-raising schemes helping cash-strapped False Bay Hospital haul itself up by its own bootstraps.

Chairman of the board Roy Anderson says in his annual report that the Fish Hoek/Noordhoek/Kommetjie TMS and the Simon’s Town municipalities have agreed to open sub accounts for the hospital so people wishing to add a small donation to their municipal rates accounts can do so.

“We have made an excellent start and already some R30 000 has been accrued for the scheme,” he said.

These days, R5 was merely a coin, but if only 2 000 householders contributed R5 each month to the scheme, the income would be about R120 000 a year, Mr Anderson said.

During the year under review, the board had received donations and other income of about R75 000 which had gone towards items such as medical equipment, audit fees and long service awards.

But the highlight of 1995 was an additional donation from the GD Murray Trust of R320 000, which was also used to buy essential equipment for the hospital.

Other supporters of the hospital include Toc H, Sun Valley, Lions Club, Moth Battlesuss Shellhole, Rotary Club of Muizenberg, PH Women’s Association, FG Connock Trust and members of the 500 Club of False Bay Hospital.

The new equipment the hospital was able to buy has enabled it to render more safe and efficient patient care, Mr Anderson said.

False Bay Hospital’s determination to go it alone could now take place. The proposed new staff establishment which would enable the hospital to take care of its own infrastructure including local management, staff, fees, offices and stores has all been approved by the Public Service Commission.

However, False Bay was ninth on the priority list of hospital restructuring in the Western Cape which meant implementation would take time to finalise, Mr Anderson said.
Bara patients face a long wait

Ingrid Salgado

PATIENTS at Baragwanath Hospital in Soweto would have to wait several years for certain operations due to long waiting lists, Gauteng health MEC Amos Masando said this week.

Replying to a written question from the DP, Masando disclosed that the hospital's eye surgery unit had a waiting list of 1,500 patients who could expect to wait a year for their operations. Orthopaedic surgery patients would wait two years — they were on a list of about 100 patients.

About 200 patients in the trauma unit would wait three months for operations, 25 to 30 people would wait three weeks for semi-emergency operations and 50 patients would wait two months for non-emergencies.

More than 100 patients who required hand surgery would wait three months, 160 patients in the urology unit would wait four months, between 150 and 200 people needing plastic surgery would wait four to five months and those requiring spinal surgery would wait four months.

SAPA reports Gauteng DP health spokesman Jack Bloom said that the figures did not convey the suffering endured by sick people, who had to wait lengthy periods for operations.

Elderly people were being forced to wait for a year to regain their sight through the removal of cataracts, Bloom said.
Baragwanath surgery patients face 2-year wait

"If there had been a 2-year plan, it would be different," says a patient who was among the first to receive treatment under the new program. "It's been a year, but we still need more."

Doctors say they need more resources to meet the demand for care. "We're not where we need to be," says one doctor. "We need more staff and more equipment."
Hospital cut-back crisis

TWEET GAINSBOROUGH-WARING
Staff Reporter

STAFF shortages at Victoria Hospital have forced the hospital to close 36 of its 177 beds.

"The hospital has a staff allotment for 118 beds and it was running 177," hospital superintendent Ria Kirsten said.

This meant a patient ratio of seven to ten patients per nurse existed, she added.

"The hospital decided to close the 36 beds to ensure patient safety as it becomes difficult to ensure all the patients' particulars are clerked," Dr Kirsten said.

Nurses are responsible for marking up medical treatments, changes in condition and whether meals and fluids have been taken.

At the beginning of the year an across-the-board moratorium was placed on the purchase and repair of equipment as well as on the creation and filling of vacant posts, she said.

The provincial administration authorities had come to an arrangement to help alleviate the staff shortages, but she said getting staff was a problem.

"Qualified nursing staff are in short supply because as soon as they are trained they leave the public sector for the better pay and better working conditions offered by private hospitals and clinics."

The nursing profession is also feeling the results of the reduction in the number of pupil nurses taken into training five years ago, she added.

"The private sector does not handle the training of nursing staff," she said.

The move prompted the Wynberg Health Committee to send a strongly-worded letter of protest to the Ministry of Health.

The committee believes the cut-backs severely hamper the hospital's ability to cope with patient referrals.

"The closure of 36 beds means the waiting time for referred patients is greatly increased, which is of concern to doctors," committee member Edward Arnott said.

He stressed the need for the public to be made aware they should first seek treatment at day hospitals and not referral hospitals like Victoria and Groote Schuur.

The committee also called for the immediate lifting of a moratorium on funds for buying and repairing equipment and secondment of additional staff to the hospital.

Working conditions should also be improved, the committee said.
Tara provides many mentally ill patients with the will to carry on.
RASOOL GIVES ASSURANCE

No West Cape health workers to be axed

"IN TRYING to implement reforms we could run the real risk of collapsing our academic health centres," Health and Welfare MEC Ebrahim Rasool said yesterday. Health Writer ANEEZ SALIE reports.

No health workers in the Western Cape will be retrenched this year despite deep budget cuts, says Health and Welfare MEC Ebrahim Rasool.

This has been achieved through shifts in staff, voluntary severance, cutting duplication among teaching hospitals and drastic belt-tightening across the board.

The reassurance for thousands of health sector employees was contained in Rasool's budget speech to the Western Cape provincial legislature yesterday.

It should help ease a deep-seated uncertainty about the future of health services, he said.

The total projected expenditure for the year is R2.5 billion. It is characterised by the need to drastically adjust spending between and within provinces from the rich to the poor.

The Western Cape, with its three tertiary hospitals and other facilities, is comparably well-resourced, although the centres are in the wrong places, far from the poor, because of apartheid planning.

Although his department was committed to equity, Rasool warned that the pace and scale of the prescribed changes were not manageable.

"In essence I believe that we are underestimating the cost of transformation, and in trying to implement reforms we could run the real risk of collapsing our academic health centres," he said.

He further warned that there were limits to reductions, "and we are very much on the edge of those limits".

Academic hospitals have been given R97.5m less for the current financial year. This will be managed in two ways.

First, a shift of resources, mainly staff, to primary and secondary health centres, which will account for R52.8m, of which R47m has already been shifted, even though the financial year is not yet a quarter way through.

Secondly, R44.7m will have to be divided proportionately between the three academic hospitals, and will have to be achieved by ending the costly duplication of services and facilities, and by general belt-tightening.

This process is being undertaken by the management and staff of the three centres, in consultation with the health department.

Rasool stressed that none of the institutions would be favoured for political or any other reasons (he is an ANC leader).

Specifically, he denied that Tygerberg had been punished because it was in an NP area, as alleged in an Afrikaans daily.
Hospital staff to get some pay relief

OWN CORRESPONDENT

PRETORIA: State hospitals' medical staff whose paypackets 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 administrative error none of the staff has been paid the overtime due. This has caused a great dissatisfaction and threats of strike action if the payments are not made soon.

Until the matter has 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 give them the balance 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 backpayment as the new rate has been set."
SOUTH AFRICA’S herbal wealth is being neglected, in spite of herbalists’ claims that the correct use of plants will almost certainly lead to cures for many illnesses.

South Africa has a vast storehouse of medicinal plants, with more than 70 percent of the world’s plants exclusive to this country. Most of the herbal flora abound in the Western and Southern Cape, with more than 2,000 species found only on Table Mountain.

Exploiting this natural gift “in a responsible way,” herbalist Louis Smit, a man held in high esteem by many of his patients — some previously diagnosed as terminally ill — from as far afield as the United States, Britain and Sweden.

Here at home his credentials are vouched for by the head of the Cancer Research Unit at Tygerberg Hospital, Prof. P. Albrecht, who said he holds Mr Smit in high esteem.

“Research in the use of plants for medicinal purposes in South Africa has been dismally neglected and so far we have only analysed about 10 percent of all the useful plants in the country,” says Dr Albrecht.

“It is a shame that medical students don’t get a single lecture on the uses of medicinal herbs. The sangomas use more than 700 plants successfully in the treatment of various illnesses.

“I am working on a formula which had its origin with a sangoma in KwaZulu-Natal and we have so far managed to isolate two molecules from the formula.

“I have high regard for Mr Smit’s work in the field of treating cancer, because some approaches with herbal medicine go beyond treating only the cancer.”

His words were echoed by Peter Folb of the Pharmacology Department at the University of Cape Town, who said: “There are definitely anti-cancer drugs of herbal origin that are most effective and I strongly support research in the field of herbal medicines.”

Mr Smit’s interest in herbal cures began when he was a farm boy in Piketberg, where he and his grandmother often discussed the uses of plants.

“I believe that for every illness we have been blessed with a natural remedy in the plant world. "God gave us a brain and we must use it to identify remedies of natural origin. "Modern science and nature do not think in the same way — nature is perfectly made and for that we must have respect.

“Isolating active substances in plants indirectly can be as dangerous as manufacturing toxic chemical substances,” he said.

Mr Smit, who has been blending natural herbal medicine for the past 36 years, learned his trade from herbal maestro Richard Davis, the man who first isolated maytenine.

**QUOTE**

**There are anti-cancer drugs of herbal origin that are most effective**

*Professor Peter Folb*

*UCT Pharmacology dept*

Maytenine has been described as “one of the greatest discoveries in the fight against cancer. I decided to give up my sales career in favour of blending herbal medicine after my brother was cured of Hodgkin’s disease, or cancer of the glands, under the treatment of Richard Davis.

“I remembered a plant I brought home one day as a kid and which my grandmother said had fantastic uses and started using it in my medicine — called KD 4 — which is used for treating kidney and bladder ailments.

“It showed remarkable results in the treatment of cancer patients, most of whom have been cured following a prescription of the blends CA 2, LP 1 and KD 4, combined with a special diet. Many of the patients tested negative for cancer after previously being given a few months to live by doctors.

I have also treated patients with HIV and four of them who have recently been tested showed no signs of the disease.

“I do not claim to have a cure for Aids, but these people benefited and they themselves are convinced the cure lay in the use of the medicinal herbs — and especially in one particular plant,” said Mr Smit.

He said he was convinced that the disinterest in developing herbal medicine was because cancer was one of the world’s biggest money-makers.

“It is a matter of not heeding the goose that lays the golden egg.

“Herbs are not used in the medicinal field to protect the pharmaceutical industry, which in my opinion and that of many others, is nothing less than a medical mafia,” he said.

Mr Smit added that while the overseas markets were showing a huge interest, he was against large scale exports of raw plant material or blended medicine as it could seriously deplete the country’s natural herbal plant resources.

Mr Smit laid to rest fears that his knowledge of the plant world would be lost with his imminent retirement.

“At 71 I realise that I cannot go on forever and I am training Miss Magda Atterbury in the art of herbal medicinal blending.

“She almost knows as much as I do after two years’ training and I am confident that the tradition of healing will continue under her guidance,” he said.

Greg Hussey, head of pediatriec infectious diseases at UCT and involved with children with Aids, urged Mr Smit to come forward with his formula “so all those affected can benefit”.

“Valuable work has been done in the field of traditional healing and it’s time that it is recognised. Herbal medicines have been used effectively in the treatment of heart diseases, so it’s inconceivable that it could be used to cure HIV,” Professor Hussey said.

Good news is that the CSIR has embarked on a research project into the multiple medicinal uses of herbs and other natural plants.

“We are analysing costs for a very large project to screen most plants in South Africa. The project will run for at least 10 years and we will strive to develop modern medicines from herbs,” said Dr Mathinus Horak, the man to head the project.
Union asks blood donors to help avert strike in pay dispute

ESTELLE RANDALL
LABOUR REPORTER
ARG 25/9/96

A pay dispute at the Western Province Blood Transfusion Service could threaten emergency blood supplies.

The National Health and Allied Workers' Union (Nehawu) has appealed to blood donors to help avert industrial action by persuading management to settle the dispute through arbitration.

The union says it has sent letters to donors and provincial health officials asking them to urge the management to settle.

The Nehawu chairman at the service, Thabo Mabeta, said the union would assess the situation and make a decision about a possible strike early next week.

He said that when the union and management deadlocked over wages after two months of talks, Nehawu proposed that an independent arbitrator be used. Management refused and instead agreed to a 10 percent increase with a minority union.

Nehawu was demanding increases ranging from 17 percent on the lowest salary of R1 400 a month to 12 percent for top salaries of R6 000 a month.

Arthur Bird, medical director of the service, expressed surprise that the union was publicising the dispute, because, he said, there were still "one or two steps" that could be explored to end it.

He said arbitration, as the union was demanding, was not one of those.

Dr Bird said management had held separate wage talks with Nehawu, the majority union, and another medical workers' union, Hosipera, which had between 40 percent and 45 percent membership at the service. "Our offer has been accepted by a large number of staff - more than 40 percent."
‘Bad blood’ brewing over salaries

AHEEZE SALIE
HEALTH WRITER
CT 26/9/96

BLOOD supplies in the Western Cape are under threat because of a dispute over the salaries and perks earned by the directors of the non-profit Western Province Blood Transfusion Service (WPBTS).

Three directors of the service earn a combined total of R827 497 per annum. This has spurred the National Educational, Health and Allied Workers Union (Nehawu) to demand pay increases in excess of inflation.

The service has rejected the linkage and has denied the package was excessive, saying it was market-related.

The two parties have deadlocked, and the union’s binding arbitration proposal has been declined by the service. The workers have now appealed to blood donors to support them, and they may decide on a strike next week to secure a 17% increase on the lowest monthly rate of R1 400, and 12% for top salaries of R6 000.

Nehawu committee chairman Mr Thabo Mabeta said the three directors earned a monthly package of R30 000 each, whereas the minimum salary of workers was R1 400. Of 400 employees, 176 earned below R2 500.

The service’s income is derived entirely from the sale of donated blood.

WPBTS public relations officer Ms Sheryl Gelderbloem said yesterday the three directors earned R22 986 a month, which included a car allowance, medical aid, pension and a 13th cheque.

“The WPBTS, a Section 21 company not for gain, is committed to providing market-related salaries for its staff,” said Gelderbloem.

In view of the new salaries of chief specialists in public teaching hospitals — first outlined in the Cape Times on Monday — “it is quite clear that the salaries of WPBTS directors are not out of line”.

A chief specialist at the large academic hospitals such as Groote Schuur and Tygerberg is the highest paid employee. Last year, when WPBTS directors were earning an annual package of R275 832 with perks, a chief specialist was earning R148 599.

Gelderbloem said the WPBTS’s salary policy and wage increases were recommended by its executive committee, comprising active blood donors elected by fellow donors.
SEVERANCE PACKAGES OFFERED

Health workers 'will not face retrenchment'

SHIFTS in the distribution of resources have occurred too rapidly, leading to patient deaths, says Western Cape Director of Health Dr Tom Sutcliffe, but crisis-management plans are being drawn up, Health Writer ANEEZ SALIE reports.

No health workers are to be retrenched in the Western Cape this financial year despite budget cuts, the closure of beds and the cutting of services at academic hospitals, provincial officials have confirmed.

Voluntary severance and attrition should account for more than the 1 600 posts the province needs to lose before March 31 to accommodate budget cuts at Groote Schuur, Tygerberg, Red Cross and other tertiary centres of the universities of Cape Town, Tygerberg and Western Cape.

Director of Health Dr Tom Sutcliffe confirmed that the MEC for Health, Mr Ebrahim Rasool's undertaking that there would not be retrenchments still stood.

Speaking at a press conference yesterday following a two-day bosberaad of top officials, hospital managers and medical and dental academics, Sutcliffe said more than 2 450 staff at all levels had applied for voluntary severance packages. This option was open to all civil servants to reduce departmental staffs.

The Western Cape had the best primary health-care system in the country, Sutcliffe said. It was well-equipped at all levels, whereas other areas had been neglected by the previous government.

This required a shift in funding between and within provinces, Sutcliffe said. However, this shift had taken place too rapidly and had endangered the high level of care, training and research to the extent that wards and beds had to be closed and services cut.

Patients had died as a result, Sutcliffe confirmed.

Finance Minister Mr Trevor Manuel's Macro-Economic Plan had dire consequences for the provision of social services, he said.

An intellectual challenge to Manuel's plan was to be launched with the assistance of the deans of the medical and dental school, top hospital staff and key officials, including Rasool, he confirmed.

Parallel to this, the bosberaad had established three working groups: One to eliminate duplication between the dental faculties at Stellenbosch and UWC, another to manage the crises and provide a vision for the future of teaching, and the third to address shortcomings in communication.
Health worker spread acutely uneven

HEALTH WRITER

The uneven distribution of health professionals in South Africa is so acute that only 953 pharmacists out of about 16 000 work in the public sector, says the 1996 South African Health Review, produced by the Health Systems Trust.

Of the 953, 773 work in the Western Cape, Gauteng and KwaZulu-Natal, and the rest work in the remaining six provinces.

Jointly published by the trust and the Henry J Kaiser Family Foundation, the review, an independent source of information about health, provides a critique of policy developments and helps to clarify an agenda for research, says Dr Peter Barron, research director at the trust.

The review was released in Johannesburg yesterday, and listed several advances and setbacks.

Areas of improvement were the move to primary health care, a national drugs policy and the creation of health departments from fragmented apartheid structures.

Lack of progress, however, was reported in information systems, human resource development and deployment, the HIV/AIDS pandemic, legislation and the national health insurance scheme.

Coupled to the uneven distribution of professionals was the unequal spread of the eight medical schools, with two in the Western Cape and three in Gauteng.

This human resource problem was compounded by poor morale and the lack of a caring ethos, said Barron.

There was an increase in cases of HIV/AIDS from 7.6 to 10.4% among pregnant women treated at state antenatal clinics. But the Sarsfina 2 scandal had diverted attention from this, Barron said.

On the positive side, the move to primary health care saw a shift in resources from tertiary institutions and from more developed provinces, he said.
Council crackdown angers homeopaths

Marion Edmunds

They are called the "Gestapo". These are not the security police but the men from the Medicines Control Council (MCC) inspectorate who stand accused of raiding and harassing homeopaths and dispensers of natural medicines. And while some homeopaths have sunk into silence for fear of having their businesses closed down, others have started to mobilise to lobby for new laws to accommodate natural medicine in the new South Africa.

Two organisations have been formed this month to fight what is seen as an arbitrary clampdown by the MCC on natural products — including ginseng — over the last few months. They are the Confederation of Complementary Health Associations of South Africa (Cochasa) and the more radical People's Health Alliance Rejecting Medical Authoritarianism, Prejudice and Conspiratorial Tyranny (Pharma-pact).

Cochasa chairman Michael O'Brien addressed a meeting of natural health practitioners in Cape Town this week urging them to back a nationwide campaign to prevent alternative medicine from being removed to the MCC, the body that tests and registers medicines for the government.

"There has been a rash of blocking imports over the last two months or so, and there seems to be a sort of backlash by the MCC, a sudden crackdown. We have heard about the people being raided, about products being taken off shelves and threats to close down businesses, of 80% of all products in some health shops being removed," he said. O'Brien indicated the sudden spurt of raids appears to have been prompted by complaints to the MCC from established natural medicine companies, who up to now have had the lion's share of the market.

The political changes in 1994, and the end to sanctions, has meant the entry of many new products and a flood of natural medicines which has apparently caused larger companies to feel the pinch.

The MCC has, in response to the complaints, cracked down harshly and it seems in some instances, arbitrarily, removed products from shelves and shops. Dr Lotze Heiner has had all his herbal products embargoed, after successfully producing them and dispensing them through his company, Bioharmony, for eight years.

"I have been battling for eight years to be registered as a naturopath, but two weeks after I was registered this year the inspectorate embargoed all my products as I cannot work. I can tell people to go into the forest and what herb to pick, but I cannot give it to them," he said.

Heiner and others point out that the MCC's sudden flurry of activity has led to the application of a 1965 law, which is not in tune with recent trends in natural medicines. Heiner is pinning his hopes on Cochasa and O'Brien's negotiations. O'Brien is forging ahead with a series of meetings in early December in a bid to set up an alternative council to deal with the regulation of natural medicines, remedies and products, one of which would comprise relevant experts.

He has already held meetings with the Health Department's director general Olive Shisana and the chairman of the Parliamentary Portfolio Committee Dr Abe Nkomo on ways to revise the legal definition of medicine.

Others are more aggressive. The chairman of Pharma-pact, Stewart Thomson, is filing an action against the MCC in the Constitutional Court in the first quarter of next year, following a visit to his Kuyasa laboratory by the inspectors. They embargoed a number of his personal care products.

"We are talking about them banning all herbal products, and the rest will have to be registered as medicines. And this is at a time when traditional healers are totally unregulated. You can buy their remedies on the street pavements where people walk past and spit. The MCC claim to be protecting the public but they are just protecting the pharmaceutical companies," Thomson said.

The Department of Health and the MCC had not commented at the time of going to press. Nkomo said it was ANC policy to support natural medicines and homeopathy, but did not want to comment further.
New board for health workers

A training board to meet the needs of community health workers and people who look after the aged, the disabled and children is to be set up in the Western Cape and registered with the Department of Labour.

A steering committee to create a board has been formed after two workshops in the Western Cape. The workshops were attended by representatives of government departments, non-governmental organisations (NGOs) and labour.

Steering committee chairperson Joan Nortje said many organisations had been providing training and placement for these health workers but there were no minimum standards for training.

She said the creation of a board, to be called the Ancillary Health and Carers Training Board, would enable the accreditation of training courses for non-professional health and care workers.

Anyone interested can phone Mrs Nortje on (021) 461 8420, or fax (021) 461 7700.
Call for traditional healers to join health system

Gauteng’s standing committee on health has invited traditional healers and interested parties to make submissions on how herbalists and healers could be incorporated into the provincial health system.

Addressing the committee’s meeting at the legislature yesterday, chairman Mondli Gungubele said the province was seeking practical solutions towards formally recognising and registering the various traditional healing practices.

Gungubele said the committee was finding it difficult to identify the stakeholders because the sector was not organised.

He urged individuals and organisations with an interest in the matter to forward their written submissions to the secretary or indicate their wish to attend the hearings to be held at the legislature on June 5 and 6.

Gungubele said the hearings would be publicised this week to attract the relevant people in the field.

However, the committee would appreciate “credible submissions”. He said research showed that traditional healers of all descriptions were used by more than 60% of Africans, 40% of Indians and more than 30% of whites.

The committee defined traditional healing practitioners as all healers not in the medical mainstream, including homeopathy and faith healers. — Provincial Reporter and Sapa.
That's the drill! Dentists close painful old gaps

Two years of negotiation culminated this week in an agreement by the country's four dentists' associations to unite, the Dental Association of SA said yesterday.

The other three are the Independent Dental Practitioners' Association (SA), the SA Medical and Dental Practitioners' Association and the National Dental Forum, which have collectively been guaranteed at least 55% representation on the federal council of the new association, which has yet to be named.

Dental Association director J.T. Barnard said the unification of the various groups reflected the spirit of solidarity growing in the country. Although race had never been an issue, distrust in the apartheid era had caused a rift in the profession which they had only now been able to heal. — Sapa
Lehner reported for race equality lesson

Cafe Town - Photography
Horrors of mental camps before truth body

A national human rights commission has accused the Truth and Reconciliation Commission of ignoring the role played by psychiatrists and psychologists in abusing human rights under the apartheid regime.

The Citizens Commission on Human Rights said it had uncovered a "determined effort by the apartheid regime to use the field of mental health to further its aims." The truth commission was unable to hear the group's evidence, blaming time constraints. It did, however, hear the Psychological Society of South Africa, which admitted its profession had done little to fight for human rights, and in some cases had fought against blacks joining its ranks.

The Citizens Commission on Human Rights was established in 1989 as an independent body to investigate and expose psychiatric violence of human rights.

In 1970, it discovered disused mining camps which had been turned into psychiatric facilities, where up to 10,000 blacks were incarcerated, the majority involuntarily. They were used for unpaid labour.

A four-year investigation culminated in a report entitled "Let the whistle blow — an exposé of concealed camps for mental patients in South Africa", which chronicled the appalling conditions to which black mental patients were subjected.

In 1991, The Weekly Mail, citing the Mental Health Amendment Act, ran an exposé on conditions at two of these facilities, Milikite and Randfontein. They were owned by a firm of accountants known as Smith Mitchell & Company.

Connie Mulder, minister of information in the PW Botha government, was a director of several of the mental institutions.

Among the key abuses uncovered at the facilities were the excessive drugging of patients, and patients being admitted for not carrying pass books, arguing in public or not being able to speak the local language.

Discharge from the facilities was complex, according to the citizens commission, because it required authorisation from a state psychiatrist. As Smith Mitchell was guaranteed a 90% occupancy rate by the government, this required a steady flow of patients. The company was paid on a per capita basis, but the psychiatrists who treated the patients were provided by the Department of Health.

The citizens commission alleges electroshock treatment — firing up to 480V of electricity through the brain — was administered to patients without anaesthetic.
| Source: Province of Health Services
| Date of Report: 02/01/1977

| NICHE | 1966-2004
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| 1. Date of Birth | 2. Sex | 3. Place of Death | 4. Residence (City) |
| 1. Date of Birth | 2. Sex | 3. Place of Death | 4. Residence (City) |

**THE MINISTER OF HEALTH**

**WEDNESDAY, 10 SEPTEMBER 1977**

2454

Handwritten note: "Handwritten note."
Many not paid for extra load

By BUNTY WEST
City Reporter

More than 200 Gauteng hospital and health employees, from porters to assistant directors, are doing more senior jobs without being paid for their increased responsibilities.

According to Health MEC Amos Masondo, 221 staff members, including 12 from his own office, are performing their duties only in acting capacities.

Masondo released the figures in response to a question by the DP's Jack Bloom on conditions in Gauteng's health sector.

Bloom said the two worst cases seemed to be that of Dr I van der Werke of Kalafong Hospital. He said Nugent has been an acting administrative clerk since June 1990, and Van der Werke, a senior radiologist, has been acting chief specialist since January 1992.

Neither could be contacted for comment last night.

Masondo said there had been "some delay" in making permanent appointments, mainly because of a moratorium placed on filling posts. He said a task team had been convened to streamline the procedure.
Health’s deficit may lead to job losses

THOUSANDS of employees in provincial health departments are set to lose their jobs because of the national health budget deficit of R1,5bn.

The National Education, Health and Allied Workers’ Union said it understood the provincial health department was considering retrenching 11,000 employees in the catering, cleaning, laundry and security sectors. These tasks would be outsourced.

In the Western Cape it is understood an additional 4,000 personnel will lose their jobs by April 1 if provincial treasury instructions are followed.

Health MECs met the national and finance ministries this week to examine ways of clawing back the deficit.

The initial target for staff reductions in the Western Cape this year was 27,000, and about 4,000 had already been removed from the system. However, expenditure overruns required further cuts, the treasury said.

Health MEC Ebrahim Rasool said he believed such a radical pruning of staff numbers would be “impossible” as there was no administrative mechanism such as a retrenchment procedure to achieve it.

The Western Cape’s share of the national health deficit was R422.3m. Even though it had instituted far-reaching cost-cutting measures and reduced staff numbers, the province had had to make inroads into the “protected” primary health care sector, Rasool said. This had inevitably meant poorer services, longer queues and bottlenecks.

Rasool said the deficit had to be broken down into traditional inflationary factors, cash flow problems and the structural deficit, or underfunding. In the Western Cape, this structural deficit amounted to about R300m, which represented the money paid on indispensable salaries and services.

The meeting between the health ministry and MECs had hotly debated the tradeoffs required between the national programme for social transformation and the achievement of fiscal goals. The two programmes were running at odds with each other, Rasool said, with fiscal goals the driving force.

A final decision on extra funding for provinces would be made at the December cabinet meeting.

The Western Cape has lobbied hard for “top-slice” funding of about R300m for its academic hospitals on grounds that they provide a national service.

However, Rasool said that caution was required as it appeared the finance allocated for this would be at the expense of the national primary health care budget.

In KwaZulu-Natal, Ntshwao secretary Sithembiso Sheni said the provincial health department had informed labour of the budget crisis last month, but had not indicated that it planned to retrench staff. However, it believed 11,000 jobs were on the line.

Department spokesperson Desre Hilton said retrenchments would be an “absolute last resort” to avoid a deficit of about R300m.

The Northern Province did not have any plans in the “foreseeable future” to retrench staff, a spokesman for the premier’s office said. Cost-cutting measures already in place would wipe out the figure by the financial year-end.

Northern Cape head of department general Barry Kistanausky said the province had a shortfall of only R8m on its health budget.
Budget cuts to force units closure
New cancer workers
Black job outlook for
MPs hear horror stories about healers

JOYAL RANTAO

HORROR stories of young girls copulating with goats, young boys’ genitals being severed and love potions made from dirt from under the amputated pubic area and menstrual fluid were told in Parliament yesterday to back up opposition to the incorporation of traditional healers into the health care system.

"Have you seen a young and healthy woman, with a breast-feeding baby, pale and bleeding to near death, because of a traditional healer? Have you seen strong men bent in pain from a profusely bleeding bladder due to a so-called cleansing herb that was administered?" Dr Frikile Kellerman, a spokesperson for Doctors for Life, asked shocked members of Parliament’s portfolio committee on health.

Kellerman said that while his organisation accepted that traditional healers were accessible to the communities, it was concerned that the official incorporation of traditional healers into the health care system would lead to greater exploitation and suffering for many people, especially the rural poor.

Kellerman argued that African traditional medicine had not contributed to a decline in infant mortality. It had instead led to deaths from tetanus, diarrhoea and pneumonia.

"It’s argued by some that because traditional healers are part of reality, we should not ignore them, but rather incorporate them into the health system. We’re of the opinion, though, that this would not be sound reasoning. Just because, for instance, muti murderers are a reality, it obviously does not mean that they should become part of the health system," Kellerman said.

It was because of these practices that Doctors for Life would argue that traditional healers should not be integrated into the officially recognised primary health care systems.

Most of the associations representing traditional healers argued that the industry should be regulated in recognition of the cultural history of black communities and to prevent abuse by unethical healers.

Mr Horatio Zungu, president of the Traditional Healers’ Organisation of South Africa, said only members of recognised associations should be eligible for election to the envisaged statutory body that would set norms, guidelines, qualifications for registration and financial tariffs for members.

The National Education Health and Allied Workers Union supported the integration of traditional healers and said they should be recognised by medical aid and health insurance funds.

The National Progressive Primary Health Care Network recommended that the national and provincial departments introduce proactive measures to promote partnerships between traditional healers and conventional biomedics.

"The national health service should make available appropriate resources for partnerships to be established. Lessons learnt through successful partnerships should be incorporated into the policy framework concerning traditional healers," said Ms Bea Ahramkia, a network representative.

"We recommend that courses on traditional healing be incorporated into the curriculum of all health workers. Traditional healers should be offered a standardised core training programme in aspects of biomedicine relevant to the provision of primary health care."

The ANC and Inkatha Freedom Party supported the incorporation of the healers into the health care system and called for training programmes for the herbalists.
Muti hospitals do a roaring trade

But health inspectors remain watchful, writes Wonder Hlongwa

Durban health authorities are concerned about traditional healers' hospitals which are springing up in the city and may not conform to health regulations.

At the corner of Broad and Moere roads in Durban is a two-storey building belonging to Judas Milazi, a traditional healer who operates a hospital with nine nurses, eight wards and a dispensary stocked with herbs and traditional muti.

The hospital opened its doors in April last year. It is open 24 hours a day, seven days a week, and patients have been flocking to it from all over the country. Milazi has been a traditional healer for more than 25 years, working from home. With the increase in the number of patients seeking care, he ran out of treatment space and decided to open a hospital.

He has an agreement with the Natal Parks Board to collect herbs for his dispensers. A few local board administrators. He also collects herbs from Tanzania, Sudan, Zambia and Cameroon.

On the ground floor is a room with bones on the floor. This is Milazi's consulting room, where he communicates with his ancestors and prays to God that his patients will recover.

Samuel Moshahhose from the Free State is in one of the wards. He has come to seek treatment for his painful legs, and claims that on his second day at the hospital he is already feeling better.

In his advertising pamphlet, Milazi boasts that he can cure all diseases. He is one of the few traditional healers who admits, however, he can't cure AIDS. "But we do have herbs that can keep an AIDS patient alive longer than anticipated."

The hospital is clean and professionally run, and is frequently visited by health inspectors in the province.

Says Hugh Singh, principal environmental officer in the Durban city health department: "We check conditions at the hospital, like whether they have sufficient operating theaters, how many beds each has, how often they wash linen, how they dispose of medical waste and other health-related issues."

A traditional hospital in Galashule has been closed because of a lack of hygienic conditions, and another on West Street has been asked to submit plans to the health department so that the owner can be advised on structural defects.

Singh says the other three traditional hospitals in Durban are in satisfactory condition and their traditional healers have agreed that if they cannot heal their patients, they will take them to the provincial hospitals. The Sunshine Traditional Hospital, which was one of the first to open in Durban in November 1996, is busy and successful. It claims it has 15,000 regular patients, but it has only nine beds and two wards.

It often does not have enough blankets, there are no wheelchairs or proper nutrition. However, it only charges R5 a day for admission, patients' clothing is washed and nurses bring bedding to the wards because there are not enough toilets. Previously Sunshine had 10 registered nurses, but because of the "economic situation" it had to restructure. Most of the healers initially employed here have since left to open their own hospitals.

Although most medical aid companies are reluctant to pay for traditional hospital consultations, Bantu Medical Aid has taken the lead, and Sunshine is recommending that its patients join the scheme.

The hospital has also established the Bright Future Nursing Training Institute and is recruiting prospective traditional nurses.

Petros Gwala, Sunshine's managing director, says the hospital wants to train the nurses "in a Western style" so that they can use drip sets and other essential medical equipment.

The one-year training course includes practical shifts at traditional hospitals where the trainee nurses can see how the doctors operate. "Sometimes they don't understand when a patient comes for treatment, maybe we inform them. So we explain why we sometimes have to cut out our patients," Gwala said.

He says doctors at provincial hospitals refer patients to Sunshine when they cannot treat them successfully. Sunshine also runs AIDS awareness campaigns for patients at provincial hospitals.

A senior nurse at Durban's Addington Hospital says patients usually prefer traditional healers to Westernised hospitals because of both.

"Some patients believe someone is cursing them, or their ancestors have turned their backs on them; so they need to consult someone who has access to ancestors. "Some demand that someone's corpse is buried inside a provincial hospital ward and that is not allowed. When you refuse their demand, they leave."
Veterinary Health

Threats

The lack of facilities in remote areas has potentially affected animal health. The need for early detection and control of diseases is crucial to prevent the spread of contagious diseases. The lack of personnel and resources in remote areas makes it difficult to effectively implement vaccination programmes and other preventive measures.

Paul Connor, veterinary advisor at the Department of Veterinary Services, says that the lack of facilities in remote areas is a significant challenge. He stresses the importance of early detection and control of diseases to prevent the spread of contagious diseases.

Botswana, like many other developing countries, has limited resources and personnel to effectively implement vaccination programmes and other preventive measures. The lack of facilities in remote areas makes it difficult to effectively implement these programmes.

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Cape takes the cake for the worst teeth in Africa

CAROL CAMPBELL
Special Writer

The Western Cape is the tooth loss capital of Africa.

Almost half the adult population of the region has no teeth, writes Stellenbosch University head of community dentistry Usuf Chikte in the latest edition of the South African Health Review.

Only one percent of adults elsewhere in Africa were in the same predicament, he said.

Also at least 80% of Western Cape children under six had tooth decay.

"People in the Western Cape are eating excessive amounts of sugar and this is leading to the massive rotting of teeth," he said.

They also practised poor oral hygiene because of the high price of toothbrushes and toothpaste.

And the fluoride level of water in the Western Cape was among the lowest in South Africa.

"Many families on the Cape Flats share a toothbrush because they just cannot afford to have one each," said Professor Chikte.

And the "psycho-sexual theory" that many people had their front teeth extracted for oral sex - a passion gap - was a myth.

"That conclusion says more about the researchers than the victims of tooth loss," he said. People were losing their teeth because they ate too much "junk food", which was high in sugar.

"Coke has about 10 spoons of it to the can, tomato sauce is full of it, and the average person in the Western Cape loads tea with sugar, and often condensed milk too," said Professor Chikte.

While poor nutrition was the scourge of Africa, traditional diets were better for teeth than fast food.

Untreated water also had higher levels of natural fluoride than city water, which meant rural people drinking from rivers were doing their teeth a favour.

As people moved to cities, they discarded their traditional oral hygiene habits, like using sticks to clean teeth.

"Tooth decay is a growing problem across the country, but it is particularly bad in the Western Cape," he said.

Milton Krill, a 22-year-old from Mitchell's Plain, had all his teeth extracted when he was in Grade 7 (Standard 5) instead of getting braces.

"It was the time when one noticed girls and my teeth were so skew that I was embarrassed to talk or smile. I went to the dentist and told him to take them out."

The dentist obliged, but left his upper molars and all his bottom teeth.

He formed a club with his school friends and they had a competition to see who could get the most gold in their remaining teeth.

He confessed his dental hygiene was poor at the time.

"It was the fashion to have gold in your teeth, or have them out. I am not sorry I've had most of my teeth out, and I definitely don't miss them," Professor Chikte said.

"Professor Chikte called for an end to this 'gold in human ivory'."

"Health care workers are ethically bound to refuse to extract healthy teeth."

Flouride levels in the water in the Western Cape were also too low to be of any benefit to people's teeth, and he called on the Government to add fluoridate to South Africa's drinking water without delay.

"This is one of the oldest and most effective public health programmes in the world, yet we don't have it."

Flouridated water, which was safe, beneficial and cost effective, would reduce tooth decay by 50%, he said.
DIY filling gets top marks for oral hygiene

Student dentists turn Botleyway into model school for oral hygiene
Vuyo Mvoko

CAPE TOWN — Chiropractors, homeopaths, herbalists and allied health service professionals yesterday lobbied Parliament for the registration of their professions as part of the national health system.

Proposed legislation is going through Parliament aimed at amending the existing Chiropractors, Homeopaths and Allied Health Service Professions Amendments Act. Proposals encompass the regulation of alternative health — including such practices as naturopathy, massage, aromatherapy and colour therapy — in what could see some of these practices being recognised by medical aid schemes.

David Nye, the chairman of the SA Complementary Medical Association, said “the advantages of offering complementary therapy by practitioners with a conventional medical training cannot be underestimated”. Nye said his association represented more than 300 medical doctors who practised acupuncture, herbal medicine, homeopathy, ayurvedic medicine, clinical nutrition, traditional Chinese medicine, homotoxicology and phytotherapy.

Acupuncture representatives spoke about how their methods of treatment were safe, inexpensive, had low side-effects, often reduced the patients’ drug requirements and would, therefore, have advantages as a primary health care tool.

The Massage Therapy Association said it offered preventative medicine and supported patients suffering from chronic illnesses such as AIDS.

SA Association of Herbal Practitioners representative Connie Meyer said the practice was affordable, ecologically friendly, part of people’s culture and allowed for co-operation with traditional healers.

Aromatherapists, meanwhile, argued that the therapeutic effects of their oils were well documented and had the support of medical and academic personnel.

The African National Congress health committee, whose ex-officio members include Health Minister Nkosazana Zuma and portfolio committee head Abe Nkomzo, supported the recognition of “complementary therapies” but “with adherence to a professional code of ethics and conduct”.
Hospitals short of pharmacists

By ELLIAS MALULEKE
Gauteng Editor

Gauteng Hospitals cannot fill pharmacist posts because the government could not match the salaries offered by the private sector.

Health MEC Mondli Ngungubele said in a written reply to the National Party member of the legislature, JD Kilian, that there was a total of 286 posts and only 193 were filled.

The Chris Hani-Baragwanath Hospital had only 25 pharmacists instead of 57 and the Pretoria Academic Hospital was short of 23 pharmacists, he said.

In the whole of Gauteng there were 92 vacant posts for pharmacists.

The need for the pharmacists was caused by the increase in workload since the introduction of free medicines to the public.

Ngungubele said there was also concern and uncertainty among personnel due to the affirmative action programmes and structural transformation.

As a result of the shortages, all hospitals were reorganising their work routines to ensure better use of staff.

Other measures included overtime work for available staff and the employment of temporary pharmacists.

Hospitals had also limited services like providing clinics at the hospitals, ward visits, administrative tasks, staff meetings and continual education seminars.

Of the available pharmacists employed by the hospitals, 13 per cent were retired pharmacists over the age of 63.

To provide a satisfactory pharmacy service at hospitals, Ngungubele said, a new structural transformation process would ensure a more equitable distribution of pharmacist posts to the disadvantaged hospitals.

The decentralisation of certain functions would also reduce the workload on some of the busy hospitals.

Ngungubele said the government would also establish regional pharmacies to supply clinics and district health services.

Ready packs would also be provided to patients for their primary care and at hospitals.

THE following committees will sit for business in the Gauteng Legislature this week:

□ MONDAY
Development Planning and Local Government, Room B, 9am.

Health Committee, Outside Venue, 9am.

Finance and Economic Affairs, Room B, 9am.

Education Committee, Room C, 9am.

Public Transport, Roads and Works, Room A, 9am.

Health Committee, Outside Venue, 9am.

□ THURSDAY
Internal Arrangement Committee, Room B, 9am.

Health Committee, Outside Venue, 9am.

□ FRIDAY
Provincial Proceedings Committee, Room B, 11am.
Physiotherapists green with protest

Cuts hamstring essential service

ENDANGERED: physiotherapists at Groote Schuur Hospital quietly protest against the shortage of posts.

The bright green T-shirts of the physiotherapists at Groote Schuur Hospital alert you to the fact that something's up. When you read the back of the shirts, it's clear what it is. "Physiotherapists: endangered species" it says, and there's a picture of an octopus, arms disconnected from its body. Spelt out on the eight hands is "H-E-L-P, H-E-L-P".

This week, physios are protesting against their plight.

The problem was a dire shortage of physiotherapy posts in the Western Cape, said Margaret Farquharson, head of clinical physiotherapy at Groote Schuur. Patient care was suffering, and it was costing the health department a lot of money.

Physiotherapy has been particularly hard hit by the health department's policy of freezing posts to keep within budget, and Groote Schuur has 11 full-time posts and one part-time post.

Two physios are leaving in the next two months and unless permission is granted to keep their posts open, the department will be even more short-staffed.

"We need 18 full-time physiotherapists," said Mrs Farquharson. "The hospital management realises we're an essential service and does its best to allocate posts.

"But, posts are approved by the head office, the provincial health department."

Without enough physiotherapists, patients spend longer in hospital.

People in intensive care on ventilators should have treatment twice a day to prevent lung infections and keep their joints mobile. They are treated only once a day.

This could mean treatment was ineffective, and a patient could get a lung infection.

The cost of a bed, especially an intensive-care bed, in an academic hospital is very high.

It also costs a lot to treat, say, a chest infection in ICU with antibiotics: R180 a day for the antibiotic, and if it does not work the alternative costs about R605 a day.

Add that up for a month and it would more than cover the cost of employing another physiotherapist.

Physiotherapy was in crisis, said Mrs Farquharson.

The shortage meant the service was reduced, training was suffering and no research was done.

Not only the physios at Groote Schuur are protesting; Tygerberg and Red Cross hospitals' physiotherapists have joined in.
Union beset by internal divisions

By Mzwakhe Hlangani
Labour Reporter

The troubled former whites-only staff association, Hospital Personnel Trade Union of South Africa (Hospersa), is reportedly embroiled in major racial conflicts, court interdicts and the suspension of certain provincial committees.

Dismissed vice-president Mr David Tshela yesterday accused the leadership of racism and resisting transformation from a “lily-white bastion” to a democratic workers’ trade union. He was dismissed for alleged misconduct.

Approached for comment, Hospersa president Mr Gwian Moultrie strongly denied the conflict was racial.

He said the minority faction making the allegations wanted to racialise the issue.

Meanwhile, Mpumalanga provincial chairman Mr Mmupi Mogoboya has also been suspended for participating in unlawful acts which preceded the disruption of the union’s congress last December.

After failing to resolve internal differences through constitutional structures, the union leadership suspended the entire Northern Province executive committee which elected Tshela, reportedly for backing its leader, he said.

Four provinces, including Northern Province, Gauteng, North West and Mpumalanga, were interdicted in the Johannesburg “Labour Court last December.

Tshela alleged that the four provinces, led by black provincial executives, mooted a vote of no confidence in the entire national leadership, which led to an interdict against them.

The leadership went ahead with the appointment of a former general secretary to a new position of chief executive officer. This was vociferously opposed by the four provinces before it was passed by the national conference.

Moultrie denied the union was contemplating a split, pointing out that all the nine provinces were cited in the court application to oblige them to abide by Hospersa’s constitution following the disruption of congress.

“Whereas as transformation is concerned, Hospersa democratised in 1994 and transformation occurred and was guided by a strategic intervention programme,” Moultrie said.
Community service for vets proposed

Louise Cook

PRETORIA — Land Affairs and Agriculture Minister Derek Hanekom proposed community service for graduating veterinarians when he met members of the profession yesterday.

Hanekom met the deans of the veterinary faculties of Medunsa and Onderstepoort, the SA Veterinary Council and the SA Veterinary Association.

Student body representatives at the meeting would not support the plan "at this stage", saying there were still too many unanswered questions. Representative Mark Hagemann said the safety of graduates was a main concern, as they may have to work in remote rural areas and former homelands.

The agriculture department said banks would be asked to defer study debt as "their contribution to agricultural development" while the graduates completed community service, which would last a year if the plan were carried out.

About 90 veterinarians graduate at Onderstepoort and the Medical University of SA each year. However, up to 80% usually leave for the UK where salaries are considerably better than in SA. Government's animal disease service is thus generally badly understaffed. The starting salary for a graduate is about R60 000 a year.

BD 24/3/199
'CUTBACKS COST GOVT MORE'

'Endangered' physios stage T-shirt protest

Physiotherapists are having their say about the shortage of posts in state health services — by donning T-shirts with a message. Health Writer Judith Soal reports.

The burly young man in the lime green T-shirt doesn’t immediately strike one as belonging to an endangered species, but he says he does.

Lionel Naidoo is a Groote Schuur Hospital physiotherapist who swapped his regular navy blue shirts for bright green yesterday to highlight the shortage of physiotherapy posts in state health services. It’s a protest action — with a difference.

On the back of the T-shirt there’s a picture of an octopus with the ends of its tentacles cut off. It reads: Physiotherapist, an endangered species.

“We understand the province has financial problems, but the quality of our work is being badly affected,” said the head of clinical physiotherapy at Groote Schuur, Margaret Farquharson.

“There should be 18 full-time physios at Groote Schuur but we only have the equivalent of 11. Red Cross needs eight but soon they will be down to four. Tygerberg is also losing staff and many of the community clinics to whom we are supposed to refer patients, like Delft, Athlone, Retreat and Woodstock, don’t even have one.”

The physios, together with those at Red Cross and Tygerberg, began their weekly lime-green shirt sops a month ago.

The Tygerberg Hospital administrators have since put a stop to the protests.

The physios believe the policy of freezing posts is short-sighted.

“It costs the province more in the long run because a lot of what we do is prevent acute illnesses from turning into chronic ones,” Farquharson said.

“For example, if a patient gets a chest infection after an operation and doesn’t respond to the first treatment, their drugs will cost R535 a week. Proper physio could prevent that happening.”

Because of the shortage, patients who should be treated twice a day are being seen once; those who should be treated daily are only seen twice a week and the outpatient service is closed in the afternoons. Junior staff and students are having to do work that should be reserved for their senior colleagues.

“In the end it is the patients who suffer. They develop complications, or they have to stay in hospital longer — at an increased cost to the health system.”

Naidoo was one of only four new physios in the province to get a job in the public sector this year.

“We really feel endangered,” he said.
Physiotherapists battle to find jobs

CARE AUS. MONDAY, DECEMBER 14, 1999
Better
deal for
health
workers

By Mzwakhe Hiwani
Labour Reporter

An agreement between the National Education Health and Allied Workers Union and Netcare private healthcare institutions on wages and improved conditions of employment is viewed as a step forward in the provision of a living wage, the union said yesterday.

Nehawu spokesman Mr Joe Lekola called on union members at Netcare institutions to evaluate the agreement and begin to strategise for 1999-2000 wage negotiations.

The wage agreement signed this week will increase salaries of general assistants and health workers by between seven and half and 18 percent, ending two months of intensive negotiations and deadlocks. It will raise the minimum wages from R900 to R1 250 a month.

Lekola said the agreement was intended to help employees in remote rural hospitals who earned R300 less than those in the major Johannesburg hemp market clinics. It also sought to balance the bargaining level for different regions.

Maternity leave

Other benefits agreed on include a night shift allowance of R125 a shift, three months paid maternity leave and an improved medical aid scheme.

It was further agreed in principle that housing loans, the grading system and training and development should be discussed further for career empowerment of the workers. The spokesman for Nehawu was not available to comment on the agreement.

Lekola also said that further discussions on housing loans would be aimed at finding ways to utilise the provident fund for subsidising the hoisting scheme for Nehawu members to access affordable homes.

Further agreements on training and development anticipated the development of career paths for nursing and general nursing assistants.
'Race' strife rips hospital union apart

By Mzwakhe Hlangana
Labour Reporter

The former whites-only Hospital Personnel Trade Union of South Africa (Hospersa) is reportedly purging itself of senior black executives.

Disillusioned former trade union leaders said yesterday that six more black provincial executive members were expelled from the union as internal racial tensions and suspensions reached a peak this week.

There are charges that the white leadership is resisting transforming Hospersa from "a lily-white bastion" to a workers' trade union.

Former Mpumalanga Hospersa provincial chairman, Mmusi Mogoboya, who was expelled after being found guilty of participating in the disruption of a union congress, claimed that the white union leadership exercised naked racism.

Mogoboya said he was instructed to attend a disciplinary hearing in Bloemfontein without transport arrangements being made for him. When he protested, he was notified that the case would be finalised even if he failed to appear.

Gauteng chairman Moses Nthane and his regional executives Gabriel Kudugu and David Mwade were expelled this week, also for allegedly taking part in the disruption of congress last December.

Others include Mpumalanga treasurer Zodwa Nyabung, North West vice-president Macscon Ranku and Northern Province executive member Laura Kekana.

A spokesman for the union denied that the conflict was racial, saying that those dismissed had been found guilty by the disciplinary hearing.

He declined to comment further since union president Gavin Moultrie and secretary general Johan Steyn were on leave.

For some time the union has been embroiled in racial conflict and court interdicts. The entire provincial committee in Northern Province was suspended after its chairman, David Tsheola, was dismissed.
W Cape health job cuts ‘devastating’

Marais rues loss of experienced staff

The Western Cape health department was celebrating the success of its plan to cut a R151-million budget deficit, but regretted the impact of drastic staff cuts on healthcare, health minister Peter Marais said in Cape Town.

"The impact of our staff losses bordered on devastation," Mr Marais said in his provincial health budget speech yesterday.

"While personnel targets have been numerically met, the loss of experience, clinical and corporate memory, and its impact on the quality of care should not be underestimated," Mr Marais said in the provincial legislature.

By April 1, the health department will have cut 2 148 posts, slashing its total staff complement to 24 640 and saving R561-million.

Mr Marais said in a little more than three-and-a-half years, posts in the health department had been cut by 8 620, the equivalent of shutting down both Groote Schuur (4 225 staff) and Tygerberg (4 395).

He said the latest reduction of health-care posts meant:

- 1 669 staff took voluntary severance packages or were declared supernumerary (often highly specialised people waiting to be redeployed and who may not be retrenched).
- Another 1 200 left as a result of natural attrition.
- Only 721 appointments were made during 1998-99, 460 of which were actually authorised.

"On March 1 the filled posts stood at 24 723. The target for the end of this financial year was 24 640. These figures show just how well the health department addressed its need to come into budget," Mr Marais said.

Another 160 staff members who had taken voluntary severance packages would leave this month.

But Mr Marais said he would not allow any more drastic staff reductions "as long as I have the political responsibility for this department".

Referring to staff losses at academic hospitals, he said these had lost 5 025 staff members since 1996.

Mr Marais said attention would also be paid this year to attracting more paying patients back to state hospitals to bolster revenue after a substantial decline last year.

Revenue from hospital fees dropped by R10,4-million between 1997-98 and 1998-99.

Among the measures his department would take would be to outsource debt collection and to collect outstanding revenue from universities.

Hospital tariffs had been adjusted last September.

Mr Marais announced a budget of R35-million for new equipment in 1998-2000, up from just R15-million in 1998-99, and said: "This is going to be the year in which we start the onslaught on the equipment backlog."
Let us into the hospitals, traditional healers urge
Ambulance staff slated over death

Gross misconduct charge

Johan Schromen
Cape Correspondent

Ambulance boss Alan Dolby says there is evidence of “gross misconduct bordering on dereliction of duty” among staff who handled a call about a man who died last week after waiting nine hours for an ambulance.

He said some officers faced a disciplinary hearing over the death of TB sufferer Benson Mankayi. But he also blamed the “antiquated” control room for foul-ups.

He said the workers could be “only as good as their tools” and it was a problem with which the service had been grappling unsuccessfully for many years.

Operators have no computers, relying on telephones and hand-written slips of paper to prioritise cases.

Mr Dolby, director of protection services for the City of Cape Town, said of the Mankayi case: “It’s a culmination of many problems leading to incidents which were totally unacceptable and should never be repeated.

“While we are suffering from under-staffing, under-funding and under-sourcing, we still can’t allow poor service.”

Mr Mankayi, who had lived in the open on Cape Town station deck for at least seven years, collapsed in agony about 9am last Wednesday.

In spite of repeated calls for an ambulance, no help came. He lapsed into a coma about 6.30pm and died a little later.

Mr Dolby said internal investigators had listened to the emergency calls tapes for last Wednesday and checked documents.

“We have compiled a report showing a prima facie case. We are now arranging for a disciplinary hearing involving the officers under suspicion.”

Mr Dolby said the ambulance service still had the support of many dedicated members who “performed miracles” under pressing circumstances.

Isolated cases should not taint the good image of the service. “But where there is a problem or a foul-up we tackle it head-on.”

Mr Dolby said he could not divulge more details about the investigation into the case of Mr Mankayi.
Patients wait in vain for life-saving medicine

Overserved pharmacists battle to fill prescriptions for old-age homes at bottom of pile
Economy & Business

Deregulation of Pharmacies

Regulations Raise a Headache for Pharmacists

If anyone can own a pharmacy, chemists could suffer

If you thought you'd soon be able to buy cut-price prescription medicines in supermarkets, think again. The nation's chemists are going all out to block legislation that would allow anyone -- and that means retailers -- to own a pharmacy.

The Pharmaceutical Society of SA, representing most of SA's 10,000 chemists, will lobby the Department of Health to tighten up regulations so as to prevent big business from owning pharmacies in all but the most underserviced areas. It could get a sympathetic hearing, for government never intended to introduce competition into the sale of medicine by allowing Clicks, Pick n Pay and others to sell medicines on every corner.

When former Health Minister Nkosazana Zuma shepherded the Pharmacy Amendment Bill through parliament and into the statute books in 1997, the lawmakers' intention was simply to improve access to medicine by allowing retail chains to sell drugs in areas where it was not viable for small pharmacies to set up shop, such as black townships.

But the regulations to the Act, published for comment on November 19, seem to go much further.

"It allows for a huge loophole," says the society's executive director Ivan Kotze. "We are concerned that it will result in big business establishing pharmacies in competition with existing pharmacies. They'll go to Sandton and buy an existing pharmacy and run it from their own premises."

He fears that if the regulations are passed as they stand, many small pharmacies could go under. Many chemists are appalled at the thought of having to make room for nonprofessionals. After all, doctors, dentists and lawyers don't have to compete with supermarkets, they say.

The regulations allow for anyone to own a pharmacy, taking into account the needs of society, the proposed geographical location of the pharmacy and its relationship to existing pharmacies, and other matters. These criteria seem to satisfy the law-makers' original intentions but because they seem to apply only to new pharmacies, a loophole has been created.

It's an opportunity that is being welcomed with open arms by the Clicks/Link pharmacy alliance. In August, Clicks bought a 30% stake in Link Investment Trust for R35m, a move which 82% of the 330 Link pharmacy franchises supported.

Link Investment Trust chief executive Trevor Milton says pharmacy groups have not been very successful in using their buying power to wring better deals out of medicine suppliers. Link pharmacists are looking to Clicks to provide retailing expertise and to achieve economies of scale that will push down the cost of medicine.

Clicks was conceived as an American-style drug store, but because only pharmacists have been allowed to own pharmacies in SA, it was restricted to running the front shop of a pharmacy, building it up into a 4Rbn business, in anticipation of the day it would be allowed to dispense.

The deregulation of pharmacy ownership has long been argued for in SA as one of the best ways to cut medicine costs. It has been recommended by several health commissions, from the Browne Report in 1985 to the Broomberg-Shisana Report in 1996, that have recognised that restricting pharmacy ownership to pharmacists alone creates the worst of both worlds: low volume turnover and high mark-ups by allowing efficient retail chains to sell medicine, dispensed by a qualified pharmacist, high turnover and low mark-ups are achieved and the consumer wins.

"We believe the only way forward for pharmacies is ownership by larger corporations. That's the way it has worked in North America and the UK," says Clicks MD, corporate services, Peter Green. "Virtually everything sold in pharmacies is more expensive than in a Clicks and the same would happen with drugs."

Clicks feels the best of both worlds can be achieved if big business runs the commercial side of the operation, leaving pharmacists to dispense medicine and run all the professional aspects of the business. Green says pharmacists -- many of whom are struggling to make ends meet in private practice -- will not lose out financially under this system.

Clicks is considering various models in consultation with Link. They include putting pharmacies into certain Clicks stores, owning and operating pharmacies in their current locations, and operating pharmacies and possibly even primary health-care clinics from some of its 200 Diskom stores, which are situated mainly in low-income and rural areas.

However, Kotze argues that if supermarkets were to sell drugs they would not cut medicine costs because pending legislation will regulate medicine prices, replacing discretionary price mark-ups with a single manufacturing, excise price, and a fixed professional fee for pharmacists. This has been talked about for years and has yet to get off the ground. How it will be policed is another matter.

Pharmacists are also concerned that medical schemes will use the loophole to open their own pharmacies, drawing members away from existing pharmacies. Funders and administrators are generally pleased with the new regulations as they believe medicine prices will fall. "As long as quality is assured through a professional pharmacist dispensing the medicine, then through large volumes, costs should come down," says Pharmaceutical Benefit Management CEO Laubi Walters.

Health authorities should be trying to reduce medicine prices, not protecting an inefficient retail sector.