HEALTH & DISEASES — HOSPITALS

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New hospital pay scales anger Cape Town doctors

EAST LONDON — New salary scales at Cape provincial hospitals have outraged Cape Town doctors who are having a series of meetings to elect representatives to put their case to the authorities.

The Medical Superintendant at Frere Hospital, Dr Peter Mitchell, said no official notification had as yet been received in East London regarding the new salary scales.

"We expect to receive them shortly, but it would be premature to comment on staff reaction at this stage," he said.

Since the new scales came into effect in Cape Town recently, newspapers there have received calls from several registrars expressing their anger at the fact that specialists and medical officers were given increases — which some said amounted to up to 40 per cent in some cases — while registrars, interns and senior house officers received no increases at all.

"We do not object to specialists getting more money as they have higher training, but we do not understand why medical officers — who have no extra training — were given increases but not registrars," said one doctor.

He said that registrars were doctors who were studying to become specialists. "We and the interns are the work force of the hospitals, we carry the responsibility for patients and work overtime," he said.

No doctors were willing to have their names published.

It is understood that doctors at hospitals have held a series of meetings which could culminate in the election of a representative committee next week.

Dr Hannah-Reeve Saunders, the senior deputy director of hospital services in the Cape Provincial Administration, said yesterday she had been away, had no knowledge of the matter and could not comment. — DDR-DDC

Outcry over hospital fee rises

By SINNAH KUNENE

THE sick, disabled, unemployed and poor have to dig deeper into their already depleted pockets for treatment at government hospitals.

This is the nasty New Year news for them from the Transvaal Hospital Administration, which this week announced massive increases in hospital fees.

From January 1, a visit to any of the Transvaal Hospital Administration clinics or hospitals will cost R5 on weekdays and R7,50 at weekends for people earning less than R200 a month – classified as H2 patients.

Patients who earn between R200 and R250, classified as H3, will pay R8 and R12 on weekdays and weekends, respectively.

The H4 – people earning between R250 and R400 – will pay R13 and R19,50, while private patients are faced with a whopping R20 consultation fee for weekdays and R30 at weekends.

In July 1987, H2 patients were exempt from paying hospital fees and were charged R2 a visit. Most such patients are pensioners and disabled people who have to make constant visits to the clinics -- sometimes three times a week.

Announced only three days before they would come into effect, the new hospital tarrifs have caused an uproar in medical circles.

The Health Workers' Association, formed by doctors, paramedics and general workers, condemned the latest move by health authorities and called it a "further aggravation on the plight of the poor".

"This has once again clearly shown the total insensitivity and disregard by the hospital authorities concerned for the welfare of the majority of our people," said a spokesman.

He feared the latest increase would keep patients away from hospitals and clinics.

It was becoming increasingly difficult for the poor and unemployed to budget for the health needs of the family.

"HWA would also like to point out that this increase comes in the light of severe criticism being levelled by health workers on the general deterioration of our health services," he said.

He refuted the argument that there was "not enough money available" to run the health services.

"One glance at the expenditure on defence, R6-billion a year, and the massive cost of maintaining the system of apartheid, clearly shows the adverse effects apartheid has on every aspect of our lives – including health," said the spokesman.

He said HWA urged the community organisations to challenge the new increase. The spokesman pointed out patients had a right to medical treatment, even if they had no money.



Clinic waiting rooms may not be so crowded following the rise in fees.

Cape Times 5/1/88

No rise in hospital fees

98

Staff Reporter

WHILE patients at Transvaal provincial hospitals face massive increases in fees, local authorities are not considering similar increases at hospitals here.

Sapa reported yesterday that increases at all provincial hospitals in the Transvaal came into effect from January 1, with pensioners facing an increase of 150%.

Dr Hannah-Reeve Sanders, acting executive director of hospital and health services in the Cape Provincial Administration, said yesterday the CPA was not considering fee increases.

Cape Times 5/1/88

Hospital wages row

98

Staff Reporter

DOCTORS at provincial hospitals who were unhappy with their salaries should use the normal channels to voice their dissatisfaction, Dr Hannah-Reeve Sanders, acting executive director of hospital and health services in the Cape Provincial Administration, said yesterday.

Dr Sanders was commenting on press reports that doctors at provincial hospitals were outraged by new salary scales. Registrars, interns and house officers received no increases, while specialists and medical officers were reported to have been given up to 40% salary increases.

Row grows over pay scales for hospital doctors

Labour Reporter

AGGRIEVED doctors at provincial hospitals claim new salary scales have been designed to discourage specialisation and attract staff to smaller non-teaching hospitals.

Registrars (trainee specialists) and interns said they had been given nothing while other medical staff had increases of up to 40 percent.

Meetings have been held at Groote Schuur, Red Cross Children's Hospital and Tygerberg to protest against the pay scales and form plans of action.

A doctor said: "We don't begrudge consultants (qualified specialists) their increases because they have had a poor deal for years and have been leaving the service.

"The Province is obviously trying to keep them and possibly attract others back.

"But the pay scales for recently qualified doctors mean that people with four or five years experience, such as registrars, will be earning less than the people they are supervising."

AK645 7/11/88

Baragwanath doctor told to quit

The Argus Correspondent

JOHANNESBURG. — A Baragwanath Hospital registrar specialising in clinical medicine has been given 24 hours' notice.

He was one of 101 doctors who last year criticised the "deplorable" conditions in the hospital's department of medicine in a letter to a medical journal.

There is now reason to believe the same fate might befall other registrars. This was confirmed yesterday by comment from the MEC in charge of hospitals, Mr Daan Kirstein.

When asked whether people were being victimised for having signed the letter, Mr Kirstein said: "It is not true what they said.

"If people are not prepared to apologise for the untruths they signed, they can expect action against them. We are not prepared to employ them."

Mr Kirstein added that 16 people had already signed an apology.

More than 100 doctors and interns signed a letter, published in The South African Medical Journal in September, describing conditions at the hospital as "disgusting and despicable".

The same edition of the journal carried a supporting editorial written by Cape Town academics Professor S R Benatar and Professor R E Kirsch.

Signatories are being victimised, say doctors

By Carina le Grange

Doctors at Baragwanath Hospital's department of medicine this week spoke anonymously to The Star about the grossly inadequate basic facilities that prevented them from providing adequate medical care to their patients.

They were not alone in voicing their concern — nurses also expressed their worry about not being able to give either proper medical attention or simple "psychological care and comfort".

At the centre of the doctors' criticism is their concern for the patients as well as their desire to keep up the standards of the hospital as an academic insitution.

A letter, published in the *South African Medical Journal* in September criticising conditions in the department of medicine at Baragwanath, was written after attempts over many years to put matters right through the correct channels. The letter described basic conditions in the department of medicine.

Previously, letters had been written to the Minister of Health and, through the National Party leader in the Transvaal, Mr F W de Klerk, to the then Prime Minister, Mr P W Botha.

Called for assistance

The recently retired head of the department of medicine, Professor Leo Schamroth, described the conditions to Dr H A Grove (director of hospital services at the time) as long ago as 1973, and also called on the the University of the Witwatersrand for assistance. As an academic hospital, Baragwanath is attached to Wits.

The doctors felt that nothing had been done to improve conditions and then wrote the letter published last year. It was first sent to the Medical and Dental Council — which, in the words of the letter, ignored it — before it was sent to the *SAMJ*.

More than 100 interns, registrars and consultants signed the letter. It is their impression that signatories to the letter are now being victimised. This started with six interns being denied appointments to senior posts at the hospital.

These six brought an urgent application last month against the Administrator of the Transvaal, the Director of Hospital Services and the superintendent of Baragwanath.

Rand Supreme Court judge, Mr Justice Goldstone, ordered that the interns be given a fair hearing and that a new decision be taken on their appointments. Before their appointments were refused by the director of hospital services — a mere formality in the past — they had already been approved by the department that they had applied to.

The doctors who spoke to The Star say they have reason to believe action will be taken against all those who signed the letter: first the most junior and now the registrars. One registrar has already been threatened with 24 hours' notice, and at least two more are at risk.

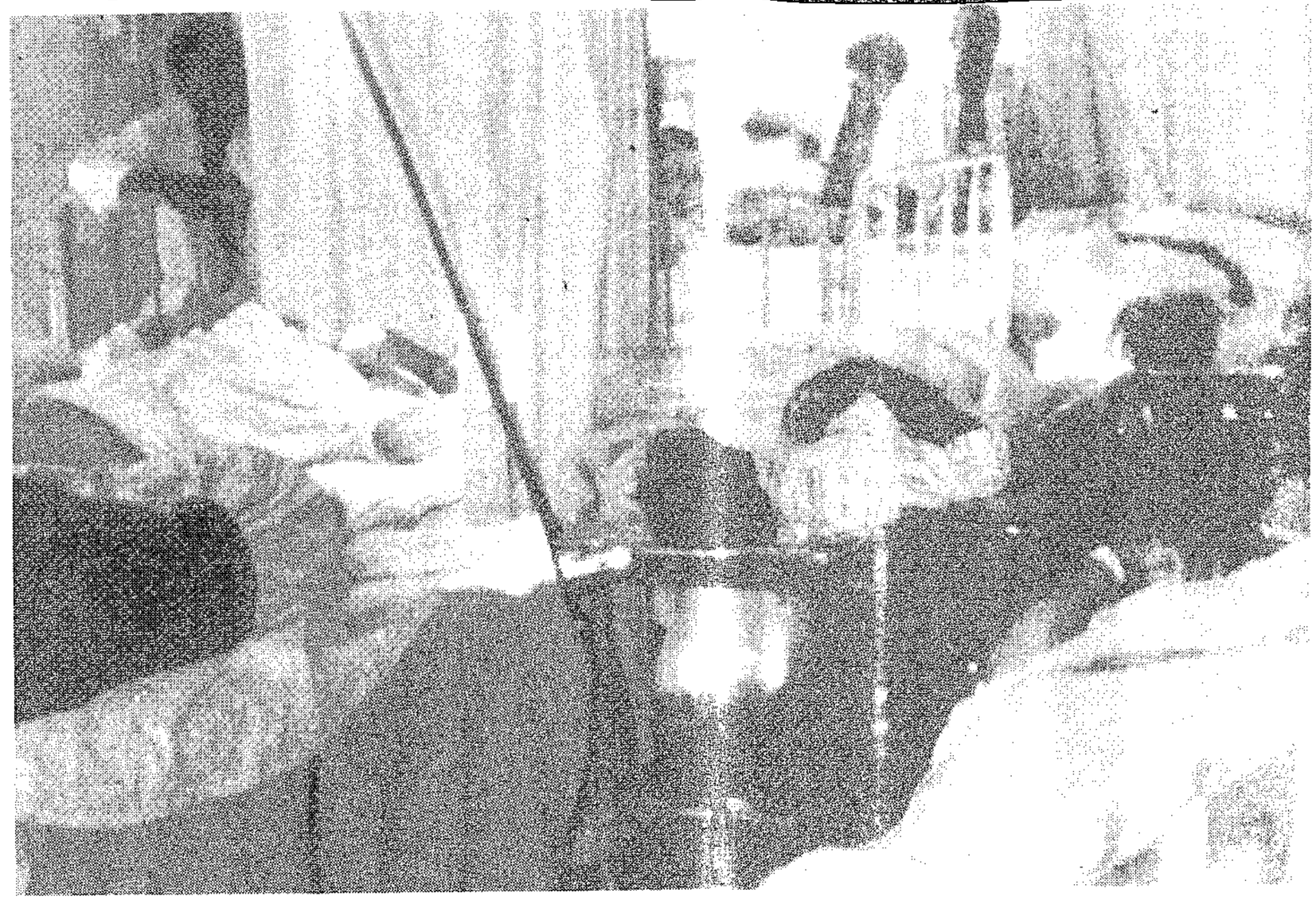
The doctors constantly stressed that they were concerned with their patients and the hospital — not their personal misfortune.

"The future is gloomy. The teaching status of Bara is being jeopardised. We like to look after our patients as best as possible; we demand decent treatment for them. It is very hard to work under these conditions," one senior doctor said.

"Do these people, as blacks, not merit proper treatment? Financial considerations cannot be an excuse. Johannesburg Hospital was built at great expense — but stands half empty. It is a matter of maldistribution of funds."

(At times, the department of medicine at Baragwanath has 900 patients in its six units — more than the entire number of patients at Johannesburg Hospital.)

"All we ask for are improved basic facilities — beds to sleep in, or even die in, rather than the floor. If Bara were a hotel it would be declared a health hazard and condemned as such," said one doctor.



No room to care . . . the overcrowded admissions ward of the department of medicine at Baragwanath Hospital. At times there is barely space to walk between beds and stretchers.

How can we get better?

Baragwanath patients are highly critical of the conditions they have to endure.

Those who sleep on the floor are usually provided with foam mattresses about 3 cm thick. Others sleep on blankets.

During the day those who have had strokes have preference over others to sit on padded chairs — and even these are scarce, doctors say.

Other patients sit on wooden benches for up to 12 hours a day. This includes those on intravenous drips.

Here are some comments. Names have been removed to protect the patients:

- **This place is disgusting, it is a disgrace. Patients queue at the toilets for hours, many defecate or uninate in their clothes while waiting.**
- **Patients cannot wait for three hours to use a toilet. They simply relieve themselves on the floor. The area around the toilets is often covered with urine and excrement.**
- **I feel quite sick when I think about it. The toilets overflow with faeces and urine. There are close to a hundred of us and only two working toilets. The nurses cannot cope.**
- **Two weeks on the floor. How can I get better? My back is killing me. Are you people mad? What do you think we are?**
- **How can I get better? Do you no longer care about me?**
- **The floor is hard and cold, I turn over, I can't sleep, I cry. We are suffering. Do you think we feel no pain?**
- **I have been sleeping under beds for four weeks. In the day there are not enough chairs to sit on and I sit on the flo[or]**



A nurse tends to a patient lying on the floor in a ward of Baragwanath's department of medicine.

Tired hospital, tired patients

By Carina le Grange

"Patients die simply because the doctor is too busy to cope. There are just too many patients, but these are unnecessary deaths."

These are the words of a doctor working at Baragwanath Hospital, and were my unnerving introduction to the complex that serves between 1,5 million and 2 million people living in Soweto.

The doctor who made the remark prefers to remain anonymous. He is not scared of likely repurcussions — he says he has nothing to lose and will do almost anything to bring about change in the "tired hospital with its tired staff and many tired and very sick patients".

But he does not want personal publicity. The issue, he says, is not himself, or other colleagues of his that I had met earlier. "The issue is the quality of medicine practised at the hospital and the welfare of its patients."

I visited the hospital on a night described as "quiet" by doctors and nursing staff.

I did not believe them. They might not have been running around like doctors in TV soap-emergencies, but they had wards and wards full of very sick people to tend to under very difficult circumstances.

In one ward with 92 patients there was only one sister, one nurse and an aide. Another ward was lucky enough to have five nursing staff for more than 70 people.

There were 92 patients in a ward with 40 beds. The overflow slept on the floor: underneath beds, between beds, sandwiched in rows next to each other.

A LITTLE PRIVACY

One man sat sleeping upright in a chair, covered by his blanket from head to toe — a little bit of privacy.

Off the end of the ward there was a single bath, four wash basins and three toilets (all without seats).

The wards smelt of too much human flesh in one place on a summer's night.

Seventy-five women were crammed into another ward with 38 beds. At times, the sister on duty told me, they have as many as 100 patients in the ward. More than half of those lying on the floor did not even have a mattress.

Some, asleep, had long since rolled off their double-folded blanket, and lay on the tiled floor.

"In the mornings it takes us hours to get people moving," said a nurse.

"They are stiff from sleeping on the floor. And at night it is difficult to identify the correct patient for the appropriate medicine — there are no bed-ends on to which medical files with names and other information can be hung."

With only three toilets, three basins and one bath I was pleased to be spared the early morning rituals — only one toilet for 25 women.

EMBARRASSMENT

I averted my eyes in embarrassment when a dignified elderly man, with neatly tended grey hair and beard, looked up at me from underneath the bed of another patient. The indignity of his situation was not lost on him.

But to lie under the bed does at least mean he is less sick than the man lying on top of it.

Baragwanath puts screws on doctors

CONFLICT between Baragwanath Hospital doctors and the Transvaal hospital authorities has intensified over the past week, with scores of doctors being given the choice of apologising for and retracting criticisms of hospital conditions, or losing or being refused posts.

The clash was sparked by a letter, from 101 Wits University department of medicine doctors employed at Baragwanath, published in the SA Medical

ALAN FINE

Journal in September.

A doctor, who does not wish to be identified, said yesterday the authorities' reaction was unfortunate in that it had obscured the main issue the letter attempted to address — the plight of patients in medical wards at the hospital.

The letter stated overcrowding and the state of ablution facilities, among other things, were compromising ethical standards. It accused the authorities of callous disregard and hypocrisy in responses to previous representations.

Soon after its publication, six signatories were told their applications for new posts had been refused. After a hearing ordered by the Supreme Court, they were told the decision had not changed.

Last week, said the doctor, another 19

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KEY MARKET MOVEMENTS — JANUARY 5 to JANUARY 6 REUTERS

Gold			JSE	Previous			Latest		Johannesburg Stock Exchange		
LON close $/oz	LON PM $/oz	LON PM R/oz	Krugerrand	$/R Comm	$/R Fin	Ffurt close DM/$	LON close £/R	3 months S A	All Gold SD Index	SD Induct Index	JSE Ov'll Index
484,50	481,40	948,57	1157	0,6120	0,3150	1,6475	0,2810	9,50	1446,3	1732,0	1860
478,00	476,50	928,71	1145		NO MOVE						

Doctors sign to avoid hospitals 'blackball'

From Page 1

applicants were told they would have to sign a letter of retraction and apology if they wished their applications to be considered. Seventeen, and two of the original six, signed.

And on Tuesday, about 25 more doctors — already occupying more senior, but temporary, positions — were told to sign the apology or be dismissed. They are considering their position.

The written apology, according to the doctor, was largely laid down by the authorities. It states "there have been inaccuracies", and withdraws "derogatory" comments made about the authorities.

Apologise or face action, registrar told after voicing criticism

Bara doctors may be sacked

By Carina le Grange

A Baragwanath Hospital registrar specialising in clinical medicine has been informed that he is to be given 24 hours' notice.

He was one of 101 doctors who last year criticised, in a letter to a medical journal, the "deplorable" conditions in the hospital's department of medicine.

There is now reason to believe the same fate might befall other registrars — and this was confirmed yesterday by comment from the MEC in charge of hospitals, Mr Daan Kirstein.

When asked whether people were being victimised for having signed the letter, he said: "They are being victimised because it is not true what they said".

"If people are not prepared to apologise for the untruths they signed, they can expect action against them. We are not prepared to employ them," he said.

Mr Kirstein added that 16 people had already signed an apology.

A visit by The Star to Baragwanath Hospital this week confirmed reports and affidavits by interns and senior staff, including a respected professor, on the squalor and overcrowding there.

Patients were seen being treated by nursing staff on ward floors, and overcrowding can be as high as 300 percent occupancy in some wards.

Toilet facilities are grossly inadequate, with as few as three toilets to 92 patients in one ward. In each ward there was only one bath.

More than 100 doctors and interns signed a letter, published in *The South African Medical Journal (SAMJ)* in September, describing conditions at the hospital as "disgusting and despicable".

The same edition of the journal carried a supporting editorial written by Cape Town academics Professor S R Benatar and Professor R E Kirsch.

'Insensitivity'

The editorial in the *SAMJ* said Baragwanath's problems reflected decades of "exploitation, of gross insensitivity to the needs and aspirations of the black population".

According to an affidavit filed in a recent court case, the retired head of the department of medicine at Baragwanath, Professor Leo Schamroth, met a Deputy Director of Hospital Services in the Transvaal, a Dr Kritzinger, in February last year.

At this meeting Professor Schamroth related the "distressing conditions" to Dr Kritzinger. According to the affidavit, the deputy director's response was that "Baragwanath serves a Third World community, that they were used to sleeping on the floor and that he 'did not know what all the fuss was about'".

The registrar prefers to remain anonymous at this stage but is considering legal action.

He was asked to sign the letter on Tuesday, given half an hour to make up his mind, and told that failing this his job would be terminated.

He has refused to apologise.

See Page 17.

Singh, a Sikh, in Mahalwala village, 240km west of the state capital of Chandigarh.

Hospital workers back

JOHANNESBURG. — A group of 49 workers at Hillbrow Hospital were reinstated yesterday following negotiations between Hospital Services and the National Education Health and Allied Workers' Union (NEHAWU), a union organizer, Mr Monde Mditshwa, said. This followed a work stoppage in October last year involving all 600 "unclassified" workers at the hospital. All but the 49 were re-instated last year.

AL and CAPE 80c (71c + 9c tax)

(98) B/day 8/1/88

A TIMES MEDIA PUBLICATION

Action against Bara medics slammed

ALAN FINE

WITS University's dean of medicine, Professor Clive Rosendorff, yesterday criticised steps taken by the authorities against Baragwanath doctors for criticising conditions at the hospital and inadequate efforts to alleviate them.

About 50 of the 101 signatories to a letter published in the SA Medical Journal last September have been told they would be dismissed from or refused new posts in provincial hospitals unless they signed a letter retracting their allegations and apologising.

By yesterday most of the 50, comprising 25 applicants for new posts and about another 25 junior and temporary staff subject to 24-hour notice — housemen, senior housemen and registrars — had signed.

However, one registrar was given 24 hours' notice on Tuesday when, at an interview, he stated he was not prepared to sign the retraction. The other housemen and registrars were given an ultimatum to sign by 10am yesterday.

One doctor said it appeared most had submitted to the dismissal threat.

The specialist consultants, who hold permanent posts and who signed the SAMJ letter, have not yet been officially approached.

The doctor, who did not wish to be identified, pointed out that most of the doctors affected so far had to act in the knowledge that their careers were at stake. They either had not begun or not completed their specialist training.

Baragwanath is one of five Wits teaching hospitals, although administration of the hospital is the responsibility of the Transvaal Department of Hospital Services (DHS). It is only at such hospitals that specialist training is available.

Rosendorff said the university had made strenuous representations to the DHS on behalf of the 101 doctors.

"The university would greatly regret the loss of highly qualified, dedicated and concerned doctors who provide a unique and invaluable service to the Soweto community," he said.

"The university has supported the repeated requests by Baragwanath medical staff for improved facilities, and has offered its assistance to the DHS in its

● To Page 2

GDNRboa

Wits dean defends Bara medics

● From Page 1

efforts to upgrade facilities.

"However, we are disturbed that the provision of hospital beds has not kept pace with the rapidly expanding population of Soweto," he said.

GERALD REILLY reports that a DHS spokesman said yesterday the administration was not averse to legitimate criticism. However, any employee who published "untruths" and publicly denounced his employer as being "indifferent, callous, hypocritical, deplorable and uncaring", could expect appropriate action.

He said that in an SAMJ article last November, Executive Director of Hospital Services Hennie van Wyk said the administration did not deny that many of the buildings at Baragwanath were old and failed to comply with all requirements expected at an academic hospital.

He also did not deny that many of the wards were often overcrowded. However, the administration had been upgrading the hospital since the '70s.

Two medical wards with 70 beds had been added since 1980.

● See Comment, Page 4

OUTCRY AT BARA



DR DILIZA Mji . . . president of Namda.

By THABISO LESHOAI

Seniors doctors face the sack

THE National Medical and Dental Association and the Health Workers Association yesterday slammed the Transvaal's department of hospital services as the furore over the victimisation of the doctors who criticised conditions at Baragwanath Hospital worsened.

Nineteen of the 101 doctors who signed a letter describing conditions at the hospital as "deplorable" have been warned to apologise to warned to apologise or lose their jobs.

Unity

In a statement yesterday Namda said: "We condemn the high-handed manner in which the situation is being handled by the provincial authorities. Furthermore the methods used to undermine and divide the unity of the concerned doctors must be deplored."

The Health Workers Association said that the threatened dismissals could lead to further staff shortages at the already overworked hospital.

It said the action by the authorities had "strong elements of repressiveness, vindictiveness and a gross insensitivity to the health care needs of our community".

A Soweto medical practitioner said that instead of being victimised the doctors "should be commended for bringing the situation to the notice of the public".

The controversy erupted when 101 doctors at Baragwanath signed a letter published in the *SA Medical Journal* in September critising conditions at the hospital.

In the letter the doctors also accused the administration of callous disregard for the conditions.

After the letter was published six of the signatories were told that their applications for new posts at the hospital had been turned down.

Judge

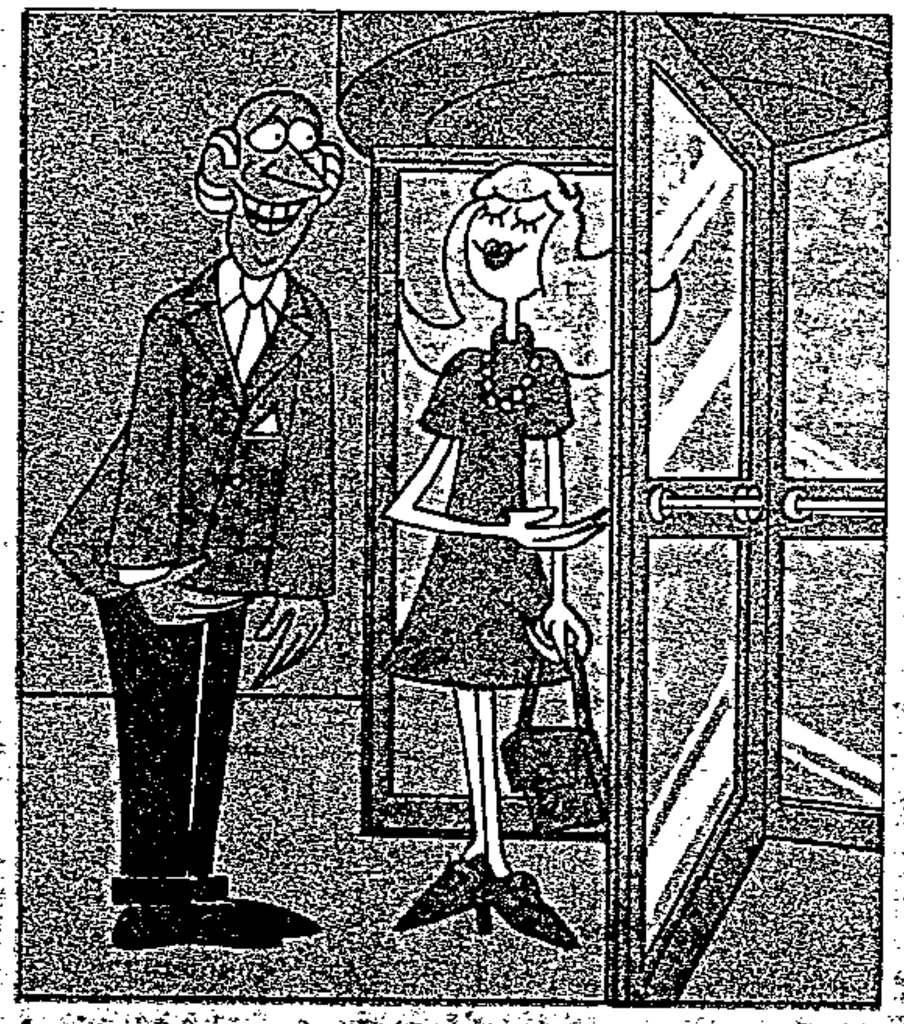
A Supreme Court action brought by the six was decided in their favour with the judge ordering they should be given a hearing by the administration. After that hearing they were told the decision remained unchanged.

Last week 19 other signatories were told to apologise or face dismissal or refusal of post applications.

Of these, 17 signed and their jobs were secured. Three of the six doctors who instituted the court action subsequently signed the letters of apology.

REPORTS, pictures and comment in this edition may be censored in terms of the Government's state of emergency.

"When faced with a revolving door, I'm uncertain whether to precede a lady or to follow her. But when it's my turn to offer cigarettes, I have no doubt as to the correct choice."



*A gentleman who patronises the more exclusive London stores

9/11/88

Two Bara doctors dismissed

JOHANNESBURG. — Authorities yesterday dismissed two doctors on 24 hours' notice and at least six others face penalties for refusing to retract their criticism of "disgusting and despicable" conditions at Baragwanath Hospital.

Professor Clive Rosendorff, dean of medicine at Witwatersrand University, said yesterday he heard two specialist trainees were fired.

He said they apparently refused to apologize for signing a letter last September in which 100 doctors condemned conditions at the hospital.

In the letter doctors said: "The conditions in the medical wards at the hospital are disgusting and despicable."

Up to 500 patients were treated on the floor, they said.

Patients claimed earlier this week that toilets overflowed and people were forced to relieve themselves on the floor. — UPI



William and Margaret Rampai and sons Thabo and Marks (right), face a bleak future.

ANGUISH ABOUT THE HIGH COST OF KEEPING HEALTHY

By SINNAH KUNENE

THE ever-increasing cost of medical care is a cause of great concern to both the general public – the people who need treatment – and also to health workers.

Medical fees appear to be rising almost every six months – the latest hike being a staggering 150 percent increase in tariffs for treatment at provincial hospitals and clinics in the Transvaal.

Worse is still to come – health experts predict another increase in the near future.

However, while medical fees – now ranging from R7.50 to R30 a patient on a weekend visit in the Transvaal – may be demanded from patients, it is against the law to refuse treatment and medicine to those who cannot afford to pay.

"No patient, whether in Rome or in Africa can for ethical reasons, be refused medical treatment. A patient has the right to take legal action against any State health worker who turns him away for failing to pay the medical charges," a medical source told *City Press*.

There is fear among health workers that patients who have been receiving regular treatment in hospitals and clinics might stop reporting for treatment.

"We have been deprived the right to free medical care – the right every living thing on this earth is entitled to. We have actually reached a stage where people would rather die at home than report to hospital because they are discouraged by the high fees," said a retired nursing sister, Frederica Malatsi.

The National Council of Trade Unions has deplored the increases, effected on January 1, and called for a "national people's health service".

"Nactu believes that the unfair advantage and profiteering in medicines through the State tender system and all the "perks" abuses rampant in the system can only be eliminated if the system is open to the scrutiny of the people," the union said in a statement.

"We further believe that the 'chicken run' of doctors and other medical personnel should be curtailed by ensuring that such individuals are forced to work in State hospitals for at least four years before being allowed to leave the country," said Nactu.

The union argued that taxpayers' money subsidised the education and training of medical workers and they should plough back into the community what they had received from it.

Meanwhile, some private practitioners are finding it difficult to recover money from medical aid schemes.

A Soweto doctor – one of many affected in this way – has had to write letters to patients whose medical schemes had not paid their accounts for some time.

He had already sent out final demand letters to patients.

Family face cost crisis

By DAN DELAMINI

THE increases in hospital tariffs that came into effect on New Year's day have posed serious problems for a disabled couple who say they have to visit the hospital at least once a month.

Crippled William Ndana, 35, and his wife Margaret, 31, both of Ikageng near Potchefstroom, told *City Press* that they couldn't afford to buy school clothes for their two sons and foot their hospital bills.

Margaret, who is confined to a wheelchair for the rest of her life, said they were both maimed by polio and are pensioners and get disability grants from the government.

Their two sons, Marks and Thabo, will be going to standards three and one and will need school uniforms when the schools open this month.

"Margaret and I usually visit the hospital for check-ups and the news that tariffs have increased is really shocking.

"The Kalie de Haas Hospital is about five kilometres from where we live in Ikageng and we have to pay for transport to get there," said Rampai, who cannot walk properly because of a leg injury.

Margaret said they now live in a shack in the backyard of her mother's home and seem to be a burden on her.

She said her mother, Cecilia Ndana, has been helping them support their sons because they only receive their allowance bi-monthly.

The mayor of Ikageng, Richard Sepotokele, said that his council was considering giving food parcels to the needy and disabled members of the community on a regular basis.

"We have already briefed our welfare office and will arrange a meeting with the nurse in charge of the local clinic to help trace all the deserving cases which will need immediate attention," said Sepotokele.

Chales Ntsizi, of the Ikageng Child and Family Welfare, said his committee was not aware of Rampai and his family's plight, but would try to assist where possible.

He said the ICFW was presently faced with the problem of the twilight children who were accommodated at Molusi's home.

He said the ICFW was appealing to individuals in Ikageng to adopt the children.

MEC explains rise in Tvl hospital tariffs

NO patient would be left without medical care or medicine if he was genuinely unable to pay, a Member of the Executive Committee in the Transvaal, Daan Kirstein, said this week in response to recent Press reports on increased tariffs in the province's hospitals.

"Recent statements in the Press have made it necessary to correct certain misconceptions and to place in perspective the issue of provincial hospital rates," he said in a statement in Pretoria.

The decision to introduce higher tariffs and a basic fee on medicine had been taken in May last year for implementation on July 1.

For administrative reasons, however, this had only been introduced on January 1 this year, with medicine being supplied free up to then.

"As a result of the dramatic increase in the price of medicine it became necessary to charge a basic fee of R3 on prescriptions for hospital patients. This normally includes one month's supply of medicine."

Kirstein said private patients would in future be required to pay for their medicine in provicial hospitals.

He pointed out that tariffs had last been adjusted in 1982 and that higher costs had made it necessary to increase tariffs to maintain a reasonable standard in basic health services.

Classification tariffs had also risen by about 100 percent.

"For example, an unmarried person earning R5 000 or less per annum now qualifies as a hospital patient, where previously the salary restriction was R2 500 or less.

"For a family of five the maximum income to qualify for these tariffs has been raised from R7 500 to R13 000.

"No patient will be left without medical care or medicine if he is genuinely unable to pay," said Kirstein. – Sapa.

Conditions at Baragwanath

This is the letter from 101 Baragwanath doctors published in the September edition of the South African Medical Journal which sparked the clash between them and the Transvaal Department of Hospital Services

To the Editor: a letter signed by 70 doctors employed in the Department of Medicine at Baragwanath Hospital was sent on June 12, 1980, to the South African Medical and Dental Council.

The letter was ignored, as were repeated appeals and pleas to the Transvaal Provincial Hospital Administration. As Baragwanath is a teaching hospital associated with the University of the Witwatersrand, we have also appealed several times to the Faculty of Medicine and to the Principal of the University to support us in our pleas.

Years later, the situation has not improved. Indeed, it is worse. The conditions in the medical wards at the hospital are disgusting and despicable. The attitude of the responsible authorities can only be described as deplorable.

The state of affairs is inhumane. Facilities are completely inadequate. Many patients have no beds and sleep on the floor at night and sit on chairs during the day. The overcrowding is horrendous. Nurses are allocated according to the number of beds, and not to the number of patients.

Ablution facilities are far short of accepted health requirements, and ethical standards are undoubtedly compromised.

Pleas for help have been met by indifference and callous disregard. Patients and their problems are treated with utter contempt by the authorities. Nothing is done to correct this affront to human dignity. Here is human suffering which cannot be portrayed by mere statistics.

The administration has reacted in two ways. Firstly, it has been said that improvements cannot be made at the existing hospital, as plans are being made to build a new hospital in Soweto. These statements have proved to be devoid of truth. The passage of time and inquiries at provincial council level have shown that there is no basis or justification for this excuse.

Secondly, they say that unfortunately there is no money for new facilities. This answer is utterly hypocritical. An expensive administration block has been erected at the hospital, and a R300m hospital mainly for whites is planned alongside H F Verwoerd Hospital in Pretoria.

We have yet to see any evidence of the promised plans to rebuild Baragwanath Hospital. Appeals for help and caring through various channels have been to no avail.

The population of Soweto is very large and resources at Baragwanath are meagre. Influx control has been abolished. How much greater Baragwanath's burden now is. Has there been planning to anticipate this?

The attitude of the administrators to the problem, and to our attempts to give some semblance of a quality service to the people of Soweto, is just unbelievable!

"Discharge patients, do not admit 'unnecessary' patients." Do they not understand (or care) that premature discharge is the order of the day? Even so, the overcrowding worsens. We are of necessity forced to lower our expectations in the quality of care we can offer our patients. The uncaring, uncompromising attitude to the handling of sick human beings is beyond belief.

We are making this appeal through the SAMJ in the hope that it may evoke enough response from the profession, at least on humanitarian grounds, to bring about urgent relief to an appalling situation that is rapidly approaching a major crisis.

S R Abkiewicz, A S Ahmed, M A Alli, R Ally, M S Amanjee, D Baum, E Beale, G C Benloulou, I Berkowitz, H R Bhaga, E Blumenthal, A Blumsohn, D Blumsohn, B Bookatz, N Borok, M Braude, H E Bray, J Brown, A H Brüning, B A Caplan, F G H Cassimjee, L Celliers, R Chun, G J Churchyard, A Demetriou, A Dubb, H Durao, D M Edelstein, S Essa, G K Fetter, G Frame, D S Franklin, M Friedman, H Gaytanakis, P Geldard, M A Ghoor, J Glocer, A I Gordon, T M Grobbelaar, S Guest, J M Heckmann, H J Hodkinson, H Hon, K Huddle, M H A Ismail, V Jaques, L Jivhuho, H Kahn, A S Karstaedt, M Kenyon, J Kew, B F Khumalo, M Klenovsek, L H Krut, L L Latakgomo, A Lazar, J E H Long, M S Makhene, J M Manclovski, G C Marinopoulos, D Marsh, H Mendelsohn, R Mendonca, D Modi, A E Mohamed, L Mokgatle, D V A Mzamane, F Nanabhai, N Ngcobo, Z Ngcwabe, E Ngwenya, C Ostermeyer, T Parbhoo, B A Patel, M Patel, L Pereira, M Pillay, B C Planer, N Rapeport, M M Raphunga, S Rathakrishnan, L Riedel, G Rubin, J Sack, D Saffer, Y Saley, M A Seedat, K D Segal, D J Shamley, M H Shapiro, R Shires, V Singh, C Sinoff, D Siwinska, J Sofianos, A Stanwix, C Stavrou, M Tikly, B Traub, S Weiner, A H Wulfsohn.

Department of Medicine
University of the Witwatersrand

PFP man's challenge on hospital declined

The Argus Correspondent

JOHANNESBURG. — The Transvaal's MEC in charge of hospitals, Mr Daan Kirstein, today declined an invitation by PFP MP for Bryanston, Mr Rupert Lorimer, jointly to inspect conditions at Soweto's Baragwanath Hospital.

Mr Lorimer last week challenged Mr Kirstein to accompany him on an inspection of the hospital because he believed that Mr Kirstein was not aware of how serious conditions there were.

Mr Lorimer said that if Mr Kirstein rejected criticism of the hospital by doctors then he was "not on top of his job" and should resign.

Mr Kirstein said today he agreed with dissatisfied doctors that conditions at Soweto's Baragwanath Hospital were not adequate.

"I know what is going on and I have never said everything is in order at the hospital," he said.

"I know we have problems and have always said so. We are doing everything in our power, with the money available, to alleviate the situation."

"ATTITUDE"

He said that doctors were not being victimised because they criticised conditions at the hospital.

"Action is being taken against them because of their attitude and their language towards their authorities and employers."

According to Professor Clive Rosendorff, dean of the University of the Witwatersrand's medical school, two registrars at the hospital had been dismised.

Masa backs Baragwanath doctors' stand

Own Correspondent

JOHANNESBURG. — The Medical Association of SA (Masa) has come out in support of the Baragwanath doctors under fire from the Transvaal Department of Hospital Services for their criticisms of conditions at the hospital.

Southern Transvaal Masa president Dr Sholem Kay said the organization deplored in the strongest terms the victimisation of the doctors, who are being forced to sign a retraction of their allegations if they wish to remain employed at a provincial hospital.

He said a Masa delegation had recently visited Baragwanath, and was able to confirm the doctors' claims about conditions in the medical wards.

Dr Kay said the letter should be seen as reflecting a feeling of despair on the part of medical staff. "The need to care for patients being nursed on the floor and under beds would inevitably put doctors under great stress," he said.

He also noted the letter had been published in the SA Medical Journal, not the public press. Its intention was to gain the medical profession's support.

Doctors had been upbraided for saying the authorities had done nothing to alleviate the situation, said Dr Kay. While some action had been taken, conditions at Baragwanath had not improved but continued to worsen.

Masa deplored this too, said Dr Kay. He added there was no magical solution. Ultimately, the problem of hospital facilities in Soweto could be solved only through building more hospitals.

'Victimised' doctor to take province to court

By Carina le Grange

One of the Baragwanath doctors denied a post for speaking out about conditions at the hospital is taking the matter to the Rand Supreme Court.

An application for a hearing is expected to be filed today.

The doctor, who asked not to be identified, will challenge the Transvaal Provincial Administration for finding her "unsuitable" to take up a position as registrar.

After an earlier case in December, the doctor won the right to a hearing from the province at which she stated that she had met all but one of the criteria in Section 10 of the Public Servant Act: qualification of level of training, efficiency and relative merit.

The criterion in question is that of suitability. She contends that she is being found unsuitable for having signed the letter criticising the conditions at Baragwanth.

She told The Star yesterday she could not sign the apology demanded by the authorities.

She was informed on December 30 that she was "not suitable" for a more senior post.

She had been notified in November her application to the department of paediatrics had not been approved despite recommendations by two departmental heads. "No explanation was given at the time," she said.

She said she had been prepared to retract certain issues stated in the letter published in the *South African Medical Journal* critical of conditions and of the authorities' attitude, but that the province refused to accept anything less than their own preprepared letter of apology.

"It must be clear that we attacked policy and not individuals in the *South African Medical Journal* letter. As this policy persists, I do not see how I can retract what was said. It would be a disservice to patients and the community."

● The Medical Association of South Africa (Masa) has also come out in support of the Baragwanath doctors, saying the victimisation of doctors was "deplorable". A Masa delegation who visited the hospital said they could confirm the doctors' claims.

Mwasa hit out at Bara

SAPA-AP

THE Media Workers Association of South Africa yesterday condemned "in the strongest terms" the decision taken by Baragwanath hospital and the Transvaal Provincial Administration to punish doctors responsible for an article in the SA Medical Journal which criticises conditions at the hospital.

"Mwasa condemns the decision to victimise doctors who were party to an article in the medical journal exposing the shocking conditions at Bara," a spokesman for the union said.

"Mwasa believes that the TPA and Bara should be proud to have on the staff doctors of such integrity and with such principles.

"These doctors have managed to uphold the ethics of their profession and have done this noble calling proud — they acted in the interests of their patients.

"It is undoubtedly only in this country that people are penalised for being dedicated to the care of their wards.

"We call on the community to support the doctors at Bara and other hospitals who work under such primitive conditions and we call on the authorities to reinstate those doctors already dismissed and improve the conditions at this hospital as a matter of urgency," the spokesman said.

98 Sunday Times 11/1/88

Sowetan 98 12/1/88

Bara on my shoulders



ON THE LINE

Aggrey Klaaste

WHEN doctors graduate they are obliged to take the Hippocratic Oath, which commends them to certain vows concerning the preciousness of life.

Nurses also make pledges, more specifically attached to the type of vow and service given by one of the first nurses, and one who has assumed a saintliness in the profession, Florence Nightingale. These vows are not taken by the bureaucrats who have to see to the business of running a hospital in such a way that doctors and nurses may fulfill their obligations.

By and large the bureaucrats, although they tend to be pests, normally provide adequate facilities for nurses and doctors to work properly. Not at Baragwanath Hospital. Not at this, the largest hospital south of the Equator.

The truth of the matter is that both doctors and nurses have acted in a very timid and poorly fashion — up to now.

We all know, those of us who live in Soweto, what has been happening at the hospital. Many of us have had agonising personal experiences wherein we saw loved friends or relatives die while they were waiting to be attended to at Bara.

Ironic

The most ironic thing is that the hospital has had some of the best medical people from various universities studying or working there. This has obviously led to the hospital getting some of the most modern equipment in medicine.

But slowly things began to fall apart.

More than 20 years ago there was a suggestion that a new hospital would be built in Soweto.

This scheme came to naught in a strange way. The reason, it would seem to me, was that the superintendents at Bara, and their doctors, managed to create

which are cramped and plainly unsuitable.

I will be among the first to tell how a friend of ours literally died on a contraption that looked like a stretcher. Bled inwardly whimpering like a baby while the doctors and nurses could plainly not deal with the rush of patients.

I was struck rather forcibly by one phrase from a story written by a reporter from The Star, one Carina le Grange who in the end of a lengthy investigative piece said this about an elderly black patient:

"I averted my eyes in embarrassment," she says, "when a dignified elderly man, with neatly tended grey hair and beard, looked up at me from underneath the bed of another patient. The indignity of his situation was not lost on him. But to lie under the bed does at least mean he is less sick than the man lying on top of it."

She might not know it, but that is the type of detail that sticks in the mind — a small personal touch which makes the entire series more memorable because of it.

Although the variety of diseases and incapacitations at the hospital is something of a dreamland for the specialist, most doctors would rather go into private practice than work at Baragwanath. Almost all black doctors I know spend a year or two at Baragwanath and retire in exhaustion to make money and perhaps practice in dignity on their own. Nobody, least of all a doctor, can bear the conditions at Baragwanath Hospital for long.

tion which made the feasibility study into the creation of a new hospital appear unnecessary.

Last year some doctors at Baragwanath went public, for the first time, in expressing the intolerable situation there. That expression of disgust and dismay should have been welcomed by everybody.

Instead the authorities have taken on the most ridiculous umbrage at the expression of what was, afterall, fact.

The facilities at Baragwanath are in shambles. The scandal is there for anybody to see.

Most of us are aware that very sick people sleep on the floor, under beds. Many of us have heard shocking stories about the conditions in the maternity wards,

the Kruger National Park.

Bara doctors: Wits intervenes

Own Correspondent

JOHANNESBURG. — Witwatersrand University vice-chancellor Professor Robert Charlton yesterday met the Transvaal MEC in charge of hospitals, Mr Danie Kirstein, to discuss action against doctors at Baragwanath Hospital.

Doctors who signed a letter to the SA Medical Journal on conditions at the hospital have been refused new posts or threatened with dismissal unless they sign a retraction and apology.

After the meeting Mr Kirstein said suggestions made by both sides would be considered overnight and he expected finality to be reached in telephone discussions by tonight.

Mr Kirstein said that at the latest count 44 doctors had signed the retraction, while "three or four" had not.

Bara: actions against doctors discussed

ACTIONS taken against doctors at Baragwanath Hospital were discussed yesterday by Wits University vice-chancellor Professor Robert Charlton and Transvaal MEC in charge of hospitals Danie Kirstein.

Doctors who signed a letter to the SA Medical Journal on conditions at the hospital have been refused new posts or

ALAN FINE

threatened with dismissal unless they signed a retraction and apology.

After the meeting, Kirstein would not be specific about the issues discussed, but said it had been fruitful.

● To Page 2

Bara: actions against doctors discussed

Certain suggestions made by both sides would be considered overnight and he expected finality to be reached in telephone discussions by tonight.

A Wits spokesman said Charlton might issue a statement today.

Meanwhile, Medical Association of SA (Masa) federal council chairman Dr Bernard Mandell said yesterday Masa identified itself completely with the doctors' actions in addressing shortcomings at the hospital.

He said: "Where their first concern is the health of their patients, the doctors can be assured of Masa's full support if retaliatory action of any nature should be taken against them.

● From Page 1

"The most important consideration of all for Masa, the authorities and the doctors is that the purpose of any action taken by them must at all times be to ensure that their patients receive the best treatment possible."

Kirstein said at the latest count 44 doctors had signed the retraction, while "three or four" had not.

The Department of Hospital Services was still considering what action to take against the remainder of the 101 signatories, who are senior permanent medical staff.

Proof of the state of Bara

THE deplorable conditions at the Baragwanath Hospital were once more exposed when a man severely bitten by dogs had to queue for two hours before receiving medical attention at the weekend.

Mr Caesar Manyoni (42) of Rockville would have received emergency treatment at any white hospital in the country, but after two hours of waiting he was given an injection and had to queue once more to be stitched before he was discharged without being told when to report for further treatment.

Yesterday he had to visit a private doctor to get attention for his aching legs and left arm.

An obviously saddened Mr Manyoni said the two hours he spent in the queue at the hospital were the longest in his life.



MR CAESAR Manyoni . . . two hours before attention.

"Here I was writhing in pain right in a hospital with no medical attention in sight. Both my legs were in terrible pain and I just prayed that I would survive the ordeal. I am very disturbed with the way things are going on at the casualty department at the hospital," he said.

Meanwhile a random survey carried out by the *Sowetan* yesterday revealed that many Soweto residents were in support of the 101 doctors who signed a letter describing conditions at the hospital as "regrettable".

A former patient at the hospital, Mr Masoja Motha, said the authorities should rather address the problems and leave the doctors alone.

"What is contained in that letter is the truth. I had to sleep on the floor for five days before I could get a bed. Something urgent needs to be done about the appalling conditions at the hospital," Mr Motha said.

Bara 'best of all black hospitals'

ALAN FINE

THE quality of medical care at most black hospitals was even less adequate than at Baragwanath Hospital, where overcrowding and poor facilities have been the centre of controversy recently, a medical researcher said yesterday.

Figures published in an editorial in last September's issue of the SA Medical Journal (SAMJ) show wide racial disparities in expenditure in provincial hospitals.

In 1985 — the most recent year for which such figures have been extrapolated — expenditure per patient per day amounted to R45 at Baragwanath, R57 at Kalafong, R61 at Livingstone and R69 at Frere black hospitals.

Comparative expenditure at predominantly white hospitals was R194 at H F Verwoerd, R160 at J G Strijdom and R209 at the Johannesburg General. The figure for the multiracial Groote Schuur and Tygerberg hospitals was R136.

The editorial, written by Groote Schuur professors R E Kirsch and S R Benatar, argued SA's health services were "inextricably intertwined with those sociological, economic and political philosophies which underpin the policy of apartheid".

Wits University's Centre for the Study of Health Policy director Dr Eric Buch said yesterday the statistics were not strictly comparable, particularly between provinces.

Nevertheless, an analysis of Transvaal statistics carried out by the centre showed 26 out of 30 predominantly white hospitals spent more than R75 per patient per day. This applied to only five out of 35 black and mixed hospitals.

Buch said Baragwanath expenditure figures compared favourably with other black hospitals. And this was spent only on in-patient care, while others' expenditure was also used for other tasks. In addition, Baragwanath conditions were better because, as a teaching hospital, there was ready access to specialist care and more sophisticated facilities.

Hospital authorities could not be reached for comment yesterday.

13/1/88 (98)

Kirstein dismisses resignation calls

The MEC in charge of hospitals, Mr Daan Kirstein, yesterday said it was "ridiculous" to expect him to react to calls for his resignation.

On Monday two Progressive Federal Party MPs, Dr Marius Barnard and Mr Rupert Lorimer, and two consultants at provincial hospitals called on Mr Kirstein and the director of hospital services, Dr Hennie van Wyk, to resign.

Mr Kirstein added that he met representatives from the University of the Witwatersrand on Monday regarding the fate of the 101 doctors who protested at conditions in Baragwanath.

Treatment of mentally ill at Bara 'degrading'

By Carina le Grange

Mental patients at Baragwanath Hospital are not kept in wards separate from other patients. They wear "tags" on their backs with their names and ward numbers — in case they get lost in the open-ward system of the hospital.

This practice was disclosed by the Society of Psychiatrists of South Africa (SPSA) which condemned it as "degrading" and "dangerous" for hospital staff and patients.

The society yesterday issued a statement supporting the requests of the doctors of Baragwanath for an "improvement in the unsatisfactory conditions at the hospital".

The statement, issued by the SPSA's executive committee, said: "The degrading practice of tagging such (mentally ill) patients on their backs with names and ward numbers is a reflection of the totally inadequate services for this category of persons."

According to the statement there are no separate wards for the mentally ill at Baragwanath and these patients are housed with physically ill patients.

Usually mentally disturbed patients are kept in wards separate from those who are physically ill. This is not the case at Baragwanath.

"The society wishes to indicate that the overcrowding at Baragwanath is not only in itself potentially dangerous and degrading, but the housing of seriously mentally disturbed patients in wards with physically ill patients is completely unacceptable.

"Baragwanath, as one of the largest hospitals in the southern hemisphere, still has no psychiatric ward for the management of seriously disturbed patients whose behaviour may be irrational or who may not be orientated in terms of location and may become lost or neglected.

"Dangers exist in this practice for both physically and mentally ill patients. The personnel working under these conditions are subjected to increased stress and risk of assault."

The statement added that the international community uses the manner in which mentally ill people are treated as an index of that society's concern for human rights.

Approached for comment, the PFP spokesman on health matters, Dr Marius Barnard, said yesterday the statement substantiated and confirmed the stand of Baragwanath doctors and confirmed that they are treated "totally unjustly by the authorities".

He added, however, that Baragwanth's conditions were "only the tip of the iceberg".

"Baragwanath is a star hospital in comparison with other black hospitals," Dr Barnard said.

"It is the beginning of the threatened collapse of the Government's hospital and health care system."

CAPE Times 14/1/88

500 mentally ill patients at Bara get 'no services'

JOHANNESBURG. — Psychiatrists yesterday joined in strong criticism of conditions at Johannesburg's black Baragwanath Hospital, backing physicians who face dismissal for their public condemnation of overcrowding at Africa's biggest medical centre.

Staff at the hospital told reporters last week that up to 500 patients were treated on the floor and in corridors. They said bathroom facilities were inadequate, forcing patients in some wards to relieve themselves on the floor.

The Society of Psychiatrists of South Africa (SPSA) said in a statement yesterday that services for psychiatric patients were "totally inadequate" at the 2 700-bed hospital.

The society, representing more than 150 psychiatrists, said mental patients were accommodated alongside surgical cases, putting staff and patients at risk of assault.

"The overcrowding at Baragwanath is not only in itself potentially dangerous and degrading, but the housing of seriously mentally disturbed patients in wards with physically ill patients is completely unacceptable," the society said.

The SPSA also condemned the system whereby mental patients wear tags on their backs with their names and numbers in case they get lost in the hospital's open-ward system.

"The degrading practice of tagging mentally ill patients on their backs with names and ward numbers is a reflection of the totally inadequate services for this category of persons."

Baragwanath has been in the news since government health authorities last week vowed to fire 100 doctors who signed a letter to the South African Medical Journal condemning conditions as "disgusting and despicable".

Mr Daan Kirstein, the senior government official in charge of hospital services, said doctors who signed the letter could endorse a repudiation drafted by government lawyers or face immediate dismissal.

Professor Clive Rosendorff, dean of medicine at the University of the Witwatersrand, said he had heard of two trainee specialists being given 24 hours to quit after refusing to recant.

A Johannesburg psychiatrist with personal experience of conditions at Baragwanath said doctors had been talking to the government for years about improving conditions at hospitals.

He said the government's insistence on separate facilities for blacks and whites contributed greatly to the poor conditions, but added that facilities for psychiatric patients of all races were inadequate throughout the country. — Sapa-AP

Masa supports Bara doctors

ALAN FINE

THE Medical Association of SA (Masa) has come out in support of the Baragwanath doctors under fire from the Transvaal Department of Hospital Services for their criticisms of conditions at the hospital.

Southern Transvaal Masa president Dr Sholem Kay said the organisation deplored in the strongest terms possible the victimisation of the doctors, who are being forced to sign a retraction of their allegations if they wish to remain employed at a provincial hospital.

He said a Masa delegation had recently visited Baragwanath and was able to confirm the doctors' claims about conditions in the medical wards.

Kay said the letter should be seen as reflecting a feeling of despair on the part of medical staff.

He also noted the letter had been published in the SA Medical Journal, not the public Press. Its intention was to get the support of the medical profession.

Doctors had been upbraided for saying the authorities had done nothing to alleviate the situation. While some action had been taken, nothing had been achieved because conditions at Baragwanath had not improved. Rather they continued to worsen.

See Page 5

Bara: CP condemns action by province

By Carina le Grange

The Conservative Party yesterday joined the Progressive Federal Party in condemning action taken by the Department of Hospital Services against Dr Marius Barnard again called for the resignation of the MEC in charge of hospitals.

Dr Willie Snyman said he "regretted and could not condone action taken by the provincial authorities to victimise doctors" for having published a letter in *The South African Medical Journal*, signed by 101 doctors in Baragwanath's department of medicine, calling there "deplorable".

Dr Snyman said while he could not express an opinion on the validity of conditions at Baragwanath since he did not have personal experience of the situation, he was aware that the provincial administration has announced there are not enough funds for hospital services.

VICTIMISATION

"But I regret and cannot condone that professional people are in fact threatened and victimised while practising their profession (uitoefening van hul beroep) because they did not express this opinion in their own (medical) journal," he said.

He said disciplinary measures can "certainly" be taken within a department but then it had to concern the contravention of internal order and regulations of the department itself.

Dr Barnard said he viewed with contempt the response of the MEC in charge of hospitals, Dr Daan Kirstein, to the call for his resignation by Dr Barnard and doctors at teaching hospitals (Mr Kirstein) cannot "react to what every Tom, Dick and Harry says".

"His reference to every Tom, Dick and Harry must obviously include the Medical Association of South Africa and the University of the Witwatersrand.

"His statements and actions, coming at the same time as the signing of a medical co-operation agreement between the Republic of China, its Minister of Health and the Republic of China, is laughable.

"I hope that this co-operation with the Republic of China will not mean that doctors in South Africa who protest against the health-care system will be replaced by Taiwanese doctors."

E Rand hospital 'worse than Baragwanath

(98 SPR 14/11/88)

By Carina le Grange

Another provincial Witwatersrand hospital has been criticised for high mortality rates, overcrowding and lack of care for patients.

Conditions at the Boksburg-Benoni Hospital "are worse than those at Baragwanath", a private general practitioner — who has to refer most of his patients to the hospital — said yesterday. He may not be identified for ethical reasons.

Baragwanath Hospital made news recently when the provincial authorities threatened doctors with dismissal for criticising conditions there.

Conditions at the Boksburg-Benoni Hospital were criticised in December by the East Rand Alumni Society in a letter of appeal for intervention to Minister of Health Dr Willie van Niekerk.

"The lack of adequate service and health care delivery more than often leads to our people suffering high morbidity and mortality rates. In short, our people are suffering and dying with no sign of concern from the hospital authorities — even in the face of protest by the affected communities," the letter said.

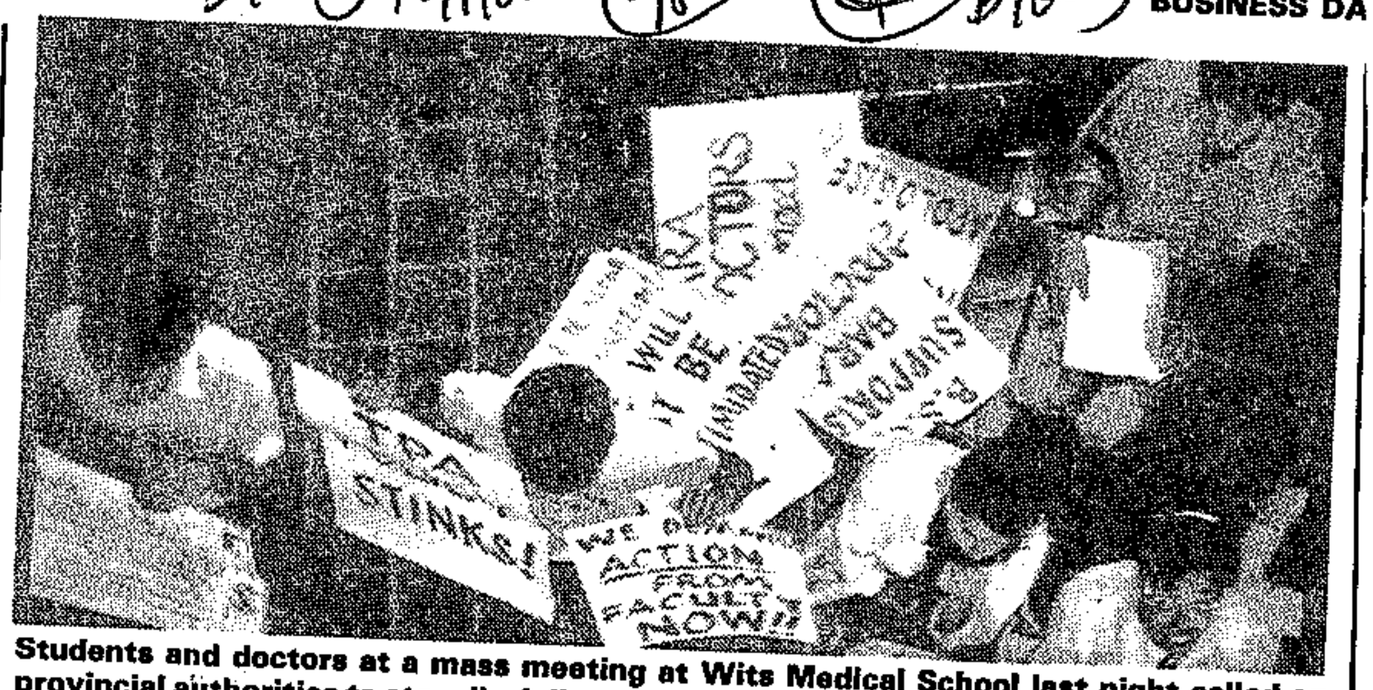
Dr van Niekerk replied the same month, saying the "contents had been noted with interest" and that another reply would be made soon.

The Alumni Society was founded in 1985 in the coloured township of Reiger Park by graduates who returned to the community to be of service.

The letter to Dr van Niekerk was accompanied by a petition with almost 4 000 signatures, and the initiative was supported by eight churches, local branches of the SA Council for Alcohol and Drug Abuse, the Association for the Physically Disabled, and the National Medical and Dental Association.

● See Page 3.

BIDay 15/1/88 (98) BIDay



Students and doctors at a mass meeting at Wits Medical School last night called on provincial authorities to stop disciplinary action against Baragwanath doctors who had signed a letter to the SA Medical Journal highlighting poor conditions at the hospital.
Picture: ROBBIE BOTHA

15/1/88

Wits and Province differ on Bara row

ALAN FINE

DISCUSSIONS between the Department of Hospital Services (DHS) and Wits University on the Baragwanath row ended in deadlock yesterday, when two senior Wits officials refused to sign a letter which the authorities had planned to send to the offending doctors.

MEC in charge of Hospital Services Dame Kirstein and DHS deputy director Dr J A Fourie met Wits vice-chancellor Professor Robert Charlton and Medical School dean Professor Clive Rosendorff on Monday.

Discussions continued by telephone until yesterday morning.

Kirstein said he and the Wits men had at first "agreed on a common way of acting against the doctors" who signed the controversial SA Medical Journal letter. They are employed jointly by the Province and Wits.

In terms of the agreement, each doctor would have received a letter composed by Charlton and Rosendorff, said Kirstein. But yesterday morning the two had refused to associate themselves with the letter.

Charlton said he had urged the authorities not to proceed with disciplinary action against the doctors.

"We could not convince them to drop the matter. So we suggested ... each doctor receive a letter rather than face formal disciplinary action. The DHS drafted a letter, and we recommended certain changes.

"However, the DHS then said they wanted us to sign it, and we decided we could not. The university will not be involved in any action against the doctors," said Charlton.

AFROX

Service growth

While the name Afrox conjures up an image of an established gas/engineering manufacturing business, the group has a growing interest in the service sector. The latest purchase, for R3,8m, of Mater Dei hospital in East London follows the purchase of St Joseph's hospital in Port Elizabeth for R6,5m some weeks ago. Afrox now owns 12 private hospitals and has an interest in two others.

MD Peter Joubert estimates that the contribution of the hospital division has grown to some 15% of total earnings in six years. He says: "Hospitals are not particularly high-margin businesses and charges are regulated by RAMS. But we see this as a stable investment with long-term growth prospects well suited to our management capabilities. In four years' time I expect our involvement in hospital and education services to create as much as a third of total profits."

Further purchases

This diversification may enhance long-term prospects for a share which has been susceptible to the cyclicity of the engineering sector. At year-end, the group had a strong balance sheet with R35m cash and a debt: equity ratio of 5%.

With its strong cash flow, further cash purchases are possible. Still, Joubert expects growth to be more organic than acquisitive, long-term, saying: "We are looking at niche markets and will not be seduced by bigness for bigness' sake."

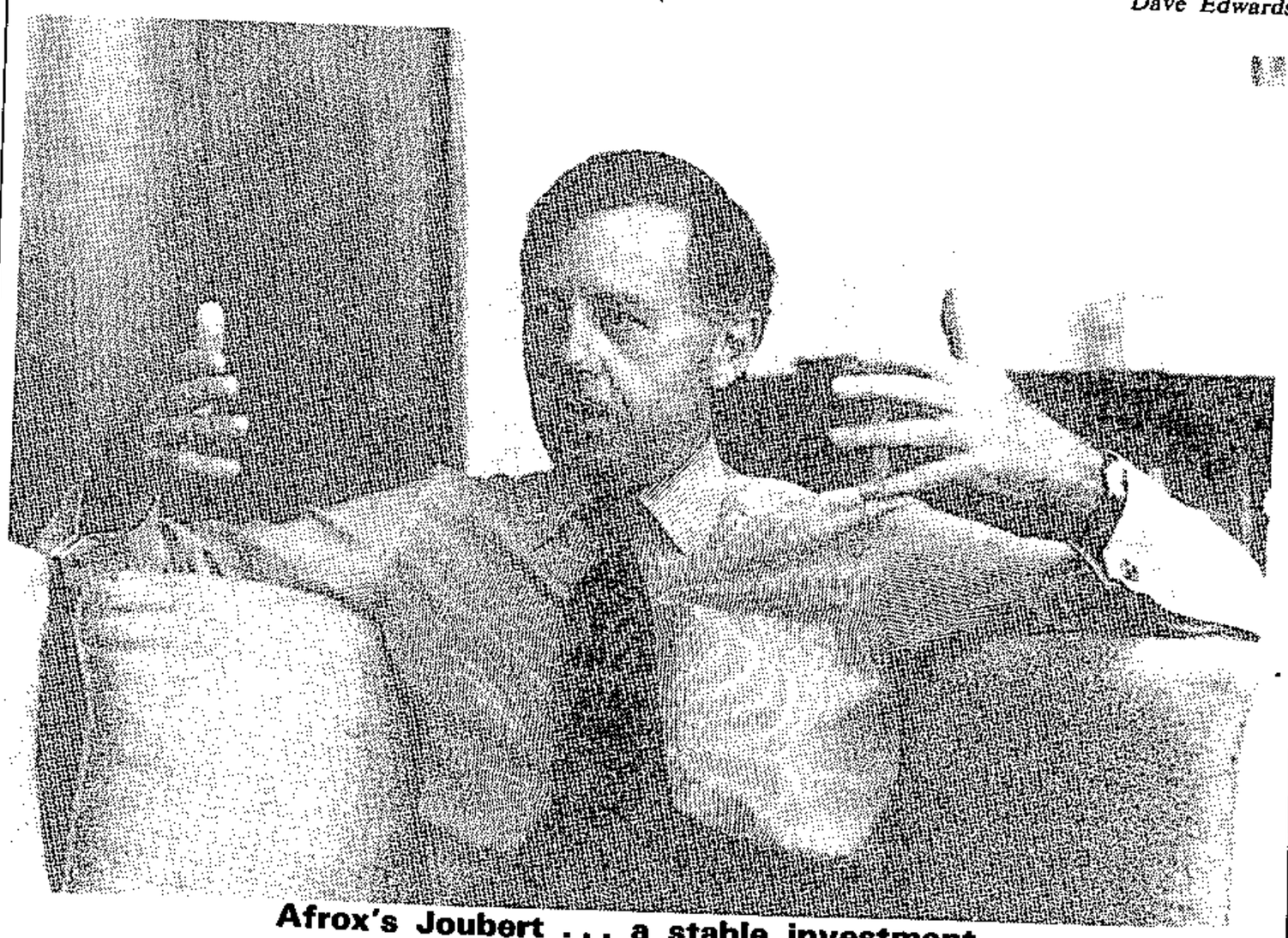
Joubert expects earnings to grow by 25% this year. "Business should be buoyant this year and next, but then the outlook is misty."

Afrox's p:e is now 12,5 against 20,5 before the market fell, which suggests the share could make up ground in the months ahead, particularly if Joubert's earnings forecast proves conservative.

Though the hospital division may not increase its earnings contribution short-term (nurses received a pay rise of over 20% last year — more than the average increase in medical charges), longer-term growth prospects, linked with Afrox's policy to refurbish, re-equip and expand old hospitals and also potential in the educational field add flavour to the share.

A point to remember is that diversification into the services sector is less capital intensive than Afrox's traditional business.

Dave Edwards



Afrox's Joubert ... a stable investment

29 letters on Bara since 1973

By THABISO LESHOAI

A mass meeting of staff and students of the Wits University faculty of medicine was yesterday told that since 1973 no less than 29 letters describing horrendous conditions at Baragwanath hospital had been sent to the Transvaal Provincial Administration.

Addressing the meeting held at the Wits medical school, Professor Leo Shamroth, former head of Baragwanath's department of medicine said 80 percent of the memoranda had been ignored. When hospital authorities answered his letters they were either evasive or cursory, he said.

Professor Shamroth said conditions at Baragwanath were "a pathetic display of man's inhumanity to man." He said the basic tenets of the Hippocratic Oath were on trial at Baragwanath.

Yesterday's meeting was called in solidarity with the 101 Baragwanath doctors who wrote a letter last September in the *South African Medical Journal* criticising conditions at the hospital.

Meanwhile a patient at Baragwanath who asked not to be named said next time he is sick he will go to the SPCA because it is safer there. He alleges that yesterday a mental patient attacked and urinated on him while he was helpless.

w/mail 15-21/1/88 (98)

Will higher fees improve

THE government's contention that increases in hospital fees would improve health services has been challenged by the Health Workers Association, which claims the result of the rises will be a deterioration of health among poor black communities.

A spokesman for the HWA which has been monitoring health services at hospitals and clinics since its formation in 1979 said this week the January 1 increases have begun to show a drop in the number of poor blacks attending Baragwanath hospital and its 11 satellite clinics in Soweto.

People who do come to the clinic or hospital, he said, "arrived much sicker"; the fees made them reluctant to visit doctors.

From January 1, a visit by an H2 patient (persons whose income ranged from nothing at all to R213 a month and consisiting mainly of pensioners, disabled and unemployed persons) has cost R5 on weekdays at a hospital or clinic and R7,50 after 4pm and on weekends; an H3 patient (with a monthly income between R213 and R250) will pay R8 per visit on weekdays and R12 after hours and weekends.

H4 patients (earning between R250 and R416) will fork out R13 per visit on weekdays and R19,50 after hours and weekends while the P2 category (classified as private patients earning over R416 a month) are faced with a whopping R20 fee on weekdays and R30 after 4pm and weekends. The fees of private patients do not include medicine.

According to the HWA representative, private patients admitted to theatre have to pay a surcharge of R50 per half hour.

He said the drop in attendance at clinics was also attributed to people fearing to lose their jobs by being absent on weekdays when tariffs were

The patient who went home (at least he had a bed there)

Patients without beds, queues for toilets, drugs which run short ... What worries doctors most about the row over Baragwanath hospital's facilities is that it will soon blow over ... and nothing will change.

By JO-ANN BEKKER

A MAN in his 70s entered the Baragwanath ward, carefully dressed in a suit, carrying his hat. He was asked to strip in the open ward, given standard issue pjyamas and assigned a mattress on the floor.

He joined the queue outside the ward's two toilets. When he could wait no longer he urinated in his pants. The next morning he asked to be discharged.

"He told me he was not well but at least at home he could sleep in a bed. He said he refused to pee in his pants again," a Baragwanath doctor recalls.

This doctor's account is not unique. The letter published in the *South African Medical Journal*, which he and 100 other doctors signed, said nothing new about the conditions in Baragwanath's overpopulated and understaffed medicine units and the frustration of the medical staff working there.

What these doctors fear most is not victimisation by the authorities who have demanded they sign retractions or face hearings. They are more afraid that once the controversy has died down conditions at Baragwanath's department of internal medicine will remain as inadequate.

They are also concerned that, due to overcrowding, the standard of Baragwanath's postgraduate teaching is being adversely affected.

Baragwanath Hospital was built by the British government as a service hospital for World War II soldiers.

Today medical wards are still housed in the original brick and tin-roofed bungalows.

There are six medical units in the department of medicine, each has between 35 and 40 beds and one has 50 beds. Occupancy ranges from 60 to 126 patients at any given stage.

According to a supreme court affidavit by Professor Leo Schamroth — who has worked in Baragwanath since 1955 and until last year headed the department of medicine — the occupancy of wards ranges between 150 percent and 300 percent.

During a 24 day period in July 1986 2 305 patients were admitted to the wards giving an average of over 96 new admissions every day.

Schamroth said it was almost impossible to provide adequate medical care in such conditions. "It is difficult to find the right patients for the right medicines, patients are not washed on a regular basis, drips run dry, the nursing staff is tuned to a certain capacity and are not able to cope with the work load, medicines are frequently not given out and patients often can not be found.

"For any given ward in which there are between 80 and 120 patients (although the optimum capacity would be about 40) there is one bath, one or at most two functional lavatories and three wash basins."

The letter published in the *SAMJ* stated: "The conditions in the medical wards at the hospital are disgusting and despicable. The state of affairs is inhumane. Facilities are completely inadequate. Many patients have no beds and sleep on the floor at night and sit on chairs during the day. The overcrowding is horrendous. Nurses are allocated according to the number of beds and not to the number of patients. Ablution facilities are far short of accepted health requirements, and ethical standards are undoubtedly compromised."

Transvaal provincial authorities have admitted there is overcrowding at the hospital. But, they maintain, there have been moves to address the situation.

However, Baragwanath doctors say these moves do nothing to alleviate the dire need in the medical wards. They point to the vast sums spent on new tight-security entrance gates to the hospital, and the wall-to-wall carpeted administration block which cost R4 429 800.

Director of Hospital Services Hendrik van Wyk outlined the province's improvements in papers before the supreme court at the end of last year.

●A new Soweto hospital, New Canada, was planned. Although first planned in 1963, Van Wyk said it was still on the waiting list. He blamed the economic depression, the curtailment of international loans and cuts in state funds for postponing — but not cancelling — this project.

But Schamroth said in May last year Baragwanath's superintendent had advised him the New Canada Hospital would take at least 15 years to complete. He said many medical staff had no hope the hospital would ever be built.

In addition, Schamroth said five wards — which if utilised could have provided 200 beds — had stood empty for 23 years at Baragwanath. They were ostensibly there to act as turnover wards for the new hospital.

A sixth ward was used as quarters for members of the hospital's security staff.

●Van Wyk said two new wards with 320 beds had recently been completed.

Schamroth accepted more beds had been allocated to the medicine department over the years but said this did not "even have a peripheral effect on the enormity of the backlog".

Over the years Schamroth has proposed that Baragwanath freeze admissions when the hospital is full, send patients to other hospitals and call in army doctors.

The obvious solution is to end the racial fragmentation of health services. UCT professsors SR Benatar and RE Kirsch wrote in a SAMJ editorial: "Only a unified health service will ensure that all South Africans receive the appropriate resources ..."

Spending a fifth on blacks

By JO-ANN BEKKER

THE daily expenditure per patient at the Johannesburg General Hospital, for whites was R209 in 1985. The daily expenditure per patient at Soweto's Baragwanath Hospital was R45.

These statistics were quoted in the September issue of the *South African Medical Journal*. In the same issue, a letter signed by 101 Baragwanath doctors slating conditions in the hospital's medical wards as "disgusting and despicable" sparked an ongoing controversy.

But the editorial, written by University of Cape Town medical professors RE Kirsch and SR Benatar, went further than the letter.

"The evolution of Baragwanath's problems reflects decades of exploitation, of gross insensitivity to the needs and aspirations of the black population which it serves, and an appalling inadequacy of national resources directed towards this hospital and its patients," the editors wrote.

"Shortcomings in our health services are inextricably intertwined with those sociological, economic and political philosophies which underpin the policy of apartheid."

Even official figures contained in the Transvaal director of hospital services' annual report for the 1985/6 financial year back up claims of unequal spending.

A comparison between the statistics given by the director, H van Wyk, for Baragwanath and the Johannesburg General illustrates this.

The total expenditure of Baragwanath — which serves Soweto's population of more than two-million — amounted to R94 491 839,58 in the 1985/6 financial year. The expenditure of Johannesburg General — which serves half-a-million whites in Johannesburg and Randburg — was more than R2-million more, and stood at R96 613 579,57.

Calculations on statistics tabled in Van Wyk's report reveal that:

●The Johannesburg General spent an average of R70 per patient on sanitation, water and electricity. Baragwanath spent an average of R6 per patient on the same facilities.

●The Johannesburg General spent an average of R319 per patient on pharmaceutical supplies while Baragwanath spent an average of R72.

●Baragwanath spent an average of R30 on food provisions for each patient that year. The Johannesburg General spent more than twice this amount on each patient

The Johannesburg General had a 67,9 percent daily occupancy rate in its beds during the 1985/6 financial year. There was an average of 743,41 patients a day in the hospital's 1 095 beds for whites.

Baragwanath had an average daily occupancy of 105,1 percent: an average of 2 450,92 patients a day for the 2 331 beds.

At the Johannesburg General, there was a total of 38 920 whites and 80 "non-white patients" admitted in 1985/6. At Baragwanath, there was a total of 120 380 black patients.

Johannesburg General saw a total of 446 878 white out-patient and casualty patients in the 1985/6 financial year and no black patients. Baragwanath treated 1 344 720 "non-white" casualty and out-patients.

TPA, Wits in Bara deadlock

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15/11/88

Consultations between the Transvaal Provincial Administration and the University of Witwatersrand concerning action against Baragwanath Hospital doctors have deadlocked.

Vice-chancellor designate of Wits, Professor Robert Charlton, today confirmed that Wits had withdrawn "from any joint action" with the province after meetings held this week.

A letter written by Wits was sent to the province last week asking that disciplinary action against the doctors — who spoke out against conditions at the hospital — should be withdrawn.

The province did not agree but was willing to meet Professor Charlton and the dean of the medical school, Professor Clive Rosendorff.

A joint document was originally agreed on after Monday's meeting, but Wits finally decided after consideration, not to proceed with joint action since it believed disciplinary steps were "unneccessary".

The MEC in charge of hospitals, Mr Daan Kirstein, is away at present.

● See Pages 3 and 9.

health? Or will people just avoid clinics?

Hospital feees have been increased to improve the services, authorities argue. Health workers say the fee hikes may have the opposite effect.
By THAMI MKHWANAZI

cheaper. The situation, he said, resulted in wounds becoming septic by the time the patient came to the clinic on Saturdays.

The reluctance to visit clinics and hospitals had also affected pregnant women, who were missing check-ups and ante-natal advice sessions.

The increases, he said, have resulted in friction between patients and clerks whose duties are to classify patients according to their income.

The representative said the state's attempt to "privatise" hospital services began in 1984, when a 50 percent drop in attendance by sick people was noticed by the HWA.

In 1985, said the representative, a 50 percent surcharge was placed on attendance after 4pm by all but the poorest category of patients.

The year 1987 saw the extension of fees to pensioners.

The HWA representative said although members of local communities served on clinic committees, they were not consulted when increases in health tariffs were mooted.

Of significance, he said, was the disparity in pensions of blacks and whites, on the one hand, and the equality in increases of hospital fees for these race groups. White pensioners, he said, were currently receiving R218 a month as against R167 given to coloureds and Indians and grants of R117 for Africans.

"Apartheid has created 13 different departments of health," he said. "The wasted money could be utilised to improve health services."

The HWA and the Federation of Transvaal Women plan to mobilise the community to protest against the increases, working with progressive civic organisations, trade unions, women's groups and student bodies for the establishment of a fully integrated, non-racial health service.

Formed by medical doctors in 1979, the HWA is now composed of a variety of health workers including paramedics.

●Daan Kirstein, Transvaal MEC in charge of hospitals, said yesterday: "The purpose of the increases is to improve health services. We are struggling to improve them. Whenever we refer the matter to the treasury, we are advised to generate funds.

"I have said over and over again that nobody will leave the hospital unattended or without medicine because of lack of funds."

He denied reports that the Baragwanath budget had been intended at R184-million this year but had been cut by R24-million. "In fact, the budget for 1986 was R143-million, so it went up this year, to R166-million."



Baragwanath Hospital: some wards have more patients on the floor than in beds

A Third World group who warrant no better

A professor's affidavit claims that Baragwanath authorities consider sleeping on the floor acceptable because it is usual among Third World communities. JO-ANN BEKKER reports

BARAGWANATH Hospital serves a Third World community that is used to sleeping on the floor.

That, according to a supreme court affidavit, was the response the former head of Baragwanath Hospital's department of medicine, Professor Leo Schamroth, received last February when he told the Transvaal's deputy director of hospital services, Dr Kritzinger, of inadequate conditions in his department.

On August 7 Baragwanath doctors D Blumsohn, a senior specialist, and K Raw, head of the intensive care unit, wrote to the hospital's medical superintendent, Dr G Louw, expressing concern at sentiments Louw had expressed at a budget meeting on August 3.

"You intimated, backed up with rough diagrams of birth and death rates of First and Third World populations, that our patients, being a Third World group ... did not warrant nor should expect better ward accommodation and facilities, and it should be the Sowetan community, rather than the administration who should be responsible for these issues," the doctors wrote.

"Furthermore, you deplored the lack of this community spirit, and asked, rhetorically, whether we knew how very few black people, for example, were blood donors."

In a replying letter dated August 13 and headed private and confidential, Louw said: "I was amazed, hurt, angry and totally disillusioned by the absolute and total misinterpretation of what I was trying to tell you at our recent meeting. I ask myself if my command of the English language is so poor that I cannot communicate adequately. In a moment of paranoia I even wondered if the misconception was not intentional in an attempt to weaken my commitment to the improvement of health care for the people of Soweto ..."

The letters are annexures to an urgent application by six Baragwanath interns which was heard by the Rand Supreme Court last December. The six had been refused positions at Baragwanath because they had signed the letter published in the *South African Medical Journal* criticising "disgusting and despicable" conditions at Baragwanath.

The application ended inconclusively, with the court ordering the doctors be given a hearing before being refused employment. But the records provide a detailed insight into doctors' concern about abysmal conditions in the department of internal medicine over the years — and in particular Schamroth's 32-year battle to improve the medical wards.

The following are excerpts from these letters:

15 January 1973. Schamroth to Dr HA Grove, director of hospital serives.

Schamroth points out that he has suggested reforms at the department of medicine which was "in a state of imminent collapse.

"During the past four months, while acting as interim head of department, I endeavoured to institute various reforms in an attempt to bring about some measure of relief. Unfortunately, there was little support from the Baragwanath Hospital administration, and none of the measures which I suggested were put into effect ..."

December 19 1973. Schamroth writes to Baragwanath superintendent Dr CH Kniep, referring to five letters he had written to Transvaal Provincial and Wits authorities during the year and numerous meetings.

"May I once again request ... that: the patient load should be shared by other hospitals. Patients should be sent to other hospitals when the wards are full, so that the number of patients does not exceed the number of beds."

July 30 1979. Schamroth writes to Baragwanath superintendent PJ Beukes.

"●Daily intakes have increased enormously and, on occasion, have reached a figure of 101 ... these increasing numbers of admissions have occurred despite the ever-increasing stringency in the criteria for admission.

"●It has become impossible to discharge an adequate number of patients every five days. I would further draw your attention to the fact that in any event patients have for a long time now been discharged prematurely in an attempt to cope with the ever-increasing numbers of patients.

"●The staff-patient ratio is quite inadequate to cope with these large numbers.

"●The load on the nursing staff has become intolerable and despite valiant efforts on their part, they are unable to maintain adequate standards."

11 March 1980. Schamroth to Baragwanath superintendent C van den Heever.

"I have repeatedly drawn the attention of the administration to the desperate feeling which exists among the staff. They have long ago expressed a desire to approach the SA Medical Council with a request for a formal enquiry into medical and nursing practises at Baragwanath ... Emotions are now near breaking point ..."

September 17 1985. Van den Heever replied to Schamroth in a letter marked confidential:

"I would like to thank you for letters of past months in which you kept me informed of the conditions in your department ... The director (of hospital services) is aware and sympathetic. However, I was also able to feed information regarding the Baragwanath dilemma through other channels, and I assure you that the cabinet is now briefed on our position ..."

November 15 1985. Heads of units in the department of medicine write to Schamroth to inform him due to staff shortages they "can no longer provide the minimal basic medical care".

June 26 1986. Schamroth to Van den Heever.

"Your promise of a meeting with the director of his deputy director, which I requested, has not materialised. I must once again stress that we do not have enough junior doctors as from 1st July 1986 to cope with the overwhelming number of patients..."

Where doctors quietly 'integrate' wards

By GAYE DAVIS, Cape Town

THE new R200-million building rising alongside Cape Town's Groote Schuur Hospital could be the scene of a showdown between health-care professionals and the state.

Graffiti on an outer wall zeroes in on the issue: "Apartheid is a sick practice", it says.

The graffiti appeared after the announcement in May last year that the new hospital would be segregated "in accordance with government policy".

The announcement, by director of hospital services Dr Niklaas Louw, who died recently, aroused bitter opposition from medical authorities, doctors and other health workers who have seen racial barriers in the "old" hospital quietly tumble.

Unlike other centres, Cape Town has no large hospital set aside exclusively for black patients. When Groote Schuur was built in the 1930s, separate entrances and wards for black and white patients concretised the government's racial policies.

But over the past three years, due largely to dismal overcrowding in black wards and empty beds on the "white side", doctors pushed aside political considerations to meet their ethical obligations to their patients — and wards became "mixed".

Officials still insist the hospital is segregated — but *Weekly Mail* sources said "whites only" wards were a thing of the past and that hospital facilities were used for the benefit of all patients, regardless of race.

When Louw made his announcement, the National Medical and Dental Association challenged doctors and health workers in the University of Cape Town's medical faculty to either refuse to move into the new hospital unless it was desegregated or defy the implementation of apartheid.

Staff and students said they would oppose racial segregation of the new hospital "with determination".

The sources this week said the general attitude was one of "total opposition" to any racial divisions being implemented and that "mass resignations" were a possibility if any attempt was made to enforce them.

A registrar said: "When we move into the new hospital we're not going to change the way we operate. If they want segregation, they (the officials) will have to come and do it themselves. The possibility is that if they did so the minute their backs were turned we'd go back to the old way."

As a registrar — a qualified doctor specialising in a particular field — he is responsible for finding beds for patients admitted for treatment within his discipline.

He described how, in the past, registrars had to battle to find beds to cater for the overflow from black wards, while in white wards beds stood empty.

Because of the shortage of beds, black patients were admitted only if they were seriously ill — while a white patient could be admitted for a fairly routine procedure, such as stabilising high blood pressure.

In addition, turnover in black wards was "too high" — ill patients having to vacate their beds earlier than was desirable to make way for those worse off.

"It started with registrars putting the overflow into white wards. Subsequently all patients were put into a common ward. It meant two registrars to cope with the entire workload instead of one in charge of a packed black ward and the other looking after three white patients," he said.

There will be no racist signs or separate entrances in the new hospital. But patients will go to separate counters on admission and get ward numbers coded to indicate their race. Its 1 734 beds will, according to the authorities, be allocated on a 75 percent black, 25 percent white basis.

A director in the hospital services division of the Cape's provincial administration, Dr Monty Jooste, said accommodation in the new hospital was to be "much more carefully allocated" than in the old, where beds were split on a 50/50 basis. He stressed there would be no discrimination in terms of facilities but could not say whether the new wards would be segregated or not.

"It is our policy to see that patients who require treatment get it. In the past this has led to mixing in the wards but I don't see the need for it in the future," he said.

According to Groote Schuur sources, the number of white patients attending the hospital is declining. Professor George Dall, dean of UCT's medical faculty, said he believed the decline attributable to white patients opting for private hospital treatment. "There is a tremendous demand for Groote Schuur beds — and the facilities are not as attractive to people who can afford private care."

Dall said there was "no place for racial segregation in medical care" but cautioned against doctors using patients as political pawns: "Forced integration can be as evil as segregation," he said.

Whites in exile: New home, new passport ... same guilt

South Africans settle down to exile in Britain a lot faster than most. But for many, there is a lingering guilt, a sense of identity crisis.

JOHN CUNNINGHAM reports from London

"THEY must be the most privileged wave of immigrants ever to come here," says Laurie Franzman. "All of them have gone through a traumatic time with immigration but, that aside, theirs is marked out as the smoothest and easiest transition."

Franzman is describing his fellow white South Africans who form in London — ever a capital for opportunists, exiles and refugees — the strangest of minorities.

The City contingent is strong, led by Michael Edwardes and Alistair Morton, but so too is the radical front. The African National Congress' main overseas office is here, and Oliver Tambo's wife has long been a social worker in Camden.

But there is a mystery about the thousands who are not running major businesses or political organisations. For, unusually among London's ethnic mix, they are largely invisible.

Unlike some other groups, white South Africans have not settled in one district; they have no exclusive places of worship, no schools of their own, shops, restaurants, clubs or newspapers. They don't need corner shops as bricks to build wealth: they are mostly well-qualified professionals.

These might seem positive signs, both of Britain's tolerance, and of a community's ability to settle in painlessly. But this is only partly true. There are a couple of disquieting indicators for the future. Several South African parents confess their children are reluctant at school to admit where they come from. And among some young adults, there is evidence of an identity crisis, affecting their mental health, although this yet does not amount to a trend.

The South Africans are largely to be found in accountancy, dentistry, law, medicine, social work and teaching. Franzman is a barrister, in chambers with a reputation for radical cases. Although he left South Africa when he was 17 (unlike many of his peers who went to university and emigrated subsequently), he typifies what he calls the Soweto Generation. "People who've come since 1976 have been motivated by the need to make some slight political statement. They've made a sacrifice, because many take a drop in living standards and income, in order to purify themselves," he says.

They form a cohesive wave of immigrants, which started after Soweto in 1976, though there was an earlier influx after Sharpeville in 1960. Home Office statistics show that in the years following, about 1 600 South Africans settled in Britain each year. Most were whites. Numbers have declined recently but are probably rising again as more young men leave to avoid military service. Some apply for political asylum.



Exiles on the march in London ... continuing their commitment

Roger Field, who runs the Committee on South African War Resistance, says he receives a couple of inquiries a week from draft resisters. A lawyer who deals with immigration cases describes the trend as "a diaspora of children. There's hardly a middle class family that isn't touched by it."

The vast majority, like Franzman, are allowed to stay because they have a skill Britain needs; or else have sufficient funds — a minimum of £150 000 (about R540 000), although £500 000 is more acceptable to the Home Office — to prove they won't be a liability to the state.

There is this bonus: while the South African community has no structure or leaders, it has a world-wide network for whites, stretching to the United States and Australia. It's easy to find a compatriot accountant or dentist to do business with.

But unlike many ethnic groups obsessed with retaining their identity, white South Africans here tend to play down their origins, even if their political credentials are OK. "They don't correct people who mistake them for Australians," says a businessman.

The concept of identity is crucial to the way South Africans operate. Some dispute there is a separate South African identity: people are either black or white, English or Afrikaans speaking. Or Jewish. "We are a self-denying community," says a white South African teacher.

What is common to many is a dilute sense of guilt, and a pervasive sense of nostalgia. Indeed, reminiscence frames their get-togethers. These are noisy house parties, where South African foods, fruit and wines — available in the delicatessens of West Hampstead, Golders Green Crouch End and Stanmore where many have settled — are consumed as the tension of being an exile abates.

The gatherings are essentially reunions, trying to recreate aspects of the good life, as they commonly put it: weddings or birthdays, or someone passing through London assembling a lot of old friends. There is plenty of gossip; agreement about how dreadful the British are; recollections of friends who grew up together. Someone will say how unchallenging life in Britain is — like a manicured golf course compared with the ruggedness of South Africa; someone else laments there's no pawpaw in the fruit salad.

There is one aspect of the life they left which liberal — rather than left-wing — South Africans reckon is difficult to repair here: that is, to create close friendships with their black compatriots. "It would be terribly, terribly difficult," says Franzman. "I regret the legacy that I will never be able to relate to black people on a completely natural level from the moment I meet them. The barrier has been lowering, but it is still there in respect of South Africans."

This does not inhibit an intense political interest in the struggle back home. "People are very cynical. They don't think there's going to be a revolution in five years. Even with a black government, they don't think they'll ever be able to go back and live there," says Ilan Katz, who works for a Jewish child care agency.

White South Africa is politically bankrupt and cannot exist in the future. Recognising that fact puts many immigrants in a state of double exile, which Katz explains thus: "People stay here for long periods of time by default. They have a home, a child, a career; it becomes more difficult to leave. On the other hand, South African Jewry is a culture of immigration (most came from East Europe at the turn of the century); you are constantly being pulled away because of opportunities elsewhere.

"Virtually all the South Africans I've come across have a desire at some level to leave this country. South Africa is a very dramatic country to live in. It's very difficult to recreate that in a foreign country where political issues are less sharp. In South Africa there is only one political issue, and the stakes are that much higher on a personal level. You can go to jail for your beliefs.

"Everyone expects South African society to be different in 10 years' time; here everything will be the same."

The most politically active continue their commitment by joining the war resistance committee, multiracial campaigns of the left, the ANC or other anti-apartheid groups. But conscience never leaves them completely alone.

As a group, South Africans are different from other batches of settlers who start at the bottom. There are no joint aspirations and goals that hold other immigrant groups together as they struggle up the economic and social scale. To this extent, what will happen to the community in the future very much depends on the fate of thousands of individuals, rather than of a group.

The businessmen can make it, and so feel satisfied materially. Even the dentists can make it financially. One — in other immigrant groups he would be legend — is known for his astuteness in setting up a string of practices and importing South Africans to run them.

But among many South Africans there is concern about not feeling fulfilled in Britain.

It worries Katz that as a social worker in South Africa working with blacks he could effect much more change than with a caseload in a London borough.

Those in other liberal callings can experience the same dilemma. The question of integrity matters to lawyers, some of whom make sure part of their work is involved with cases of concience or social justice.

Franzman thinks there is a qualitative difference between South Africans who come here and those who go to the United States: "The expatriate community here feels purer."

Worries about which bits of an identity to cling on to, set against the feeling that South Africans can move on again from here, are beginning to take their toll. Evidence of psychological damage at present is anecdotal rather than statistical, abut Katz says, "I've seen a lot of breakdowns among my contemporaries, whose parents came over after Sharpeville ... drug addiction, schizophrenia. The damage often happens in the second generation. With the West Indians, we share the problem of alienation."

Katz would like to set up some form of club or organisation with a social and counselling function for South Africans, but is unsure about the potential response. Maybe it is just that South Africans here are destined to be rootless; and that, apart from Jewishness, there will be nothing for young Daniel Katz to hold on to except, as he grows up, the fact that his parents have slightly strange accents. — The Guardian, London

Why 'refusenik' Ian missed attending his own wedding

By MOIRA LEVY, London

JUNE 14 would have been Ian and Siobhan Clarke's wedding day. They mention this just in passing. Both seem reluctant to talk about what should have been their big day.

It is an anniversary they will not be celebrating in years to come.

For that Saturday, instead of attending his wedding reception, Ian was on a plane bound for London and a life of exile as a war resister, or a "refusenik", as they are called in his new home.

Ian was working for the National Union of Mineworkers in Durban when he received his call-up papers late in the afternoon on June 13. he was ordered to report to Bloemfontein the next day.

He had less than 24 hours to decide whether to go or stay.

His wife Siobhan — they did marry, one cold grey day in a London registry office — takes up the story:

"Ian was at the office when he heard. He just dropped his pencil and came home. In a way, he panicked."

By the next morning he had packed the last of his things. "He decided that he could not wear an SADF uniform."

Ian had time only for a 15-minute cup of tea with his mother in Johannesburg before boarding the plane.

He told his story over a Durban curry he cooked in the tiny kitchen of his London flat. He fussed over the rice — "It is not the same as Tastic, doesn't cook as well" — and he still wears shorts, even though it is cold and raining outside.

Ian is one of the growing number of young white men who choose to leave the country rather than face the possibility of a six-year jail sentence for refusing to join the army.

It is impossible to estimate their numbers. In 1985 the government announced that 7 500 men did not report for call-up duty. That was a dramatic increase on the approximately 1 500 who did not turn up the year before. And the number is growing.

How many of those leave the country it is impossible to tell. Many leave on tourist visas for England, America, Europe, the Frontline states. A few seek political asylum in their new homes.

Gerald O'Sullivan is a British citizen. Although born and bred in South Africa, he holds a British passport, which meant he did not have to go through the months of applications, interviews and waiting for political asylum to be granted.

He and his wife Lynn have been in London for 18 months. Both take night classes — she is learning to teach English as a second language, he is completing an engineering course — to acquire skills that can be put to good use "when we go home".

Both are convinced they will return — "in 10 years, maybe 15. I refuse to believe I will still be here when I am 60," Lynn said.

Staying with them is Graham Ellis from Cape Town who arrived on their doorstep five weeks ago. He had heard of them through the exiles' bush telegraph.

It was police action at Cape Town University in May that decided Ellis.

"I had seen photos of police in action. I had read the Emergency reports in the newspapers. But it was only when it happened to me that it sank in."

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Hospital investigator stands down

THE senior deputy director of the Transvaal department of hospital services was this week asked to stand down from a commission of inquiry into the conduct of two Baragwanath doctors who criticised conditions at the hospital.

The doctors claimed Dr D Kritzinger — who reportedly said Baragwanath Hospital served a Third World community which was accustomed to sleeping on the floor — could not be an impartial adjudicator.

Kritzinger was sitting on the commission with the director of hospital services, Dr JA Fourie, who was chairing the hearing. When lawyers for the two doctors objected to Kritzinger's presence, Fourie asked his deputy to leave.

Approached for comment yesterday, Kritzinger said he was "not allowed" to speak to the press and referred questions to Fourie.

By JO-ANN BEKKER

Fourie said he did not think the objections to Kritzinger were "applicable" and said the allegations against his deputy were "unsubstantiated". "But I did not have time to discuss all that nonsense so I asked him whether he would excuse himself," Fourie said.

According to papers before the supreme court, Kritzinger made his comments about Third World patients to the former head of Baragwanath's department of medicine, Professor Leo Schamroth, last year.

Kritzinger's reported remarks have received wide publicity following the row over a letter published in the *South African Medical Journal* which slammed conditions in Baragwanath's medical wards. The letter was signed by 101 doctors.

Officials of the Department of Hospital Services have reacted strongly to the letter and have demanded the doctors sign apologies or lose their jobs. To date a total of 44 out of 51 signatories to the *SAMJ* letter have signed the approved apology.

One registrar refused and was told he would be given 24 hours notice. This was not confirmed in writing and he has since been given time to reconsider.

Of the other 50 doctors who signed the *SAMJ* letter, a few have left the department of hospital service and others are on leave.

A Wits spokesman said the university had learned "from a very reliable source that the next step will be disciplinary action against permanent members of staff."

See PAGES 6 and 7

W/Mail 15—21/4/88

(98)

Bara's despair

PATRICK LAURENCE

The Cabinet, observed Dr Christo van den Heever, Chief Superintendent of Baragwanath Hospital, was aware of the importance of Baragwanath to Soweto and of Soweto to South Africa.

"I assure you that the Cabinet is now briefed of our position," he said in a letter, written in September 1985, to Professor Leo Schamroth, head of the department of medicine at Baragwanath.

His letter was in response to a series of representations from Professor Schamroth, expressing concern about the "critical state of overcrowding in the medical wards".

Today, of course, the crisis in Baragwanath's medical wards — the word "crisis" was used by Professor Schamroth in a March 1980 letter to Dr van den Heever — has bubbled over to become a major public controversy.

The first step in the sequence of events which has placed Baragwanath at the centre of attention was taken in September last year with the publication in the *SA Medical Journal* of a letter from 101 doctors at Baragwanath, which serves as a teaching hospital for the University of the Witwatersrand.

Ranging from young interns to distinguished professors, the 101 said of the medical wards: "The state of affairs is inhumane. Facilities are completely inadequate. Many patients have no beds and sleep on the floor at night and sit on chairs during the day. The overcrowding is horrendous."

They accused the relevant authorities in the Transvaal Provincial Administration (TPA) of "indifference and callous regard".

They said earlier pleas for improvements at Baragwanath were parried with one of two responses: first, that there were plans to build a new hospital at New Canada in Soweto (a project which has been talked about for 20 years, according to Professor Schamroth); second, that there was no money, an answer rejected by the 101 as "utterly hypocritical" in view of plans to build a R300-million "mainly for whites" hospital in Pretoria.

The next step in the saga came when the authorities in Pretoria refused to confirm the appointment of interns to permanent posts at Baragwanath. Those whose appointments were blocked were all signatories of the letter to the *SA Medical Journal*.

Baragwanath shifted closer to the full glare of public attention last month when six interns, one of them coincidentally a Soweto woman, Dr Linda Jiwnulo, challenged the refusal the authorities to appoint them, in the Supreme Court.

'Gross insensitivity to the needs and aspirations of the black population'

Conditions at Baragwanath may not be as black as they are painted

"Why don't you take a picture," Mr Jan Lousher from Transvaal Hospital Services exhorted. "You only take one side," he told photographer Herbert Mabuza.

We were in the unit of Baragwanath Hospital which houses the computer axiel scanner, or Cat. Valued at R2 million and capable of taking three-dimensional x-rays of the whole body, the Cat is a highly advanced diagnostic aid.

Earlier we had been through another impressive section, the intensive care unit, where there was a palpable atmosphere of scientific efficiency and medical purposefulness.

We had also visited some of the medical wards where overcrowding is sometimes chronic and some patients have to sleep on the floor under the beds.

We were accompanied by hospital public relations staff, but no attempt was made to stop us going to these wards.

There was no immediate sign of the gross overcrowding referred to by Professor Leo Schamroth, immediate past head of the Department of Medicine at the University of the Witwatersrand.

Neither were there signs of excreta or urine reportedly left after some nights because of too few lavatories in the overcrowded wards.

Mrs Annette Clar, public relations officer at Baragwanath, gave the hospital's occupancy rate at 110 percent as opposed to rates of between 150 and 300 percent recorded by Professor Schamroth.

She admitted, however, that we were seeing the wards under optimum day-time conditions when many patients are sent out or are allowed out into the sunshine, and during the summer rather than the winter.

Giving patients medicine when they are lying under beds could be difficult, Mrs Clar said stoically, noting that waking them up was a long process which often left them uncomfortable and irritable.

According to evidence in the Supreme Court, at least one senior staff member at Baragwanath Hospital described Soweto as a Third World community whose residents were used to sleeping on the floor. He could not see "what the fuss was about".

Mr Justice R Golstone did not rule on the merits of the letter to the *SA Medical Journal*.

He did, however, find it was unfair not to confirm the appointments without giving them a hearing. He consequently ordered that the six be granted a hearing as a matter of urgency.

On December 30, after being given a hearing, each of the six received a single sentence letter from Mr C C Badenhorst, of the TPA. It told them bluntly: "You are not suitable for appointment in posts of senior house officer." No reasons were given.

At about the time of the Supreme Court hearing, some 40 co-signatories to the September letter to the *SA Medical Journal* were summoned for interviews at Baragwanath.

They were told their appointments would not be confirmed or that they would be dismissed unless they signed a letter of apology drawn up by the authorities themselves. The six interns who had applied to the Supreme Court were later invited to sign the same apology.

All the doctors concerned were juniors. Confronted with the choice of signing or finding their careers cut short, most — 44 out of 51 by the most recent count — signed.

The letter of apology drafted in Pretoria did not, however, deny there was overcrowding in Baragwanath medical wards. It concentrated on, and extracted apologies for, "inaccuracies".

The inaccuracies included two statements: first, that the new hospital in Pretoria was "mainly for whites" (according to the Director of Hospital Services, Dr Hennie van Wyk, half of the 900 beds will be for "non-whites"); second, that nurses at Baragwanath Hospital are allocated according to the number of beds and not the number of patients.

More particularly, the interns apologised for labelling the attitude of the authorities as "deplorable", for accusing them of "callous disregard" and charging them with hypocrisy.

The apology noted that "eminent doctors took the lead in motivating people to sign the letter" to the *SA Medical Journal*, thus triggering fears that it was a prelude to a "witch hunt" against more senior, and therefore less vulnerable, doctors at Baragwanath.

Senior doctors at the Univeristy of the Witwatersrand, however, remain definitely unrepentant.

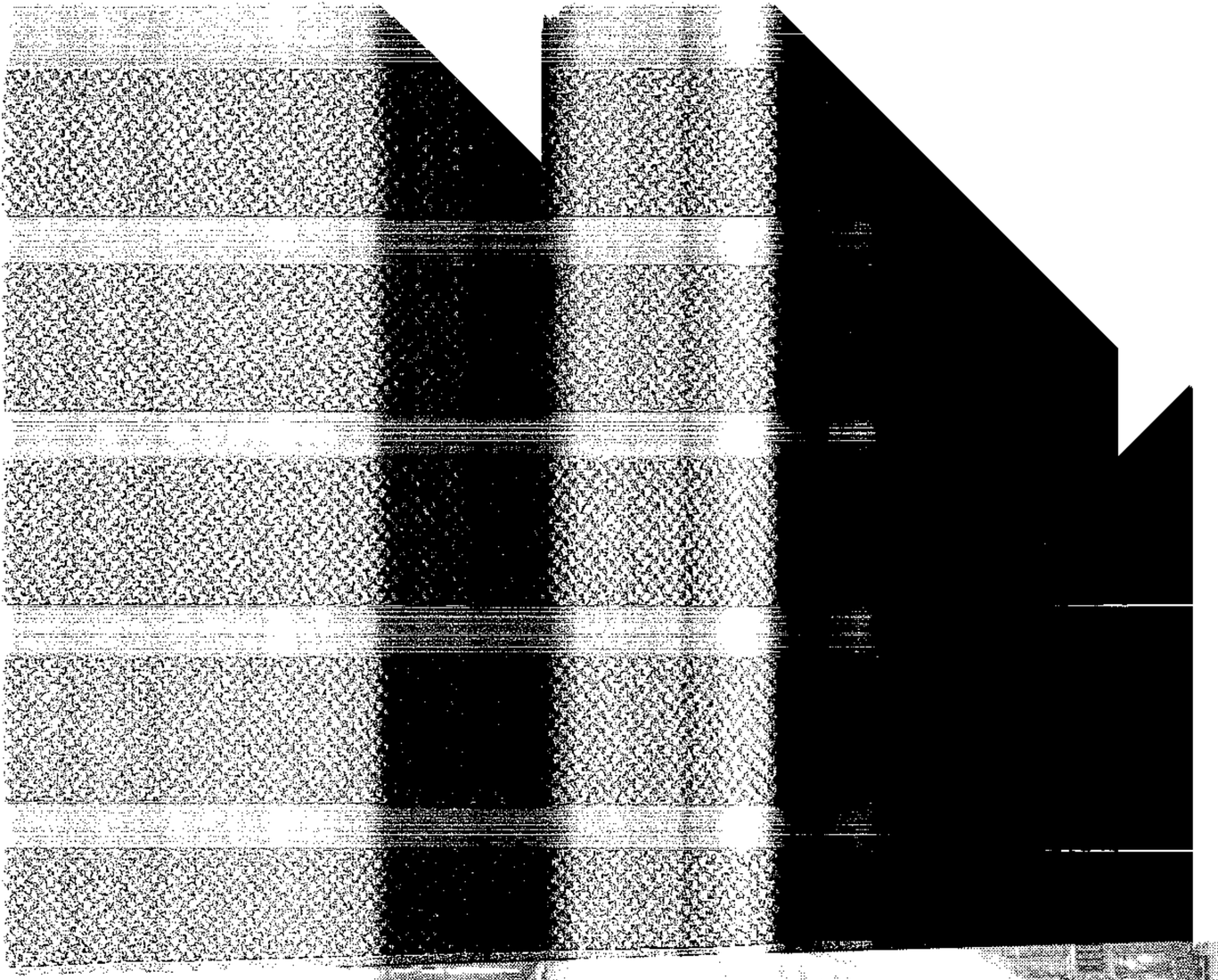
The university medical school has since reaffirmed its distress at the "overcrowding and squalor" and declared that the "inaccuracies" in the letter to the *SA Medical Journal* were overshadowed by the "appalling conditions in the medical wards".

Dr van Wyk has himself acknowledged that "many of the buildings at Baragwanath Hospital are old and do not comply with all the requirements of an academic hospital" and that "many wards are often overcrowded".

An editorial in the *SA Medical Journal*, published on the same day as the controversial letter, explicitly expressed support for the signatories.

Headlined "Baragwanath — a hospital in despair", the journal spoke of "decades of neglect" and "gross insensitivity to the needs and aspirations of the black population which its serves".

It then cited unit costs to the state for different hospitals. Two stand out: R45 for Baragwanath against nearly R400 for the National and Universitas Hospitals in the Free State. It commented: "These differences underline the urgent need for rectifying the enormous inequities."

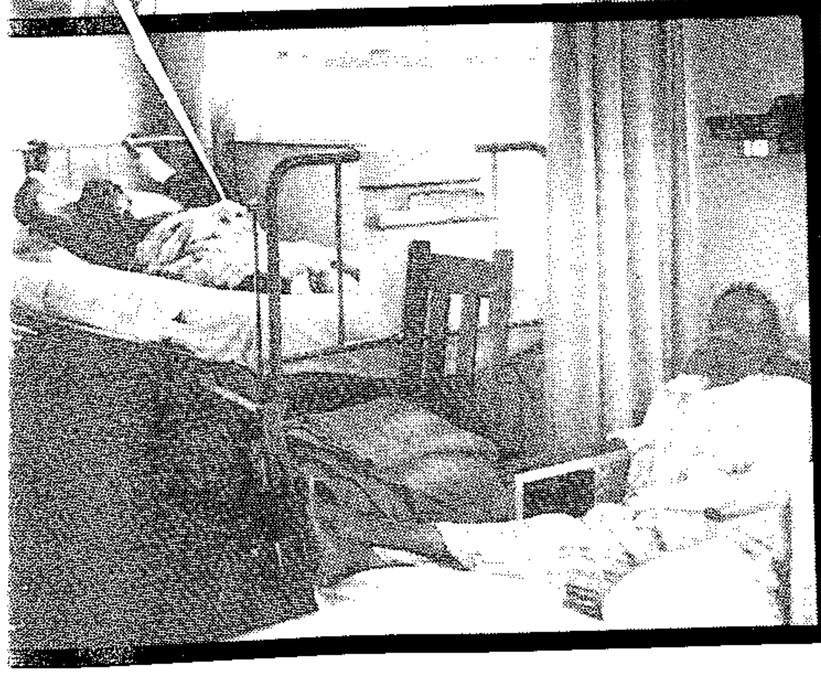














800 doctors in Bara protest

JOHANNESBURG. — Eight hundred doctors and medical students demanded that the government withdraw threats of dismissal against colleagues who signed a letter condemning conditions at Baragwanath Hospital near Soweto, a doctor said yesterday.

Professor John Milne, deputy dean of medicine at Johannesburg's University of the Witwatersrand, said yesterday the doctors met behind closed doors on Thursday night.

They demanded an end to the persecution of doctors who published a complaint about overcrowding at the giant Baragwanath Hospital and instructed the university to seek improvements in the "squalid" conditions at the state-run facility.

In another development, doctors said that five wards, with a capacity of 200 beds, have remained unused for 23 years while patients have been forced to sleep on floors and in corridors.

The doctors, who spoke on condition that they should not be identified, said a sixth ward had been turned into a dormitory for security staff.

Government health officials were not available yesterday to explain why the wards have not been utilized.

Professor Milne said 800 doctors and students voted at their meeting on Thursday to condemn the dismissal of doctors who refused to sign a repudiation of their earlier criticism.

At least six of the 100 doctors who signed the letter to the South African Medical Journal are known to have refused to recant. It is not yet known whether all have been dismissed.

The president and head of the department of surgery at Wits, Dr J A Myburgh, said in a statement yesterday that the situation which has arisen over the doctors is "viewed with the greatest distress and alarm" by the College of Medicine of South Africa.

He made an appeal for moderation and wisdom in settling the issue.

"There is acceptance by all involved that there are serious problems, difficulties and deficiencies in the provision of health care to the people of Soweto, and in that Baragwanath Hospital occupies a crucial position," Dr Myburgh said.

"Intense feelings have been aroused by what have been perceived to be intemperate and derogatory statements and inaccuracies on the one hand, and drastic and unjustifable punitive overreaction on the other.

"Persuance of unyeilding confrontational attitudes will have tragic consequences for the very people whose welfare must be, and surely is, of fundamantal deep concern to all parties," he added.

"This explosive situation can be, and clearly should be, diffused by just and decent corrective action." — UPI and Sapa

s waiting for their committee **Flat dwellers become pavement people again.** | both."

Fall from grace for Bara—once the pride of Africa

By REVELATION NTOULA

BARAGWANATH Hospital, once the toast of Africa's medical services, has fallen from grace.

Hardly a day passes without a disturbing report on what used to be one of Africa's best-equipped hospitals.

Doctors employed at the hospital now describe conditions there as "disgusting and despicable" while the attitude of the authorities is said to be "deplorable".

And while a storm is raging following the Transvaal Provincial Hospital Administration's demand that all doctors who signed a letter of complaint that appeared in the *SA Medical Journal*, another bombshell revealed that mentally sick patients at the hospital were made to share the same wards with physically ill patients.

In a letter sent to South African Medical and Dental Council on June 12, 1980, 70 doctors employed in the department of medicine at Baragwanath Hospital, pointed out the unsatisfactory conditions at the hopital. The letter, the doctors said, was ignored by the council. Similar appeals to the Transvaal Provincial Hospital Administration also drew a blank.

In a more recent letter published in the medical journal, 101 doctors pointed out that years after the 1980 letter was sent, the situation had worsened with nothing to suggest that things were about to improve.

"Facilities are completely inadequate. Many patients have no beds and sleep on the floor at night and sit on chairs during the day. The over-crowding is horrendous. Nurses are allocated according to the number of beds, and not according to the number of patients," said the letter.

"Pleas for help have been met with indifference and callous disregard. Patients and the problems are treated with utter comtempt by the authorties. Nothing is done to correct this affront to human dignity.

"Here is human suffering which cannot be potrayed by mere statistics."

While most of the doctors who signed the letter have apologised to the administration, others have refused to do so.

Two more for Afrox

EAST London's Mater Dei Hospital has joined the stable of private hospitals owned by African Oxygen (Afrox), hard on the heels of the group's acquisition of St Joseph's Hospital in Port Elizabeth.

Afrox says it has invested several millions of rands in hospitals in the Eastern Cape and plans "significant capital expenditure on expanding and modernising the facilities at the two hospitals.

Business Times Reporter

The Mater Dei is owned by the Dominican Sisters of the congregation of St Catherine of Sienna, of King William's Town. The Afrox purchase becomes effective on February 1.

Afrox owns 12 hospitals or clinics and has an interest in another two.

Bara doctors are only doing their duty by complaining, says report

18/11/88

Medical Reporter

Doctors at Baragwanath Hospital are merely performing their duty by pointing out the gross deficiencies in the hospital's services, the Health Workers' Association has claimed.

In a report entitled "Health in RSA" the association says there is no doubt that health care facilities for blacks are generally inferior to those for whites.

"Overcrowding is a major problem at most black hospitals and particularly Baragwanath. White hospitals on the other hand are relatively empty. No apology extracted forcibly or made under duress will success-

fully conceal the truth," the report says.

The dismissal of those doctors who complained about conditions at Baragwanath will only worsen the staff shortage situation, the report claims.

It says the repressive action taken against these doctors is a matter of concern for all health workers.

"Health care workers have an ethical duty to oppose the continued imposition of discriminatory practices in our health services," the report adds.

Black health care 'inferior'

JOHANNESBURG. — Doctors at Baragwanath Hospital are merely performing their duty by pointing out the gross deficiencies in the hospital's services, the Health Workers' Association has claimed.

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The dismissal of those doctors who complained about conditions at Baragwanath will only worsen the staff shortage situation, the report claims. — Sapa

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Boost for Mater Dei — facilities to double

DD 19/1/88 (18)

Daily Dispatch Reporter

EAST LONDON — The change in ownership of the Mater Dei Private Hospital could result in a facility that includes more than 100 rooms and twice the present number of operating theatres.

The hospital was sold to African Oxygen Limited (Afrox) by the Dominican Sisters of the congregation of St Catherine of Sienna, of King William's Town, in an multi-million rand deal announced at the weekend.

The general manger of the Afrox hospital division, Mr Dick Williamson, said yesterday Mater Dei was the second private hospital in the Eastern Cape and the twelfth in the country acquired by the group.

He said the reason for the Dominican order wanting to sell was that there were not enough nuns left in active service to run the hospital.

Many of the nuns had indicated that they wished to retire and it was not clear how many members of the order would prefer to continue to work, he said.

"We believe that the hospital is well manned and we do not plan any major changes to the present staff structure, including the manager, Mr Dave Marais.

"We are happy that Mr Marais has agreed to stay on at Mater Dei. He has the confidence of both the nuns and Afrox," Mr Williamson said.

Mr Marais is presently on leave and could not be contacted.

The matron of Mater Dei, Sister Seraphia, said she had no more to add to what Mr Williamson had said.

The takeover deal included some 16 200 square metres of ground between St James Road and St Marks Road, the hospital building and the nurses' home.

St Ann's school buildlings and the houses presently occupied by members of the order were not included.

The effective date of take over of the hospital is February 1, but Mr Williamson said there would be "an agreed period" during which any new staff would be brought in and the order would hand over.

"If you have a sudden and complete switch, you jeopardise the quality of patient care, which has been maintained at a high level by the Dominican nursing staff," he added.

Mr Williamson said the acquisition of Mater Dei had been part of a belief by Afrox that health care was "a major growth industry in South Africa".

"East London is the commercial and health care centre of the area and the demand for private hospitals is growing," he said.

The Dominican order had requested that the name of the hospital be changed now that the Catholic Church was no longer involved, as Mater Dei meant "Mother of God" in Latin.

"Afrox will honour that request and we have decided to offer a donation of R500 to charity if we use a name suggested by a reader of the Daily Dispatch that takes into account the history of the hospital," he added.

Van der Walt jail term call by State prosecutor

POTCHEFSTROOM — The State called yesterday for a jail term in the theft case against the former Deputy Minister of Development and Land Affairs, Hennie van der Walt, who was convicted this week on 15 counts of theft involving more than R800 000.

The thefts were committed over a period of nine years, Regional Court president Mr P A J Kotze heard yesterday.

State prosecutor Mr Pieter van Wyk told the court the nine-year period was enough time for Mr van der Walt to repent and this should be seen as an aggravating circumstance.

Present at the Potchefstroom Regional court yesterday were Mr Louis le Grange, Speaker of the House of Assembly, Dr Ferdi Hartzenberg, CP MP for Lichtenburg, and the former NP MP for Standerton, Mr Willa Hefer.

Mr Hefer gave evidence in mitigation of Van der Walt's sentence.

Van der Walt (52) of Tom Street, Potchefstroom, was convicted on 15 counts of theft. He was originally charged with 28 counts of fraud, alternatively theft. He pleaded guilty to the 15 counts.

Van der Walt, an attorney and businessman, admitted he took money from people to invest, but instead used it for his business ventures or for himself.

SEQUESTRATED

Yesterday, the court was told that after Van der Walt was sequestrated, he told the trustee appointed to manage his affairs the money had gone into Department of Information projects. However, he later admitted this was "just a story", the trustee, Mr P C Muller, told the court.

The investigating offi-

PFP, Wits welcome more cash for

black hospitals

By Carina le Grange

News that the Government will try to make R10 million available to alleviate the shortage of beds leading to overcrowding at black hospitals has been welcomed by the University of the Witwatersrand and the Progressive Federal Party — with some qualifications.

The Minister of Health and Population Development, Dr Willie van Niekerk made the announcement of more funds after a meeting on the Baragwanath crisis yesterday with the MEC in charge of hospitals, Mr Daan Kirstein.

Dr van Niekerk said the problems surrounding the hospital doctors, who face disciplinary measures after they spoke out against the conditions at the hospital, were also discussed at the meeting but he did not give details.

More beds will be provided at Leratong and Hillbrow hospitals and a new hospital will be planned for Soweto. A clinic is also to be opened at Mofolo.

Designate vice-chancellor of Wits, Professor Robert Charlton said this morning: "We are very pleased to hear additional funds are to be made available to provide more beds and I believe it will relieve the pressure on Baragwanath."

On the fact that there is no further development on the threatened disciplinary measures, Professor Charlton said he had tried to intervene but that the action had been initiated by the province.

URGENT NEED

PFP MP Mr Rupert Lorimer said: "To be welcomed is the fact that the authorities acknowledge that money has to be found. I hope this will be top priority. One must welcome the idea of another hospital in Soweto because with a population close to three million Baragwanath cannot cope."

He said as far as the PFP was concerned it would do "everything in its power to assist in persuading the Treasury that this money was really urgently needed".

He said, however, that extra beds to be provided at Leratong Hospital posed technical difficulties which made it "not a good idea".

Mr Lorimer said it was urgent that the situation of disciplinary action be clarified. "I would like to see some realisation from Mr Kirstein and the director of hospital services that it is the State that employs these doctors and not the province.

"Such is the degree of pettiness displayed by (Mr) Kirstein I believe it is in the best interests of the hospital situation in the Transvaal that he should resign — as has been called for by doctors and the PFP spokesman on health, Dr Marius Barnard — and leave it to somebody more competent."

PM 'wanted bribe of R2-m for gambling rights'

By Michael Tissong

UMTATA — Former Transkei Prime Minister Mr George Matanzima wanted R2 million before he would consider granting gambling rights to anybody in the Transkei, company director Mr John Trickey said yesterday.

He told the commission of inquiry into corruption that Chief Matanzima said eight Cabinet Ministers had to receive R50 000 each "for tobacco".

Chief Matanzima has been subpoenaed to appear before the commission, but a commission official said his whereabouts were not known.

Mr Trickey said he, Mrs Lexie Ceza, and Mr A del Veccio, met Chief Matanzima in Butterworth in October 1986.

"Chief Matanzima said that a gambling licence would cost us, Lexie Joe, R2 million and the money would go directly to him. He said he needed R1 million to buy a farm at Ugie and to give certain politi-

cians money for their tobacco.

South VIEW

SOUTH, JANUARY 21 TO 27

Needed: First Aid for Baragwanath

OHANNESBURG — Several doctors at Baragwanath Hospital face he axe unless they apologise to iospital authorities.

This follows the publication of a etter in the SA Medical Journal everely criticising conditions at the ospital. Signed by 101 doctors, the etter warned the "appalling situation vas rapidly approaching a major risis".

The doctors have been threatened vith expulsion by the Transvaal Department of Hospital Services, vho demanded signed apologies. It s believed about 20 doctors have lready apologised.

In a letter to the Medical Journal, he doctors note a letter signed by 70 octors employed at Baragwanath vas sent to the South African Medical and Dental Council on June 2, 1980.

Ignored

This letter was ignored, as were epeated appeals and pleas to the Transvaal Provincial Administration.

"Years later, the situation has not mproved. Indeed, it is worse. Conditions in the wards are disgusting and despicable. The ttitude of the authorities can only be lescribed as deplorable," the doctors aid.

Describing the state of affairs as inhuman", the doctors noted that facilities were "completely nadequate" at the hospital which provided medical services to more han 1,5 million black people.

Many patients, they said, had no beds, and slept on the floor at night nd sat on chairs during the day. The overcrowding was "horrendous" and nurses were allocated according to he number of beds, and not the number of patients.

The doctors said: "Ablution facilities are far short of the accepted ealth requirements, and standards re undoubtedly compromised.

"Pleas for help have been met by ndifference and callous disregard.



Doctors have called for medical facilities for blacks to be upgraded

Patients and their problems are treated with utter contempt by the authorities. Nothing is done to correct this affront to human dignity. Here is human suffering which cannot be portrayed by mere statistics."

The 101 doctors described as being "devoid of the truth" statements by the hospital administration that improvements could not be made at the existing hospital because a new hospital was being planned in Soweto.

They said it was "utterly hypocritical" of the administration to say there was no money for new facilities.

An expensive administration block had recently been built at the hospital and a R300-million hospital, mainly for whites, was being planned alongside the HF Verwoerd Hospital in Pretoria.

Meagre

"The population of Soweto is very large and resources at Baragwanath are meagre. Influx control has been abolished. How much greater is Baragwanath's burden now? Has there been planning to anticipate this?

"We are of necessity forced to lower our expectations in the quality of care we can offer our patients. The uncaring, uncompromising attitude to the handling of sick human beings is beyond belief," added the doctors.

According to a spokesman of the United Democratic Front-affiliated Health Workers' Association about 20 doctors had already apologised.

He said the doctors had been exercising their ethical and public responsibility. The actions of the authorities was "both repressive and vindictive."

Ignore

"The authorities, through these actions, display gross insensitivity to the health care needs of a large sector of our community."

Members of the HWA could not ignore or allow repressive action against health professionals exercising the basic right to criticise.

"All we ask for are improved facilities — beds to sleep in, or even die in, instead of the floor. If Bara were a hotel it would be declared a health hazards and condemned as such," a doctor reportedly said. — *ANO*

Budgets show vast black-white disparities

Hospital admission: the few get most

By Carina le Grange

Johannesburg Hospital had a bigger budget for the 1985-86 financial year than Baragwanath Hospital, according to official figures.

Yet Baragwanath Hospital coped with four times as many patients.

Theannual report of the Director of Hospital Services of the Transvaal Provincial Administration for 1985-86 shows the budget of Johannesburg Hospital for that year was almost R97 million.

Total admissions were less than 30 000.

VAST DIFFERENCE

Baragwanath Hospital, with more than 120 000 patients for the year, had a budget of less than R94,5 million.

Johannesburg Hospital had fewer than 500 000 outpatients and Baragwanath more than 1,3 million.

There is also a vast disparity in the budget for pharmaceutical supplies.

At Johannesburg Hospital, R12,40 million was spent on drugs, while Baragwanath spent only R8,7 million.

Figures for other Transvaal training hospitals reflect a similar trend of higher budgets for white hospitals than black.

Pretoria's H F Verwoerd Hospital (white, 28 501 admitted, 310 170 outpatients) had a budget of almost R78 million. Hillbrow Hospital (black, with 27 920 admissions and 243 954 outpatients) spent R37,6 million and Coronation Hospital (29 067 admissions and 213 165 outpatients) spent R24,6 million.

Total admissions to all provincial hospitals in the year were 5 552 805. Of these more than 1,6 million were white and almost four million black.

The number of surgical operations were 166 678 for whites and 170 153 for blacks.

Under the patient care section of the annual report, a reference to physician services states: "All serious patient or staff-related complaints at any of our hospitals were investigated and successfully resolved."

Bara crisis on ice

By JO-ANN BEKKER

THE Baragwanath doctor crisis has been put on hold.

Three doctors facing dismissal for signing a letter criticising conditions in the Soweto hospital's medical wards are still waiting to hear the provincial administration's response to the statements of clarification they submitted — after the administration demanded apologies.

If their statements are not accepted there is a strong likelihood the three will fight the decision in court.

Meanwhile, the Transvaal provincial administration's department of hospital services is believed to be considering action against permanent members of staff — including medical officers and 18 specialists — who were among the 101 doctors who signed the letter published in the *South African Medical Journal*.

98

W/Mercl
22-28/11/88

Caught in the middle: Coloureds and racial politics

MAKING RACE: The politics and economics of coloured identity in South Africa, by Ian Goldin (Maskew Miller, R29,95)

IAN GOLDIN devotes 70 pages of his book to an analysis of his theoretical tools and a survey of the first 296 years of coloured history (1652-1948). He suggests that key concepts in any study of South African social relations and change centre around race and class.

A distinct coloured identity had taken shape by the turn of the century largely through the efforts of a coloured "petty bourgeoisie" and "skilled strata" to defend their positions against mounting race prejudice against all blacks. Early leaders like John Tobin, founder of the African People's Organisation, distrusted white workers and their trade unions which, he said, were "rotten with racial prejudice".

Though Tobin objected to the bracketing of "respectable coloured" with the "barbarous native", he called his organisation "African" rather than "coloured" to include persons of doubtful racial identity. Goldin suggests the ambiguity was deliberate.

Dr Abdurahman, who ousted Tobin from the leadership of the APO, used a similar approach to promote the cause of the coloured in the narrow sense while stressing the need for a broad "non-European" front.

Goldin traces the decline of coloured influence to the substitution of "white ethnic solidarity" after the Anglo-Boer War for an older cleavage based on class lines. The Smuts-Botha government of the newly-created Union made no fundamental changes in the position of the coloured, but, in Goldin's words, introduced "punitive influx controls over African people and segregated virtually every aspect of their lives".

This conclusion is at variance with the statements of coloured representatives during this period. They complained bitterly of the effects of white supremacy politics on their education facilities, job opportunities and access to resources.

The conflicts and contradictions within the ruling National Party after the 1948 general election reinforces Goldin's view that apartheid was an evolving process rather than a precise and well thought-out blueprint.

The government regarded the 50 000 coloured men who were eligible to vote as a threat to its electoral success in at least seven constituencies at a time when Nationalists had a majority of only five seats. The Cape Nationalists, who relied partly on the support of the coloured voters, objected to the disenfranchisement, but by and large approved the measures introducted to isolate coloured communities from the rest of the population.

The objection to disenfranchisement stemmed from the fear that it would encourage coloured leaders to unite with the African liberation movement. In reality, the threat failed to materialise largely because radical movements such as the NEUM and the South African Coloured People's Organisation were unable to achieve unity between coloureds and Africans.

Their failure, Goldin observes, "facilitated the further entrenchment of coloured identity and the continued racial fragmentation of resistance in the Western Cape".

Opposing tendencies appeared. One was the commitment of the South African Congress of Trade Unions, the union wing of the Congress Alliance, to unite coloured and African workers as well as male and female workers. This effort narrowed the gap between groups of black workers.

On the other hand, the governments "Coloured Preference Policy" further divided coloureds from Africans by offering job opportunities and other benefits to skilled and educated coloureds and the emerging middle class.

Goldin notes, however, that the overwhelming majority of coloureds were no better off, though the "petty bourgeois" made substantial gains and offered no serious criticism of the policy until the Soweto revolt of 1976.

While acknowledging the growth of radical politics among coloureds since 1976, Goldin doubts whether the unity forged in the process will be more enduring than earlier efforts. Coloureds continue to receive preferential treatment in the Western Cape, residential segregation remains in force, schools are segregated and the historical legacy of separate political organisations imposes a heavy hand on the new generation of radical leaders.

Goldin's cursory examination of white politics before 1948 diminishes the value of his survey of the Western Cape's economy and black working class organisation. However, his survey of trends in the period after 1948 provides valuable insights into the complexities of a society divided into classes and races.

He shows convincingly that the Western Cape produces political activists as well as theoretical speculation.

Mary Simons

●The reviewer is a lecturer in the Department of Political Studies, UCT.

SCA punts Bara doc's

27/11/88

THE Soweto Civic Association (SCA) has called on health authorities to re-instate all Baragwanath Hospital doctors who were forced to resign after they had condemned the "despicable" conditions at the hospital.

In a statement issued yesterday, the SCA said the stand taken by doctors at Baragwanath Hospital was a remarkable and courageous one.

"We know that for the health workers to have actually stood up against the State apparatus and bureaucrats must have taken a lot of courage. It took remarkable will to correct what is wrong and unjust," the statement said.

The association called on all Soweto residents to rally around the health workers

Hospital row spreads to the West Rand

'We would rather die than go to Leratong'

By Maokeng Kgwete
and Toni Younghusband

Leratong Hospital on the West Rand has joined the list of provincial institutions to come under attack for alleged mismanagement.

Doctors have accused hospital authorities of under-budgeting and discharging patients too early to "mask" overcrowding. Patients have said they would "rather die" than receive treatment at Leratong and a local industrialists' association has levelled scathing attacks at senior hospital staff.

But Dr P van Heerden, the hospital's chief superintendent, says the allegations are "far removed from the truth".



The front of the Leratong Hospital.

Dr P van Heerden says:

The accusation that there is an acute shortage of medical supplies at the hospital is so far removed from the truth that one must assume either complete ignorance on the part of the person or persons making the allegations.

The hospital has 42 beds full of gynaecological cases which are admitted day and night.

The statement regarding the alleged premature discharge of patients to mask overcrowding is to say the least, absurd.

According to the executive director of hospital services' annual report, the length of stay of patients at Leratong Hospital varies between six to eight days, which is rather more than the average for other comparable hospitals and considerably more than the average in the private sector.

The disclosure of the hospital's budget figures are the preroga tive of the executive director of hospital services in Pretoria.

Employers should familiarise themselves with the provisions of the Workmen's Compensation Act in regard to their own duties towards injured workmen before adopting a disapproving stand against the hospital.

The disclosure of the hospital's budget figures is the prerogative of the executive director of hospital services in Pretoria.

The hospital has functions limited to giving emergency treatment only until private practitioners can take over — at the request of the private sector, and in line with the much-publicised policy of privatisation.

Doctors, patients and ...

The picture of complete efficiency that greets the visitor to Leratong is in reality a veneer covering the acute shortage of medical and other supplies.

Yet, unlike other black provincial hospitals, Leratong is not faced with overcrowding because patients are discharged too early. Sedatives are not readily available and this has resulted in patients losing confidence in the hospital.

Doctors are instructed to prescribe whatever is on the shelves, invariably the common painkiller, Panado. The casualty department often runs out of medicines because only a limited supply of drugs is provided before the dispensary closes for the day.

Because of a limited range of medicine, doctors are left with no choice but to prescribe the alternative instead of the effective.

"This results from common administrative facilities shared by Leratong and Paardekraal hospitals and officials tend to budget more for the latter than they do for the former," say the doctors.

The chairman of the Krugersdorp Industrialists Association, Mr Kim Pratley, says Leratong puts Baragwanath in the shade as far as shocking conditions are concerned.

"My employees and farmworkers have said they would rather die than receive treatment at Leratong.

"The attitude of the hospital's administration staff is appalling and the nurses appear not to care."

AFROX

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High liquidity

Activities: *Makes and markets gases, welding products, fluid handling systems and special hi-tech products. Operates and has interests in private hospitals and human performance improvement systems.*

Control: *BOC Group Plc holds about 60%.*

Chairman: *P Bosonnet; managing director: P G Joubert.*

Capital structure: *30m ords of 50c each. Market capitalisation: R435m.*

Share market: *Price: 1 450c. Yields: 4,2% on dividend; 7,8% on earnings; PE ratio, 12,8; cover, 1,9. 12-month high, 2 375c; low, 1 325c. Trading volume last quarter, 293 000 shares.*

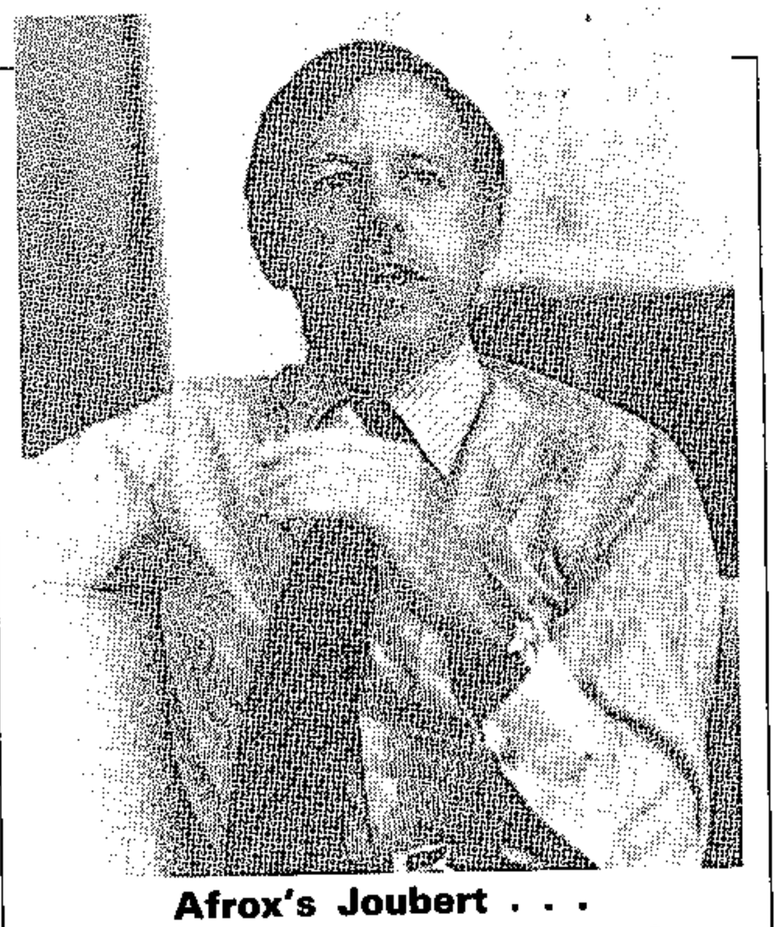
Financial: *Year to September 30.*

	'84	'85	'86	'87
Debt:				
Short-term (Rm) ..	33,0	29,4	19,7	13,2
Long-term (Rm) ...	49,3	36,0	50,0	44,7
Debt:equity ratio	0,40	0,37	0,17*	0,06*
Shareholders' interest	0,54	0,55	0,56	0,60
Int & leasing cover .	4,2	3,2	7,0**	18,1**
Debt cover	0,55	0,62	1,6*	3,7*
Performance:				
	'84	**'85**	**'86**	**'87**
Return on cap (%) ..	11,3	13,0	18,4**	15,9**
Turnover (Rm)	287	337	391	448
Pre-int profit (Rm) ...	43,2	55,2	73,6	93,2
Pre-int margin (%) ..	14,3	16,3	20,6	23,9
Taxed profit (Rm)	25,1	27,1	37,0	46,9
Earnings (c)	61,7	69,3	91,5	113,6
Dividends (c)	39,0	40,0	50,0	61,0
Net worth (c)	677	734	898	1 127

* Net of cash
** Net of interest received

Afrox appears set for substantial earnings growth this year. After an uninspiring record during the early Eighties, EPS rose 32% in 1986 and by 24% in 1987. But slow turnover growth, which rose only 15% last year (in line with inflation) following the 29% increase in 1986, suggests that sales were not up to expectations. MD Peter Joubert informs me that turnover was restricted by the discontinuation of certain unprofitable lines.

Management has continued to work on the balance sheet, and it was the significantly lower interest bill which most helped the bottom line last year. Net interest paid fell to R3,3m (R10,5m). By September 30 debt: equity was only 0,06, well down on the 1985 level of about 0,40, although debt:equity is calculated net of Afrox's cash of R35m (R23m). The 27% increase in taxed profit to R46,9m (R37m), with a 23% jump in depreciation to R31,9m (R25,9m), helped improve cash flow to R83,2m (R67,7m).



Afrox's Joubert . . . substantial earnings growth

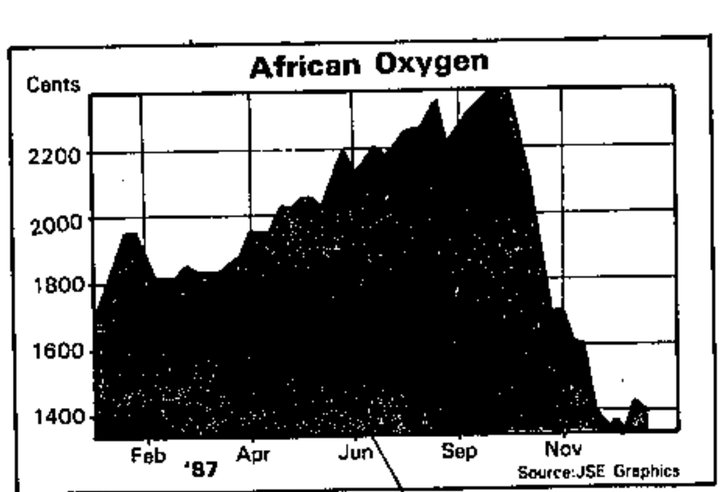
Despite the diversification into private hospitals and development of human performance improvement systems the group remains largely dependent on earnings from the gas and welding divisions. These contributed 82% (79%) of operating profits. Contribution from the hospitals division, which includes income from associated companies, fell to 13,1% (19,3%) because the rise in private hospital tariffs failed to match rising costs. Operating income from other interests was less than 2%.

The strong market position of the gas and welding business was successfully defended during the recession, and the solid balance sheet leads one to expect turnover will outpace inflation in the upturn. This could produce a strong leverage effect as last year's pre-interest margin was a high 24%, even though Joubert expects to discontinue more unprofitable lines this year.

Improved performance over the past two years, and growing confidence in the economic upturn, suggest that the share is worth a buy. That is borne out by MD Peter Joubert's recently stated forecast that earnings will grow 25% this year.

At 1 425c, the share is 9% off its 1 325c yearly low, reached in early January. Absence of real turnover growth last year and the fact that the share has the highest p:e in the engineering sector may be among reasons for the lack of enthusiasm. But I think the short-term growth potential in Afrox's fundamental business and the longer-term implications of its diversification make the share a worthwhile purchase for capital appreciation.

Dave Edwards



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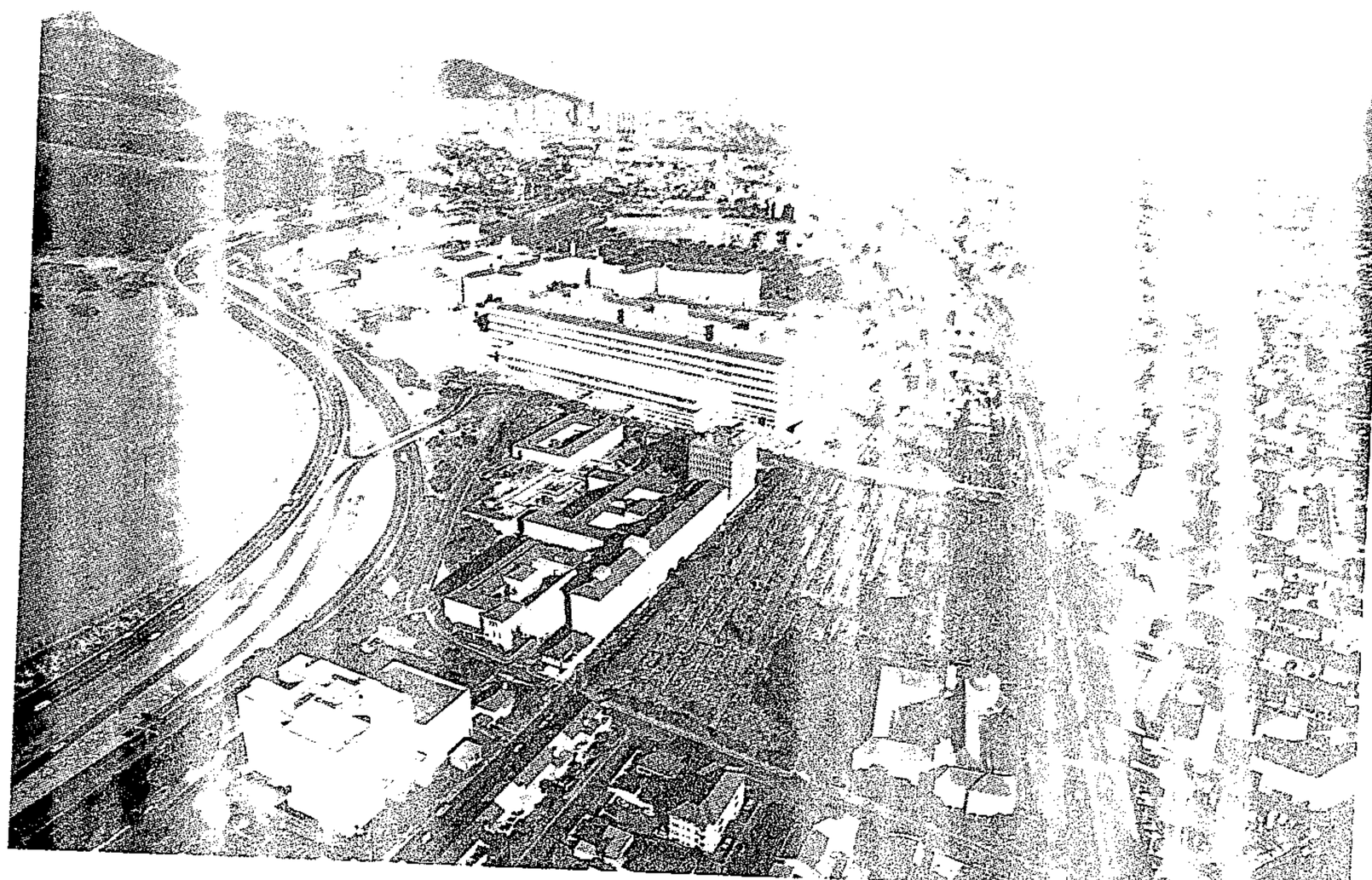
Groote Schuur turns



ABOVE: The honorary medical staff of Groote Schuur Hospital at the time of its opening in 1938.



RIGHT: An aerial view of Groote Schuur Hospital with the new extension now nearing completion.

And the first patient remembers his VIP treatment half a century ago

By KAREN STANDER, Medical Reporter

FIFTY years ago 13-year-old William Keene was admitted to Groote Schuur Hospital with his right leg fractured in two places and the bones in his left hand broken after he was knocked from his bicycle by a car.

Since the day Mr Keene, a Table View warehouse manager, became the first patient, millions of people have been treated at the hospital, today internationally renowned not only as the venue of the world's first heart transplant, but for much more.

Mr Keene remembers the day vividly.

"I was riding my bicycle in Three Anchor Bay, watching the canoes go past. I wasn't looking where I was going and was on the wrong side of the road when I rode right into a speeding car."

He was the only patient in a big ward and was given very special treatment during his month-long stay. "Every time I drive past the hospital today I look up at it and I get a feeling," he said.

Yesterday, the 50th anniversary of Mr Keene's accident, staff at the now immense hospital and medical school rededicated themselves, their knowledge and skills "to achieving the mission of this great hospital".

In the words of the "declaration of rededication", the hospital's mission is "to function as a centre of excellence within a unitary and egalitarian health service committed to providing comprehensive health care of the highest quality; to offer teaching, research and specialist diagnostic and therapeutic services that will continue the proud tradition of past endeavours into the future".

The staff promised at the ceremony: "We solemnly rededicate ourselves to the service of humanity, to alleviate suffering and to promote health in a manner which respects the dignity, the individuality and the privacy of those whom we serve."

The original 11ha hospital site was leased for 99 years from the University of Cape Town by the Cape Hospitals Board in 1926 for the development of a teaching hospital, says the hospital's public relations department.

Plans for a £735 000 hospital with 850 beds were approved in 1929 and on April 12, 1932, two commemorative foundation stones were laid.

On January 31, 1938, the hospital was opened by the Governor-General of the Union of South Africa, Sir Patrick Duncan. Staff could cope with 450 patients and 628 beds were equipped.

During the next two decades resources were strained to the limit and a building and expansion programme began. Free-standing buildings and extra levels were added.



Sir Patrick Duncan



Prof Allan Cormack



Prof Chris Barnard

Further expansion was hampered by lack of land. The provincial authorities then bought 7,5ha of private property below the hospital.

In spite of overcrowded conditions and inadaquate facilities, researchers on the joint staff of the hospital and the UCT medical school achieved much that was internationally recognised and acclaimed.

● It was at the medical school that the famous frog pregnancy tests were first developed by Zwarenstein and Schapiro.

● Research in tissue matching and work by clinical cardiologists under Professor Vel Schrire helped make the first organ transplants possible, including the first heart transplant by Professor Chris Barnard's team in 1967 and the first renal transplants in Cape Town during the same year.

● Professor Allan Cormack was co-recipient of the Nobel prize in 1978 for work which resulted in the development of the computerised scanner.

● In 1971 the fourth heart-lung transplant in the world was performed at Groote Schuur.

● In 1974 South Africa's first bone-marrow transplant and piggy-back transplants were performed.

● In the late 1950s research into the causes of kwashiorkor and the roles of protein and potassium brought international acclaim.

● Artificial ventilation introduced in the 1950s for the management of newborn babies with tetanus reduced mortality from 90 percent to 10 percent.

● In the 1960s studies were published on the effects of kwashiorkor on mental and social development, creating a new field of research.

● In the mid-1960s research in the neo-natal intensive care unit led to the modern management of hyaline membrane disease. This work provided the rationale for the modern use of artificial ventilation and respiratory support in the treatment of this condition.

● In 1965 the country's first intra-uterine blood transfusion for Rhesus disease was performed in conjunction with the blood transfusion service.

● In 1984 Dr Kit Vaughn was given the State President's Award for achievements by young investigators in recognition of work done with the Council for Scientific and Industrial Research on three-dimensional measurements of human movement.

● In 1987 the Medical Research Council upgraded the liver research group to a "centre" in recognition of the exceptional national and international status the group had achieved for the quality and excellence of its research.

By the 1970s it became impossible to maintain standards and the desperate need for improved facilities was eventually acknowledged when plans for a new hospital and extensions to the medical school were approved in 1979.

It was decided to build a single structure to house in-patients and to redevelop the old main building for office space and accommodation for the paramedical services and medical school.

The foundation stone was laid by State President Marais Viljoen in September, 1983, and the first patients moved into two wards on June 21 last year.

The new hospital has five six-floor wings and accommodates 1 400 beds.

A space known as an "interstitial service space" above the top floor in each wing and high enough to allow maintenance staff to walk and work houses air-conditioning, gas, water and sewerage pipes, the air-tube system, central vacuum-cleaning system and electrical wiring.

The new cool-chill catering system eliminates busy and slow periods as food can be prepared hours or even days in advance.

Cooked food is dished into plates and chilled in a blast chiller, which gives a shelf life of up to five days. The plates are stacked on trolleys and wheeled to the ward kitchen where the trolley, which acts as an oven, is plugged into a heating hood.

As the first hospital in the country to use an exchange cart system for handling materials, Groote Schuur has the largest system of its kind in the world. From one central store materials required by each ward, theatre or cleaner are packed on 1 000 carts which are wheeled to where they are needed.

Another modern feature of the hospital is the computerised pneumatic air-tube system for transporting small goods around the vast complex — one of the largest systems in the southern hemisphere.

The central vacuum-cleaning system enables 45 cleaners to clean more than 85 000sq m of floor in less than eight hours. Cleaners carry lengths of hose which plug into any of 1 000 floor fittings in the wards and corridors and the dirt is sucked to a central collection point.

These sophisticated facilities enabled 7 600 staff members to care for more than 62 600 in-patients and about 1,3 million out-patients last year.

Pressure on Bara doctors mounts

Star 24/2/88

By Carina le Grange

Registrars of Baragwanath Hospital's department of medicine are under renewed pressure to apologise to the Department of Hospital Services for signing a letter published last year.

If they do not sign, they face possible dismissal.

A letter detailing overcrowded conditions at the department of medicine at the hosital, signed by 101 doctors, was published in *The South African Medical Journal* in September, leading to demands that the signatories apologise.

Five registrars received letters last week giving them until February 12 to sign a letter of apology drawn up by the authorities, failing which "further steps in terms of service contracts will be considered" against them.

Last month, one of the five registrars was threatened with dismissal within 24 hours for not signing the letter. He did not sign the apology but his dismissal was not carried out. Last week he received the latest demand for a signed apology.

Executive committee member and chairman of the Southern Transvaal branch of the Medical Association of South Africa, Mr S Kay, said yesterday that the "disciplinary measures would stay with these doctors for the rest of their professional lives".

He hoped to continue to be instrumental in further negotiation concerning the disciplinary factors and in bringing about measures to improve conditions.

SMM 3/2/88

Letters to the Editor

Bara: Tvl hospitals head should resign

Mr Daan Kirstein (MEC in charge of Transvaal hospitals) appears to have really over-extended himself in the handling of the doctors calling for improved conditions at Baragwanath Hospital.

Their grievance letter was printed in a select journal, the *South African Medical Journal*, which is circulated almost exclusively to the medical community. The problem areas stated in the letter were specific and explicitly pertained to Baragwanath Hospital, eg. "Many patients have no beds and sleep on the floor" and "ablution facilities are far short of accepted health requirements".

If scandal-mongering was their aim they could quite easily have gone to the popular press to gain maximum publicity. This was not the case. The entire affair would have stayed an internal medical matter had it not been for the sheer bloody-mindedness of the Directorate of Hospital Services.

The high-handed arrogance shown by Mr Kirstein and his officials in ignoring a Supreme Court ruling which stated the doctors should be given a fair hearing, is truly incredulous. Their ultimatum was: apologise or lose your jobs. The hospital directorate's defence was that facilities at other black hospitals had been upgraded, implying that these improvements would ease the situation at Baragwanath.

A moment's thought reveals this logic to be fraud. The Soweto population is not going to travel approximately 30 kms to Hillbrow hospital for treatment, when a hospital, no matter how bad, exists on their doorstep.

In dictatorial style Mr Kirstein appears unable to bear criticism. His banana republic overreaction has resulted in a decision which has affronted and outraged a large number of the medical and general population.

This laager-type stupidity is precisely the ammunition that South Africa's critics revel in using against the country, when they point out that apartheid is very much alive. Such incompetent blundering should not be tolerated.

Mr Kirstein must resign and be replaced by someone who understands the meaning of negotiation and the subtle diplomatic moves required by such a prominent public position.

David T Cason

Kensington

Long history of serious overcrowding at Bara

Star, 4/2/88

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Fifteen years ago, in January 1973, the Director of Hospital Services was informed by letter that the department of medicine at Baragwanath Hospital was in a state of "imminent collapse".

The then director, Dr H Grove, was told by Professor Leo Schamroth that his suggestions to ease the situation had received "little support" by the hospital's administration.

This letter, dated January 15 1973, was followed by many others to his superiors. Some detailed attempts were made by Professor Schamroth, who retired last year as head of the department of medicine, to alleviate the situation by bringing it to the attention of the superintendent, the University of the Witwatersrand and the provincial authorities.



Professor Leo Schamroth . . . battled for years to effect improvements.

Last September, 101 doctors at Baragwanath Hospital published a letter in a medical journal describing conditions at the hospital as "disgusting and despicable". They were severely critical of the attitude of the provincial administration. Their criticism, which they said was triggered by concern for the quality of treatment of their patients and medical professional standards, is costing them dearly. Doctors have been threatened with dismissal or non-promotion unless they sign formal apologies, while six junior doctors have already been denied appointments by the province. Publication of the letter led to some publicity in the media, but what is now known as the "Bara crisis" became controversial only when the extent to which the doctors are to be punished by the authorities became clear. However, the struggle for improvements of conditions at the hospital has been going on for a long time. This report gives some indication of formal complaints over 15 years.

Increasing stringency

A letter by Professor Schamroth, who enjoys an international reputation, to the superintendent written in 1979 referred to other correspondence over the previous six years and said admissions to the department had increased "despite ever-increasing stringency in criteria for admission".

"All patients admitted are acutely ill and in an advanced state of disease. If usual or standard criteria had to be applied, the intakes would unquestionably be far higher ... Many patients are being discharged prematurely.

Injections

"Drugs are not given, injections are omitted and intravenous drips run dry ... this is no reflection on the nursing staff since circumstances are beyond their control," Professor Schamroth wrote.

The letter noted that a 40-bed ward had 91 patients.

Today, nine years later, the situation has not changed. During a visit by The Star to the department last month, a 40-bed ward had 92 patients with only three nurses in attendance.

Despite the authorities' accusation that the 101 doctors were inaccurate in saying nurses are allocated according to beds and not patients, letter after letter also mentioned the "intolerable load" on nurses and their inability to maintain adequate standards.

By Carina le Grange

A letter dated March 11 1980 said that nurses, already "hard-pressed and understaffed", had to double as porters, and that "overcrowding is so chaotic, and the resulting pressure of work so great, that it transcends all ethical norms of medical practice".

Professor Schamroth mentioned in this letter the desire of the doctors to approach the South African Medical and Dental Council, which they did later that year. The letter was ignored.

Shorter letters to the superintendent over the 15-year period stated only the basics: "This is to inform you that Ward 16, a 40-bed ward, now has 85 patients."

Worked 30 hours

Among the suggestions made to alleviate the conditions was that the five closed wards at the hospital be opened "simultaneously with the unfreezing of the 500 nursing posts".

A record of correspondence between Professor Schamroth and his superiors, contained in court records of the recent Supreme Court case brought by the interns who were refused positions for signing the letter in the *South African Medical Journal* last year, showed the "Baragwanath dilemma" was also brought to the attention of the Cabinet which was "briefed" on the position.

The publicity surrounding the health crisis has led to an announcement by the Minister of Health and Population Development, Dr Willie van Niekerk, that an extra R10 million will be allocated to ease the situation. But the disciplinary action against doctors who signed the letter published last year continues.

98 8/2/88

SOWETAN, Mond

Bara meeting

THE Health Workers' Association has invited community organisations to discuss the crises in health particularly at Baragwanath Hospital, at a meeting on Thursday.

The meeting will take place at the Glyn Thomas house at Baragwanath Hospital. It will be held on the eve of the February 12 deadline the Transvaal Provincial Administration has given to senior doctors at the hospital to apologise for their criticism of conditions at Baragwanath.

A spokesman for the association said at a meeting between himself and other organisations on Friday, it was decided to call an open meeting where all would be welcome. Last Friday's meeting had been attended by mostly UDF affiliates. All community organisations are welcome and invited to attend the Thursday meeting.

D/D 10/2/88

Hospital's new owners assure staff of jobs

Daily Dispatch Reporter

EAST LONDON — The new owners of the Mater Dei Private Hospital here, African Oxygen Limited (Afrox), do not want to turn it into a "chrome and plastic" establishment, a spokesman for the company said yesterday.

The general manager of the Afrox hospital division, Mr Dick Williamson, was speaking on a visit here to meet the hospital's staff.

"We'd like to keep the character of the hospital as we feel it should reflect East London and a hospital should be part of the community."

He said the standard of nursing care was high and it was the company's objective that this be maintained. The fact that the majority of the staff was staying would ensure this.

He said the visit, with two colleagues, was to tell staff that their jobs were safe.

The two colleagues were the manager of St George's Hospital in Port Elizabeth, Mr Mike Meterlekamp; and the financial and administrative manager of the Afrox hospital division, Mr Doug Archibald.

Mr Williamson said St George's Hospital and Mater Dei would make up the Eastern Cape region of Afrox.

The firm took effective control of Mater Dei from February 1.

The hospital was sold to the company by the Dominican Sisters of the congregation of St Catherine of Sienna, of King William's Town, after negotiations in a multi-million rand deal announced last month.

The takeover deal includes some 16 200 square metres of ground between St James Road and St Marks Road, the hospital building and the nurses' home.

St Anne's school and the houses presently occupied by the members of the order were not included.

The company plans to increase the number of beds from 65 to 100 and the two theatres increased to four.

Mr Williamson said a team was studying the hospital's design and by the end of March they would know what they wanted to do. Within two months of that, work should begin.

The extensions would mean more staff would be employed. There are currently eight nuns, 60 nurses, and nine nurse aids.

The company plans to introluce more technology with the extensions.

"East London needs this facility, our occupancy levels and request from doctors prove it," he said.

The city was well served by a good number of high quality specialist doctors and they deserved a private facility, he said.

He said a new name had not been finalised yet but a number had been suggested.

He added that the name would be chosen within the next two weeks and its approval would have to be obtained from the prioress general of the order in Johannesburg, Sister Francis, he said.

The name will be announced at a cocktail party to be held for the doctors next month.

Some of the suggested names include: St Dominics or St Catherine's to tie in with the work the nuns had done.

Others, Mr Williamson said, were linked to Southernwood such as Southernwood or Woodleigh Clinic, Crewe Park Clinic or hospital and Border Clinic.

Black donor told: white blood only

Daily Dispatch Reporter

EAST LONDON — A coloured nun who went to donate her blood at a clinic in Aliwal North says she was told only "white blood" was taken at the clinic.

Sister Cecilia McKenzie, 34, who teaches at the Sacred Heart Convent, Aliwal North, said she had given blood all around the country, and this was the first time she had been turned away.

"On Thursday last week I took the girls from the hostel shopping and we saw posters saying 'Give life, give blood', so when we got back I spoke to the girls, and six of them decided they would go along with me the next day for the first time," Sister McKenzie said.

At the Gereformeerde Kerk hall where the donor clinic was being held, they were met by a woman who asked them what they wanted.

"She called a Mrs Erasmus who said 'What do you want here?'. I told her and she said 'Sorry, your blood cannot be taken here'.

"I asked why and she said 'Only white blood is taken here'.

"I was so confused and angry," Sister McKenzie said.

She had then gone to the hospital to see if they were taking blood.

"A sister there said she had heard we were chased away and she took us back."

She said the sister went inside and later Mr George Montgomery, who was in charge of the clinic, came out.

"He said: 'What's your problem lady?'. I told him and said they should have put it on the posters that they only wanted white blood.

"He asked did I know of all the trouble in other places, so I said he couldn't face reality and it was high time he changed.

"He said 'We don't have to change, you must change'."

She said she had told Mr Montogemery there was no valid reason for not taking her blood. He replied that in the 25 years they had run the clinic, no blacks had been allowed.

She had told him it boiled down to apartheid, but he said their constitution said they could take only "white blood".

"Mr Montgomery said if the sister from the Border Blood Transfusion Service took our blood the volunteers would quit.

"I asked him if I must go to Cape Town to give blood and he said it had nothing to do with him," Sister McKenzie said.

Mr Montgomery told her there had been many complaints when a black donor had given blood in the Catholic Church hall last year.

Sister McKenzie said the people of Aliwal North were suffering under this type of discrimination. A number of black policemen had also been turned away.

Mr Montgomery, a former mayor of Aliwal North, said he was not prepared to get involved or to comment.

He said the clinic had been run on a voluntary basis for the past 25 years.

"This is the first incident there's been. I'm not prepared to get involved in a political argument."

He said the incident went deeper than was realised.

"About 10 years ago people from the location asked us to help them set up a clinic, but when we tried to arrange black sisters to run it they said unless we did it they were not interested.

"We just lost enthusiasm after that."

The chief executive officer of the Border Blood Transfusion Service (BBTS) in East London, Mr G. du Toit, said he was "unfortunately" aware of the incident.

He said it put the organisation in an awkward predicament, as it was contrary to its approach, but added that it was local voluntary workers and not BBTS staff who had been involved.

His staff had tried to get the volunteers to change their minds.

Mr Du Toit said the matter would be investigated and if the volunteers could not be persuaded to run the clinic according to the BBTS's policy then other volunteers would have to be found.

Mr Du Toit said the BBTS had taken over Aliwal North as a branch in September last year. Previously it was run by the South African Blood Tranfusion Service from Bloemfontein.

"We do have clinics which serve predominantly black people and we also have clinics which serve predominantly white people but that is as a result of location."

Mr Du Toit said he was concerned about the reaction to the incident, as his chief concern was the life saving service that the BBTS rendered.

He said the BBTS's clinics were open to everyone and blacks provided two thirds of the blood in the Border, Ciskei, Transkei area. There were 30 000 black donors compared to 10 000 white donors.

"Our responsibility is to provide all groups with blood, 24 hours a day, 365 days a year."

● The minsister of the church, the Reverend Hennie Coetzee, was unaware of the incident, and said it had nothing to do with the church. The volunteers just used the hall, he said.

Health workers meet

HEALTH workers will meet at the Glyn Thomas hall next to Baragwanath Hospital today to air their grievances and to support Baragwanath doctors who criticised conditions at the hospital.

Sowetan Reporter

The meeting, organised by the Health Workers Association, will also voice opposition to the new tariffs which were increased last month. The meeting starts at 5 pm.

A HWA spokesman said community organisations, civic associations, political organisations and trade union groups will send representatives to the meeting.

Detailed examples of inadequate health care as seen by doctors working in the Boksburg-Benoni Hospital district were recently published in The Star. The report was based on a letter, accompanied by a memorandum, sent to the Minister of Health, Dr Willie van Niekerk, by the East Rand Alumni Society. Private practitioners were also interviewed. The draftees of the letter and memorandum, the East Rand Alumni Society, felt strongly enough about conditions to appeal to Dr Van Niekerk.

(98)

'Boksburg-Benoni Hospital renders valuable service'

Star 9/4/88

I wish to refer to an article prominently displayed on the front page of your newspaper dated January 14 1988, writes **Dr Louis Kaplan**, senior superintendent of the Boksburg-Benoni Hospital.

The article condemns my hospital with a headline indicating that it is "worse than Baragwanath". You go on to report that it has been criticised for high mortality rates, overcrowding and lack of care of patients and you report this without facts or figures and generally, it seems, on the allegations of one general practitioner "who may not be identified for ethical reasons".

It has already been stated elsewhere by the MEC in charge of hospitals, that a very recent occupancy figure for the Boksburg-Benoni Hospital was 84 percent. This indicates that the hospital may be considered to be fairly full, but not overcrowded.

However, it is true that, at times and over weekends, we do experience some overcrowding due to the numerous assault cases, particularly in the black section of our hospital.

The doctors and nurses often work throughout the weekend day and night in the theatres of our hospital coping with these cases. I would rather be accused of some overcrowding at times, which — as stated — the hospital can cope with, than stand accused of turning away patients requiring urgent medical attention. To compare us in this respect, however, to the Baragwanath Hospital and state that we "are worse than Baragwanath" is unfair and simply not true.

It is a fact, that patients requiring hospitalisation rather than, say, outpatients treatment, are generally very sick patients, such as terminally-ill cancer sufferers or seriously injured accident cases, so there will be a certain mortality figure attached to every hospital.

Low infant mortality rate

But, to implicate the Boksburg-Benoni Hospital and criticise it for high mortality rates without statistics to support these allegations is grossly irresponsible.

I would, however, like to add that our maternal and infant mortality rates — and this includes particularly the black section of our hospital — are considered to be among the lowest of the hospitals in the Republic.

As for being unconcerned for the suffering and dying, this is an insult to an institution which has provided nearly a century of service to all the communities of this region and to the devoted doctors and nurses who has given so much care to the sick patient of whatever race, colour or creed.

The general practitioner concerned reported that he has to refer most of his patients to the Boksburg-Benoni Hospital.

Unfortunately, not knowing the name of this doctor, it is not possible to check on the condition of his patients. Surely we have cured or alleviated the sufferings of some of his patients?

The letter and memorandum referred to in your article has been given close attention and the complaints and problems outlined, many of which are unfounded, replied to in full, hopefully to the satisfaction of the petitioners.

The Boksburg-Benoni Hospital is a very busy hospital with 600 beds. Facilities at the hospital for certain communities are currently being upgraded.

This will assist us in coping with the increasing flow of patients, not only from the towns of Boksburg and Benoni but from the surrounding townships of Daveyton, Wattville, Actonville and Reiger Park.

Orthopaedic workshop

There is also an intensive care unit presently functioning and catering for all races.

A branch laboratory of the South African Institute for medical research is housed at the Boksburg-Benoni Hospital and may be described as one of the most modern laboratories of its kind on the Witwatersrand. It has two full-time senior pathologists in charge.

We also have the facility of a regional branch of the South African Blood Transfusion Service. There is an orthopaedic workshop supplying sophisticated rehabilitative appliances for the whole region and many other services.

To condemn a hospital such as the Boksburg-Benoni Hospital which renders such valuable service without referring to that hospital for at least comment and verification of the allegations, prior to publication, is to be deplored.

I thus demand that you, Sir, publish this letter as a reply to the allegations made in your article, giving it equal prominence on the front page of your newspaper.

Five Bara doctors face sack today

Star 12/2/88

By Carina la Grange

At least five registrars at Baragwanath Hospital were facing dismissal today unless they signed apologies drawn up by the provincial authorities.

They are among the 101 doctors who protested in a letter last year against the "deplorable" conditions at the department of medicine at the hospital. The letter was published in a medical journal.

The authorities subsequently took action against six interns, who have not been appointed to posts approved by departmental heads of the hospital.

This disciplinary action was followed by demands that the more senior registrars as well as the permanent consultants sign a letter of apology.

It is believed about 50 doctors have not yet signed the letter.

Registrars who do not sign face dismissal, while the consultants — who have been granted a week's grace before their deadline is up — face non-promotion or other disciplinary measures.

At a meeting to show solidarity with the doctors who face action, a spokesman for the Health Workers' Association (HWA) said last night: "Health workers are forced to become political activists if true justice in health care cannot be attained under the apartheid ideology."

The meeting was called by the HWA and supported by the United Democratic Front, the Congress of SA Trade Unions, the Soweto Civic Association and other community organisations.

The HWA spokesman said one of the ways in which a doctor could take action would be to refuse to transfer patients from the "wrong" race to a hospital that catered for the other race race.



Health workers raise placards at a meeting yesterday to show solidarity with Baragwanath doctors facing disciplinary measures.

n for killers

Diar, said the petition highlighted many of the "grey areas" of law and evidence which the original trial and the appeal hearing had left begging.

The six were sentenced to death in 1985.

Bus ambush deaths denied

Star 12/4/88

The Star's Africa News Service

MAPUTO — The Mozambican authorities have denied that dozens of civilians were killed during a rebel attack on a bus convoy north of Maputo.

A Portuguese news agency reported on Wednesday that dozens of people had been killed in an ambush of a bus convoy.

"We are mystified by the Lisbon reports," a spokesman for the official Mozambique news agency, AIM, said.

He said the Lisbon agency was possibly exaggerating the ambush on one vehicle earlier in the week.

Freed detainees are re-arrested by police

Star 12/2/88.

Crime Reporter

Two Maritzburg township activists, Mr Martin Wittenberg and Mr Sikhumbuzo Ngwenya, have been redetained in connection with activities "which threaten the safety of the public and the maintenance of public order", police said in a statement.

The two, believed to be affiliated to the United Democratic Front, are now being held in terms of the emergency regulations after police said they had "no option" but to detain them again.

A statement released by the police directorate of public relations in Pretoria, said: "After their release, both continued with activities which threatened the safety of the public and the maintenance of public order.

"Everything possible is being done to end the violence and the police will not allow anyone, through their actions, to endanger the safety of the public or disrupt public order."

One quiet night at Bara

Today is 'apology' day for Baragwanath doctors, told to retract a controversial open letter describing conditions at the hospital as 'hopelessly inadequate'. Reporter JO-ANN BEKKER visited the wards on a 'quiet night' this week ... and arrived back shaken

A 14-YEAR old girl suffering from chronic diabetes lies listlessly on a hospital bed. On the stretcher along-side, a middle-aged man undresses for his examination and pulls on the standard green and white striped pyjamas

This scene would raise an uproar in any "white" hospital. But at Soweto's Baragwanath Hospital no-one notices.

In Ward 20, the medical intake ward, all new patients are screened together. Rudimentary curtains are sometimes drawn during undressing, examinations, the taking of urine samples — and sometimes not.

Up to 4am only urgent cases are referred to Ward 20 by the hospital's admissions department. These patients arrive with a red sticker on their foreheads which reads "Urgent *Dringend*" — the kind of sticker most people would recognise from hand-delivered mail.

But after 4pm all patients who are not younger than 10, pregnant or bleeding are admitted to the medical intake ward.

Psychiatric patients are brought in strapped with bandages to the tin trolleys which serve as stretchers. The heads of patients with respiratory problems are supported by upside-down chairs strapped to stretchers.

The patients examined when *Weekly Mail* visited the hospital this week were suffering from illnesses such as TB, pneumonia, malignant hypertension, epilepsy, diabetes, renal failure, rheumatic heart disase and psychiatric disorders.

Commenting on the condition of the young girl with diabetes a doctor said bitterly: "Anywhere else she would be in an intensive care unit."

Out on the porch — which serves as a hopelessly inadequate women's wing — a 12-year-old girl weeps and weeps. "I'm all alone," she cries. Nobody has the time to comfort her.

"At first I used to worry about every patient. Now I don't. If you do it kills you," a doctor said.

A few beds away an old woman has defecated in her bed. She is on hands and knees in a pool of urine. In the main ward a nurse ties a sheet around her middle and goes to attend to her.

The smell of urine is everywhere. A beaker beside most beds contains a urine sample.

A young woman asked to give a urine sample squats down beside her bed in full view of everyone. The beaker overflows and the pool of urine remains on the floor until the nurse has time to mop the floor.

Nurses are porters, interpreters and cleaners. They dish up the supper — a bowl of porridge or soup with noodles and bread — and later evening tea with a slice of bread and jam.

The nurses had to cope with a psychiatric patient who sang at the top of her voice until sedated. And with demanding patients, like a large, thick-set man who was admitted with a type of epilepsy which induces hallucinations.

"Doctor, I'm flying," he said. "Everything is going up and down. Feel my arm, I'm so hot. The world is ending. I'm sure the world is ending, I'm so happy."

Sometime later he cut his finger and the doctor prescribed sedation. He was angry when the nurse injected him. "I just asked her to take my temperature." When he did not calm down after further sedation, a nurse tied him to the bed with bandages.

There is only time to take the essential medical history. "Do you smoke?" "No," says an old man who is little more than skin and bones.

"Do you drink?" "Only on Saturday."

"Have you had TB before?" He nods.

The doctor asks him to cough while he measures his heartbeat. After the examination the man reaches for a specimen bottle beside the bed and coughs blood into it.

A total of 65 patients were admitted to Ward 20 that night. When they had been examined and diagnosed, they waited — dressed in the hospital's multi-coloured towel gowns on a wooden bench or on stretchers — to be admitted to the medical unit which was accepting new patients that night.

Housed in brick and tin-roof bungalows built in 1948, five of the six medical units consist of one long dormitory with a row of beds on each side, and a porch where more patietients are kept.

Only one medical unit, which was built in 1980, has wards which are divided into separate sections.

Each of the neon-lit bungalow wards was overflowing. The average occupancy was 175 percent — far above the official figure of 110 percent.

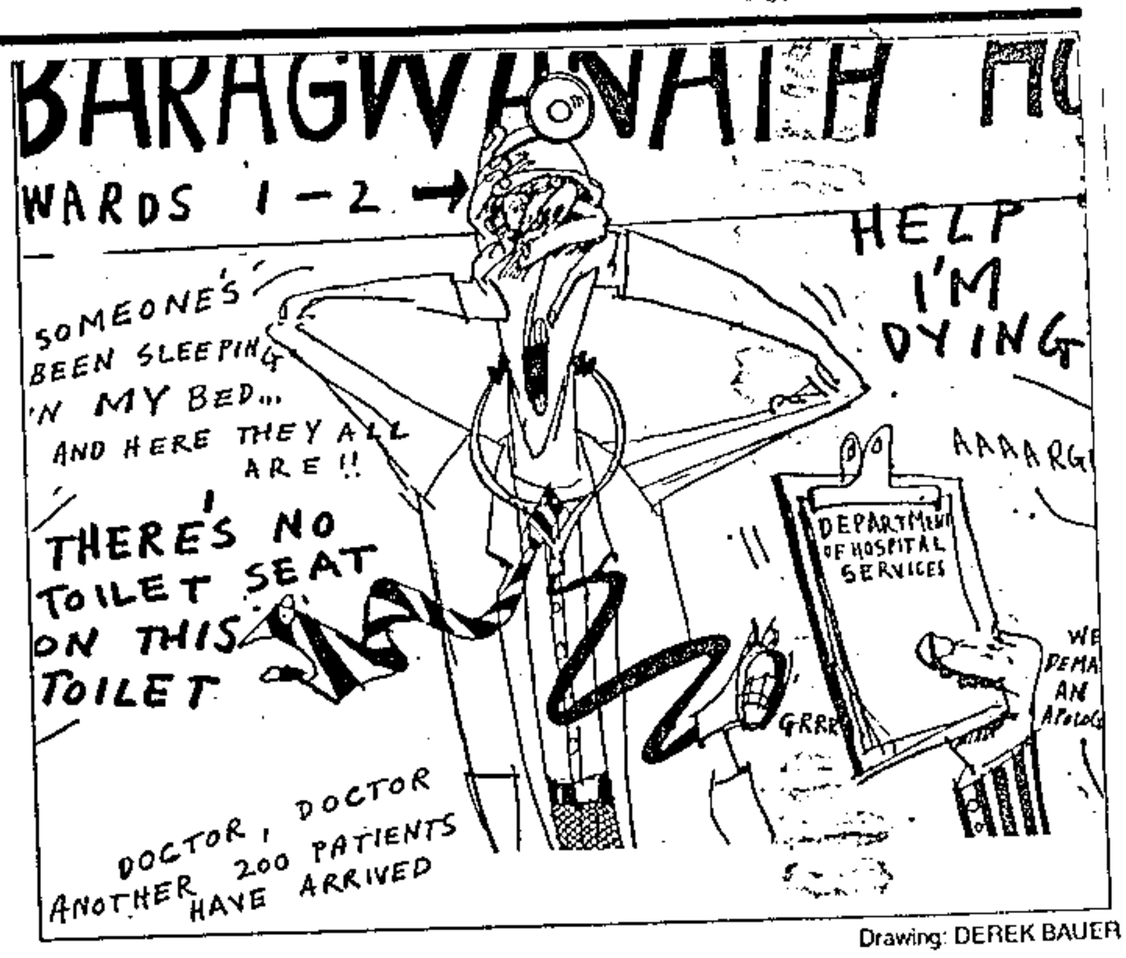
One unit — which includes separate male and female wards — had 152 beds for its 80 patients. Wards 25 and 26 had 138 patients for 80 beds. Wards 23 and 24 had 141 patients for 80 beds. Wards 21 and 22, 132 patients for 80 beds. Wards 35 and 38 had 144 patients for 69 beds.

One sister said she and three nurses had to cope with a ward more than 200-percent full which included "10 mental cases, 14 diabetics, 10 helpless patients who need two-hourly changes, 14 old-age patients who crawl around on their hands and knees".

In all the bungalow wards, most patients on beds were flanked by patients on the floor and under the bed.

During visiting time it was difficult to walk along the aisles as relatives squatted on the floor to talk to patients, or stood around stretchers.

"You came on a quiet day, in a quiet week and summer is a quiet season," one doctor said.



Drawing: DEREK BAUER

Regret ... no official visit allowed

THE Transvaal Executive Director of Hospital Services this week refused *Weekly Mail* permission to visit Baragwanath Hospital's medical wards, the focus of an ongoing controversy between doctors and the authorities.

The visit was requested five months after the South African Medical Journal published a letter signed by 101 Baragwanath doctors criticising conditions in the wards and the attitude of the authorities.

Many doctors have until today to reply to the Transvaal Provincial Administration's letters requesting they retract some of their statements and apologise for the heated tone of their attack.

***Weekly Mail* wished to determine whether the facilities were, as the doctors' letter described, "completely inadequate. Many patients have no beds and sleep on the floor at night and sit on chairs during the day. The overcrowding is horrendous. Nurses are allocated according to the number of beds, and not to the number of patients.**

Although official permission to visit Baragwanath was refused, *Weekly Mail* reporter Jo-Ann Bekker was able to enter the hospital openly this week.

No attempt was made to stop the reporter.

Clinics for for E Tvl

By SELLO SERIPE

PLANS are underway to construct three clinics in the Eastern Transvaal's black township of Driefontein following negotiations between the community and the authorities.

This was disclosed to *City Press* this week by acting secretary of Council Board of Directors, Beauty Mkhize.

At present the dusty township, with a population of about 60 000, is catered for by one clinic, built by the community on their own. Medicine is provided by the State.

The clinic has only one nurse and a clerk employed full-time, while the State provides three nurses to assist with the daily routine.

Bara tense as medics vow not to ignore conditions

142/80 C1 (98)

By SINNAH KUNENE

THERE is mounting tension and the possibility of a breakdown of health services at Baragwanath Hospital.

Doctors and medics at Bara, fully supported by health workers' unions and political organisations last night vowed they would not shut their eyes to the unsatisfactory conditions under which they had to operate at black hospitals.

Today is D-day for the hospital's five doctors, who were among critics who exposed unhealthy conditions at Bara, to send in their apologies to the Transvaal Provincial Hospital Services in Pretoria.

The TPHS MED, Daan Kirkstein, warned that they would either be reprimanded or dismissed. He refuted allegations that the authorities had cast a blind eye to the crisis at Bara.

The five senior registrars and another 43 temporary doctors had attached their signatures to a memorandum published in the *SA Medical Journal*, which criticised conditions in the hospital.

Speakers from the Health Workers Association, National Education, Health and Allied Workers Union, the UDF and civic bodies called for a national health campaign for equal health services for all races in the country.

Focusing on the World Health Organisation's theme, "Health for all by the year 2000", a spokesman for HWA said it was time for people to demand their basic right to free, non-racial hospital care.

She said: "Nobody can be turned away from a hospital or clinic. Refusal by a doctor or nurse to treat a patient without money or because of his race is a crime."

She said health authorities "shunned their responsibilities" by shifting the blame on political groups.

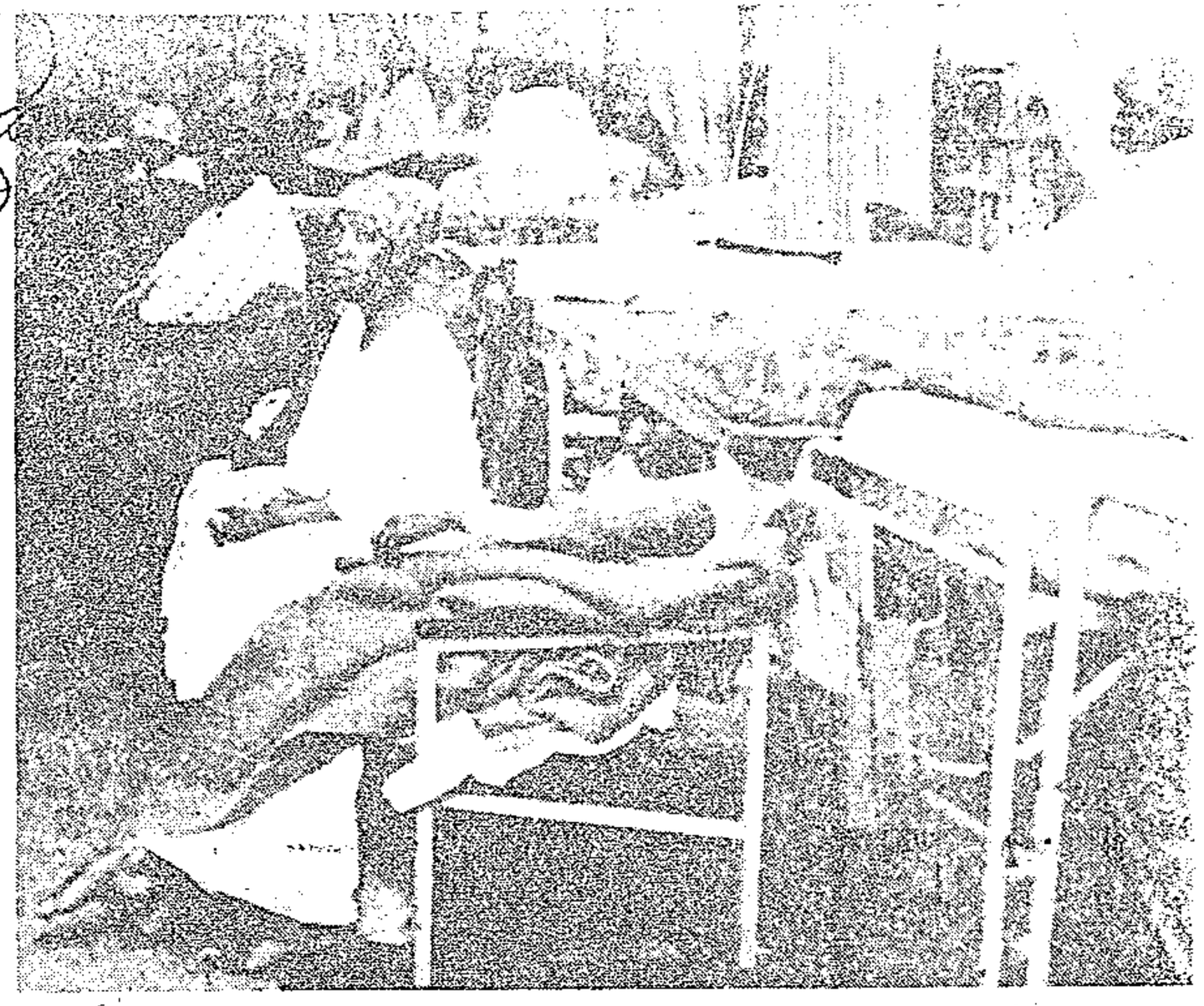
"How do you convince a patient there is no bed in a hospital while he reads about an empty hospital which offers health services to whites only?" she asked.

December 1987 statistics show that the Johannesburg Hospital was three quarters empty.

Although patients at Bara get cheaper medicine, they often do not get enough medicine to cure them properly and are often discharged before they are cured, a HWA report states.

In the latest increase, medical fees went up by over 150 percent, from R2 to R5 a visit for pensioners and the unemployed.

Of over 5.5-million admissions to all provincial hospitals, 1.6-million are white and about 4-million are black.



Many Baragwanath patients do not even have their own beds.

Bara doctors get extension on apology deadline

Star 16/2/88

By Carina le Grange

Registrars at Baragwanath Hospital under threat of dismissal for refusing to apologise to the provincial authorities have been granted an extension.

They were among 101 doctors at the hospital who wrote a letter published in a medical journal, saying conditions at Baragwanath were "deplorable".

The authorities accused them of having included inaccuracies in the letter and demanded they sign a letter of apology or face disciplinary action such as dismissal or non-promotion.

Friday was the deadline for the registrars to sign the apologies, but they applied for an extension of a week. The consultants concerned had already been granted an extension.

One registrar told The Star he would not sign the letter and added that since the conditions at the hospital had been brought to public notice nothing had been done at the hospital to aleviate matters.

The latest issue of the *South African Medical Journal* carries an editorial and six letters from the medical community in support of the doctors.

A letter from a member of the Federal Council of the Medical Association of South Africa, Dr J Adno, also details conditions at the hospital as inadequate.

Dr Adno also says that he proposed last year that the "health authorities proclaim Baragwanath Hospital a disaster area and have the overflow of patients transferred to the empty Johannesburg Hospital".

A special meeting convened by the Health Workers' Association — and supported by organisations such as the United Democratic Front, Congress of SA Trade Unions, the Release Mandela Campaign and Lawyers for Human Rights — also drafted a letter to the authorities saying it was their "firm conviction that the apology required of these doctors was unnecessary".

Barnard urges action on Baragwanath crisis

HOUSE OF ASSEMBLY — Doctors at Baragwanath Hospital would admit that patients were dying because medical staff simply did not have enough time to attend to them all properly, Dr Marius Barnard (PFP Parktown) said yesterday.

He appealed to government and the Transvaal Provincial Administration to give urgent attention to the critical lack of staff and facilities.

Threats by the Province to take action against Baragwanath doctors who had complained should be withdrawn, and those who had lost their posts as a result of the protests should be reinstated.

Barnard said the problems resulted from a lack of finance, but the Cabinet had been aware of the crisis at Baragwanath since at least 1985, if not years before.

Barnard said the World Medical Association president was to visit SA next week.

"Is this what you want him to see and hear? It will be used by others to discredit SA's international medical reputation."

Replying, Deputy National Health Minister Dr Michael Veldman said he acknowledged circumstances were unpleasant but "we are just as concerned about the situation at Baragwanath and other hospitals as the honourable Member for Parktown is.

"The Baragwanath Hospital and the King Edward Hospital in Durban are our priorities when it comes to hospital services," he said, adding that urgent meetings to discuss the Baragwanath situation had already been arranged.

But it had to be borne in mind that the state's finances were limited. — Sapa.

Bara doctors standing firm

20/2/88 Star

(98)

Valiant 28 ignore deadline

Twenty-eight senior doctors at Baragwanath Hospital have refused to respond to the deadline set by hospital authorities demanding that they apologise for signing an open letter condemning conditions at the hospital's medical wards. The deadline was yesterday.

A spokesman for the National Medical and Dental Association said yesterday that the 28, who included consultants and the academic backbone of Baragwanath, had refused to apologise for signing the letter that was published in the September 5 edition of the *SA Medical Journal*.

Ultimatum extended

An ultimatum for apologies — from the Transvaal Provincial Administration — was last week extended to yesterday by the director of Hospital Services, Dr Hennie van Wyk.

The open letter pointed to the shocking conditions in the hospital's medical wards, describing them as "disgusting and despicable".

"The state of affairs is inhumane," the letter said.

It claimed that many patients had no beds and slept on the floor at night and sat in chairs during the day.

The overcrowding was described as "horrendous" and the ablution facilities were "far short of accepted health requirements". Ethical standards were "undoubtedly compromised."

It added that the population of Soweto was increasing daily and no planning had been done taking this into consideration.

A spokesman for the director of Hospital Services refused to comment on the matter, saying it was "a personnel matter" that would be handled internally.

The TPA demanded that the signatories to the open letter apologise for the strong language in which the letter was couched and for alleged inaccuracies it contained.

Namda said in a statement yesterday that the crisis at Baragwanath Hospital continued as the TPA had resolved to further demand of an apology from the remaining 28 doctors despite calls by the community, local organisations, and doctors that there should be a process of negotiation rather than punitive action.

Namda fully supported the action of the 28 registrars (doctors training in specialisation) and consultants (heads of department).

Instead of answering the problems highlighted in the letter signed by 101 doctors at the hospital, the TPA had countered with a "game of semantics" and failed to address the issues raised by the doctors.

Doctors saluted

"The position taken by the doctors has to be further saluted in view of the threats made by the TPA (that these doctors will not be employed anywhere in the country).

The letter was signed by 101 doctors in the medical department, seven of whom were interns at Baragwanath at the time.

On applying for posts for 1988, they were told they were unacceptable. Three eventually apologised, three refused and one has taken the matter to court.

Forty-four junior doctors also eventually apologised to the TPA.

Last week, several organisations, including Cosatu, the UDF, the Federation of SA Women, the Soweto Civic Association, the Democratic Lawyers Association and the National Education and Health Workers Union, held a meeting in Soweto where they gave their support to the doctors involved. — Sapa.

SEE LETTERS — PAGE 8

Bara doctors do not apologise

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"The position taken by the doctors has to be further saluted in view of the threats made by the TPA — that these doctors will not be employed anywhere in the country."

Namda had since its formation continually stated that the problems faced in public hospitals were due to "the segregation and fragmentation policies of the government".

Initially the letter was signed by 101 doctors in the medical department, seven of whom were interns at the time.

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Baragwanath doctors refuse to apologize

CAR TRIXS 20/2/88

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TPA 'action' against 25 Bara doctors?

Cant. Trials 22/2/88

Own Correspondent

JOHANNESBURG. — Twenty-five senior doctors with permanent posts at Baragwanath Hospital, who have refused to apologize to provincial authorities over statements made about the hospital last year, now face possible disciplinary action.

A letter was submitted on Friday by the 25, who are part of a group of 31 doctors given until then to apologize to the Transvaal Provincial Administration for statements made in an open letter to the SA Medical Journal last year condemning conditions in the hospital's medical wards.

Friday's letter contained no apologies, as the doctors felt the objections the province had to the original letter were irrelevant to the hospital's main problems.

It is not yet clear what the response was of the other six doctors, who are believed to have submitted individual responses.

Dr J A Fourie, head of the personnel division for Transvaal hospitals, said at the weekend there would be no automatic dismissal for those who did not apologize, but each case would be dealt with on its merits.

One of the doctors, who did not want to be named, said he felt the authorities, by focusing on trivial points in the letter, were trying to obscure the main issue, that of overcrowding in medical wards and the authorities' unwillingness to remedy the situation.

The doctors felt the dispute would not be resolved until these issues had been satisfactorily dealt with and until the problem was resolved of the doctors whose appointments were denied because they were signatories to the letter, he said.

Sapa reports the letter to the journal was initially signed by 101 doctors in the medical department, seven of whom were interns at Baragwanath at the time.

On applying for posts for 1988, they were told they were unacceptable. Three eventually apologized, three refused and one has taken the matter to court. Forty-four junior doctors also eventually apologized to the TPA.

†Indicates translated version.

For written reply:

Own Affairs:

Agricultural colleges: admission of Coloured/ Indian students

1. Mr R J LORIMER asked the Minister of Agriculture and Water Supply:

How many (a) Coloured and (b) Indian students (i) applied for admission and (ii) were admitted to each specified agricultural college in the Republic in 1987?

The MINISTER OF AGRICULTURE AND WATER SUPPLY:

	(a)(i)	(a)(ii)	(b)(i)	(b)(ii)
Cedara	0	0	2	2
Potchefstroom	0	0	0	0
Elsenburg	4	0	0	0
Grootfontein	1	0	0	0
Glen	0	0	0	0

Agricultural colleges: admission of Black students

2. Mr R J LORIMER asked the Minister of Agriculture and Water Supply:

How many Black students (a) applied for admission to and (b) were enrolled at each specified agricultural college under the control of his Department in 1987?

The MINISTER OF AGRICULTURE AND WATER SUPPLY:

(a)

Elsenburg	10
Glen	23
Potchefstroom	83
Cedara	109
Grootfontein	68

(b) None — Department responsible for the training of only White farmers.

Hospital schools: closure

3. Mr J VAN ECK asked the Minister of Education and Culture:

(1) (a) On what date was the decision taken to close hospital schools run by the Cape Education Department, (b) why was this decision taken and (c) how many (i) posts had been abolished, (ii) teachers had resigned and (iii) schools had been closed as at 31 December 1987 as a result of this decision;

(2) whether all of these schools were notified of this decision on the same date; if not, (a) why not and (b) on what date was each school notified;

(3) whether it was subsequently decided not to proceed with the closure of these hospital schools; if so, (a) on what date and (b) why;

(4) whether all of these schools were notified of the subsequent decision on the same date; if not, (a) why not and (b) on what date was each school notified;

(5) whether any of the teachers and other staff who resigned or whose posts were abolished as a result of the announced closure of these schools, have been contacted with a view to re-employing them; if not, why not; if so, how many (a) have been contacted and (b) will be re-employed;

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

The MINISTER OF EDUCATION AND CULTURE:

(1) (a) 15 May 1986.

(b) in view of the shortage of funds priorities for expenditure had to be reconsidered;

(c) (i) 2.

(ii) 3.

(iii) one pre-primary school;

(2) yes. 5 January 1987.

(a) and (b) fall away;

yes.

(a) 27 November 1987.

(b) the House of Representatives and the Department of Education and Training requested that the service be continued on an agency basis;

(4) yes, telephonically on 30 November 1987 and in writing on 2 December 1987,

(a) and (b) fall away;

(5) yes,

(a) all (24),

(b) al except 3 who exercised their option of retirement;

(6) a media announcement was released on 8 December 1987.

Agricultural colleges

9. Mr R J LORIMER asked the Minister of Agriculture and Water Supply:

(1) How many students (a) applied for admission to and (b) were enrolled at each specified agricultural college under the control of his Department in 1987;

(2) whether any applications by suitably qualified persons for admission to agricultural colleges were turned down in 1987; if so, (a) how many and (b) for what reasons in each case;

(3) how many students (a) graduated from and (b) failed to complete the relevant diploma courses at each specified agricultural college in that year?

The MINISTER OF AGRICULTURE AND WATER SUPPLY:

Agricultural College	(1)(a)	(1)(b)	(3)(a)	(3)(b)
Potchefstroom	142	142	57	0
Glen	123	140	60	0
Cedara	152	128	55	18
Grootfontein	89	106	49	12
Elsenburg	204	186	75	32

(2) Yes.

(a) 177.

(b) Insufficient training facilities.
Does not comply with entrance requirements.

Member of inspectorate: daily subsistence allowance

10. Mr D J N MALCOMESS asked the Minister of Education and Culture:

What was the daily subsistence allowance paid to an employee who was a member of the inspectorate of the Cape Education Department and earned R20 000 per annum as at (a) 30 April 1983, (b) 31 July 1987 and (c) 31 January 1988?

The MINISTER OF EDUCATION AND CULTURE:

No superintendent of education receives a remuneration of R20 000 per annum. (a), (b) and (c) fall away.

†Indicates translated version.

For oral reply:

General Affairs:

Questions standing over from Tuesday, 16 February 1988:

*1. Mr D J DALLING — Justice. [Reply standing over.]

Persons under 18: awaiting trial

*11. Mrs H SUZMAN asked the Minister of Law and Order:

How many persons under the age of 18 years were held awaiting trial in police cells in 1987?

†The MINISTER OF LAW AND ORDER:

63 360 persons

NOTE: These persons are youths who were arrested in connection with ordinary crime. In terms of the provisions of section 50 of the Criminal Procedure Act, 1977 (Act 51 of 1977) they may not be detained for a period exceeding 48 hours, unless they are brought before a lower court and their further detention is ordered for the purpose of trial for any offence.

I wish to emphasize that where possible shortly after their arrests the South African Police place these youths in the custody of their parents or guardians, release them on their own recognizance or, where circumstances permit, release them on bail.

When their further detention is essential in the interest of the administration of justice, they are referred to places of safety as defined in the Childrens Act, 1960 (Act 33 of 1960). In very exceptional instances their detention in police cells may, however, be authorized.

I also refer the hon member to my reply to oral question No 5 which I will reply to hereafter.

Group Areas Act: complaints regarding offences

*14. Mr S S VAN DER MERWE asked the Minister of Law and Order:

(a) How many complaints regarding offences in terms of the Group Areas Act were investigated by the South African Police in the Republic in 1987 and (b) what was the outcome of these investigations?

The MINISTER OF LAW AND ORDER:

(a) 1 243 complaints

(b) 3 persons were charged and tried
357 complaints were false
330 complaints were withdrawn
100 case dockets are presently with various Attorneys-General for their decisions
453 complaints are still being investigated

Mr D J N MALCOMESS: Mr Speaker, arising out of the reply of the hon the Minister, may I ask him whether he does not consider the answer which he has just given us to demonstrate clearly the waste of police time involved in the following up of group areas cases such as the ones he has mentioned?

†The MINISTER: Mr Speaker, the South African Police are bound by law to investigate a matter if complaints are lodged that a contravention has been committed. That is exactly what we do.

Mr D J N MALCOMESS: That is not a reply to the question.

†Mr J H VAN DER MERWE: Mr Speaker, further arising out of the reply of the hon the Minister, I want to ask him whether there are any guidelines for or instructions to the SA Police not to investigate contraventions relating to the Group Areas Act.

†The MINISTER: Mr Speaker, the answer is "no".

†Mr SPEAKER: I put question . . . [Interjections.] Order! The Chair will not allow interjections to be made while the presiding officer is talking.

†Mr J H VAN DER MERWE: Mr Speaker, on a point of order: You were looking at me when you gave the admonition, but the hon the Minister of National Education started the interjections. Therefore he is guilty . . .

28 senior Bara doctors send letters stating case

By Carina le Grange

Twenty-eight senior doctors at Baragwanath Hospital last week refused to apologise to the authorities for the letter they signed which was published last year in a medical journal — but they have responded by sending letters stating their case.

Friday was the deadline set by the provincial authorities for apologies.

The letter published last year detailed the inadequate situation at the hospital's department of medicine and was severely critical of the authorities.

The authorities responded by demanding apologies from the 101 signatories. Six interns had earlier been refused appointments because they were also signatories.

Before last week's deadline, about 50 doctors had already signed the official apology, but others have, through their lawyers, sent alternative letters setting out their views and continued to refuse to apologise. Alternative letters sent earlier had not been accepted by the province.

But it is believed that while registrars received a deadline letter recently asking for an outright apology, senior doctors were asked only to "reply" to the province's letter — which they have now done without apologising. In the sense that senior doctors had only to reply, they may find themselves off the hook.

At least one registrar has written stating that "under no circumstances" would an apology be made.

As the deadline passed, officials of the Directorate of Hospital Services refused to comment on the matter and said it was a "personnel matter" that would be dealt with internally.

Yesterday there was no further development.

Registrars have been threatened with dismissal and consultants — the senior doctors — with non-promotion unless they respond to the authorities' demand.

Meanwhile, the crisis at the hospital continued, with doctors saying very little has changed although there has been a promise from the Minister of Health that R10 million would be found to help.

Support for the doctors has come from the Medical Association of SA, the Health Workers' Association and National Medical and Dental Association.

Many others have written letters in solidarity and support.

Garrison captured — MNR

LISBON — Mozambique National Resistance (MNR) rebels said yesterday they overran a key southern garrison last week in an offensive aimed at isolating Maputo, the Mozambican capital.

The rebels, in a statement issued in Lisbon, said they seized the garrison town of Bela Vista last Wednesday, destroying two mobile radar units, killing 18 soldiers, including two Cubans and a Soviet officer, and capturing 43 others. — The Star's Foreign News Service.

Picture by Garth Lomley.

Doctors at Bara fork out for bedding

By Carina le Grange

Baragwanath doctors have dipped into their own pockets and bought 50 mattresses for the "floor population" at the hospital.

The doctors have also bought five toilet seats to improve the ablution facilities in the wards.

Although the Minister of Health, Dr Willie van Niekerk, announced that an extra R10 million would be found to alleviate problems at the hospital, doctors said they could no longer condone the continued existence of the large "floor population" without mattresses.

The phrase, "floor population", was coined by a doctor and refers to the up to 300 patients who sleep on the floor without even a mattress. Others, with mattresses, also sleep on the floor. Wards with 40 beds often have 90 or more patients.

"As doctors we are healthy and, after work, we go home to sleep on beds — but our patients are lying on the floor. How can we allow that? To a certain extent we have allowed this to continue despite our protest but we can no longer wait for the government to do something," a doctor said.

He added that there had "always been a certain hope" the province would supply beds and mattresses but recent communications indicated that the government believed the wards were only 105 percent full while the medical wards were 300 percent full at times.

The 50 foam rubber mattresses bought by the dotors will be delivered some time this week but will help only a fraction of the floor population. At least another 250 mattresses are needed.

"In view of the reluctance of the authorities to aknowledge the existence of the floor population, some doctors decided that they could no longer allow the situation to continue and were morally obliged to provide at least mattresses," the doctor said.

He added that he knew of no other hospital in the world where doctors have had to provide their patients with bedding — although only mattresses.

28 Bara doctors won't apologize

JOHANNESBURG. — So far 28 doctors at Baragwanath Hospital have refused to apologize to the Directorate of Hospital Services for the letter in the SA Medical Journal slating conditions at the hospital.

Authorities set a deadline of Friday for apologies and about 50 doctors had signed the official apology while others sent alternative letters but refused to apologize. These letters were not accepted by the authorities. — Sapa

kissogram girl "Magnificent Mandy".

Bara staff to collapse?

JOHANNESBURG. — Baragwanath Hospital's medical department could collapse after the furore surrounding the protest letter by 101 doctors over conditions there, Wits University deputy medical dean Mr John Milne said last night.

Speaking at a prize-giving ceremony, Mr Milne said the furore left the possibility that the hospital's medical department may collapse in the near future as senior officers stop applying for jobs at Baragwanath and registrars consider transfers elsewhere.

Mr Milne said there was no doubt that there was an unequal distribution of funds and resources among the five teaching hospitals, and the black hospitals fared worst.

Violence flares in M'burg centre

MARITZBURG. — Armed groups attacked each other in the city centre here on Wednesday night and police made a number of arrests.

According to witnesses, the attack "appeared to have been between supporters of Inkatha and the United Democratic Front".

However, a police spokesman, while confirming the assaults, said it could not be confirmed whether the attack had been between supporters of the two organizations. "We know that the assaults did take place in Commercial Road involving a group of about 15 people, but we cannot confirm the involvement of any organization," he said.

He confirmed that a number of arrests had been made and that there were no deaths as a result of the attacks.

At Imbali near Maritzburg, police on Wednesday night found the body of a 36-year-old man with several stab wounds. Three men have been arrested, police said.

In other incidents on Wednesday night, police said in yesterday's unrest report, a Grassy Park school was extensively damaged by a petrol bomb. There were no other details.

In Ledi, Soweto, a youth was arrested after a group had stoned a security force vehicle.

A number of primary schools were stoned at Ikageng, Potchefstroom, but damage was minimal. Two men and a youth have been arrested. — Sapa

PLAN TO SELL GOVT HOSPITALS

Sowetan 1/3/88 98

By JOSHUA RABOROKO

THE Government is to investigate the possibility of privatising health services by selling hospitals, including Soweto's Baragwanath Hospital.

The Transvaal Provincial Administration's MEC in charge of hospital services, Mr Daan Kirstein, yesterday said although the privatisation of health services was in the pipeline, it would be impossible to privatise hospitals such as Baragwanath.



BARAGWANATH Hospital . . . to be sold?

Panic

He said some public hospitals could be sold, but prospective buyers were unlikely to be able to afford to run them.

He said, for instance, it cost the Government R100-million a year to run Baragwanath, yet the hospital made only R5-million a year.

Dr Kirstein would not say which hospitals might be sold. He feared patients and staff might panic.

Plans to privatise the hospital services were announced last month by the Minister of National Health and Population Development, Mr Willie van Niekerk.

However, plans to sell these facilities seemed to be failing as nobody had yet approached the Government, probably because of the high costs involved, Government sources said.

Afford

Mr Kirstein said the Government had started an investigation recommended by Mr Wim de Villiers, the man behind the Government's plans to privatise parastals such as the South African Transport Services and Escom.

He said nobody could afford to buy the State's hospitals which were heavily subsidised by the Government.

Museums: transfer of functions to Department

*5. Mr R M BURROWS asked the Minister of Education and Culture:

(1) Whether a date has been determined for the transfer to his Department of the functions of provincial departments of museums; if not, (a) why not and (b) when will a date be determined; if so, (i) what date has been so determined and (ii) what functions will be transferred;

(2) whether the museum services will be divided amongst Own Affairs Departments on (a) the basis of visitorship or (b) any other specified basis; if so, why;

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

The MINISTER OF EDUCATION AND CULTURE:

(1) No,

(a) the Commission for Administration is at present investigating the division of staff and finances,

(b) as soon as the investigation is completed,

(i) and (ii) fall away;

(2) (a) no,

(b) this matter is currently being finally negotiated,

(3) no.

Teachers of Chinese descent: permitted to teach

*6. Mr R M BURROWS asked the Minister of Education and Culture:

(1) Whether, with reference to Question No 4 on 25 August 1987, teachers of Chinese descent are permitted to teach in schools under the control of his Department; if so, at what categories of schools;

(2) whether these teachers are as yet obliged to register with the Teachers' Federal Council;

(3) whether the Teachers' Federal Council has as yet undertaken the registration of these teachers; if not, why not;

(4) whether these teachers are permitted to teach at such schools without being registered with the Teachers' Federal Council; if so, under what statutory provisions?

†The MINISTER OF EDUCATION AND CULTURE:

(1) Yes, at all schools requiring their services;

(2) yes;

(3) yes;

(4) no.

Hospital schools: closure

*7. Mr J VAN ECK asked the Minister of Health Services:†

(1) Whether he was informed that the Cape Education Department intended to close hospital schools in the Cape Province by the end of 1987; if so, on what date;

(2) whether any reasons for this step were furnished to him; if so, what reasons;

(3) whether he or his Department made representations in connection with the closure of these schools; if so, (a) on what date, (b) to what bodies or persons and (c) what was the nature of these representations; if not, why not?

The MINISTER OF HEALTH SERVICES:

(1) Yes, on 15 May 1986

The Minister of Education and Culture, however, decided on 27 November 1987 not to proceed with the closure of hospital schools;

(2) Yes, due to a shortage of funds spending priorities had to be reconsidered;

(3) Yes,

(a) 28 September 1987,

(b) to the Minister of Education and Culture,

(c) for the continuation of the hospital schools.

†Mr J VAN ECK: Mr Chairman, arising out of the hon the Minister's reply, can he just tell us why so much time elapsed between the announcement of the closing of these schools and his reaction to that decision?

†The MINISTER: Mr Chairman, in reply to the question of the hon member I can just point out that in the meantime continual negotiations took place between the various parties.

Natal: dates for 1988 school calendar

*8. Mr M J ELLIS asked the Minister of Education and Culture:

(1) (a) Who was responsible for determining the dates for the 1988 school calendar for schools falling under the Natal Education Department and (b) what criteria were taken into consideration in determining these dates;

(2) whether any other groups or bodies were consulted in determining these dates; if so, which groups or bodies;

(3) whether he or any person connected with the Natal Education Department has received any representations concerning the dates set for the beginning and end of school terms; if so, (a) from whom and (b) what was the nature of the representations;

(4) whether his Department intends taking any action as a result; if not, why not; if so, what action?

†The MINISTER OF EDUCATION AND CULTURE:

(1) (a) The Director of Education for Natal,

(b) the required number of school days; request from the road safety authorities that the schools of the provinces, especially Natal and Transvaal, where possible not open and close simultaneously; to have school terms of approximately equal length; to include the Easter weekend in a school vacation, to provide some overlap of vacations to facilitate inter-provincial sporting and cultural events for school pupils; to avoid Mondays as the first day of school terms where possible; to ensure that a public holiday does not fall in the first week of a school term where possible; to ensure that schools do not close on the day immediately preceding a public holiday where possible, or re-open on the day immediately after a public holiday;

(2) the general requirements of the calendar were discussed by the Natal Provincial Advisory Committee on Education Services (PACES) on which senior officials of the Natal Education Department and representatives of the recognized teachers' societies serve;

(3) yes, regarding the 1989 calendar,

(a) the Natal Teachers' Society, the Rector of the Natal College of education, a member of the Natal Education Council, individual parents,

(b) that the Natal Education Department reconsider the abnormally early re-opening date of 10 January 1989, in view of the very hot and humid weather at that time of year;

(4) yes, the 1989 calendar has been adjusted to provide for a later re-opening (17 January 1989) and a later closing (6 December 1989) of the school year.

Paarl Teachers' College: date of closure

*9. Mr M J ELLIS asked the Minister of Education and Culture:

(1) (a) On what date is the Paarl Teachers' College to close down and (b) what action has been and is being taken in respect of the staff of this college;

(2) whether a decision has been taken regarding the use to which the buildings and facilities of this college are to be put; if not, why not; if so, what was that decision;

(3) whether consideration has been given to making these buildings and facilities available for use by the Department of Education and Culture in the House of Representatives; if not, why not; if so, with what result;

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

The MINISTER OF EDUCATION AND CULTURE:

(1) (a) The Paarl Teachers' College and the Wellington Teachers' College will amalgamate and form a new college with effect from 1 January 1990,

(b) the options open to members of staff whose posts become redundant as a result of reorganization have been

Help needed to prepare kids for trauma of surgery

Star 1/3/88 (98)

Medical Reporter

The Johannesburg Hospital's programme to help young children prepare for surgery desperately needs the assistance of volunteer workers.

The children's programme makes use of medical and surgical instruments, gowns and masks and dolls to teach children what they themselves will soon go through.

Although tremendously successful so far, the programme desperately requires additional volunteers to work with the children.

Volunteers will be required to undergo a training course to teach them to prepare children for hospital and surgery.

The course will consist of 10 morning training sessions to run from the beginning of April to the end of May. Full attendance of all sessions is essential.

Trained volunteers will be required to have their own transport and devote four hours a week to volunteer work for a minimum period of one year.

The closing date for applications is March 9.

For further information contact Debbie Yudelman at 643-0111, ext 2620, between 9 am and noon or Olga Stanley between 6 pm and 8 pm.

Textile; Clothing & Leather & Footwear combd.
South African Chemical & Allied Workers Union (Cwipe)
South African Chemical & Allied Workers Union

Bara is puzzled by mattress purchases

Star 1/3/88

98

By Carina le Grange

Baragwanath Hospital authorities are looking into the reasons for some doctors at the hospital buying mattresses for patients sleeping on the floor, says the chief superintendent, Dr Chris van der Heever.

The investigation follows a report in The Star last week dealing with the reasons for doctors buying the mattresses.

Doctors in the hospital's department of medicine bought 50 foam rubber mattresses and five toilet seats to alleviate the poor conditions.

They say 200 more mattresses are needed.

Dr van der Heever says in his statement: "If there did exist such a shortage of foam rubber mattresses, doctors failed to bring this to the attention of the administration.

NO REQUESTS

"Up to and including February 26, no forms were received at the superintendent's office requesting mattresses."

A senior doctor said: "It is not ordinarily the duty or responsibility of doctors to see to the bedding needs and other basics relating to accommmodation of patients.

"The doctors who bought the mattresses did so out of a sense of shame that patients so often had to lie on concrete floors with no more than a blanket between them and the floor."

Dr van der Heever said the only requests from the department of medicine for the next financial year were for 14 small medical instruments for examination purposes, two notice boards, four electric fans, two bookcases, three heaters, four carpets and three visitors' chairs for doctors' offices.

Old Potchefstroom road: toll road system

*18. Mr C J DERBY-LEWIS asked the Minister of Transport Affairs:

(1) Whether it is the intention to introduce a toll road system on the old Potchefstroom road which is a major link between Johannesburg and Soweto; if not, why not; if so, what are the relevant particulars;

(2) whether any body falling under him or the Department of Transport is responsible for the maintenance and upgrading of this road; if so, what is the name of this body; if not, what body is responsible for these matters?

†The DEPUTY MINISTER OF TRANSPORT AFFAIRS:

(1) No. In accordance with section 9(1)(a) of the National Roads Act, 1971 (Act 54 of 1971), toll may only be levied on a national road. As the relevant road is not a national road the operating authority is precluded from levying toll.

(2) No. The body responsible for the maintenance and upgrading of this road is the Soweto City Council. The Urban Transport Fund, however, made a contribution of 60 percent of the cost.

Foreign exchange activities of SATS: report on investigation

*19. Dr P J WELGEMOED asked the Minister of Transport Affairs:†

Whether the committee of experts which investigated the foreign exchange activities of the South African Transport Services has completed its report on this matter; if so, when; if not, (a) why not and (b) when is the report expected to be completed?

The DEPUTY MINISTER OF TRANSPORT AFFAIRS:

No.

(a) The Auditor-General had foreseen that the Committee would base its investigation on a random test, covering the last three years. 31 January 1988 was regarded as an attainable date. The Committee was, however, of the opinion that an investigation of this nature necessitated that full particulars of all transactions over a period of five years should serve as basis for the investigation. This view of the Committee has a substantial influence on the extent of the investigation, and consequent date of completion.

(b) 31 May 1988.

Seshego, Lebowa: erection of hospital

*20. Dr W J SNYMAN asked the Minister of Education and Development Aid:†

Whether his Department is involved in providing assistance and advice in connection with the erection of a hospital in Seshego in Lebowa; if so, (a) what is the size of the proposed hospital, (b) what is the estimated cost of erecting the hospital and (c) when is the hospital expected to be in operation?

†The MINISTER OF EDUCATION AND DEVELOPMENT AID:

The Department of Development Aid is erecting a community health centre in Seshego, Lebowa. This centre is so designed that with the provision of certain clinical facilities, surgical facilities, nursing units and accompanying support services the centre can readily be upgraded into a community hospital.

(a) The current contract makes provision for the first phase of the nurses' home, outpatient and casualty facilities together with essential support services for an eventual 200 bed hospital. The further development of the project is to be carried out at the discretion of the Lebowa Government in response to identified needs and the availability of finance. Beds made available under the present contract comprise 24 for maternity cases and 16 for casualty cases.

(b) The estimated cost of erecting the community health centre is R11 024 000.

(c) It is anticipated that the building will be made available to the Lebowa Department of Health at the end of May 1988.

Medical officer of health of Cape Divisional Council area: report

*21. Dr W J SNYMAN asked the Minister of National Health and Population Development:†

(1) Whether the report of the medical officer of health of the Cape Divisional Council area for 1986 has been brought to the attention of his Department; if so,

(2) whether his Department has taken any action as a result of this report; if so, (a) what action and (b) when;

(3) (a) what is the present incidence per 100 000 of the population in respect of tuberculosis and (b) in respect of what date is this information furnished;

(4) how many cases of diphtheria occurred in the Cape Divisional Council area in the latest specified year under review for which figures are available?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) No. The Department has not received a copy of the report as yet.

(2) (a) and (b) Fall away.

(3) (a) 145 per 100 000 of the population in the Republic of South Africa.

(b) Information is for the year 1987 as available on 23 February 1988.

(4) None.

Prisoners: items of bedding

*22. Mr J VAN ECK asked the Minister of Justice:

(1) What items of bedding are provided to prisoners:

(2) whether all prisoners are provided with the same items of bedding; if not, (a) why not and (b) what are the points of difference in respect of (i) the various categories of prisoners and (ii) prisoners belonging to the various race groups?

The MINISTER OF JUSTICE [Reply laid upon the Table with leave of House]:

(1) — Beds
— Mattresses
— Pillows
— Sheets
— Pillow-cases
— Blankets
— Bedspreads
— Sisal mats
— Felt mats

(2) Yes.

The population group or category prisoner is not determining factors with regard to the type of bedding which is provided.

It is policy that every prisoner shall be provided with adequate and clean bedding. This is in line with the Standard Minimum Rules for the Treatment of Prisoners of which the Republic of South Africa is a signatory and in terms of which every prisoner shall, in accordance with local or national standards, be provided with sufficient bedding.

The provision of beds to all prisoners, irrespective of race, sex or category, has been accepted in principle and is being implemented gradually with due cognisance of funds- and accommodation realities.

Where beds and mattresses are not provided, sisal mats and felt mats are issued instead. The quantity of sisal and felt mats is adapted according to climatic conditions.

(a) and (b) (i) and (ii) fall away.

Detainees in prisons: tear-gas used

*23. Mr J VAN ECK asked the Minister of Justice:†

Whether, since his reply to Question No 23 on 10 February 1987, any tear-gas has been used against detainees in prisons; if so, (a) at which prisons, (b) on what dates, (c) why, (d) what were the circumstances surrounding each of these incidents and (e) in respect of what date is this information furnished?

†The MINISTER OF JUSTICE:

Yes.

(a), (b), (c), (d) and (e)

In order to prevent situations from developing to the point where personnel and detainees may be seriously injured or even killed, the SA Prisons Service staff is committed to and also trained in the use of the minimum force. The use of tear-smoke is subject to strict rules and serves as an alternative when all other less drastic options to defuse a potentially dangerous situation have been exhausted and where it is obvious that violence aimed at fellow detainees or personnel has to be prevented, property be protected from wanton and malicious damage and order be restored. Tear-smoke which is used in such cases after requests to calm down have been ignored, is an effective alternative to the application and deployment of more stringent means. This is in line with the

Now Bara's doctors bring in mattresses

By JO-ANN BEKKER

DOCTORS in Baragwanath Hospital's overcrowded medical wards have adopted a new strategy: if the authorities won't take action to improve conditions for patients, then the doctors will.

Recently, senior doctors had 50 foam mattresses delivered to the hospital for patients who had been sleeping on blankets on the floor.

In an extraordinary response, the hospital's chief superintendent, Chris van den Heever, said there were never more than 500 patients without a bed.

The delivery caused consternation in a state-run hospital where all goods must be issued through the stores department.

In one ward, a matron, abiding by the rules, removed the mattresses from under the patients. The doctor in charge said he was donating the mattresses and ordered nurses to give them back to the patients. A tug-of-war took place and the mattresses were removed and replaced three times.

Van den Heever said the authori-

To PAGE 3

Bara doctors bring mattresses

From PAGE 1

ties were examining the reasons for doctors buying mattresses as they had not informed the administration of a shortage of mattresses.

Doctors responded that it was the administration's responsibility to provide adequate facilities.

They pointed out it was only patients in the surgical and medical wards which slept on the floor. Thus Van den Heever was virtually admitting there was a 200 percent occupancy in the six medical units.

On the same day the mattresses were delivered, doctors bought five toilet seats. The following day, coincidentally, toilet seats in the medical wards were replaced.

Meanwhile, the Transvaal Provincial authorities have still not taken action against doctors who failed to sign retractions for signing a letter criticising conditions in the medical wards and the authorities' attitude.

Several legal hearings against signatories to the letter published in the *South African Medical Journal* last year are still pending. It is thought the authorities will wait for their outcome, before proceeding with action.

Horrified reaction to Bara chief's statement

Star 5/3/88 (98)

SARA MARTIN

Medical staff at Baragwanath Hospital have reacted with shock and horror to the implications of a statement concerning overcrowding made this week by Dr Chris van den Heever, chief superintendent of the hospital.

Dr van den Heever said that "according to nursing staff there have never been more than 500 patients at one given time without a bed".

Signatories to the letter published in the *South African Medical Journal* of September 5 last year, condemning the conditions in the medical wards at Baragwanath as "disgusting and despicable", have reaffirmed their stance that the attitude of the authorities is "deplorable".

"Dr van den Heever's comment equals the one made by Dr D Kritzinger, deputy director of hospital services, that Baragwanath Hospital served a Third World community accustomed to sleeping on the floor," said a senior specialist who does not wish to be named.

Overcrowding

"Since the overcrowding is mainly in the medical wards, with a total of 470 beds in the six units, Dr van den Heever is publicly confirming that the overcrowding is as horrendous as has been described.

"Through his statement, Dr van den Heever made a public admission of the validity of our letter of September 5 last year," he said.

"It proves that facilities at Baragwanath are inadequate as we stated; that many patients have no beds and sleep on the floor at night and sit on chairs and backless benches during the day."

● To Page 2

Doctors repeat stance

Star 5/3/88 (98)

● From Page 1

Attempts last night to reach Dr van den Heever were unsuccessful.

The doctors who signed the letter were asked by the Transvaal Provincial Administration's Department of Hospital Services to apologise for their criticism, which the department found offensive and inaccurate, or lose their jobs.

Six interns were refused appointments because they were signatories. Registrars who refused to apolgise were threatened with dismissal. Twenty-eight senior doctors refused to apologise and sent letters stating their case. They were threatened with non-promotion.

"We repeat what we stated in our letters to the provincial administration that we are incensed at the conditions in the medical wards at the hospital," said one of the 28 doctors.

"We refuse to put the affair 'behind us' as the authorities ask us to do, while this issue remains unresolved.

"Daily we are faced with the rapidly rising spiral of overcrowding and deficient facilities."

Said another senior consultant: "I wonder whether any individual, particularly a doctor who finds the conditions in the medicine department of Baragwanath Hospital less than repugnant, can regard themselves as a representative member of the civilised society.

"Personally, as a professional bound by the Hippocratic Oath, I am distraught with having to decide which patients are more ill to deserve a bed.

"Often I just cannot face taking the decision and leave it to the sister in charge."

Doctors upset by the conditions at the hospital this week bought 50 foam rubber mattresses and five toilet seats to alleviate the conditions at the hospital.

"We are hoping that members of the public will exercise whatever influence they have to persuade the authorities to act swiftly to correct a shameful situation, which even those responsible for the administration of hospital services must by now surely recognise," said the specialist.

'Conditions the same as 10 years ago'

Health crisis looms in KwaZulu

By S'BU MNGADI

KWAZULU faces a health crisis.

This was revealed in a special survey complied by Mike Phillips, of the Umlazi-based KwaZulu Finance and Investment Corporation – the economic development wing of the KwaZulu government.

Writing in the latest edition of *The Developer* – the quaterly journal of the KFC, Phillips said that against a background of shrinking operational budgets loomed a drastic shortage of doctors to serve an ever-increasing population.

"The region's doctor-patient ratio stands today at a staggering 1 doctor to 15 844 patients, while the national average is 1 to 2 320."

He found that doctors working in KwaZulu were almost totally hospital-bound by time contraints and high patient loads and were therefore unable to reach communities in the rural areas.

This was likely to severely hamper community upliftment and socio-economic development within the region and limit the effects of the promotion of health education, the provision of a fresh water supply, sanitation and the promotion of a good food supply and proper nutrition.

However, in spite of the problems the department was facing, the dedication of existing staff and the suitably situated hospitals and clinics were providing a marvellous base for an accomplished and dynamic health care service.

The department's current staff provided an effective service under very trying conditions. And this opened the way for doctors to rise to the challenge, he said.

Health care in Kwazulu offered prospective doctors operational experience, opportunities to gain training in referal hospitals, an introduction to involvement in vocational training programs for general practioners and close links to community health services.

The KwaZulu Department of Health was not only concerned about combatting disease, but it was deeply involved in development needs.

Dr Daryl Hackland, secretary for the KwaZulu Health Department, said he believed people living in a diseased state could only be lifted out through development of literacy and education, generation of job opportunities, adequate housing, and general socio-economic upliftment.

However, increasing population levels and the spiralling cost of living placed an ever-increasing burden on the facilities of the department.

Indications were that the department's target population was showing signs of a high, though slightly declining, pregnancy rate and a continuing reduction in the mortality rate. Population growth was therefore expected to remain relatively high during the next decade or two.

The world population was expected to increase from about 400 000-million to about 600 000-million between 1980 and 2000. Of this increase, about 180 000-million births were expected to occur in less developed countries.

KwaZulu's health officials believed the current "brain drain" trend affecting SA was starving the country of doctors. And the majority of those who remained opted to enter private practice.

This would inevitably lead to a crisis situation, particularly in rural KwaZulu, where only 40 percent of existing posts were filled. At least a third of these positions were held by doctors recruited overseas, particularly Britain, Holland, Italy, the United States and Australia.

The doctor shortage was not restricted to rural KwaZulu, however. Peri-urban areas, such as Inanda outside Durban also presented problems to the region's hard-pressed health services.

Urban drift and high density urbanisation in the major centres had led to large-scale overcrowding in the department's four urban, or specialist, hospitals which, in turn, had led to the gross over-utilisation of bed space.

The shortage of doctors to provide the necessary care aggravated an already drastic situation.

Many doctors – both local and overseas – used KwaZulu as a short-term learning curve.

"Young doctors come in for about a year to gain experience and then move on. They are not really committed," said health official Peter Vos. "This has proved unsatisfactory for long-term strategic planning and policy structure in the health field."

Linked to the shortage of manpower, was the need to create a number of new posts to help compensate for recent doctor losses. Although these posts had been created, they were yet to be filled.

It was believed that by filling these positions the KwaZulu ratio of beds to doctors will drop to 35 to 1 – still as much as 300 percent greater than in the Natal Provincial Administration.

Health officials cite the vast number of courses centred around specialist activities as a contributing factor to the KwaZulu doctor crisis. "Many are over-qualified for the sort of work required in KwaZulu," said Vos.

KwaZulu, in terms of health structures, is a Third world region and the department's officials have identified an urgent need for the recruitment of doctors, from both local and overseas sources, dedicated to health development in largely impoverished areas.

"KwaZulu's rural areas offer doctors a tremendous challenge and provides great experience," Vos Said.

Exacerbating the situation was the fact that the department faced severe financial constraints.

Its budget for the 1987/88 financial year was cut substantially because of a general shortage of funds.

Hackland said: "This means we are just keeping the ship afloat. Hospitals in KwaZulu – there are 26, four specialist and 22 rural – are at the same levels as they were 10 years ago. Some don't even have operating theatres."

However, department officials stressed that some of the region's hospitals boasted modern equipment, laboratory and X-ray facilities.

Doctors and nurses in rural areas have the added advantage of being able to refer patients requiring specialist treatment to the larger, better equipped urban hospitals through effective existing channels.

However, the department's greatest fear was that unless more doctors made themselves available in the region to fill vitally important vacant posts, the region faced the prospect of the enforced closure of medical services at many hospitals.



A nurse ... spital.

resent, (c) to which countries did each of these perons accompany him and (d) why:

(3) whether any costs were incurred by his Department as a result; if so, what total amount in that year?

The MINISTER IN THE STATE PRESIDENT'S OFFICE ENTRUSTED WITH ADMINISTRATION AND BROADCASTING SERVICES:

(1) Yes, one official overseas visit.
(a) and (b) It is not in the public's interest to release any particulars.

(2) No. (a) (b) (c) and (d) fall away.

(3) Yes. R28 984,65 with regard to myself, my wife and my Private Secretary.

Decentralization/deconcentration benefits

580. Mr H H SCHWARZ asked the Minister of Constitutional Development and Planning:

What was the total amount paid out in respect of decentralization or deconcentration benefits from 1 February 1987 to 31 January 1988?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

R539 500 000

Christmas cards sent out

594. Mr P G SOAL asked the State President:

(1) Whether (a) he and/or (b) his Office sent out Christmas cards in 1987; if so, (i) what total number of cards was printed, (ii) to whom were they sent, (iii) what was the total cost of producing and distributing these cards, and (iv) who was responsible for printing them, in each case;

(2) whether postage stamps were used to send out these Christmas cards; if not, how were they distributed?

The STATE PRESIDENT:

(1) (a) and (b) Yes

(i) 2 650

(ii) As Head of State to various persons, provincial and local authorities and public bodies in the RSA as well as overseas including heads of state and government.

(iii) R10 852,68

(iv) The Government Printer undertook the printing of cards to persons overseas, and the company Elite Foil Printers did the printing of cards to persons and institutions in the RSA.

(2) No postage stamps were used. Cards were sent out in the normal official manner.

Medical personnel at hospitals: changes in academic/research time

643. Dr M S BARNARD asked the Minister of Constitutional Development and Planning:

Whether any changes have been effected in the formula for allocating academic and/or research time to medical personnel at the (a) J G Strijdom, (b) Coronation, (c) Johannesburg, (d) Hillbrow and (e) Baragwanath Hospital; if so, (i) why, (ii) when, and (iii) what is the (aa) new and (bb) previous formula, in respect of each of these hospitals?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

No.

Own Affairs:

Christmas cards sent out

53. Mr P G SOAL asked the Minister of Agriculture and Water Supply:

(1) Whether (a) he and/or (b) his Department sent out Christmas cards in 1987; if so, (i) what total number of cards was printed, (ii) to whom were they sent, (iii) what was the total cost of producing and distributing these cards, and (iv) who was responsible for printing them, in each case;

(2) whether postage stamps were used to send out these Christmas cards; if not, how were they distributed?

The MINISTER OF AGRICULTURE AND WATER SUPPLY:

(1) (a) No

(b) Yes

(i) 500

(ii) In the discretion of the Head of the Department (30)

(iii) R611,00

(iv) The Government Printer

(2) No — as official postal material.

HOUSE OF DELEGATES

†Indicates translated version.

For oral reply:

General Affairs:

Question standing over from Thursday, 3 March 1988:

Appointment of chief executive director of education

*1. Mr M RAJAB asked the Minister in the State President's Office entrusted with Administration and Broadcasting Services:

(1) Whether, with reference to his reply to Question No 2 on 3 September 1987, an incumbent has been appointed to the post of chief executive director of education in the Administration: House of Delegates; if not, (a) why not and (b) when is it anticipated that an appointment will be made; if so, (i) when and (ii) what is his name;

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

The MINISTER OF HOUSING (for the Minister in the State President's Office entrusted with Administration and Broadcasting services):

(1) No.

(a) The filling of the post has not yet been finalized as further consultations are taking place.

(b) (i) and (ii) Fall away.

(2) Falls away.

New Questions:

Block AK/Warwick Avenue Triangle: rezoning

*1. Mr M RAJAB asked the Minister of Constitutional Development and Planning:

(1) Whether any representations have been made to his Department for the rezoning of certain areas known as (a) Block AK and (b) the Warwick Avenue Triangle in Durban; if so, (i) when, (ii) by whom and (iii) what was (aa) the purport of these representations and (bb) his Department's response thereto;

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

The DEPUTY MINISTER OF CONSTITUTIONAL PLANNING:

(1) (a) Yes

(b) Yes

(i) In 1986

(ii) The Durban City Council and the Central Durban Indian Ratepayers Association.

(iii) (aa) The City Council proposed that the areas be declared open "non-racial" areas and that all "racial" restrictions be lifted.

The Ratepayers Association proposed that the areas be proclaimed as Indian group areas.

(bb) The proposals were investigated in the normal manner and because the areas are White group areas, and are therefore own affairs, the Administration: House of Assembly was consulted. This Administration objected strongly to the proposals.

During August 1986 it was recommended to the City Council and the Administration: House of Assembly that consideration be given to the rezoning of the areas for business or commercial purposes and that they then be included in the free trading area of Durban.

In response to this, and after further discussions, the Durban City Council decided to submit a *de novo* proposal, and this proposal is now being awaited.

(2) No.

Black taxis between Johannesburg/Messina: loss of revenue to SATS

486. Mr C J DERBY-LEWIS asked the Minister of Transport Affairs:

What is the estimated loss of revenue to the South African Transport Services as a result of competition experienced from Black taxis running between Johannesburg and Messina for each of the latest specified five financial years for which figures are available?

The MINISTER OF TRANSPORT AFFAIRS:

Although there has been a decrease in the number of passengers conveyed it is not possible to determine what percentage of this decrease can be ascribed to competition from Black taxis.

Passenger/goods rail traffic: maximum safe speed

487. Mr C J DERBY-LEWIS asked the Minister of Transport Affairs:

(1) (a) What is the maximum safe speed applicable to South Africa's rail system in terms of (i) passenger and (ii) goods rail traffic and (b) what speed is permitted by the Transport Services in each case;

(2) what time-saving could be effected through the application of maximum safety speeds in respect of a (a) passenger and (b) goods train journey between Johannesburg and Cape Town?

The MINISTER OF TRANSPORT AFFAIRS:

(1) (a) (i) 90 kilometres per hour except in the case of the Blue Train which is 100 kilometres per hour.

(ii) Vacuum braked trains and air braked trains on the coal line loaded to a maximum of 26 ton/axle — 60 kilometres per hour.

Vacuum braked trains with selected rolling stock and air braked trains loaded to a maximum of 20 ton/axle — 75 kilometres per hour.

Air braked trains with a limited train length and selected rolling stock — 100 kilometres per hour.

(b) Maximum speeds as set out in part (1) (a) (i) and (ii) of the reply except where otherwise restricted for technical reasons, e.g. track curvature, down grades, yard/station layouts and for any other safety reasons.

(2) (a) and (b) None. All trains are operated at their optimal safety limit which is dependent on factors such as rolling stock, track stucture, signalling, etc.

Erection of Mankweng hospital, Lebowa

491. Dr W J SNYMAN asked the Minister of Education and Development Aid:†

Whether his Department is involved in the erection of the Mankweng hospital in Lebowa; if so, (a) in what respects, (b) what is the (i) tender price and (ii) final cost of erecting this hospital, (c) when (i) was the hospital completed and (ii) is the hospital expected to be in operation and (d) for how many beds has provision been made?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

Yes.

(a) The Department of Development Aid is involved in an advisory capacity.

(b) (i) R35 271 648.

(ii) R38 550 100.

(c) (i) The end of March 1988.

(ii) This date will be determined after consultation with Lebowa in whose judicial area the hospital is situated.

(d) 415.

Blacks removed from Black spots

502. Mr P G SOAL asked the Minister of Education and Development Aid:

(a) How many Blacks were moved from Black spots to Black states in 1987 and (b) (i) from which Black spots, (ii) to which Black states, and (iii) why were they moved in each case?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

(a) None.

(b) (i), (ii) and (iii) Fall away.

Independent Black states: size in hectares

504. Mr P G SOAL asked the Minister of Education and Development Aid:

(1) What was the size in hectares of each of the four independent Black states as at the latest specified date for which figures are available;

(2) whether any land was added to any of these states in 1987; if so, how many hectares were added to each such state in that year?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

(1) Transkei 4 287 000 hectares
Ciskei 794 000 hectares
Bophuthatswana 4 187 813 hectares
Venda 707 513 hectares
(as at 1 February 1988)

(2) Yes.
Transkei None
Ciskei 47 000 hectares
Bophuthatswana 17 hectares
Venda None

Training schemes offered for Whites

522. Mr C J DERBY-LEWIS asked the Minister of Manpower:

(1) Whether his Department offers training schemes for Whites; if so,

(2) whether Whites being trained under such schemes received payment whilst being trained; if not, why not; if so, what are the relevant particulars of (a) these schemes and (b) the payment so received?

The MINISTER OF MANPOWER:

(1) Yes. Two training schemes are at issue, namely the training of trainees and the training of unemployed persons. Both training schemes provide for the training of all population groups.

(2) Yes

(a) The training of trainees.
This entails the training of adult persons who meet the admission requirements for training as artisans or as entry level computer programmers.

The training of unemployed persons.
This entails the training of unemployed persons who are keen to improve their job proficiency.

(b) Trainees during their training receive an allowance which varies from R48 to R78 per week, depending on the trainee's number of dependants.

Unemployed persons younger than 18 years receive a daily allowance of R1,80 and persons older than 18 years receive a daily allowance of R2,40 whilst they are in training.

Note: Particulars on training appear in paragraphs 4.16 to 4.18 and 4.49 to 4.54 of Chapter 4 in the 1986 Annual Report.

Strikes: amount lost

534. Mr C J DERBY-LEWIS asked the Minister of Manpower:

What amount is it estimated was lost in terms of production as a result of strikes in each of the latest specified five financial years for which information is available?

The MINISTER OF MANPOWER:

As the submission of particulars on amounts estimated to be lost in production owing to strikes, is not required by the Labour Relations Act, 1956, the Department of Manpower does not keep statistics thereanent and the requested particulars are therefore not available.

Overseas visits

575. Mr P G SOAL asked the Minister of Manpower:

(1) Whether he undertook any overseas visits in 1987; if so, (a) which countries were visited and (b) what was the purpose of each visit;

(2) whether he was accompanied by any representatives of the media on these visits; if so, (a) what were the names of the journalists involved, (b) which newspapers or radio or television networks did they represent, (c) to which countries did each of these persons accompany him and (d) why;

(3) whether any costs were incurred by his Department as a result; if so, what total amount in that year?

The MINISTER OF MANPOWER:

(1) Yes

(a) Spain

(b) Private

Bed survey bears out Bara claim

SARA MARTIN

98 12/3/88 SM

It is a fortnight since the chief superintendent of Baragwanath Hospital, Dr Chris van den Heever, said in a statement that there were never more than 500 patients at one given time at the hospital without beds. This is borne out by the latest figures of a Saturday Star survey. But medical staff at the hospital, still far from happy with the situation, point out that the cumulative deficit of beds in the Medicine Department in the period from March 3 to March 9, was 1 334 beds.

On Monday this week 209 sick people in the wards of the Medicine Department had nowhere to lie.

An average of 190 patients were without beds each day.

"As far as we're concerned it reaffirms our stance that conditions at the hospital are 'deplorable, 'disgusting and dispicable'," said a senior doctor. He does not wish to be named.

"And it reaffirms our belief that the attitude of the authorities is deplorable."

He said it highlighted the contents of a letter published in the *South African Medical Journal* of September 5 last year condemning the conditions in the medical wards at Baragwanath.

The doctors who signed the letter were asked by the Transvaal Provincial Administration's Department of Hospital Services to apologise for their criticism, which the department found offensive and inaccurate, or lose their jobs.

Six interns were refused appointments because they were signatories. Registrars who refused to apologise were threatened with dismissal. Twenty-eight senior doctors refused to apologise and sent letters stating their case. They were threatened with non-promotion.

"We repeat what we stated in our letters to the provincial administration that we are incensed at the conditions in the medical wards at the hospital," said the senior doctor.

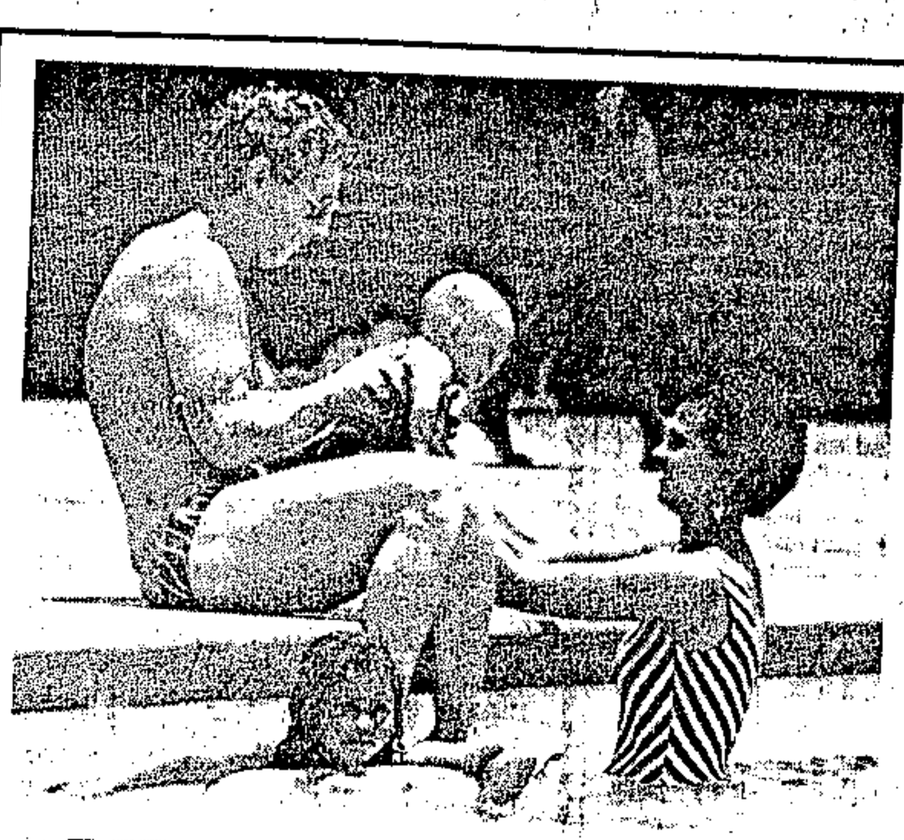
Doctors at the hospital were so upset by the shortage of beds that they dipped into their own pockets and bought 50 mattresses for the "floor population" without mattresses.

They also bought five toilet seats to improve abolution facilities in the wards.

Commenting on the issue, Dr van den Heever said last night that he could not discuss the matter as it "is in the hands of the Director of Hospital Services, Dr Hennie van Wyk and Mr Daan Kirstein, Member of the Executive Council".

The greying of apartheid

PATRICK LAURENCE









On any day at least half the babies in the intensive care unit at Tygerberg hospital, near Cape Town, are likely to be black. In itself that is not significant. But it is as another sign of the demise of old-style apartheid.

The remnants of apartheid in the sense of racial segregation are still there. The hospital is divided into two wings: one wing for whites — the one in which South Africa's former Prime Minster, Mr B J Vorster, died in 1983 — and another for blacks. But they both are under pressure.

Intensive-care units and operating theatres are shared by patients in both wings. The nursing staff is integrated. But Tygerberg, started in 1962 as a teaching hospital for Afrikaans-speaking students from the University of Stellenbosch, has a "movable centre". When the black wing becomes overcrowded, the demarcating centre is shifted to enable black patients to be accommodated in part of the white wing. The old order is crumbling.

Dr R T Truter, deputy chief superintentent of Tygerberg, acknowledges as much. "Private hospitals are fully integrated," he says. "We are also going in that direction."

Of the 672 hospitals in South Africa, 250 are private. The Government tries to maintain segregation in State hospitals, but the Verwoerdian idea of complete separation is under siege.

Rising black numbers and overcrowded black facilities combine with the relatively dwindling white population and under-utilized white facilities to increasingly make it an anachronism. Even so, segregation in hospitals lingers on.

Baragwanath hospital in Soweto is a grossly overcrowded black hole. The Johannesburg Hospital is a white hospital with unfilled beds.

Black nurses help to keep wards open in the white hospital. There are black patients there, too, to get specialist treatment which they cannot get in black hospitals.

Dr Willie van Niekerk, the Minister of Health, who defends hospital segregation in general on the grounds that patients like to be with their own kind, boasts to foreign journalists: "The cardio-thoracic unit in the Johannesburg Hospital has more blacks than whites."

What is happening in hospitals is part of a wider pattern of events. Old segregation barriers are no longer impervious. Black penetration of once sacrosant white areas and facilities is becoming commonplace. White residential areas, universities, technikons and schools are becoming, to a greater or lesser degree, racially mixed areas and institutions, *de facto* if not *de jure*.

As many as a third of the tenants in Johannesburg's flatland suburbs of Hillbrow, Berea and Joubert Park is black. A similar "greying" of some nominally white suburbs in Cape Town, Durban and Port Elizabeth is taking place.

The drivfng force is the juxtaposition of the acute housing shortage in black areas and empty flats and even houses in white areas. An official survey in 1985 showed there was a surplus of 37 000 housing units for whites against a shortfall of nearly 635 000 for Africans, coloureds and Indians.

While South Africa's ruling white politicians debate about whether or not to scrap the Group Areas Act, the law which provides for compulsory residential segregation, it is being defied daily by thousands of blacks in search of flats and landlords in need of tenants.

Their actions render President Botha's commitment, in principle and under strict conditions, to open select areas to all races superflous. The more so because black tenants are protected against eviction by a Surpreme Court ruling that they can only be ordered to vacate a building in a white area if alternative accommodation in their own areas is found.

White-designated universities have witnessed a similar process of "greying". Nearly 30 years ago the 1959 Extension of University Education Act provided for separate white and black universities. Its aim was to deprive the "open" universities — particularly the Universities of Witwatersrand and Cape Town — of their right to admit black students.

For at least 10 years university apartheid was enforced. Black students could enrol at white-designated universities only if they were given special permission.

The number remained small, constituting only about 2,5 percent of the total university enrolment. Gradually, however, the situation began to change. Both black students and more particularly the university authorities began to clamour more aggressively for permits.

The black student revolt in Soweto in 1976, and later in most of South Africa, could have served as a catalyst for change. After 1976 the Government may have become less hostile to blacks at white universities.

Many of the 1976 rebels were inspired by the doctrine of black consciousness forged, in part, at the segregated black universities. The 1976 rebellion helped to resensitise the liberal conscience of the English-language universities. In that year they applied for permission to re-open their doors to all races.

There was a two-year delay before the Government replied that this was contrary to official policy. But the Government initially turned a blind eye to rising black enrolment. Even the Afrikaans universities, once staunch bastions of university apartheid, began to admit black post-graduate students.

In the 10 years between 1974 and 1984, black student enrolment at the University of the Witwatersrand, the biggest of the old open universities, rose from barely over 4 percent to more than 14 percent. By last year nearly one in every five students there was black.

It reflected a similar situation at English-language universities generally. The University of the Witwatersrand anticipates that if it continues to grow at 3,5 percent a year, half or more of its students may be black by 1995.

Two factors explain the prediction: the rising number of black matriculants (next year the number of black students qualifying to enter the university from its catchment area in the Witwatersrand will exceed the number of whites) and the declining white birth rate.

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The 1976 rebellion helped to resensitise the liberal conscience of the English-language universities. In that year they applied for permission to re-open their doors to all races.

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It reflected a similar situation at English-language universities generally. The University of the Witwatersrand anticipates that if it continues to grow at 3,5 percent a year, half or more of its students may be black by 1995.

Two factors explain the prediction: the rising number of black matriculants (next year the number of black students qualifying to enter the university from its catchment area in the Witwatersrand will exceed the number of whites) and the declining white birth rate.

Faced with the rising number of black students at the nominally white English-language universities, the Government took fright in 1983. Recognising that the permit system was unworkable, it tried to stem the tide by imposing a quota system.

But, while placing an enabling law on the statute book, it backed down in the face of determined opposition from the universities and agreed not to impose the quotas. Today the frontline is drawn along the government-erected fences surrounding white schools, technikons and teacher training colleges.

The battle is already over for private schools. They, too, were once open to whites only.

But in the decade between 1976 and 1986 private schools began to admit black pupils. Initially they were enrolled on a permit system. But as the numbers rose that was abandoned, partly because Catholic Church schools in the Transvaal admitted black children in defiance of the law when requests for permits to do so were turned down.

Later the Government attempted to introduce a quota system, threatening to withdraw registration and State subsidies from schools which refused to comply. But when the private schools rejected the quota system, the Government retreated.

As a recent illuminating publication by the SA Institute of Race Relations puts it: "The Government (is) now not only allowing multiracial private schooling, but subsidising it."

Pressure is now mounting for blacks to enter Government schools. As the number of black pupils rises steadily, so the number of white pupils drops.

In 1976 there were some 3 900 500 black pupils at school, constituting 68,8 percent of the total. By the year 2000 the projected total is 9 388 500, (or 82,5 percent). Equivalent figures for whites are 928 640 (16,4 percent) in 1976 and 898 000 (less than 8 percent) by the turn of the century. The result, of course, is over-crowding in black schools and empty classrooms in white schools.

Last year there were nearly 153 640 unfilled places at white schools. At the same time 17 white schools stood empty. At black schools pupils were being turned away. In schools outside the "black homelands" there was a shortfall of more than 193 500 places.

Voices are raised, some of which belong to white parents, demanding that empty white classrooms be opened to black pupils.

The same solution is prescribed for the relatively empty white teacher training colleges and technikons. While agreeing to the controlled admission of blacks to technikons, the Government has stood firm on schools and colleges, insisting that segregated white education is non-negotiable.

Mr Botha re-affirmed that same point in his address on the Group Areas Act late last year.

But that same adamantine attitude has had to give way before to the demands of pressing socio-economic and demographic forces ...

And one man who's dedicated to preventing it

PATRICK LAURENCE



Mr Eugene Terre-Blanche, leader of the extra-parliamentary Afrikaner Weerstandsbeweging (AWB) was emphatic. "I am an Afrikaner nationalist. I am not a fascist or a national socialist."

Next to him, in his office in Pretoria, were the flags of the 19th Century Boer Republics which challenged the might of the British Empire. Between them was the flag of the AWB.

The flag and the eagle, which the AWB has adopted as another symbol, has led to the AWB being described as neo-fascist or neo-nazi.

Speaking beautiful Afrikaans, Mr TerreBlanche, a former policemen, rejected the label as an attempt to discredit the AWB: "There is only one reason. The AWB is the greatest political factor in South Africa. Its growth potential is phenomenal. Its political opponents give it names to try to make it suspect among the volk."

After defining himself as an Afrikaner nationalist, Mr TerreBlanche said: "I want to tell you further that I will borrow from any system in the world if it is to the advantage of my volk."

He briefly parried an invitation to give his assessment of Adolf Hitler by commenting: "What fascinates me, is why you ask the question."

Then he replied: "If there is anything which Hitler had, if he worked out a programme that could give my hungry children food, that could give the blanketless blankets, that could give my unemployed Afrikaners work, then I would use it."

Pausing momentarily for emphasis, he added: "That is my answer. But I think much more of Paul Kruger."

A spellbinding orator, Mr Terre-Blanche has built the AWB into a force which cannot be ignored, earning for himself a reputation as a demagogue and a man to be feared.

On a one-to-one level in his office Mr TerreBlanche remained a compelling person, commanding attention, if not agreement.

He spoke with great conviction, his resonant voice investing South Africa's struggles with a metaphysical quality and casting them in a manichean mould of good versus evil, right versus wrong.

The central objective of the AWB, the establishment of an Afrikaner volkstaat to replace the two Boer Republics which were destroyed by the Anglo-Boer War of 1899-1902, inspired a passionate outburst.

"That land cannot belong to anyone else. It cannot belong to the English. They came and took from us. They killed our people, 27 000 women and children and between 3 000 and 4 000 burghers. The British made war not against the blacks, but against the Boers."

Denying that the Boers usurped the land from the blacks, Mr TerreBlanche said: "We bought some of it. The rest we conquered from the Matabeles. The Matabeles are in Rhodesia. They never claimed it. Do you know who claims it? Those who never had it — the ANC."

He dismissed the claims of the outlawed African National Congress in a few sentences. "The ANC is not a volk. So (its members) cannot be freedom fighters. They are communist-inspired, identitiless murderers. They want the land. They can't have it."

Asked about the position of blacks in the Afrikaner volkstaat, Mr Terre-Blanche replied uncompromisingly: "Gastarbeiders (guest labourers) — it is as simple as that. If they do not like it, they can leave."

Non-Afrikaner whites would, however, qualify for the vote, provided they became nationalised citizens of the volkstaat, Mr TerreBlanche said. He then added a second proviso: they would have to be Christians — which excludes Jews.

"I am a Christian," Mr TerreBlanche said, citing the Christian convictions of the Afrikaner volk as a reason for its existence, and rejecting the Westminster parliamentary system as a British-Jewish concept foisted on the Afrikaners after the Anglo-Boer War.

"The National Party,' said Mr Terre-Blanche, "thinks that power-sharing is the solution. But when you are a minority, power-sharing means surrender, capitulation.

"Nobody can share power; it is impossible. The plants outside do not share power — the strongest take nourishment from the weakest. The thorn tree survives while the weaker tree dies."

In 1980 Mr TerreBlanche registered the AWB as a political party under the name Blanke Volkstaat Party. He did not activate it, however, preferring to deploy it as the cutting edge of Dr Andries Treurnicht's Conservative Party and, according to foes, building up an AWB caucus within the CP.

Of the CP, Mr TerreBlanche said: "The differences between its programme of principles and the AWB's is very small. It is the opposite side of the coin."

He ended on an apocalyptic note, saying that the fate of South Africa would be decided in the next four years.

These years would witness either the defeat of the NP at the polls and the coming to power of the CP-AWB axis, or the collapse of the NP government and a war to the death between the ANC and the AWB, he said.

D/D 17/3/88 (98)

Name, plans for Mater Dei hospital to be announced

Daily Dispatch Reporter

EAST LONDON — Mater Dei hospital's new name would be announced at a special function on Monday night, the public relations officer for African Oxygen Ltd. (Afrox), Miss R. Langebrink, said yesterday.

The hospital was sold to Afrox earlier this year.

The Dominican order, who sold the Mater Dei to Afrox, requested that the name be changed since the Catholic Church would no longer be involved.

Afrox held a competition, through the Daily Dispatch, to find a suitable name for the hospital.

The new name would be announced by the Afrox's general manager (hospital division), Mr R. G. Williamson, who would also outline future expansion plans.

The approval of the Prioress General of the Dominican Order in Johannesburg, Sister Francis, was obtained for the new name.

A cheque for R500, to be passed on to a charity of the winner's choice, would be presented to the winner by Mr Williamson, who is also the chairman of the national association of private hospitals.

Afrox presently owns 12 private hospitals and has an interest in 2 others.

Among the 160 guests at Monday night's function would be representatives of the Dominican Order, Miss Langebrink said.

Villagers raise funds for clinic

Staff Reporter

A rural community at Mabeskraal in the Mankwe district of Rustenburg is trying to raise R580 000 to build a clinic to serve 60 000 people in the area.

The community has not been idle and has already collected R44 000 of an initial target of R150 000.

The wife of a chief in the area and qualified matron at Hillbrow Hospital, Mrs Caroline Mabe, said: "The quotation we received for the project is R580 000 but this includes an access road to the clinic, sewerage facilities and the actual building."

She said her husband took over as chief of Mabeskraal last year and since then they have been trying to raise funds for the clinic.

She said the builder is prepared to accept an initial payment of R150 000 and allow the community to pay the rest off in instalments.

The area, which falls under the jurisdiction of Bophuthatswana, has a clinic which is only about 9 sq m in size and was built in the 1940s.

There is no electricity and babies are delivered by candlelight in a prefabricated hut nearby.

CATER TO ALL

She said each woman at the kraal paid R15 towards the building of the clinic which they hope will cater for all people from pre-natal patients to old-age pensioners.

"We have to build the clinic with our own money as the Bophuthatswana authorities will not provide funds.

"However, once the building is complete they will take it over and provide the staff and hopefully funds for the required equipment," she said.

Mrs Mabe said that in their hour of need they had turned to the public to help them give something of great value to the people.

ANYONE CAN HELP

Those interested in helping this rural community can contact Chief M V Mabe at Batlhako Ba Matatu, PO Box 962, Mabeskraal 0313, or telephone 0020 and ask for 212.

Mrs Mabe says often the lines are bad in the area, and should anyone experience difficulty they can phone her at 724-1121 and ask for Matron Mabe or at 939-4423.

98 Star 21/3/88

HOUSE OF DELEGATES

†Indicates translated version.

For written reply:

Own Affairs:

Hospitals: intensive care units/wards

18. Mr K CHETTY asked the Minister of Health Services and Welfare:

(1) Whether there are any intensive care units or wards in hospitals falling under the control of his Department; if so, (a) how many such (i) units and (ii) wards are there in each specified hospital and (b) for which race groups are these units and wards used;

(2) whether any additional intensive care units or wards are being planned by his Department; if so, (a) how many of each in respect of each specified hospital, (b) for which race groups and (c) when is it anticipated that each of these units and wards will be ready for use?

The MINISTER OF HEALTH SERVICES AND WELFARE:

(1) No.

(a) (i) falls away.

(ii) falls away.

(b) falls away.

(2) No.

(a) falls away.

(b) falls away.

(c) falls away.

HOUSE OF ASSEMBLY

†Indicates translated version.

For oral reply:

General Affairs:

State President:

*1. Mr P G SOAL — State President. [Withdrawn.]

KwaNdebele Police Force: proclamation to perform duties in accordance with South African common law

*2. Mr P G SOAL asked the State President:

Whether, in view of the successful application of Chief Gibson Mathebe against the Minister of Law and Order and the Commissioner of the KwaNdebele Police on 6 March 1988, he will consider exercising the powers vested in him in terms of section 25 of the Black Administration Act, No 38 of 1927, read with subsection (4) of section 30 of the National States Constitution Act, No 21 of 1971, to issue a proclamation requiring the KwaNdebele Police Force to perform their duties in accordance with the common law in South Africa; if not, why not; if so, when does he intend to issue such a proclamation?

The MINISTER IN THE STATE PRESIDENT'S OFFICE ENTRUSTED WITH ADMINISTRATION AND BROADCASTING SERVICES (for the State President):

No. The court has already applied the common law.

Ministers:

Question standing over from Tuesday, 15 March 1988:

*8. Mr T LANGLEY — Law and Order . †[Reply standing over.]

†Mr T LANGLEY: Mr Speaker, may I ask the hon the Deputy Minister what the reasons are for the delay in replying to one simple question? [Interjections.]

†The DEPUTY MINISTER OF LAW AND ORDER:

Mr Speaker, I have only been asked to request that this specific question once again stand over. There is also a similar question later in the Question Paper, which in my opinion relates to this particular question.

Mr T LANGLEY: I think you are afraid to reply to this question!

Mr SPEAKER: Order!

New Questions:

*1. Mrs H SUZMAN — Justice. [Reply standing over.]

Legal abortions

*2. Mrs H SUZMAN asked the Minister of National Health and Population Development:

How many women had legal abortions in 1987 in terms of the Abortion and Sterilization Act, No 2 of 1975?

The DEPUTY MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

810

Stutterheim, Eastern Cape: detention centre

*3. Mrs H SUZMAN asked the Minister of Public Works and Land Affairs:

Whether his Department or any persons attached to his Department have been involved in the planning or construction of a detention centre to be built in or near Stutterheim in the Eastern Cape; if so, (a) what is the nature of that involvement and (b) for whom is this detention centre being built?

The MINISTER OF PUBLIC WORKS AND LAND AFFAIRS:

No

(a) and (b) Falls away.

*4. Mr C J DERBY-LEWIS — Justice. [Reply standing over.]

Pretoria: meeting attended by Minister

*5. Mr C J DERBY-LEWIS asked the Minister of Law and Order:

(1) Whether he and/or the Deputy Minister of Law and Order recently attended a meeting in Pretoria which was also attended by two persons whose names have been furnished to the South African Police for the



At a function to mark the renaming of the Mater Dei Hospital in East London yesterday, the general manager of the new owners, Mr D. Williamson, right, presents Sister Simona of Woodland Mission, near Stutterheim, with a cheque for R500, won by the Daily Dispatch property writer, Mr Tom Louw, left, whose suggestion, St Dominic's, was accepted as the new name of the hospital. With them are the owners' chairman and managing director, Mr Peter Joubert.

98

DID 24/3/88

EL hospital's new name a tribute

Daily Dispatch Reporter

EAST LONDON — The Mater Dei Hospital was renamed St Dominic's last night as a tribute to the Dominican Sisters who ran the hospital and served the community for over 40 years.

The name St Dominic's was suggested by the Daily Dispatch property writer, Mr Tom Louw, who was presented with a cheque for R500 by Afrox — the new owners of the hospital — to donate to a charity of his choice.

At a function here, the cheque was handed to Sister Simona, of the Woodlands Mission orphanage near Stutterheim, which comes under the auspices of the Dominican Order.

The general manager (hospitals) of Afrox, Mr R. G. Williamson, thanked Mr Louw and endorsed his statement that the Dominican sisters would be "greatly missed".

"We would like to thank the Dominican Sisters for entrusting us with the hospital which they have owned and operated so ably for the past 40 years," Mr Williamson said.

Sar-travel: scheduled coach tours for tourists

660. Mr P G SOAL asked the Minister of Transport Affairs:

(1) Whether Sar-travel operates any scheduled coach tours for tourists; if so,

(2) whether the financial results of this division are assessed separately from those of other divisions of South African Transport Serices; if not, how are they assessed; if so, what (a) was the (i) profit or (ii) loss of this division in the 1987/88 financial year and (b) is the projected (i) profit or (ii) loss for the 1988/89 financial year?

The MINISTER OF TRANSPORT AFFAIRS:

(1) Yes.

(2) The Honourable Member's attention is directed to the documents which were tabled during the introduction of the South African Transport Services Appropriation Bill, 1988. Particulars of these services' financial results are contained therein.

Botshabelo: hospitals

673. Mrs H SUZMAN asked the Minister of Education and Development Aid:

Whether there are any hospitals in Botshabelo; if not, (a) why not and (b) where is the nearest hospital; if so, (i) how many of each specified kind of hospital, (ii) how many (aa) beds, (bb) doctors and (cc) nurses are there in respect of each of these hospitals and (iii) who is responsible for paramedical services in this area?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

Yes.

(i) One General Hospital.

(ii) (aa) 61.

(bb) 5 full-time and 7 part-time.

(cc) 107

(iii) The hospital itself.

Mooinooi: automatizing of telephone service

680. Mr A GERBER asked the Minister of Communications:†

Whether his Department intends automatizing the telephone service at Mooinooi; if not, why not; if so, when?

The MINISTER OF COMMUNICATIONS:

Yes, but owing to financial and other restraints, it was unfortunately not possible to include the Mooinooi exchange in an automation programme stretching up to and including the 1989/90 financial year. At this stage it is also not possible to indicate when this exchange will be accorded its turn.

Five most junior posts: salary scales

708. Mr C J DERBY-LEWIS asked the Minister of Communications:

(a) What are the salary scales attached to each of the five most junior posts in his Department, (b) how many of these posts are filled by Whites, Coloureds, Indians and Blacks, respectively, and (c) in respect of what date is this information furnished?

The MINISTER OF COMMUNICATIONS:

(a) (1) *R4 500 × 450 – 5 400 × 480 – 5 800//– 6 360 × 480 – 7 800 (General Assistant 1) (Catering Assistant 1) (Security Assistant 1)

(2) R6 150 × 510 – 8 190 × 660 – 8 850 (Senior Housekeeper)

(3) *R4 950 × 450 – 5 400 × 480 – 7 800//– 8 460 × 660 – 9 120 (General Assistant 2) (Catering Assistant 2) (Security Assistant 2) (Waiter/Waitress)

(4) R5 550 × 480 – 6 030 × 510 – 8 070 × 660 – 9 390 (Lithographic Operator)

(5) R5 400 × 480 – 7 800 × 660 – 9 120 × 690 – 11 880 (Telcom Assistant)

*Officials must meet certain service and merit requirements to progress beyond the barrier (//–) on the appropriate salary scale.

	Whites	Coloureds	Indians	Blacks	
(b)	780	6 375	113	19 379	(General Assistant 1)
	—	81	—	232	(Catering Assistant 1)
	72	68	—	246	(Security Assistant 1)
	6	—	—	—	(Senior Housekeeper)
	235	995	41	1 832	(General Assistant 2)
	1	1	—	2	(Catering Assistant 2)
	25	17	—	28	(Security Assistant 2)
	—	2	—	34	(Waiter/Waitress)
	—	—	—	4	(Lithographic Operator)
	1 713	227	110	545	(Telcom Assistant)
	2 832	7 766	264	22 302	(Total)

(c) 31 December 1987.

Employees of SATS: financial incentive/bonus systems

742. Mr C J DERBY-LEWIS asked the Minister of Transport Affairs:

Whether there are any financial incentive or bonus systems for employees in the South African Transport Services; if not, why not; if so, (a) how many and (b) what are the relevant details?

The MINISTER OF TRANSPORT AFFAIRS:

Yes.

(a) 13

(b)

SCHEME	APPLICABLE TO
Bonuswork Agreement Number One	Artisans and related grades on manufacturing, workshop maintenance and construction work as well as certain personnel employed in ticket printing.
Bonuswork Agreement Number Two	Artisans and related grades on maintenance and repair work in the different Road Transport Workshops.
Bonuswork Agreement Number Three	Artisans and related grades in the Civil Engineering Plant Maintenance depots.
Productivity Incentive Scheme: Airways Department	Aviation artisans and related grades concerned with the maintenance and servicing of aircraft.
Wage Incentive Scheme: Diesel and Steam Locomotive Sheds	Artisans and related grades in diesel and steam locomotive sheds responsible for the maintenance of locomotives.
Incentive Scheme: Cargo Handling in Harbours	Personnel concerned with the handling of conventional cargo in harbours.
Incentive Scheme: Harbour Container Terminals	Personnel handling containers in harbours.
Incentive Scheme: Dredgers	Dredger crews on certain dredgers.
Cartage Bonuswork System	Drivers and assistants of cartage vehicles in urban areas.
Incentive Scheme: Data Capturing Machines	Typists (data capturing) operating data and other accounting machines.
Wage Incentive Scheme: Artisans on coach work in electric running sheds	Artisans responsible for the maintenance of suburban passenger coaches in electric running sheds.

The following wage incentive schemes have been introduced on a trial basis:

Mechanical Maintenance Personnel	Artisans and related grades employed on maintenance of mechnical plant and apparatus.
Wage Incentive Scheme for Earthmoving gangs	Personnel employed on earthmoving work.

(98) Star 24/3/88

Health centre asks for funds

By Mckeed Kotlolo, Pretoria Bureau

A health care organisation, the Medunsa Institution for Community Services (Medicos), a privately sponsored body aimed at improving the quality of life of those in need, wants funds for the expansion of its only centre in Soshanguve.

The director of administration at Medicos, Mr Carel Berndt, told The Star after a recent tour of the Medicos Centre in Soshanguve that the organisation needed more cash to enable it to expand the present centre so that it could accommodate and also reach more people in the community.

FREE SERVICE

He said the overriding objective of Medicos was to improve the quality of life of those people who are in need.

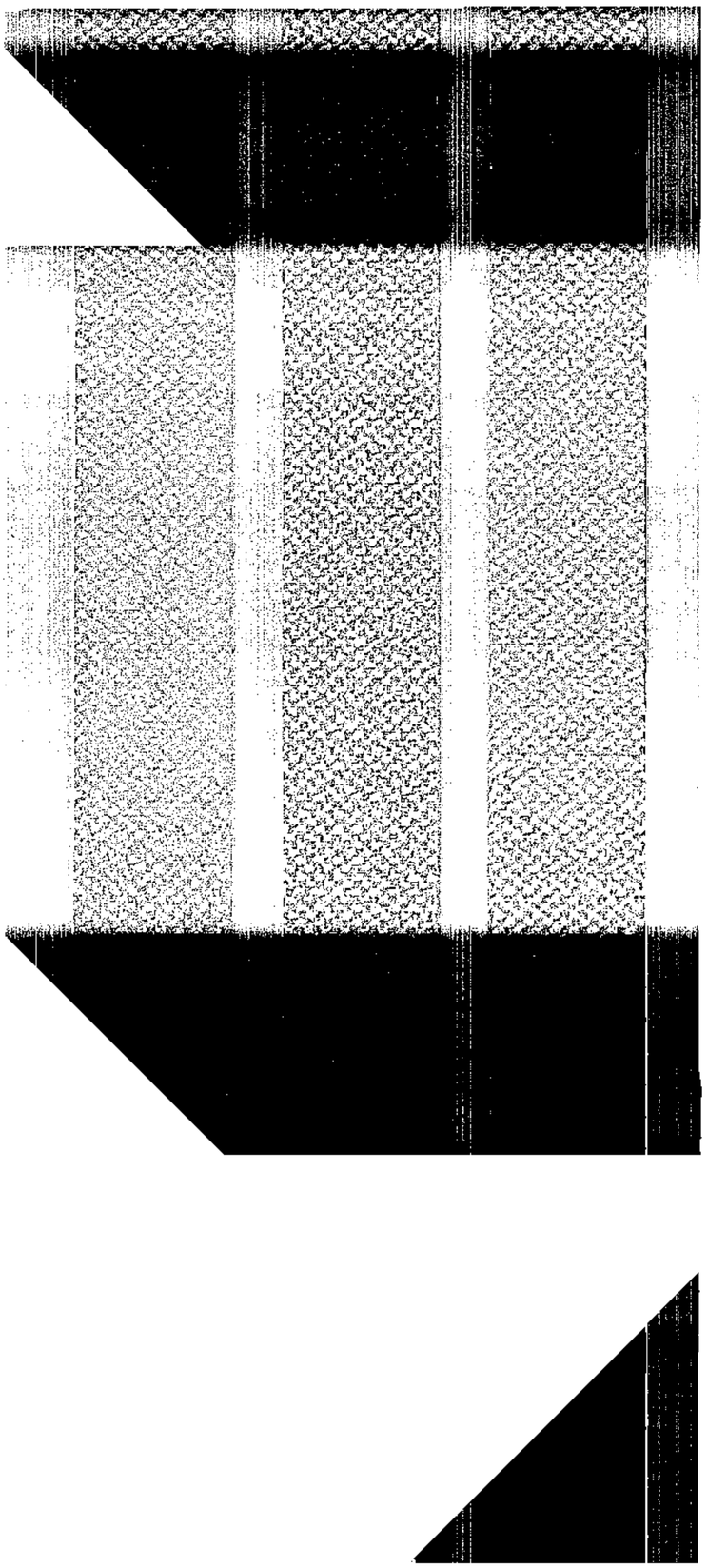
Medicos offers free service to the local community "and currently it serves about 60 percent of the population of Soshanguve".

"We urgently need more facilities to be able to accommodate the other 40 percent," said Mr Berndt.

All services at the centre are provided by specialists and consultant staff on a voluntary basis for which they receive no additional pay.

Mr Berndt said their present annual budget was R200 000 and "we need at least R5 million for the expansion and for the smooth running of the centre.

"We appeal to the private sector to assist us in this project," he said.





Lenasia South residents, Mr Manilal Durga (57) and 73-year-old Mr "Babu" Maganlal Desai (right), ponder over Lenasia's only hospital which has remained closed since its completion two years ago. The hospital remains closed despite an announcement last night that a new R64 million hospital is being planned for Soweto.

● Picture by Etienne Rothbart.

(98) 24/3/88

New R64-m complex for Soweto will relieve overcrowding at Bara

By Toni Younghusband
Medical Reporter

A R64 million hospital is being planned for Soweto, the MEC for Hospitals, Mr Daan Kirstein announced last night.

Mr Kirstein said nothing definite had been decided at this stage — the hospital's construction depended on whether provincial authorities could come up with the money.

The 800-bed hospital is apparently planned for the New Canada area and will only be completed in four years.

"We hope to build this hospital to relieve the overcrowding at Baragwanath Hospital," Mr Kirstein said.

Baragwanath is the only hospital in Soweto at present, serving a population of more than one million.

Overcrowding and inadequate facilities at Baragwanath have long been criticised by staff and patients.

Dr Marius Barnard, the Progressive Federal Party's spokesman on health, welcomed the new hospital saying it was essential for Soweto.

"But 800 beds are not enough. We need a hospital at least equal to the size of the Johannesburg Hospital."

The superintendent of Baragwanath, Dr Chris van den Heever, said he was "very, very pleased" to hear the news.

Asked how a new provincial hospital could be built when no funds were available to open the Lenasia South Hospital, which has stood empty since its completion in 1986, Mr Kirstein said he hoped that by the time the new hospital was built there would be enough funds available for both hospitals.

● An estimated 200 beds were closed at the Johannesburg Hospital last year due to a lack of funds. According to a hospital spokesman, the hospital has never run at full capacity.

● A spokesman for the Health Workers Association said it remained to be seen how the authorities were going to finance the new hospital.

He said the plan for a new Soweto hospital was mooted in the early 1960s.

"It was going to be at New Canada. Announcements were made on two or three occasions and then nothing was done.

"Obviously we would welcome a new hospital but what is yet to be seen is when construction will start and how they are going to afford it," the spokesman said.

He said he doubted whether an 800-bed hospital would be big enough for Soweto.

'Sad reflection on Government,' says the TIC

The failure by the provincial authorities to open Lenasia's only hospital, which has remained closed since its completion two years ago, was a "sad reflection" on the Government, according to the Transvaal Indian Congress (TIC).

Reacting to reports that it was unlikely the 98-bed hospital would be opened in the immediate future despite protests, a spokesman for the TIC said:

"The lack of hospital facilities in Lenasia is a sad reflection on a Government which ventilates a biased commitment to the upliftment of disadvantaged communitites and claims to be creating a climate of security".

Doctors and health workers, who have repeatedly asked provincial authorities to open the hospital, meet this week to discuss the problem.

The TIC spokesman rejected claims that the hospital could not be opened because of a lack of funds.

(i) The extent of shortage with regard to (a) and (b) is 15%.

(ii) The reasons for shortage with regard to (a) and (b) are the lack of funds and unavailability of manpower.

Soweto: family housing units built by State/ private owners

615. Mrs H SUZMAN asked the Minister of Constitutional Development and Planning:

(1) How many family housing units were built in Soweto by (a) the State and (b) private owners in 1987;

(2) (a) how many such units were being built at present by (i) the State and (ii) private owners and (b) in respect of what date is this information furnished?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(1) (a) None.

(b) 1 775.

(2) (a) (i) None.

(ii) 3 759.

(b) 29 February 1988.

Soweto: housing schemes developed at present by State/private sector

616. Mrs H SUZMAN asked the Minister of Constitutional Development and Planning:

(1) How many housing schemes are at present being developed in Soweto by the (a) State and (b) private sector;

(2) (a) when (i) were such schemes initiated and (ii) is it envisaged that they will be completed and (b) how many housing units are involved in each case;

(3) whether any housing schemes for lower-income groups are under construction in Soweto; is so, (a) (i) how many and (ii) how many units are involved in each case and (b) in respect of what date is this information furnished?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(1) (a) 0

(b) 6

(2) (a) (i) 1987

(ii) 1988

(b)

State	Private sector
	Schemes = Units
0	6 3 759

(3) (a) (i) and (ii) 0

(b) 29 February 1988.

Black townships in RSA: 99-year leasehold scheme/freehold title

617. Mrs H SUZMAN asked the Minister of Constitutional Development and Planning:

(1) Whether the (a) 99-year leasehold scheme is in operation, and (b) right to hold freehold title to land applies, in every Black township in the Republic; if not, (i) why not and (ii) in respect of which townships is this (aa) scheme and (bb) right not applicable;

(2) in respect of what date is this information furnished?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

ORANGE FREE STATE

(1) (a) Yes.

(b) Yes. No right to hold freehold is as yet registered due to the fact that town registers does not exist. The land owner is entitled to apply for the opening of a town register. The Local Authorities are the legal land owners and it is their duty to apply.

(i) Falls away.

(ii) (aa) None.

(bb) All townships.

(2) 8 March 1988.

NATAL

(1) (a) No.

(b) No.

(i) and (ii) (aa) The 99-year leasehold scheme is applicable in all black urban townships in Natal, except Shayamoya (Umzinto) where a decision as to its future is still awaited.

(i) and (ii) (bb) The right to hold freehold title to land has not yet been approved for urban townships in Natal, and legislative amendments are awaited.

(2) 1 March 1988.

TRANSVAAL

(1) (a) No. As certain policies and procedures are still being implemented and the scheme is apparently not well received by inhabitants of certain towns.

(b) Yes.

(i) and (ii) (aa) Applies to all black towns.

(i) and (ii) (bb) Fall away.

(2) 31 December 1987.

CAPE PROVINCE

(1) (a) Yes.

(b) Freehold is applicable to townships that have been declared approved townships in respect of the township establishment regulations No 1897 of 12 September 1986. Certain towns have already been declared while majority are still in the process to be declared.

(i) and (ii) (aa) and (bb) Fall away.

(2) 29 February 1988.

Hospitals: posts established

633. Dr M S BARNARD asked the Minister of Constitutional Development and Planning:

(1) How many posts had been established as at 31 December 1987 for (a) nurses, (b) paramedics, (c) medical staff, (d) administrative staff and (e) other staff at the (i) Baragwanath Hospital, (ii) Coronation Hospital, (iii) H F Verwoerd Hospital, (iv) Johannesburg Hospital, (v) Kalafong Hospital and (vi) Paul Kruger Memorial Hospital in Rustenburg;

(2) whether any posts at these hospitals were frozen as at 31 January 1988; if so, how many in each category in respect of each hospital;

(3) (a) how many applications were made from each of these hospitals in each category for the unfreezing and filling of posts during the period 1 January to 31 December 1987 and (b) how many applications were (i) granted and (ii) refused in each case?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(1) (i) Baragwanath Hospital

(a) nurses	4 105
(b) paramedics	424
(c) medical staff	591
(d) administrative staff	515
(e) other staff	1 989

(ii) Coronation Hospital

(a) nurses	763
(b) paramedics	88
(c) medical staff	166
(d) administrative staff	108
(e) other staff	405

(iii) H F Verwoerd Hospital

(a) nurses	2 124
(b) paramedics	572
(c) medical staff	589
(d) administrative staff	550
(e) other staff	1 345

(iv) Johannesburg Hospital

(a) nurses	1 932
(b) paramedics	539
(c) medical staff	681
(d) administrative staff	684
(e) other staff	2 011

(v) Kalafong Hospital

(a) nurses	1 578
(b) paramedics	157
(c) medical staff	308
(d) administrative staff	273
(e) other staff	742

(vi) Paul Kruger Memorial Hospital

(a) nurses	399
(b) paramedics	17
(c) medical staff	64
(d) administrative staff	36
(e) other staff	235

(iii) ORANGE FREE STATE

(a) 30

(b)

Hospital Services Branch	15
Roads Branch	8
Chief Directorate of Works	1
Chief Directorate of Community Services	2
Finance Directorate	2
Nature and Environmental Conservation Directorate	2

(c) 1 March 1988.

(iv) NATAL

(a) 37

(b)

General Provincial Services Branch	19
Hospital Services Branch	13
Roads Branch	5

(c) 29 February 1988.

Hospitals: beds/staff establishment/vacant posts

640. Dr M S BARNARD asked the Minister of Constitutional Development and Planning:

(1) What was the (a) number of commissioned beds as at 31 December 1987 at the (i) J G Strijdom, (ii) Coronation, (iii) Johannesburg, (iv) Hillbrow and (v) Baragwanath Hospital, (b) average bed occupancy rate, expressed in percentage, in respect of each of the above hospitals for the (i) 1984/85 and (ii) 1985/86 financial years and (c) staff establishment at each such hospital as at 31 December 1987 (i) in total and (ii) for (aa) medical, (bb) nursing, (cc) para-medical, (dd) administrative and (ee) each specified other category of staff;

(2) how many vacant posts were there (a) in total and (b) in each specified category of staff at each of these hospitals as at 31 December 1987?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(1) (a) As at 31 December 1987 the number of commissioned beds was as follows:

(i) J G Strijdom	452
(ii) Coronation	503
(iii) Johannesburg	833
(iv) Hillbrow	795
(v) Baragwanath	2 768

(b) The average bed occupancy rate expressed as percentage, in respect of the above hospitals for the (i) 1984/85 and (ii) 1985/86 financial years was as follows:

(i) Hospital	1984-85	1985-86
J G Strijdom	73,2%	60,5%
Coronation	102,9%	94,9%
Johannesburg	78,6%	67,9%
Hillbrow	97,2%	93,9%
Baragwanath	113,3%	105,1%

(c) (i)

J G Strijdom	1 963
Coronation	1 530
Johannesburg	5 847
Hillbrow	3 001
Baragwanath	7 624

(ii)

	(aa)	(bb)	(cc)	(dd)	(ee)
J. G. Strijdom	133	893	97	186	654
Coronation	166	763	88	108	405
Johannesburg	681	1 932	539	684	2 011
Hillbrow	256	1 168	278	335	964
Baragwanath	591	4 105	424	515	1 989

(2) (a)

J G Strijdom	213
Coronation	166
Johannesburg	894
Hillbrow	667
Baragwanath	724

(b)

Hospital	Medical	Nursing	Paramedical	Administrative	Other staff
J G Strijdom	7	91	13	5	97
Coronation	21	44	12	19	70
Johannesburg	127	158	177	74	358
Hillbrow	49	303	66	64	185
Baragwanath	55	380	101	13	175

Hospitals: cuts in staff establishment

642. Dr M S BARNARD asked the Minister of Constitutional Development and Planning:

(1) Whether any cuts in staff establishment have been determined at the (a) J G Strijdom, (b) Coronation, (c) Johannesburg, (d) Hillbrow and (e) Baragwanath Hospital in any staff category since 31 December 1987; if so, what cuts in each specified category at each of these hospitals;

(2) whether these cuts affect medical teaching posts; if so, in what way;

(3) whether the cuts were determined in consultation with the (a) Medical Faculty of the University of Witwatersrand and (b) Vice-Chancellor of that university; if not, why not;

(4) whether the cuts were agreed to by the authorities of the above university; if so, on what date was agreement reached;

(5) on what date or dates were the superintendents of the above-mentioned five hospitals advised of the cuts in staff establishment;

(6) whether the withdrawn posts will be terminated with immediate effect as they become vacant; if not, what procedure will be followed?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(1) No cuts in staff establishments have been determined at any of the hospitals mentioned in any staff categories.

(2) to (6) Fall away.

Greater Durban area: housing backlog for Blacks

647. Mr M J ELLIS asked the Minister of Constitutional Development and Planning:

(1) Whether there is a housing backlog for Blacks in respect of the Greater Durban area; if so, (a) what is the nature of the backlog in respect of each specified housing area in the Greater Durban area and (b) in respect of what date is this information furnished;

(2) whether any additional land will be made available for housing in these housing areas; if not, why not; if so, (a) how many hectares in respect of each area and (b) when?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(1) Yes.

(a) (i) Lamontville 1 350 units

(ii) Klaarwater/St Wendolins 1 057 units

(iii) Chesterville 1 340 units

(b) 29 February 1988.

(2) Yes.

(a) (i) Lamontville 80 hectares.

(ii) Klaarwater/St Wendolins 260 hectares

(iii) Chesterville 87 hectares

(b) Most of the land is already available. Negotiations for the balance still to be purchased are in progress.

Hospital services: beds hired from *Employment Bureau of Africa*

664. Dr M S BARNARD asked the Minister of Constitutional Development and Planning:

Whether the provincial department of hospital services in the Orange Free State hires hospital beds from a certain organisation, the name of which has been furnished to the Minister's Department for the purpose of his reply; if so, (a) why, (b) how many beds, (c) in respect of which hospitals, (d) at what cost per bed and (e) what is the name of this organization?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

Yes.

(a) The beds are hired as a result of the shortage of bed-accommodation for Blacks.

(b) 40

(c) Odendaalsrus, Virginia and Welkom.

(d) A tariff of R50 per bed per day is paid for the following services rendered by the organisation mentioned: Medicine, food, laundry services, cleaning services, operating theatre facilities, medical gas, linen, blankets, bandages, etc.

(e) "Employment Bureau of Africa", also called "Teba".

(2) Yes, details are as follows:

Hospital	Nurses	Paramedics	Medical staff	Administrative staff	Other staff
(i) Baragwanath	0	13	3	9	71
(ii) Coronation	0	6	3	4	2
(iii) H F Verwoerd	168	5	30	0	23
(iv) Johannesburg	0	0	8	3	47
(v) Kalafong	10	23	6	32	46
(vi) Paul Kruger Memorial	52	2	0	0	20

(3) (a) Unfreezing and filling of posts

(i) Baragwanath Hospital

(a) Nurses
One request for unfreezing of 105 posts — request granted.

(b) Paramedics
Two requests for unfreezing of altogether 7 posts — request granted.

(c) Medical staff
One request for unfreezing of 3 posts — request granted.

(d) Administrative staff
None.

(e) Other staff
None.

(ii) Coronation Hospital

(a) Nurses
None.

(b) Paramedics
One request for unfreezing of one post — request granted.

(c) Medical staff
None.

(d) Administrative staff
One request for unfreezing of 4 posts — request refused.

(e) Other staff
None.

(iii) H F Verwoerd Hospital

(a) Nurses
One request for unfreezing of 77 posts — request refused.

(b) Paramedics
One request for unfreezing of 11 posts — the unfreezing of 7 posts were granted and the unfreezing of 4 posts were refused.

(c) Medical staff
One request for unfreezing of 9 posts. The unfreezing of 1 post was granted and the unfreezing of 8 posts were refused.

(d) Administrative staff
One request for unfreezing of 21 posts was granted.

(e) Other staff
Request for unfreezing of 23 posts — request in respect of 10 posts were granted — and request for 13 posts refused.

(iv) Johannesburg Hospital

(a) Nurses
None.

(b) Paramedics
One request for unfreezing of 2 posts — request refused.

(c) Medical staff
None.

(d) Administrative staff
None.

(e) Other staff
None.

(v) Kalafong Hospital

(a) Nurses
None.

(b) Paramedics
One request for unfreezing of 4 posts — request refused.

(c) Medical staff
None.

(d) Administrative staff
Two requests for unfreezing of altogether 20 posts — requests refused.

(e) Other staff
None.

(vi) Paul Kruger Memorial

(a) Nurses
Three requests for unfreezing of altogether 52 posts — requests refused.

(b) Paramedics
None.

(c) Medical staff
None.

(d) Administrative staff
None.

(e) Other staff
Two requests for unfreezing of 2 posts — requests refused.

Johannesburg Hospital: registered nurses employed

634. Dr M S BARNARD asked the Minister of Constitutional Development and Planning:

(a) How many registered nurses were employed at the Johannesburg Hospital on an hourly-paid basis as at 31 December 1987, (b) how many of these nurses elected to fill part-time five-eighths posts on the termination of their hourly-paid employment, (c) how many hourly-paid nurses were employed at this hospital during the period 30 June 1987 to 31 January 1988 and (d) on what basis may hourly-paid nurses now be employed by this hospital subject to application having to be made to the departmental authorities and in terms of numbers allowed?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(a) 25 Registered nurses.
(b) None.
(c) 209 Registered nurses.
(d) Authority was granted for the utilization of funds equivalent to that of 20 full-time professional nurses, to employ nurses on an hourly basis.

Officials employed by Administrators: national service

637. Dr M S BARNARD asked the Minister of Constitutional Development and Planning:

(a) How many officials employed by the Administrator of (i) the Transvaal, (ii) the Cape Province, (iii) the Orange Free State and (iv) Natal are doing their national service at present, (b) in what provincial departments are they employed and (c) in respect of what date is this information furnished?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(i) TRANSVAAL

(a) 147

(b)

Community Services Branch	5
General Provincial Services Branch	1
Roads Branch	4
Chief Directorate of Works	3
Hospital Services Branch	134

(c) 29 February 1988.

(ii) CAPE PROVINCE

(a) 64

(b)

Roads and Traffic Administration Branch	7
Hospital and Health Services Branch	39
Community Services Branch	12
General Provincial Services Branch	6

(c) 3 March 1988.

(2) Yes, details are as follows:

Hospital	Nurses	Paramedics	Medical staff	Administrative staff	Other staff
(i) Baragwanath	0	13	3	9	71
(ii) Coronation	0	6	3	4	2
(iii) H F Verwoerd	168	5	30	0	23
(iv) Johannesburg	0	0	8	3	47
(v) Kalafong	10	23	6	32	46
(vi) Paul Kruger Memorial	52	2	0	0	20

(3) (a) Unfreezing and filling of posts

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(a) Nurses
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Two requests for unfreezing of altogether 7 posts — request granted.

(c) Medical staff
One request for unfreezing of 3 posts — request granted.

(d) Administrative staff
None.

(e) Other staff
None.

(ii) Coronation Hospital

(a) Nurses
None.

(b) Paramedics
One request for unfreezing of one post — request granted.

(c) Medical staff
None.

(d) Administrative staff
One request for unfreezing of 4 posts — request refused.

(e) Other staff
None.

(iii) H F Verwoerd Hospital

(a) Nurses
One request for unfreezing of 77 posts — request refused.

(b) Paramedics
One request for unfreezing of 11 posts — the unfreezing of 7 posts were granted and the unfreezing of 4 posts were refused.

(c) Medical staff
One request for unfreezing of 9 posts. The unfreezing of 1 post was granted and the unfreezing of 8 posts were refused.

(d) Administrative staff
One request for unfreezing of 21 posts was granted.

(e) Other staff
Request for unfreezing of 23 posts — request in respect of 10 posts were granted — and request for 13 posts refused.

(iv) Johannesburg Hospital

(a) Nurses
None.

(b) Paramedics
One request for unfreezing of 2 posts — request refused.

(c) Medical staff
None.

(d) Administrative staff
None.

(e) Other staff
None.

(v) Kalafong Hospital

(a) Nurses
None.

(b) Paramedics
One request for unfreezing of 4 posts — request refused.

(c) Medical staff
None.

(d) Administrative staff
Two requests for unfreezing of altogether 20 posts — requests refused.

(e) Other staff
None.

(vi) Paul Kruger Memorial

(a) Nurses
Three requests for unfreezing of altogether 52 posts — requests refused.

(b) Paramedics
None.

(c) Medical staff
None.

(d) Administrative staff
None.

(e) Other staff
Two requests for unfreezing of 2 posts — requests refused.

Johannesburg Hospital: registered nurses employed

634. Dr M S BARNARD asked the Minister of Constitutional Development and Planning:

(a) How many registered nurses were employed at the Johannesburg Hospital on an hourly-paid basis as at 31 December 1987, (b) how many of these nurses elected to fill part-time five-eighths posts on the termination of their hourly-paid employment, (c) how many hourly-paid nurses were employed at this hospital during the period 30 June 1987 to 31 January 1988 and (d) on what basis may hourly-paid nurses now be employed by this hospital subject to application having to be made to the departmental authorities and in terms of numbers allowed?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(a) 25 Registered nurses.
(b) None.
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Officials employed by Administrators: national service

637. Dr M S BARNARD asked the Minister of Constitutional Development and Planning:

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The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(i) TRANSVAAL
(a) 147
(b) Community Services Branch 5
General Provincial Services Branch 1
Roads Branch 4
Chief Directorate of Works 3
Hospital Services Branch 134
(c) 29 February 1988.

(ii) CAPE PROVINCE
(a) 64
(b) Roads and Traffic Administration Branch 7
Hospital and Health Services Branch 39
Community Services Branch 12
General Provincial Services Branch 6
(c) 3 March 1988.

No. 47, 1988

VERKLARING VAN DIE OORSTROMINGS IN DIE LANDDROSDISTRIK BETHULIE IN DIE SUID-VRYSTAAT, TOT 'N RAMP

Kragtens die bevoegdheid my verleen by artikel 26 van die Wet op Fondsinsameling, 1978 (Wet 107 van 1978), verklaar ek hierby die oorstromings wat die landdrosdistrik Bethulie onlangs getref het vir die doeleindes van genoemde Wet tot 'n ramp.

Gegee onder my Hand en die Seël van die Republiek van Suid-Afrika te Kaapstad, op hede die Vierde dag van Maart Eenduisend Negehonderd Agt-en-tagtig.

P. W. BOTHA,
Staatspresident.

Op las van die Staatspresident-in-Kabinet:
W. A. VAN NIEKERK,
Minister van die Kabinet.

No. 50, 1988

OPDRA VAN UITVOERING VAN DIE ORDONNANSIE OP HOSPITALE, 1946, VAN DIE PROVINSIE DIE KAAP DIE GOEIE HOOP AAN DIE MINISTER VAN GESONDHEIDSDIENSTE EN WELSYN.—RAAD VAN VERTEENWOORDIGERS

Kragtens die bevoegdheid my verleen by artikel 98 (3), saamgelees met artikel 16, van die Grondwet van die Republiek van Suid-Afrika, 1983 (Wet 110 van 1983)—

(a) verklaar ek hierby, na raadpleging van die Uitvoerende Komitee van die provinsie die Kaap die Goeie Hoop, dat die bepalings van Deel IV van genoemde Wet op die Ordonnansie op Hospitale, 1946 (Ordonnansie 18 van 1946), van die provinsie die Kaap die Goeie Hoop, van toepassing is;

(b) dra ek hierby die uitvoering van die bepalings van die Ordonnansie in paragraaf (a) bedoel, vir sover daardie bepalings betrekking het op—

(i) die Kleurling bevolkingsgroep; en

(ii) die Graymead-kliniek (Caledon), die Mamre-kliniek, Darling-kliniek, Riebeeck-Wes-kliniek, Riebeeck-Kasteel-kliniek en Hermon-kliniek (distrik Malmesbury), die Dysseldorp-kliniek (distrik Oudtshoorn), die Wes-Einde-daghospitaal (Port Elizabeth), die Chatty-daghospitaal (Port Elizabeth), die Buffalo Flats-kliniek (Oos-Londen), die Pefferville-kliniek (Oos-Londen), die Rietvlei-kliniek (distrik Gordonia), die Hawston-kliniek (distrik Hermanus), die Gonnakraal-kliniek (distrik Mosselbaai), die Macassar-daghospitaal (insluitende kraameenheid), Pineview-daghospitaal (insluitende die kraameenheid), Grabouw-kliniek en die Kleinvlei-daghospitaal (insluitende kraameenheid) (distrik Caledon), die Pacaltsdorp-daghospitaal (distrik George), die Albinie-Weg-daghospitaal, Grahamstad, die Bellville-daghospitaal, die Bishop Lavis-daghospitaal, die Dr. Abdurahman-daghospitaal (Athlone), die Elsiesrivier-daghospitaal, die Grassy Park-daghospitaal, die Hanover Park-daghospitaal, die Heideveld-daghospitaal, die Kensington-daghospitaal, die Lotusrivier-daghospitaal, die Oceanview-daghospitaal, die Retreat-daghospitaal, die Scottsdene-daghospitaal (Kraaifontein), die Mitchells Plein-daghospitaal, die Bridgeton-daghospitaal (Oudtshoorn), die Rusthof-daghospitaal (Hottentots-Holland), die Rosemoor-daghospitaal (George), die Morning Star-kliniek (Durbanville) asook die provinsie-ondersteunde hospitaal te Vosburg, op aan die Minister van Gesondheidsdienste en Welsyn: Raad van Verteenwoordigers;

No. 47, 1988

DECLARATION OF THE FLOODS IN THE MAGISTERIAL DISTRICT OF BETHULIE IN THE SOUTHERN FREE STATE TO BE A DISASTER

Under the powers vested in me by section 26 of the Fund-raising Act, 1978 (Act 107 of 1978), I hereby declare the floods which recently hit the Magisterial District of Bethulie to be a disaster for the purposes of the said Act.

Given under my Hand and the Seal of the Republic of South Africa at Cape Town this Fourth day of March, One thousand Nine hundred and Eighty-eight.

P. W. BOTHA,
State President.

By Order of the State President-in-Cabinet:
W. A. VAN NIEKERK,
Minister of the Cabinet.

No. 50, 1988

ASSIGNMENT OF ADMINISTRATION OF THE HOSPITALS ORDINANCE, 1946, OF THE PROVINCE OF THE CAPE OF GOOD HOPE TO THE MINISTER OF HEALTH SERVICES AND WELFARE.—HOUSE OF REPRESENTATIVES

Under the powers vested in me by section 98 (3), read with section 16, of the Republic of South Africa Constitution Act, 1983 (Act 110 of 1983), I hereby—

(a) declare, after consultation with the Executive Committee of the Province of the Cape of Good Hope, that the provisions of Part IV of the said Act shall apply to the Hospitals Ordinance, 1946 (Ordinance 18 of 1946), of the Province of the Cape of Good Hope;

(b) assign the administration of the provisions of the Ordinance referred to in paragraph (a), in so far as those provisions relate to—

(i) the Coloured population group; and

(ii) the Graymead Clinic (Caledon), the Mamre Clinic, Darling Clinic, Riebeeck West Clinic, Riebeeck Kasteel Clinic and Hermon Clinic (District of Malmesbury), the Dysseldorp Clinic (District of Oudtshoorn), the West End Day Hospital (Port Elizabeth), the Chatty Day Hospital (Port Elizabeth), the Buffalo Flats Clinic (East London), the Pefferville Clinic (East London), the Rietvlei Clinic (District of Gordonia), the Hawston Clinic (District of Hermanus), the Gonnakraal Clinic (District of Mossel Bay), the Macassar Day Hospital (including midwife obstetric unit), Pineview Day Hospital (including midwife obstetric unit), Grabouw Clinic and the Kleinvlei Day Hospital (including midwife obstetric unit) (District of Caledon), the Pacaltsdorp Day Hospital (District of George), the Albany Road Day Hospital, Grahamstown, the Bellville Day Hospital, the Bishop Lavis Day Hospital, the Dr Abdurahman Day Hospital (Athlone), the Elsie's River Day Hospital, the Grassy Park Day Hospital, the Hanover Park Day Hospital, the Heideveld Day Hospital, the Kensington Day Hospital, the Lotus River Day Hospital, the Oceanview Day Hospital, the Retreat Day Hospital, the Scottsdene Day Hospital, (Kraaifontein), the Mitchells Plain Day Hospital, the Bridgeton Day Hospital (Oudtshoorn), the Rusthof Day Hospital (Hottentots Holland), the Rosemoor Day Hospital (George), the Morning Star Clinic (Durbanville) as well as the province-aided hospital at Vosburg, to the Minister of Health Services and Welfare: House of Representatives;

(c) bepaal ek hierby dat by die toepassing van die bepalings van die Ordonnansie in paragraaf (a) bedoel, 'n verwysing in so 'n bepaling—

(i) na die Administrateur, uitgelê word as 'n verwysing na die Minister van Gesondheidsdienste en Welsyn: Raad van Verteenwoordigers;

(ii) na die Hospitaaldepartement, uitgelê word as 'n verwysing na die Departement van Gesondheidsdienste en Welsyn, Administrasie: Raad van Verteenwoordigers;

(iii) na die Direkteur of die Direkteur van Hospitaaldienste, uitgelê word as 'n verwysing na die Hoof van die Departement van Gesondheidsdienste en Welsyn, Administrasie: Raad van Verteenwoordigers;

(iv) na die Administrasie, uitgelê word as 'n verwysing na die Administrasie: Raad van Verteenwoordigers;

(v) na die Provinsiale Raad, uitgelê word as 'n verwysing na die Raad van verteenwoordigers; en

(vi) na die Provinsiale Sekretaris, uitgelê word as 'n verwysing na die Direkteur-generaal: Administrasie: Raad van Verteenwoordigers.

(d) verklaar ek hierby dat 'n verwysing in hierdie Proklamasie na die Ordonnansie in paragraaf (a) bedoel, uitgelê word as 'n verwysing ook na 'n proklamasie, regulasie, reël of ander maatreël kragtens daardie ordonnansie uitgevaardig, gemaak of getref;

(e) bepaal ek hierby dat die Minister van Gesondheidsdienste en Welsyn: Raad van Verteenwoordigers en die Departement van Gesondheidsdienste en Welsyn, Administrasie: Raad van Verteenwoordigers vir alle doeleindes geag word die opvolger in regte te wees van, onderskeidelik, die Administrateur en die Provinsiale Administrasie van die provinsie die Kaap die Goeie Hoop, ten opsigte van alle bates (uitgesonderd onroerende bates, maar met inbegrip van geld), laste, regte en verpligtinge wat kragtens, ingevolge of uit hoofde van 'n bepaling van die Ordonnansie in paragraaf (a) bedoel by, onderskeidelik, die Administrateur en die Provinsiale Administrasie van die provinsie die Kaap die Goeie Hoop, onmiddellik voor die inwerkingtreding van hierdie Proklamasie berus het;

(f) bepaal ek hierby dat enige onbestede gelde wat deur die parlement vir die boekjaar wat op 31 Maart 1988 eindig in verband met die uitvoering van 'n bepaling van die Ordonnansie in paragraaf (a) bedoel, bewillig is, in die Inkomsterekening: Raad van Verteenwoordigers bedoel in artikel 2 (1) (b) (iii) van die Skatkis- en Ouditwet, 1975, gestort word;

(g) wysig ek hierby die Ordonnansie in paragraaf (a) bedoel in die mate in die Bylae aangedui; en

(h) bepaal ek hierby dat hierdie Proklamasie op 1 April 1988 in werking tree.

Gegee onder my Hand en die Seël van die Republiek van Suid-Afrika te Kaapstad, op hede die Sewentiende dag van Maart Eenduisend Negehonderd Agt-en-tagtig.

P. W. BOTHA,
Staatspresident.

Met betrekking tot paragrawe (a) en (c) tot en met (h) van hierdie Proklamasie: Op las van die Staatspresident-in-Kabinet:

J. C. HEUNIS,
Minister van die Kabinet.

(c) determine that for the purposes of the provisions of the Ordinance referred to in paragraph (a), a reference in such a provision to—

(i) the Administrator, shall be construed as a reference to the Minister of Health Services and Welfare: House of Representatives;

(ii) the Hospitals Department, shall be construed as a reference to the Department of Health Services and Welfare, Administration: House of Representatives;

(iii) the Director or the Director of Hospital Services, shall be construed as a reference to the Head of the Department of Health Services and Welfare, Administration: House of Representatives;

(iv) the Administration, shall be construed as a reference to the Administration: House of Representatives;

(v) the Provincial Council, shall be construed as a reference to the House of Representatives; and

(vi) the Provincial Secretary, shall be construed as a reference to the Director-General: Administration: House of Representatives;

(d) declare that a reference in this Proclamation to the Ordinance referred to in paragraph (a) shall be construed as a reference also to a proclamation, regulation, rule or other measure promulgated, made or taken under such that Ordinance;

(e) determine that the Minister of Health Services and Welfare: House of Representatives and the Department of Health Services and Welfare, Administration: House of Representatives shall for all purposes be deemed to be the successor in title to the Administrator and Provincial Administration of the Province of the Cape of Good Hope, respectively, in respect of all assets (excluding immovable assets, but including money), liabilities, rights and obligations which under, in terms of or by virtue of a provision of the Ordinance referred to in paragraph (a) vested in the Administrator and the Provincial Administration of the Province of the Cape of Good Hope, respectively, immediately prior to the coming into operation of this Proclamation;

(f) determine that any unexpended moneys appropriated by Parliament for the financial year ending on 31 March 1988 in connection with the administration of a provision of the Ordinance referred to in paragraph (a), shall be deposited in the Revenue Account: House of Representatives referred to in section 2 (1) (b) (iii) of the Exchequer and Audit Act, 1975;

(g) amend the Ordinance referred to in paragraph (a) to the extent indicated in the Schedule; and

(h) determine that this Proclamation shall come into operation on 1 April 1988.

Given under my Hand and the Seal of the Republic of South Africa at Cape Town on this Seventeenth day of March, One thousand Nine hundred and Eighty-eight.

P. W. BOTHA,
State President.

In relation to paragraphs (a) and (c) to (h), inclusive, of this Proclamation: By Order of the State President-in-Cabinet:

J. C. HEUNIS,
Minister of the Cabinet.

The Bara Barometer

The weekly barometer of the Baragwanath Hospital's bed shortage in the medicine department, monitored by the Saturday Star, shows a marked increase of 43 percent since last week.

The average daily number of sick patients without beds from March 17 to 23 was 274 (against 192 last week). The highest number without beds on one day was 341 on March 21.

The cumulative deficit of beds for the week was 1 920 as compared to 1 344 last week — 576 higher.

The medicine department is for patients who require neither surgery nor gynaecological attention.

Champi
Saambo
Pretoria
from Tu

Wrestle

Tomorro
Motor r
the wel
manuel
(4.30); r
ultra-m
Junior (
the Lip
Miami,
Fairway

Tomorr
Tennis
Tourna

Tomorr
Soccer
Celtic.

gs no cheer

Medunsa gets R75 000

Sowetan 28/3/88

THE Medical University of Southern Africa has received a donation of R75 000 for the purpose of furthering surgery of the spine at Medunsa and Garankuwa Hospital.

The donation has been made possible by the Anglo American Corporation and De Beers Consolidated Mines through their Chairman's Fund Educational Trust.

Dr Theo Odendaal, senior specialist and senior lecturer in the Department of Orthopaedics at Medunsa and head of the Orthopaedic Spinal Service, said the donation will be used to establish a new fund, known as the Medunsa and Garankuwa Hospital Orthopaedic Spinal Service Fund.

"We are going to establish a spinal unit where patients with injuries, deformities and diseases involving the spinal column, may receive the specialised treatment required by these conditions.

"The spinal service, which was started four years ago but has up to now been severely hamstrung by lack of facilities and money, should now be able to expand at a much faster rate," he said.

Record profits at Afrox after inflation accounting

Blue chip Afrox has once again reached record sales and profit levels.

Disposal of certain hospital interests boosted cash flow by R20 million. Interest declined significantly. Capex was high and will increase further in 1988. The hospital division, having made major strides in past years, suffered as increased costs of staff and equipment were not recovered due to meagre tariff increases granted by the Association of Medical Schemes.



A significant guarantee of R85,6 million has suddenly reared its head. Note 16 to the financial statements states Afrox guaranteed loans of an associated company to finance the construction of two gas plants. This associated company was not consolidated so the amount escapes being shown as borrowings. Nothing is said about the exposure save that "no loss is anticipated under this arrangement."

The group's excellent performance in 1987 reflects Afrox as a balanced group of businesses with strong, defensible market positions. It is capable of meeting the challenges of economic downturns and is also relatively isolated from business cycles which bedevil so many SA companies, says outgoing chairman Paul Bosonnet.


New chairman Peter Joubert

Afrox last week announced that Peter Joubert has been appointed chairman of the group. He would continue to act in the capacity of managing director.

Afrox believes that its published results should eliminate, where possible, the impact of inflation on its reported earnings and financial position. Accordingly, fixed assets are revalued and the current cost of consumption is charged against current revenue.

A major depreciation adjustment — being a depreciation charge based on revalued fixed assets rather than the historic cost of fixed assets — is made before net income is finally determined.

Inflation accounting remains a contentious issue and is the subject of frequent debate within the accounting profession. Such debate centres on both the benefits derived from the inflation accounting and the principles applied in the preparation thereof. Afrox's conservative approach ensures that when its fixed assets have to be finally replaced there are funds in the bank for the purpose rather than having to borrow.

Turnover reached R448,4 million (1986 R390,9 million). Trading profit was 20 percent of sales and totalled R89,4 million (1986 R70 million) reflecting improved margins. Net interest expense declined by 70 percent to only R3,3 million (1986 R10,5 million). The effective tax rate increased to 47,5 percent (1986 41,2 percent) and tax totalled R42,5 million (1986 R26 million). The normal depreciation charge of R22,13 million was increased by R11,74 million to reflect the current cost of assets consumed (inflation adjustment) and totalled R33,87 million for the year (1986 R18,95 million plus R8,92 million).

Profit before extraordinary items was R34 million (1986 R27,4 million). Earnings per share were 113,6c (1986 91,5c) with dividends increased to 61c (1986 50c). A R15 million extraordinary gain from the sale of hospital interests boosted profits to R49,2 million (1986 R26,7 million).

The current year's record performance was achieved in a very difficult time for the country with continuing unrest and both local and overseas pressures on the business environment. Upturn has been slow, mainly in the consumer area, and there has been a lack of confidence, says Mr Bosonnet.

The two key business areas of Afrox — gases and welding — performed well. The hospitals had a trying year. The private hospital industry is in the onerous position of having to accept prescribed tariffs. Increases in tariffs have legged behind cost increases.

The highlight in the gas division was the erection of two 700 tonnes-a-day air separation plants at Iscor. Nothing was said about the R85 million guarantee in the gas division's review but I suppose Iscor is sound enough to minimise any exposure.

Today Afrox's 18 gas production units supply oxygen to every steel maker in the land. The gas and welding division produced 81,8 percent of the profits (1986 78,8 percent. The hospitals division contributed only 13,1 percent of profits (1986 19,3 percent). However the sale of Magnolia Clinics and Nedbank Clinic produced R20 million valuable cash flow.

Afrox continued to export various tanks to Hong Kong during the year but gave no figures. Capex was high at R47,7 million (1986 R26,3 million) and promises to be up 15 percent in 1987/88.

The balance sheet has improved and shows a net asset value of R11,24 (1986 R8,98) per share at end September 1987. Shareholder's funds totalled R337 million (1986 R269 million). Total debt is down to R57,3 million (1986 R64,1 million). Working capital is unchanged at R39 million (1986 R42,6 million) and includes substantial cash resources of R35,2 million (1986 R22,9 million).

Afrox's inflation accounting policy will enhance growth largely through the developments of existing business and markets rather than by acquisition, says Mr Bosonnet who is predicting increased earnings and dividends once again in 1988.

Current JSE market value is R14,50 a share. The price earnings ratio is one of the highest in the engineering sector and almost double the sector average. The confidence of the large number of institutional investors is assured.

UK holding company BOC, with its 60 percent stake, must be more than happy with their investmentas after all their share of the dividend received in 1987 of R11 million was more than the R9 million cost of their investment. This fact alone makes a mockery of the disinvestment advocates and proves that if an investment in a country is making money and helping to employ the masses, why should the company withdraw?

Transvaal:

(a) 4,

(b) Bulgerivier Laerskool (Bulgerivier)
Elandshoek Laerskool (Elandshoek)
Ottoshoop Laerskool (Ottoshoop)
Marikana Laerskool (Marikana)

(2) no, the Department is at present considering the disposal of these buildings in accordance with guidelines laid down by the Ministers' Council.

Technikons: students

107. Mr A GERBER asked the Minister of Education and Culture:†

(a) How many (i) Whites, (ii) Coloureds, (iii) Indians and (iv) Blacks are at present studying at each technikon under the control of his Department and (b) in respect of what date are these data furnished?

The MINISTER OF EDUCATION AND CULTURE:

(a) Technikon	(i) Whites	(ii) Coloureds	(iii) Indians	(iv) Blacks
OFS	1 924	9	—	—
Natal	3 925	66	141	35
Witwatersrand	6 293	35	53	147
Cape Town	4 952	255	37	130
Port Elizabeth	2 467	185	44	23
Pretoria	7 791	17	16	98
Vaaldriehoek	2 660	2	71	63
RSA	10 480	805	842	2 095
TOTAL	40 492	1 374	1 204	2 591

(b) 31 March 1987.

HOUSE OF DELEGATES

†Indicates translated version.

For written reply:

General Affairs:

Citizens of neighbouring countries repatriated from RSA

4. Mr M RAJAB asked the Minister of Home Affairs:

How many citizens of (a) Botswana, (b) Lesotho, (c) Mozambique, (d) Swaziland and (e) Zimbabwe were repatriated from the Republic in (i) 1985, (ii) 1986 and (iii) 1987?

The MINISTER OF HOME AFFAIRS:

Repatriations in terms of the Blacks (Urban Areas) Consolidation Act, 1945 (Act 25 of 1945), which was repealed with effect from 1 July 1986 and removals from the Republic in terms of the Aliens Act, 1937 (Act 1 of 1937) and the Admission of Persons to the Republic Regulation Act, 1972 (Act 59 of 1972), prior to 1 July 1986, were the responsibility of the former Department of Co-operation and Development and the Department of Constitutional Development and Planning. No statistics prior to 1 July 1986 are consequently available. Removal of Blacks in terms of the Aliens Act, 1937 (Act 1 of 1937) and the Admission of Persons to the Republic Regulation Act, 1972 (Act 59 of 1972) became the responsibility of the Department of Home Affairs with effect from 1 July 1986. The reply to the question is consequently as follows:

(a) (i) No statistics
(ii) 7 289*
(iii) 2 669

(b) (i) No statistics
(ii) 2 596*
(iii) 3 308

(c) (i) No statistics
(ii) 19 081*
(iii) 26 870

(d) (i) No statistics
(ii) 671*
(iii) 1 349

(e) (i) No statistics
(ii) 2 538*
(iii) 3 124

*Statistics for the period 1 July 1986 to 31 December 1986.

Natal Flood Relief Fund: amount allocated to Indian farmers

9. Mr M RAJAB asked the Minister of National Health and Population Development:

(1) Whether any amount was allocated from the Natal Flood Relief Fund to Indian farmers affected by the recent floods in that province; if not, why not; if so, what amount;

(2) whether payments have been made from this fund to these Indian farmers; if not, why not; if so, (a) when, (b) to whom and (c) how much in each case;

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

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) Yes. R15 million.

(2) No. The processed applications have not yet at the time of answering of the question been received by the Board of the Disaster Relief Fund. Regarding assistance rendered by the Department of Local Government, Housing and Agriculture of the Administration: House of Delegates, enquiries should be made to that Department.

(3) No.

Own Affairs:

Day clinics/community health centres: planning completed

31. Mr M RAJAB asked the Minister of Health Services and Welfare:

Whether, with reference to his reply to Question No 3 on 8 June 1987, the planning in respect of day clinics or community health centres at (a) Chatsworth, (b) Phoenix, (c) Isipingo, (d) Pinetown, (e) Lower Tugela and (f) Ladysmith has been completed; if not, (i) why not and (ii) when is it anticipated that the planning will be completed; if so, when is it

anticipated that they will be opened in each case?

The MINISTER OF HEALTH SERVICES AND WELFARE:

(a), (b), (c), (d), (e), (f): No, but in the case of (b), (c) and Actonville in the Transvaal, negotiations are at present taking place to provide such clinics. A suitable site has been found in Chatsworth and attempts are still being made to identify sites at Pinetown, Lower Tugela and Ladysmith.

(i) Not applicable

(ii) The completion dates for the clinics at Phoenix, Actonville and Isipingo are 1988, 1989 and 1990 respectively. The completion dates for Chatsworth, Pinetown, Lower Tugela and Ladysmith are unknown at this stage.

Eid/Diwali/Christmas cards sent out

52. Mr M RAJAB asked he Minister of Housing:

(1) Whether (a) he, in his capacity as (i) Chairman of the Ministers' Council and (ii) Minister of Housing, (b) the Department of Housing and/or (c) the Administration of the House of Delegates on his behalf sent out any (aa) Eid, (bb) Diwali and (cc) Christmas cards in 1987; if so,

(2) (a) how many, (b) to whom, and (c) what was the cost of printing these cards in each case;

(3) whether postage stamps were used to send out these cards; if not, (a)(i) how and (ii) at whose expense were they sent and (b) what was the total amount involved; if so, what are the relevant particulars?

The MINISTER OF HOUSING:

A Minister may, in terms of the Guidelines for Ministers issued by the State President's Office, at his own discretion, have a number of Christmas cards printed and posted at State expense. Equivalent Eid and Diwali cards are also printed and posted. Requisitions for the cards and envelopes are placed with the Government Printer and accounts are settled by the Administration upon certification as correct. No record is kept of the number of cards used or to whom they were sent. Surplus requirements are retained for use at the following feast-day. All payments are subject to auditing by the Auditor-General and, if usage appears excessive or irregular, it can safely be assumed that queries will be raised which, if inadequately answered, will find their way to the Select Committee on Public Accounts. I am, therefore, not prepared to disclose details of the nature sought.

Eid/Diwali/Christmas cards sent out

53. Mr M RAJAB asked the Minister of the Budget:

(1) Whether (a) he, (b) his Department and/or (c) the Administration of the House of Delegates on his behalf sent out any (i) Eid, (ii) Diwali and (iii) Christmas cards in 1987; if so,

(2) (a) how many, (b) to whom, and (c) what was the cost of printing these cards, in each case;

(3) whether postage stamps were used to send out these cards; if not, (a)(i) how and (ii) at whose expense were they sent and (b) what was the total amount involved; if so, what are the relevant particulars?

The MINISTER OF THE BUDGET:

See reply to Question No 52 on 29 March 1988 (col. 823).

Eid/Diwali/Christmas cards sent out

54. Mr M RAJAB asked the Minister of Education and Culture:

(1) Whether (a) he, (b) his Department and/or (c) the Administration of the House of Delegates on his behalf sent out any (i) Eid, (ii) Diwali and (iii) Christmas cards in 1987; if so,

(2) (a) how many, (b) to whom, and (c) what was the cost of printing these cards, in each case;

(3) whether postage stamps were used to send out these cards; if not, (a)(i) how and (ii) at whose expense were they sent and (b) what was the total amount involved; if so, what are the relevant particulars?

The MINISTER OF EDUCATION AND CULTURE:

See reply to Question No 52 on 29 March 1988 (col. 823).

Eid/Diwali/Christmas cards sent out

55. Mr M RAJAB asked the Minister of Health Services and Welfare:

(1) Whether (a) he, (b) his Department and/or (c) the Administration of the House of Delegates on his behalf sent out any (i) Eid, (ii) Diwali and (iii) Christmas cards in 1987; if so,

(2) (a) how many, (b) to whom, and (c) what was the cost of printing these cards, in each case;

(3) whether postage stamps were used to send out these cards; if not, (a)(i) how and (ii) at whose expense were they sent and (b) what was the total amount involved; if so, what are the relevant particulars?

The MINISTER OF HEALTH SERVICES AND WELFARE:

See reply to Question No 52 on 29 March 1988 (col. 823).

56. Mr M RAJAB asked the Minister of Local Government and Agriculture:

(1) Whether (a) he, (b) his Department and/or (c) the Administration of the House of Delegates on his behalf sent out any (i) Eid, (ii) Diwali and (iii) Christmas cards in 1987; if so,

(2) (a) how many, (b) to whom, and (c) what was the cost of printing these cards, in each case;

(3) whether postage stamps were used to send out these cards; if not, (a)(i) how and (ii) at whose expense were they sent and (b) what was the total amount involved; if so, what are the relevant particulars?

The MINISTER OF LOCAL GOVERNMENT AND AGRICULTURE:

See reply to Question No 52 on 29 March 1988 (col. 823).

Mr Norman Moleboge, said the ... on intelligence gathered during

Strike at hospital

Sowetan 29/3/88 98

MORE than 500 National Education Health and Allied Workers' Union members employed at the Garankuwa Hospital yesterday went on strike over demands for better pay.

By ALINAH DUBE

The striking workers consist of laundry and kitchen workers, cleaners, gardeners and handymen. They said they would not return to their posts until management has addressed their problems.

According to a shopsteward the decision to down tools was taken after some employees' salaries were increased by an average of R110 last week. He said workers would not accept the management's "divide and rule" way of running the hospital.

"Workers were supposed to have gone on strike on Friday (March 25) but did not do so after a planned meeting with the superintendent failed to materialise. They have voiced dissatisfaction over management's action and have called on the authorities to treat them fairly," he said.

He added that workers were also demanding R420 as a basic salary.

When the *Sowetan* arrived at the hospital yesterday, members of the white staff, matrons and other personnel were down at work cooking in the hospital's main kitchen. Dirty linen was seen piling near the wards as security guards were also helping carry out other duties.

Dr A van Niekerk, a medical superindentent, told the *Sowetan* that workers were complaining about the parity in salaries which was effected recently. He said others did not uderstand why their colleagues received increases.

He would not say how much the workers were being paid and said the matter was still being looked into.

Win a trip to the FA Cup — P31

REPORTS, pictures and comment in this edition may be censored in terms of the Government's state of emergency.

Distinctly unhealthy

LENASIA'S only hospital has been standing empty since its completion two years ago — a clear indication of the unhealthy state of health services countrywide. Lenasia residents have had to do without any hospital for decades. People have to travel 30 km to either Coronation hospital or Hillbrow for treatment.

This is not an isolated example of waste and inefficiency. In a decade or more the Johannesburg Hospital for whites, built for an astonishing R150 million, has scarcely ever been more than half full because of staff shortages; last year another 200 beds were closed down. Pretoria boasts a R300 million teaching hospital for whites standing next to the H F Verwoerd hospital, also under-utilised.

Baragwanath, not far from the Lenasia hospital, also highlights the imbalance in the country's health services. It is bursting at the seams, with many patients often sleeping under beds. More than 20 years ago the idea of building another hospital for the people of Soweto was mooted. It has still not been built.

The better news is that last week Mr Daan Kirstein, MEC for hospitals, announced plans for a R64 million hospital for Soweto. Its 800 beds, although not nearly enough, would help relieve the Baragwanath situation. But, Mr Kirstein added, construction still depends on whether provincial authorities can come up with the money. That is precisely the obstacle claimed to be holding up the opening of Lenasia's unused white elephant. It seems the blundering is not yet at an end.

SPM 29/3/88

(1) How many cases of assault on infants by parents were reported in respect of each race group in each province during the period 1 July 1986 to 30 June 1987;

(2) in how many cases in respect of each race group did the infant (a) die and (b) suffer serious injury as a result of the assault?

The MINISTER OF LAW AND ORDER:

	(1)	(2)(a)	(2)(b)
Western Province	203	10	51
Natal	52	6	9
Orange Free State	35	1	8
Transvaal	63	6	25

Note: Statistics of the race of persons are not kept, therefore, only the total with regard to all the race groups are being furnished.

Detainees in police cells hospitalized

282. Dr M S BARNARD asked the Minister of Law and Order:

(1) Whether any persons detained in police cells since 12 June 1986 have been hospitalized since 10 February 1987; if so, (a) how many, (b) in terms of what statutory provision was each being detained, (c) to what hospitals were they admitted, (d) for what reasons were they hospitalized in each case and (e) in respect of what date is this information furnished;

(2) whether he will furnish the names of the persons concerned; if not, why not; if so, what are their names?

The MINISTER OF LAW AND ORDER:

(1) Yes

(a) 75 persons

(b) 25 persons in terms of section 29(1) of the Internal Safety Act, 1982 (Act 74 of 1982);

10 persons in terms of the emergency regulations;

40 persons in terms of section 50 of the Criminal Procedure Act, 1977 (Act 51 of 1977).

(c) Different hospitals country-wide.

(d) For a variety of reasons *inter alia* —
Ulcers
Alcohol poisoning
Low blood pressure
Heart disease
Pain in the chest
Appendectomy
Gastro-enteritis
Pregnancy
Pneumonia
Epilepsy
Tuberculosis
Asthma
Diabetes
Infection
Malnutrition
Kidney disease

(e) Until 29 February 1988

(2) No. It is not in the interest of the persons concerned to furnish the information.

Thefts from cars: reported/recoveries

298. Mr H H SCHWARZ asked the Minister of Law and Order:

(a) How many thefts from cars were reported during the period 1 July 1986 to 30 June 1987 and (b) in how many cases were recoveries made?

The MINISTER OF LAW AND ORDER:

(a) 62 707 cases

(b) Statistics of the articles that are recovered are not kept.

Cosatu House, Johannesburg: investigation into explosion

306. Mr S S VAN DER MERWE asked the Minister of Law and Order:

Whether, with reference to his reply to Question No 15, standing over, on 6 October 1987, the investigation into the explosion in Cosatu House in Johannesburg on 7 May 1987 has been completed; if not, why not; if so, (a) what were the findings and (b) what action has been taken as a result?

The MINISTER OF LAW AND ORDER:

No, because the guilty person/persons have not yet up until now been identified and traced.

(a) and (b) Fall away.

Hillbrow/Norwood/Lombardy: offences

309. Mr H H SCHWARZ asked the Minister of Law and Order:

How many case of (a) murder, (b) culpable

homicide, (c) assault with intent to do grievous bodily harm, (d) common assault, (e) rape, (f) robbery, (g) theft of vehicles and cycles, (h) damage to property, (i) housebreaking with intent to steal and theft and (j) possession of drugs were reported at each specified police station in (i) Hillbrow, (ii) Norwood and (iii) Lombardy in 1987?

THE MINISTER OF LAW AND ORDER:

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
Hillbrow	61	12	246	960	94	596	4 126	551	1 829	3
Norwood	5	8	40	129	11	414	644	193	1 134	0
Lombardy East	6	6	24	67	15	51	377	101	757	0

Note: I wish to point out to the honourable member that for the sake of efficiency, statistics were furnished for the period 1 January to 31 December 1987. All statistical reports will in future be furnished in calendar year periods.

Labour disputes/work stoppages/strikes: SAP called to scenes

310. Mr J B DE R VAN GEND asked the Minister of Law and Order:

In how many instances were the South African Police called to the scene of (a) labour disputes, (b) work stoppages and (c) strikes in 1987?

The MINISTER OF LAW AND ORDER:

(a) 148 instances

(b) 142 instances

(c) 353 instances

Medical University of Southern Africa/Vista University: amounts received by students

362. Mr A GERBER asked the Minister of Education and Development Aid:†

(1) Whether any students at (a) the Medical University of Southern Africa and (b) Vista University receive any (i) remuneration, (ii) allowances and/or (iii) bursaries on a monthly basis; if so, what amount per month is so received, in each case;

(2) whether all such students receive these amounts;

(3) whether the amounts so paid are proportionally reduced in the case of students who boycott classes; if not, why not; if so, what are the relevant details?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

(a) Medical University of Southern Africa

(1) (i),(ii) and (iii) No.

Salaries are paid to paramedical and nursing personnel in training by the hospital authorities on a monthly basis as remuneration.

(2) and (3) Fall away.

(b) Vista University

(1) (i) Yes, R50 (ii) No (iii) Yes, R1 000 Remuneration is paid for 10 months from February to November.

(2) No. Only a few selected senior students who render services as assistants in laboratories and with marking receive R50 per month. To one honours student this year a bursary amount of R1 000 per month is paid for services to be rendered to the University. (Remuneration is paid for 10 months from February to November.)

(3) Yes. In all cases where prescribed services are not provided or cannot be provided, payment is suspended.

Wards in State hospitals not integrated

404. Dr M S BARNARD asked the Minister of National Health and Population Development:

(1) Whether any wards in hospitals administered by the State are integrated; if so, how many in each specified hospital; if not, why not;

(2) whether his Department plans to desegregate wards in State hospitals; if not, why not; if so, when;

(3) whether any studies have been carried out into the cost implications of desegregating wards in State hospitals; if not, why not; if so, (a) when, (b) by whom and (c) what were the findings;

(4) whether any wards in State hospitals are under-utilized; if so, (a) in which specified hospitals and (b) to what extent;

(5) whether any wards in State hospitals are overcrowded; if so, (a) in which specified hospitals and (b) to what extent?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) No. Hospital facilites are provided according to the wishes and needs of the community.

(2) No; see (1)

(3) No. A committee is at present busy with an investigation into the utilisation of empty spaces in State hospitals. The committee's report will be studied and further action will be planned accordingly.

(a), (b) and (c) Fall away.

(4) Yes.
(a) and (b) The information is not readily available.

(5) Yes.
(a) and (b) The information is not readily available.

Section 50, Internal Security Act: detainees

423. Mrs H SUZMAN asked the Minister of Law and Order:

(a) How many persons were detained in 1987 in terms of section 50 of the Internal Security Act, No 74 of 1982, and (b) for what period was each detained before being released?

The MINISTER OF LAW AND ORDER:

(a) None.

(b) Falls away.

Black school pupils: *per capita* expenditure

509. Mr R M BURROWS asked the Minister of Education and Development Aid:

What was the *per capita* expenditure, (a) including and (b) excluding expenditure of a capital nature, on Black school pupils in the 1987/88 financial year?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

	1987/88		1986/87
(a)	R560,50	(a)	R476,95
(b)	R466,79	(b)	R368,56

Note: These figures are based on projections as the Department's books for 1987/88 have not yet been closed.

Persons employed by SAP

521. Mr C J DERBY-LEWIS asked the Minsiter of Law and Order:

How many Whites, Coloureds, Indians and Blacks, respectively were employed by the South African Police in each of the latest specified five financial years for which figures are available?

The MINISTER OF LAW AND ORDER:

I do not consider it to be in the public interest or the interest of the country to furnish this information.

Administration of estate duty tax: cost

524. Mr C J DERBY-LEWIS askeed the Minister of Finance:

(a) What was the cost of administering the estate duty tax in each of the latest specified three years for which information is available and (b) what was the amount realized in such tax in each of these years?

The MINISTER OF FINANCE:

(a) Estimated cost*

1984/1985	R300 000
1985/1986	R428 000
1986/1987	R486 000

(b) Amount realized

1984/1985	R100 383 241
1985/1986	R139 360 485
1986/1987	R147 278 888

* The true cost of administering the Estate Duty Act cannot be determined as the assessing of estate duty is integrated in the administration process in Masters' offices while the collection and administration in Inland Revenue forms part of the administration of other taxes.

Diamond industry: cost of policing

528. Mr C J DERBY-LEWIS asked the Minister of Law and Order:

(1) What is the cost to the State of policing the diamond industry in the Republic of South Africa;

(2) whether the South African Police are involved in policing the diamond industry in South West Africa; if so, at what cost to the (a) State and/or (b) Police;

(3) in respect of what date is this information furnished?

The MINISTER OF LAW AND ORDER:

(1) The South African Police does not police the diamond industry of the Republic.

(2) No
(a) and (b) Fall away

(3) Fall away.

Milnerton/Maitland/Pinelands: arrests for vagrancy/drunkenness

544. Mr J J WALSH asked the Minister of Law and Order:

How many (a) males and (b) females of each race group were arrested in 1987 for (i) vagrancy and (ii) drunkenness in the (aa) Milnerton, (bb) Maitland and (cc) Pinelands police station areas?

The MINISTER OF LAW AND ORDER:

	(a)	(b)
(i) (aa)	14 persons	9 persons
(ii)	93 persons	49 persons
(i) (bb)	26 persons	18 persons
(ii)	2 425 persons	890 persons
(i) (cc)	none	none
(ii)	572 persons	34 persons

Separate records of the race of persons arrested are not kept, therefore only the total number of persons arrested is furnished.

New work opportunities for Blacks

557. Mr J J WALSH asked the Minister of Education and Development Aid:

(a) How many new work opportunities were created for Blacks in each employment sector by the South African Development Trust in the 1987-88 financial year and (b) what was the cost per opportunity in each sector?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

As the 1987/88 financial year has not been completed, figures are not available as yet, and therefore 1986/87 figures are stated. Figures indicated in the table below are in respect of the South African Development Trust Corporation (STK).

	New work opportunities created (a)	Cost per work opportunity (b)
STK's activities		
1.1 Commerce, services and housing	50	*1)
1.2 Industries	5 942	R8 580
1.3 Small industries	20	*1)
1.4 Mining	nil	nil
1.5 Agriculture	1 300	R10 961
1.6 Transport	nil	nil
1.7 Other	nil	nil

*1) Not available as yet.

Note:

(1) Activities which are undertaken by the Department of Development Aid on South African Development Trust land, are mainly handled by private contractors. As a result of rotation of employees between projects inside as well as outside South African Development Trust-areas, and fluctuating contract periods, the desired information cannot be calculated.

(2) The number of temporary work opportunities for occasional workers created on South African Development Trust land, by means of the special employment creation programme, for the period 1 April 1986 to 31 March 1987 amounted to 57 582. An amount of R2 724 million was spent for this purpose. A sectoral division of this employment is not available.

STK: manufacturing concerns/persons employed/amount invested in self-governing territories

558. Mr J J WALSH asked the Minister of Education and Development Aid:

As at the latest specified date for which information is available, what was the total (a) number of (i) manufacturing concerns and (ii) persons employed and (b) amount invested by the South African Development Trust in each of the self-governing territories where decentralization concessions or incentives are applicable?

Striking hospital workers return

Workers who downed tools at Pretoria's Garankuwa Hospital yesterday were back at work today, the superintendent, Dr A van Niekerk, said.

He said about 300 to 400 cleaners, laundry and kitchen workers, gardeners and handymen went on strike yesterday.

They demanded pay increases after certain black employees with white colleagues performing the same jobs received hikes as part of a pay parity programme.

Office personnel prepared food for the patients and staff. — Sapa.

Report: white wards empty

CAPE TOWN — Facilities for in provincial hospitals were, is most cases "unhygenic and over-utilised in non-white wards" whereas wards in the white section were standing empty, according to a report of the Provincial Standing Committee on Provincial Affairs in the Cape.

The report was tabled in the House of Representatives and the House of Delegates.

The reports also noted with "shock" that despite a recommendation last year, no progress had been made with the opening of nurses' homes at provincial hospitals to all races. — DDC

98

D|D 30|3|86

Non-white wards unhygienic — report

Political Staff

FACILITIES in provincial hospitals were mostly "unhygienic and over-utilized in non-white wards" whereas wards in the white section were standing empty, according to a report of the provincial standing committee on provincial affairs in the Cape.

The report was tabled in the House of Representatives and the House of Delegates, but not in the Assembly.

The reports also note with "shock" that despite a recommendation last year, no progress had been made with the desegregation of nurses' homes at provincial hospitals.

The reports state that separate facilities at hospitals can never result in equal treatment and that it is regretted that wards are still segregated.

With regard to district surgeons, all three reports concur that a specific programme should be followed in the appointment of district surgeons so as to ensure that these appointments reflect the population composition.

All three reports note that hospitals are suffering from a severe shortage of funds.

They recommend that there should be no increase in hospital tariffs and that if this is impossible, tariffs in respect of people earning less than R450 a month should not be increased.

in six months. mental policy provided

DID 3113188

Komani programme will cost R30m

98

Daily Dispatch Reporter

QUEENSTOWN — The cost of additions and alterations to Komani Hospital will exceed R30 million when the six-year programme, which started in 1982, is finished.

Two phases have been completed and work on the third phase has begun.

When it opened in 1919, the Border Mental Hospital, as it was called, was the first in the Cape to be built as a psychiatric hospital.

When the present building project is completed, the Komani Hospital will be the third largest psychiatric hospital in the country.

The inscription on the foundation stone of the hospital testifies that the ground was donated to the Border Mental Hospital by the Queenstown municipality and that the building was opened by the Hon H. C. van Heerden, MLA, on November 5, 1919.

This is the first time since its opening that large sums of money have been spent on the hospital.

Twelve 30-bed wards and the boiler house were erected during the first phase of the project.

During phase two, the 60-bed geriatric section was renovated and two wards were enlarged to accommodate 60 beds, also for geriatric cases. The occupational therapy building was also completed as well as the central kitchen where more than 3 000 meals are prepared daily.

Four 30-bed wards are being built in the third phase.

The new buildings were designed to blend with the original reddish brick buildings, typical of institutions built in the United Kingdom at the turn of the century.

Vast gardens with lawns, trees and varied sporting facilities for everyone soften the appearance of the hospital complex.

Dr Ewart Briggs, who worked at the hospital about 20 years ago, returned in 1986 as the senior medical superintendent.

He said important changes at the hospital were imminent. From tomorrow control of the hospital would be transferred from the Department of National Health and Population Development in Pretoria to the Cape Provincial Administration. In essence this would be an administrative change only, Dr Briggs said.

In future the hospital, which had 1 030 patients at present, would concentrate more on State President's patients requiring psychiatric treatment, Dr Briggs added.

Also scheduled for April is the transfer of the community services department from the hospital to premises in Griffiths Street.

Dr Briggs said the extensions were necessary to enable the hospital to keep pace with modern psychiatric care. Gone were the days when a patient was admitted to an institution and the keys were thrown away, he said.

"From the moment patients are admitted to this hospital, preparations are begun for their discharge".

Patients addicted to alcohol and drugs were also treated at the hospital.

The Komani Hospital has 830 employees and is the only psychiatric centre with a psychiatric training school for nurses.

In addition to recreation facilities, patients and staff share a chapel and tuck shop on the premises.

The hospital is almost entirely self-sufficient, having its own pharmacy, maintenance and transport departments, stores and a steam laundry which processes about 100 000 articles monthly.

Housing is also provided for staff on the complex.

DID 3/3/88

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Ebrahim Bhorat, seated, is seen with R C Bhika, a director, architect D Brandstatter, director C Chavda, quantity surveyor N Khan, director A W Barday, and architect B Calderwood

Building starts on centre

CONSTRUCTION has begun on the multi-million rand Gatesville Medical Centre, expected to be completed in November. A R7-million building contract was recently signed.

The four-storey hospital will embrace all aspects of medical care including surgery, gynaecology, paediatrics, pathology, physiotherapy and dentistry.

It will have about 150 beds, a radiology unit, five theatres and related facilities, an emergency room, and consulting and treatment rooms.

"This is one of the most up-to-date hospitals, and will be beneficial to doctors and patients in the area," said Mr E Bhorat, one of the directors.

South 98 3/3 - 6/4/98

Tvl fund crisis hurts hospitals

Cape Times 6/4/88 98

Own Correspondent

JOHANNESBURG. — A critical lack of funds for provincial health services has left more than 800 hospital beds in the Transvaal unused, Transvaal MEC for Health and Hospital Services Mr Danie Kirstein said yesterday.

"We don't have money to open the beds. They are fully equipped. But we can't staff them."

Seven hospitals had beds not in use because they lacked funds.

The at least 300-bed shortage at Baragwanath Hospital was a priority.

The province had asked the ministers of health and of finance for R12 million urgently to relieve these conditions.

The money would be used to open 203 beds at Laratong Hospital, 80 at Hillbrow Hospital as well as the Mofolo clinic in Soweto. These facilities would bring immediate relief to Baragawanath.

Crisis intensified

About 60% of the provincial budget went on wages and salaries. In the Transvaal there were a total of 16 000 beds for blacks and 5 000 for whites, he said.

The annual running costs of a hospital amounted to 40% of the capital outlay.

The crisis had intensified by the provincial administration's takeover of an increased number of hospitals and staff from central government.

Rationalization had brought important health services in the self-governing states under the province.

The Medical University of SA (Medunsa) training hospital at Ga-Rankuwa was also handed over by education and development aid to the province last week.

Mr Kirstein said the Transvaal hospitals' budget had in effect been cut by 10% for the second consecutive year.

Although the hospitals' budget for the new financial year had been increased by R300 million from R1,15 billion, the increase had to cover the inclusion of seven hospitals, previously administered by the state, under provincial administration, he said.

Bara doc to fight for job

Own Correspondent

JOHANNESBURG — Dr Beverley Traub, who has twice been refused reappointment as a senior house officer at Baragwanath by the authorities after signing a letter criticizing conditions in the department of medicine at the hospital, is to ask the Supreme Court to review and set aside the second decision not to employ her.

The letter, published in the September 1987 SA Medical Journal, was signed by 101 interns, consultants and registrars.

Soon after publication, Dr Traub — a senior house officer at the hospital — and five other signatories were told their reappointments had been refused.

Last December she and the other five doctors brought an urgent application in the Rand Supreme Court asking that the decision not to reappoint them be set aside.

HOUSE OF DELEGATES

†Indicates translated version.

For written reply:

Own Affairs:

Plots/building contracts awarded to Clarion Homes (Pty) Ltd

30. Mr Y MOOLLA asked the Minister of Housing:

(1) Whether his Department or any statutory body falling under his Department allocated any plots and/or awarded any building contracts in Mountain Rise and/or the Pietermaritzburg area to a certain firm, the name of which has been furnished to the Minister's Department for the purpose of his reply; if so, (a) (i) by whom or what statutory body were these plots allocated and/or building contracts awarded and (ii) when in each case, (b) what is the name of the firm in question, (c) what was the tender price in respect of each such plot and/or building contract, (d) how many (i) plots and (ii) building contracts were involved and (e) what was the (i) area of each such plot and (ii) floor area of each such building;

(2) whether any other firms tendered for these plots and building contracts; if so, (a) what were the prices tendered in respect of each of these (i) plots and (ii) contracts and (b) who submitted each of these tenders;

(3) whether the firm referred to in paragraph (1) of this question has been allocated any other plots and/or awarded any other building contracts since 1 January 1986 (a) by his Department, (b) by any statutory body falling under his Department and/or (c) on his recommendation or that of his Department by (i) any other agency falling under his Department and (ii) any local authority; if so, what are the relevant particulars?

The MINISTER OF HOUSING:

(1) Yes

(a) (i) Housing Development Board.

(ii) 19 February 1988.

(b) Clarion Homes (Pty) Ltd.

(c) R450 000,00.

(d) (i) One.

(ii) None.

(e) (i) ± 8,3243 ha

(ii) Falls away.

(2) Yes. Tenders were called for proposals and not for price of stand. The best proposals were submitted by Clarion Homes (Pty) Ltd and Sunshine Housing. Clarion Homes (Pty) Ltd offered R200 000,00 more than Sunshine Housing.

(a) (i) Falls away.

(ii) Falls away.

(b) Sunshine Housing.
Comhousing.

(3) (a) No.

(b) No.

(c) (i) No.

(ii) No.

HOUSE OF ASSEMBLY

†Indicates translated version.

For oral reply:

General Affairs:

State President:

SWA: status in relation to RSA

*1. Mr C J DERBY-LEWIS asked the State President:

Whether South West Africa falls under his direct jurisdiction; if not, what is the status of this territory in relation to the Republic of South Africa; if so, (a) in what manner and (b) in collaboration with whom is the amount of financial aid provided by the Republic to this territory determined?

†The STATE PRESIDENT:

I refer the hon member specifically to section 38 of the South West Africa Constitution Act, 1968 (Act No 39 of 1968) as well as Proclamation No R101 of 1985. Financial assiatance is determined by the Department of Finance, after consultation with the South West African government.

*2. Mrs H SUZMAN — State President. [Withdrawn.

Ministers:

Questions standing over from Tuesday, 29 March 1988:

***Trojan Horse* incident: SAP members suspended**

*8. Mrs H SUZMAN asked the Minister of Law and Order:

Whether the members of the South African Police who were involved in the so-called "Trojan Horse" incident approximately three years ago, have been suspended from the Police Force pending the decision of the Attorney-General regarding prosecution; if not, (a) why not, (b) what duties are they performing at present, (c) where are they stationed and (d) what were the circumstances surrounding this incident?

†The MINISTER OF LAW AND ORDER:

No.

(a) As soon as the decision of the Attorney-General is known, steps against these members will be considered.

(b) Normal police duties.

(c) At various police stations.

(d) The circumstances were already the subject of an inquest which was held in an open court and which received wide publicity in the media. The court record is a public document which is at the disposal of the hon member.

New Questions:

J G Strijdom Hospital: Black nurse attending to Whites

*1. Mr A GERBER asked the Minister of Constitutional Development and Planning:†

(1) Whether a Black male nurse attended to White female patients in the J G Strijdom Hospital in Johannesburg on or about 29 February 1988; if so, what were the circumstances surrounding this incident;

(2) whether it is the policy of his Department that non-White male nurses attend to White female patients;

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

The DEPUTY MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(1) No.

(2) No.

(3) Falls away.

Provincial hospitals: motor-car travel allowances to doctors

*2. Dr M S BARNARD asked the Minister of Constitutional Development and Planning:

(1) Whether his Department pays motor-car travel allowances to all doctors working at provincial hospitals in (a) the Transvaal, (b) the Cape Province, (c) Natal and (d) the Orange Free State; if not, why not;

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

†The DEPUTY MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(1) No.

(a), (b), (c) and (d)

Under certain circumstances motor-car allowances are paid to doctors by the provincial authorities according to the directives of the Commission for Administration and as approved by the Treasury.

(2) No.

†Dr M S BARNARD: Mr Chairman, arising out of the reply of the hon the Deputy Minister, I should like to ask him whether the race of the doctor is of any importance in the granting of the travel allowance?

†The DEPUTY MINISTER: Mr Chairman, I am not quite sure what the purport of the hon member's question is. I gave him an indication that there are no specific directives with regard to the payment of travel allowances, and that in certain cases the allowances are in fact paid according to the directives of the Commission for Administration.

†Dr M S BARNARD: Mr Chairman, further arising out of the reply of the hon the Deputy Minister, I should like to ask him whether, in the case of doctors occupying the same posts at Baragwanath Hospital, travel allowances are paid to the White doctors, but not to the Blacks.

†The DEPUTY MINISTER: Mr Chairman, I cannot answer the hon member on that. That was not his question, and if he wishes to ask such a question, he must put it on the Question Paper in that form.

Doctors at Baragwanath Hospital: letter of apology

*3. Dr M S BARNARD asked the Minister of Constitutional Development and Planning:

(1) Whether any doctors at the Baragwanath Hospital have been asked to sign a letter of apology following a letter published in September 1987 in a certain periodical, the name of which has been furnished to the Minister's Department for the purpose of his reply; if so, (a) how many, (b) why and (c) what is the name of this periodical;

(2) whether any action is to be taken against these doctors in the event of their refusing to sign such a letter of apology; if so, (a) why, (b) what action and (c) on whose authority?

The DEPUTY MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(1) The doctors concerned were given the opportunity to apologise.

(a) 86.

(b) Due to unacceptable language and incorrect statements in the letter.

(c) The South African Medical Journal.

(2) Yes.

(a) Due to unacceptable language and incorrect statements in the letter.

(b) Letters of reprimand to each of the doctors involved.

(c) The Provincial Secretary.

Dr M S BARNARD: Mr Chairman, arising from the hon the Deputy Minister's reply, may I ask him whether he will tell us if these doctors have been given a letter to congratulate them on pointing out the severe overcrowding and the shortage of staff . . .

The CHAIRMAN OF THE HOUSE: Order! The hon member is making a speech. We turn now to the next question.

Dr M S BARNARD: Mr Chairman, may I then ask . . .

The CHAIRMAN OF THE HOUSE: Order! No, I am going on to the next question.

Airways personnel: Aids sufferers

*4. Mr C J DERBY-LEWIS asked the Minister of Transport Affairs:

(1) Whether any precautions are taken to ensure that South African Airways personnel are not Aids carriers or sufferers; if so, what precautions;

(2) whether any Airways personnel members have been identified as Aids sufferers; if so, how many;

(3) whether any such personnel members have died of this disease; if so, how many;

(4) in respect of what date is this information furnished?

†The MINISTER OF TRANSPORT AFFAIRS:

(1) Yes. The recommendations of the Advisory Group on Aids as set out by the Department of National Health and Population Development and Health Services are being complied with.

(2) and (3). This information is regarded as confidential.

(4) Falls away.

Mr D J N MALCOMESS: Mr Chairman, arising from the hon the Minister's reply, if in fact there are members of the personnel of the SAA who are suffering from Aids, surely it is in the public interest to know whether or not members of the public are liable to be served by an Aids sufferer, for instance?

The CHAIRMAN OF THE HOUSE: Order! I cannot prescribe to the hon the Minister how he should answer his questions.

Mr D J N MALCOMESS: I am asking him, Mr Chairman.

The CHAIRMAN OF THE HOUSE: Order! No, strictly speaking the hon member is really supplying information. He cannot take that point any further.

Mr D J DALLING: Mr Chairman, further arising from the hon the Minister's reply, could he advise us why he considers it to be in the public interest not to provide Parliament with an answer?

The MINISTER: Mr Chairman, I have already said that information of that kind is treated as highly confidential.

Mr D J DALLING: Why?

The CHAIRMAN OF THE HOUSE: Order! The hon the Minister is not obliged to answer supplementary questions. Therefore I am proceeding to Question No 5.

Conference/symposium on ozone-depleting chemicals: Montreal

*5. Mr P G SOAL asked the Minister of Foreign Affairs:

(1) Whether any representatives of the South African Government attended a conference or symposium on ozone-depleting chemicals held in Montreal in or about September 1987; if not, why not; if so, who were they;

(2) whether South Africa signed a treaty limiting the production and consumption of such chemicals at the time; if not, why not;

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

The MINISTER OF FOREIGN AFFAIRS:

(1) No. South Africa was not invited to attend the conference held in Montreal under the auspices of the United Nationals Environmental Programme (UNEP) since in terms of a UNEP decision of 1980 all forms of co-operation between South Africa and UNEP were suspended.

(2) No. It is assumed that by "treaty" is meant the Montreal Protocol on Chlorofluorocarbons to the Vienna Convention for the Protection of the Ozone Layer (1985).

In terms of the above-mentioned Convention a state may not become a party to a protocol unless it is or becomes at the same time a party to the Convention. South Africa did not accede to the Vienna Convention and therefore could not sign the Montreal Protocol.

(3) The desirability of assession to the treaties is a matter for the consideration of my colleague the hon the Minister of Environment Affairs.

*6. Mr P G SOAL — Law and Order. [Withdrawn.]

Clarendon Gardens, East London: sale of land approved by SATS

*7. Mr D J N MALCOMESS asked the Minister of Transport Affairs:

(1) Whether he or any member of the South African Transport Services gave approval for the sale of a piece of Transport Services land for the development of the Clarendon Gardens project in East London to a certain company, the name of which has been furnished to the Transport Services for the purpose of the Minister's reply; if so, (a) when, (b) why, (c)(i) what

is the extent of the land involved and (ii) for what sum was it sold and (d) what is the name of the company concerned;

(2) whether the land in question was sold by public auction; if not, (a) why not and (b) who took the decision in this regard;

(3) whether he consulted any other (a) State Departments and/or (b) persons prior to taking this decision; if not, why not; if so, (i) what other Departments or persons, (ii) when and (iii) what was their advice in each case;

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

The MINISTER OF TRANSPORT AFFAIRS:

(1) Yes.

(a) 16 March 1988.

(b) The land is no longer required by the South African Transport Services.

(c) (i) Approximately 1,6100 hectares.

(ii) R300 000,00.

(d) Elcorp cc Property Developers.

(2) No.

(a) There is no public access to the land concerned in which case it is the policy to alienate such land to the adjoining land owner.

(b) South African Transport Services Board.

(3) (a) and (b) No. Due to the absence of public access.

(i), (ii) and (iii) fall away.

(4) No.

Mr D J N MALCOMESS: Mr Chairman, arising out of the hon the Minister's reply, may I ask him, firstly, if the company to which the land was sold was the only adjacent owner to this piece of land; and secondly, if this was not the case and there were other adjacent owners, whether these other owners were offered the opportunity of buying this land?

The MINISTER: Mr Chairman, I do not know whether there were other adjacent owners, but if the hon member would like information regarding that he can table another question.

Mr D J N MALCOMESS: Mr Chairman, further arising out of the hon the Minister's reply, does he have any knowledge as to who the shareholders or directors are of the company that bought the land?

The MINISTER: I have no idea.

Song: *Together we'll build a brighter future*

*8. Mr P G SOAL asked the Minister of Information, Broadcasting Services and the Film Industry:

(1) Whether the Bureau for Information had the song "Together we'll build a brighter future" broadcast during the course of 1987; if not, why not; if so, (a) how many times, (b) by whom and (c) at what total cost;

(2) whether it is the intention of the Bureau to have this song broadcast during the course of 1988; if not, why not;

(3) whether the Bureau plans to launch any projects similar to the above-mentioned song project in the future; if not, why not; if so, what are the details of these projects?

†The MINISTER OF INFORMATION, BROADCASTING SERVICES AND THE FILM INDUSTRY:

(1) Yes, for the period 1/1/87-31/3/87. The radio and television phase of the communication campaign in question came to a close on 31 March 1987.

(a) 14 TV spots and 2 130 radio spots.

(b) SABC

(c) R956 440,28

(2) No. The campaign came to a close on 31/3/87 (see the above answer no 1).

(3) No. The campaign has been completed and has served its purpose.

†Dr W J SNYMAN: Mr Chairman, arising out of the hon the Minister's reply, I should like to know whether the Department used any method to establish that the song had a positive effect and, if so, I should like to know what method and what the result was. [Interjections.]

†The MINISTER: Mr Chairman, I think that that question is quite far removed from the original question. However, if the hon member wishes to table such a question, I shall reply to it

in full because I should not like to give a rough and ready reply to his question. I should like to give him the correct information. [Interjections.] If not, we can raise it during the discussion of the Vote.

Mr D J DALLING: Mr Chairman, further arising out of the hon the Minister's reply, I think he used the words "het sy doel gedien." Is that correct?

The MINISTER: Yes.

Mr D J DALLING: I would just like to know what that aim was. [Interjections.]

†The MINISTER: Mr Chairman, the aim was to foster positive attitudes and that aim was achieved . . . [Interjections.]

†The CHAIRMAN OF THE HOUSE: Order!

†The MINISTER: If hon members want me to reply, they must give me the opportunity.

†Dr W J SNYMAN: Mr Chairman, further arising out of the hon the Minister's reply, if he claims that the aim was achieved, according to what did he evaluate it?

†The MINISTER: We did evaluate it, but the hon member asked me exactly how we evaluated it and what the results were. I cannot at this stage give him the exact details of the research that was done, and therefore, if he is really serious in asking that question. I shall gladly reply to it on another occasion when I can given him more exact information.

*9. Mrs H SUZMAN — Law and Order. [Withdrawn.]

*10. Mrs H SUZMAN — Constitutional Development and Planning. [Withdrawn.]

Cape Town Harbour area: committee investigating development

*11. Mr C W EGLIN asked the Minister of Transport Affairs:

(1) Whether a committee was appointed to investigate the development of the Cape Town Harbour area; if so, (a) when was this committee appointed, (b) what Government Departments and/or other bodies were represented on it and (c) what is the name of the (i) committee and (ii) chairman thereof;

(2) whether this committee has submitted its report; if so, when;

(3) whether he has considered this report; if so,

(4) whether he intends making a statement on the attitude of the South African Transport Services towards the recommendations contained in this report; if so, when?

The MINISTER OF TRANSPORT AFFAIRS:

(1) Yes. A committee was appointed to investigate the possibility of utilising certain parts of Table Bay Harbour for tourism and recreation purposes.

(a) April 1985.

(b) South African Transport Services, Department of Environment Affairs, Provincial Administration of the Cape of Good Hope and the South African Tourism Board.

(c) (i) Joint Committee Investigating the Possible Utilisation of Parts of Commercial Harbours for Tourism and Recreation Purposes.

(ii) Mr A.H. Burggraaf.

(2) Yes. September 1987.

(3) The report and recommendations are presently being studied.

(4) No.

Mofolo community health centre

*12. Dr M S BARNARD asked the Minister of Constitutional Development and Planning:

(1) Whether the Mofolo community health centre has been completed; if so, when;

(2) whether the required equipment has been installed at this centre; if so, when;

(3) what has been the daily (a) bed occupancy and (b) average number of patients at the centre since its completion?

†The DEPUTY MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(1) Yes, during May 1987.

(2) Except for one X-ray unit and a processor Mofolo Community Health Centre has been fully equipped during the 1986/87

and 1987/88 financial years. The X-ray unit and processor will be purchased and installed during the 1988/89 financial year.

(3) The Mofolo Community Health Centre has not yet been commissioned due to financial restrictions.

(a) and (b) Fall away.

†Dr M S BARNARD: Mr Chairman, arising out of the hon the Deputy Minister's reply, when is this community centre going to be taken into use?

†The DEPUTY MINISTER: Mr Chairman, it will be taken into use as soon as the financial position makes it possible.

†Dr M S BARNARD: Mr Chairman, further arising out of the hon the Deputy Minister's reply, could he tell us whether the construction of that centre was then not necessary?

†The DEPUTY MINISTER: Mr Chairman, I think it is clear from the reply that at this stage we are dealing with the centre being taken into use on a current-expenditure basis. The capital expenditure has been approved and, as I indicated, the centre is just about complete. As soon as we are able to take it into use on a current expenditure basis, we shall do so.

Black children: compulsory education in RSA

*13. Mr K M ANDREW asked the Minister of Education and Development Aid:

(1) Whether there is compulsory education for any Black children in South Africa; if not, why not; if so, how many children of school-going age are (a) subject to and (b) not subject to compulsory education;

(2) whether any penalties for failure to comply with compulsory education requirements are applicable to (a) parents, (b) children and (c) any other specified persons; if not, why not; if so, (i) what penalties and (ii) in terms of what statutory provisions, rules or regulations;

(3) whether any persons have been (a) charged with and (b) found guilty of failing to comply with compulsory education requirement; if not, why not;

(4) whether any other action has been taken in respect of persons failing to comply with these requirements: if so, (a) why and (b) what action?

The DEPUTY MINISTER OF EDUCATION:

(1) Yes, only at those primary public schools where the school committees requested it.

(a) 254 155 pupils.

(b) 1 669 885 pupils.

(2) No, due to practical reasons in connection with the feasibility thereof section 37 of Act 90 of 1979 has not been proclaimed.

(3) (a) and (b) fall away.

(4) (a) and (b) fall away.

Mr K M ANDREW: Mr Chairman, arising out of the hon the Deputy Minister's reply, could he tell us what compulsory education amounts to if it is not enforced?

†The CHAIRMAN OF THE HOUSE: We proceed to Question No 14. [Interjections.]

Mr K M ANDREW: Mr Chairman, on a point of order: Is there a problem with the question I asked?

The CHAIRMAN OF THE HOUSE: Order! No, if the hon the Deputy Minister does not want to answer it, there is nothing I can do about it. That lies in his discretion. [Interjections.]

Mr K M ANDREW: Mr Chairman, on a point of order: Perhaps you should make allowances for the fact that some hon Ministers are slow in their thinking and therefore give them sufficient time to gather their wits. [Interjections.]

†The CHAIRMAN OF THE HOUSE: Order! Be that as it may.

Black students graduated as teachers

*14. Mr K M ANDREW asked the Minister of Education and Development Aid:

How many Black students graduated as fully qualified teachers from (a) teacher-training colleges and (b) universities at the end of 1987?

†The DEPUTY MINISTER OF EDUCATION: Mr Chairman, in reply to the hon member who is so quick in his thinking, the reply is:

(a) 1 786 (excluding supplementary examinations)

(b) 1 573

Preliminary statistics as at 7 April 1988.

NOTE: Only institutions under jurisdiction of the Department of Education and Training.

Black teacher-training colleges: qualified applicants not admitted

*15. Mr K M ANDREW asked the Minister of Education and Development Aid:

Whether any qualified applicants were not admitted to Black teacher-training colleges because of (a) lack of facilities and (b) other specified factors in 1988; if so, how many such prospective students were (i) admitted and (ii) refused admission to these colleges in 1988; if not, (aa) what is the combined capacity of these colleges and (bb) what total number of students is enrolled at present?

The DEPUTY MINISTER OF EDUCATION:

(a) Yes

(b) Yes. Although applicants may qualify with respect to the general requirement namely a Senior Certificate, candidates are also selected by virtue of their suitability for the teacher profession. There are also further requirements with reference to certain fields of study.

(i) 3 507

These statistics are in respect of teacher-training colleges under the jurisdiction of the Department of Education and Training and were supplied by the rectors on 31 March 1988. This refers to the admission of first year students only.

(ii) Information about applications to colleges is not readily available and is unreliable *inter alia* because a student often applies to more than one college at the same time.

(aa) With existing facilities the combined capacity of the 14 colleges is equivalent to 9 178 students.

(bb) This year there are 8 767 enrolled students. This information was also supplied by the rectors on 31 March 1988. As Daveyton only has first year students, the facilities there are not yet being fully utilized.

Mr K M ANDREW: Mr Chairman, arising out of the hon the Deputy Minister's reply, given the fact that they do not keep statistics on qualified applicants who are refused admission, may I ask him how they are able to plan new training colleges if they do not know how many people want to become teachers cannot gain admission?

The DEPUTY MINISTER: Mr Chairman, we have certain demographic statistics according to which we do our planning, and we also work out the average teacher:pupil ratio. In this regard we have made certain projections up to the end of this century.

Mr K M ANDREW: Mr Chairman, further arising out of the hon the Deputy Minister's reply, may I ask him whether his department has approached any other education departments, in particular the Department of Education and Culture of the Administration: House of Assembly, to admit aspirant Black student teachers who have not been able to gain admission to his department's colleges?

The DEPUTY MINISTER: Mr Chairman, as that is not the policy of this side of the House, it has not been done.

Zwide Rent Office: receipts for arrear rentals

*16. Mr D J N MALCOMESS asked the Minister of Constitutional Development and Planning:

Whether receipts for arrear rentals paid to the Zwide Rent Office in Port Elizabeth are issued by the said office to persons making such payments; if not, why not?

†The DEPUTY MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

All payments for rentals are machine receipted on the rent cards of the respective payers. This system is applicable at all Ibhayi offices.

Botshabelo/Ekangala: consultations before incorporation into Qwaqwa/KwaNdebele

*17. Mr S S VAN DER MERWE asked the Minister of Constitutional Development and Planning:

Whether any consultations were held with the residents of (a) Bothsabelo and (b) Ekangala before deciding to incorporate them into Qwaqwa and KwaNdebele, respectively; if so, (i) when, (ii) with whom and (iii) what was the outcome of these consultations; if not, why not?

Place	Date finalized	Number of record
Magistrate, Randburg	28.11.86	196/86
—do—	17.12.86	223/86
—do—	22.1.87	221/86
—do—	6.2.87	14/87
—do—	6.2.87	15/87
—do—	4.3.87	27/87
—do—	13.3.87	28/87
—do—	13.3.87	29/87
—do—	13.3.87	30/87
—do—	10.4.87	49/87
—do—	14.7.87	69/87
Magistrate, Johannesburg	3.8.87	760/86
Magistrate, Randburg	19.8.87	190/87
Magistrate, Johannesburg	7.3.88	349/86
Magistrate, Randburg	29.3.88	20/88
—do—	29.3.88	21/88
—do—	29.3.88	22/88

The inquest in respect of 1 person has not yet been finalized, since further enquiries were made to the South African Police.

Overseas visits

579. Mr P G SOAL asked the Minister of Foreign Affairs:

(1) Whether he or the Deputy Minister of Foreign Affairs undertook any overseas visits in 1987; if so, (a) which countries were visited and (b) what was the purpose of each visit;

(2) whether he or this Deputy Minister was accompanied by any representatives of the media on these visits; if so, (a) what were the names of the journalists involved, (b) which newspapers or radio or television networks did they represent, (c) to which countries did each of these persons accompany him or this Deputy Minister and (d) why;

(3) whether any costs were incurred by his Department as a result; if so, what total amount in that year?

The MINISTER OF FOREIGN AFFAIRS:

(1) Yes.

(a) I and the Deputy Minister visited various countries in Europe, Africa and the Far East.

(b) The media carried reports on the purpose of visits to some of the countries. In the case of the others it would not be in South Africa's interest to disclose any particulars.

(2) Neither I nor the Deputy Minister invited the media to accompany us on our visits. Media representatives who covered parts of the visits did so at their own cost.

(a), (b), (c) and (d) fall away.

(3) No.

Municipal police in Black townships: identification

618. Mrs H SUZMAN asked the Minister of Constitutional Development and Planning:

(1) Whether members of municipal police forces in Black townships are required to (a) wear some visible form of identification and (b) produce their identification on demand by any member of the public; if so, what form of identification are they required to (i) wear and (ii) produce on demand; if not, why not;

(2) whether any action is to be taken regarding the wearing and production of identification by these policemen; if not, why not; if so, what action;

(3) whether these policemen are allowed to perform their duties in plain clothes; if so, under what circumstances;

(4) whether any complaints have been received regarding the actions of these municipal policemen; if so, (a) how many, (b) what was the nature of the complaints and (c) what action was taken as a result?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

The execution provisions of section 34 of the Black Local Authority Act, 1982 (Act No 102 of 1982) in terms of which the municipal police function was assigned to the various provincial governments on 1 October 1986 and according to information received from them, the following replies are furnished:

(1) (a) Yes.

(b) Yes.

(i) Besides the prescribed uniform, badges are worn by the officers while on duty as prescribed by legislation.

(ii) An appintment certificate issued when appointed; and

a document that declares the official as a peace officer.

(2) As answered in question 1(b)(i) and (ii) wearing and produce of identification.

(3) Yes, only in the Cape Province when the commanding officer deems it necessary while the officials execute their duties as peace officers even when they are not on duty.

(4) (a) No complaints were received concerning the conduct of the municipal police in the Orange Free State and Natal. In Transvaal and the Cape Province 349 complaints were received.

(b) Theft: reckless and negligent driving; unlawful arrest and assault; pointing of firearm; vehicle driven without licence or consent; under the influence of liquor while on duty; pointing of firearm and threatened with death; murder; attempted murder and assault; culpable homicide; serious assault; assault; unlawful arrest; theft of weapon; damage to property and attempted rape.

(c) Each complaint received is investigated by the local authority or the South African Police. Complaints with substance are taken further by the local authority or the South African Police. Upon conviction those concerned are sentenced. Thereafter departmental disciplinary steps are taken in accordance with staff regulations.

Sectional title properties: purchase by non-Whites in White group areas

810. Mr C J DERBY-LEWIS asked the Minister of Constitutional Development and Planning:

Whether non-White persons may purchase sectional title properties located in White group areas; if not, why not; if so, (a) since what date and (b) in terms of what statutory provisions?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

Yes, with the necessary authorization.

(a) Since the inception of the Sectional Titles Act, 1971 (Act 66 of 1971).

(b) By authority of a permit issued in terms of section 21 of the Group Areas Act.

Hospitals: cuts in staff establishment

821. Dr M S BARNARD asked the Minister of Constitutional Development and Planning:

(1) Whether any cuts in staff establishment have been determined at the (a) Bethlehem, (b) Boitumelo, (c) Odendaalsrus, (d) Parys, (e) Pelonomi, (f) Phekolong, (g) Sasolburg, (h) Universitas, (i) Virginia, (j) Voortrekker, (k) Welkom and (l) Harrismith Hospital in any staff category since 31 December 1987; if so, what cuts in each specified category at each of these hospitals;

(2) on what date or dates were the superintendents of the above 12 hospitals advised of the cuts in staff establishment;

(3) whether the withdrawn posts will be terminated with immediate effect as they become vacant; if not, what procedure will be followed?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(1) Cuts have only been effected at the Pelonomi Hospital, in the following staff categories:

Chief Professional Nurse	15
Professional Nurse	23
Nursing Assistant	13
Student Nurse	34
Student Radiographer	5
Senior Provincial Administration Clerk	3
Provincial Administration Clerk	7
	100

(2) The medical Superintendent was not advised officially as the posts concerned had first to be abolished by the Commission for Administration.

(3) The posts which have been cut are all vacant and frozen posts which can be abolished immediately.

Printing contracts awarded to two companies

840. Mr D J DALLING asked the Minister of Justice:

The MINISTER OF COMMUNICATIONS:

	(a)	(b)
Lenasia	1 854	589
Soweto	18 669	1 413

Note: The information is in respect of main services only and includes transfers. The available statistics of telephones other than main services do not distinguish between services for private and business purposes.

Military disability pensions: persons in receipt/ amount paid out

365. Mr R M BURROWS asked the Minister of National Health and Population Development:

(a) How many persons are in receipt of military disability pensions and (b) what amount was paid out in such pensions in respect of the year ended 31 March 1987?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(a) 11 878

(b) R36 717 135

Commission of Inquiry into Health Matters: total amount spent

386. Dr M S BARNARD asked the Minister of National Health and Population Development:

(a) What total amount had been spent on the Commission of Inquiry into Health Matters as at the latest specified date for which figures are available and (b) on what specified items was this money spent?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(a) R507 431 as at 31/3/1987

(b) The funds were utilized as follows:

Salaries	R265 812
Administration	R68 455
Members' Allowances	R144 734
Publications	R27 747
Technical Services	R683
	R507 431

University of Natal: new teaching hospital for medical school

388. Dr M S BARNARD asked the Minister of National Health and Population Development:

With reference to his reply to Question No 187 on 27 July 1987, (a) what stage has been reached in the planning of the new teaching hospital for the medical school of the University of Natal and (b) when is it anticipated that construction will (i) commence and (ii) be completed?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(a) Accommodation schedules have been completed and consultants appointed.

(b) (i) On building site during 1990.

(ii) A 10-year project
(Depending on available funds.)

Hospital beds available/needed

389. Dr M S BARNARD asked the Minister of National Health and Population Development:

How many hospital beds were (a) available and (b) needed for (i) White and (ii) non-White patients in hospitals falling under the control of his Department as at the latest specified date for which figures are available?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(a) (i) 6 596

(ii) 15 985

(b) Beds needed are represented by building progamme: Major works 1991/92

(i) None

(ii) 4 802 beds
Specified date: 31/12/1987

State-financed hospitals: foreign patients treated

406. Dr M S BARNARD asked the Minister of National Health and Population Development:

(a) How many foreign patients were treated in State-financed hospitals in each province during the latest specified period of 12 months for which figures are available, (b) from which countries did these patients come, (c) what was the total cost to each province of these patients and (d) what amount of the fees payable was recovered from these patients in respect of each province?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

FOREIGN PATIENTS TREATED IN SOUTH AFRICAN PROVINCIAL HOSPITALS: PERIOD 1986-09-01 TO 1987-08-31

Country/City of origin	Province concerned	No. of patients	Hospital fees: Collectable R c	Collected R c	Written off R c
Argentinia	OFS	1	50,00	50,00	
Australia	Cape	3	201,00	40,00	
	OFS	1	40,00	40,00	
Austria	Cape	1	622,00		
Belgium	Cape	2	502,00	0,00	
	OFS	1	40,00	40,00	
	Transvaal	1	1 040,00	1 040,00	
Bophuthatswana	Transvaal	1	26,00	26,00	
Botswana	Cape	30	37 310,00	9,00	
	Natal	2	360,00	310,00	
	OFS	5	1 165,00	1 145,00	
	Transvaal	309	381 439,36	214 554,20	60,00
Bulgaria	Cape	1	1 494,00		
Canada	Cape	4	859,50		
Channel Islands	Natal	1	200,00		
China	OFS	41	2 682,00	2 462,00	40,00
Cyprus	OFS	3	170,00	130,00	
Denmark	Cape	1	137,00	137,00	
Egypt	Cape	1	530,00		
	OFS	1	50,00	50,00	
France	Cape	1	117,00	117,00	
	OFS	4	1 020,00	1 020,00	
Greece	Cape	3	879,00	829,00	
	Natal	1	100,00		
	OFS	3	850,00	850,00	
Ireland	Cape	2	204,00		
India	Cape	1	376,00		
	OFS	4	230,00	180,00	
Israel	Cape	8	7 485,00	7 054,00	
	OFS	1	10,00	10,00	
Italy	Cape	2	1 595,00	1 595,00	
	OFS	2	50,00	50,00	
Japan	Cape	15	12 076,00	1 313,00	
Kenya	Cape	3	132,25	132,25	
Korea	Cape	6	7 225,00	6 399,00	
Lesotho	Natal	4	596,00	292,00	
	OFS	1 258	662 786,00	467 038,00	1 260,00
	Transvaal	6	6 273,90	6 105,90	
Libanon	OFS	1	38,00	38,00	
Madagascar	Cape	4	1 296,00		
Malawi	Cape	12	9 932,00	4 859,00	
	Natal	3	400,00	50,00	
	OFS	2	270,00	270,00	
	Transvaal	27	27 114,41	14 058,51	
Mauritius	Cape	80	166 806,00	18 293,92	
	Natal	6	10 807,00	10 807,00	
	OFS	2	1 020,00		

CM Times 13/4/88

Govt backs down on threat to fire doctors

Political Staff

THE government has backed down on a threat to fire 31 doctors at Baragwanath Hospital who refused to apologize for writing a letter of protest about conditions in the hospital.

Each of the doctors are instead to be sent letters of reprimand "due to unacceptable language and incorrect statements in the letter", the Deputy Minister of Constitutional Development and Planning, Mr Roelf Meyer, said yesterday.

Mr Meyer, who was replying to a question from Dr Marius Barnard (PFP, Parktown), said 86 doctors at the hospital who wrote a letter to the South African Medical Journal about conditions in the hospital were given an opportunity to apologize.

However, 31 of the doctors refused to apologize and were threatened with dismissal if they did not do so.

Dr Barnard commented: "I am very grateful that the threat of dismissal to the 31 doctors who refused to apologize has now, according to the Deputy Minister's reply, been removed.

"But instead of these doctors being sent a letter of reprimand for bringing to the notice of the public and the provincial authorities the gross overcrowding at Baragwanth Hospital, they should have been congratulated.

Urgent action

"I hope that the provincial authorities, after all the warnings over the past 10 years, will take urgent action to alleviate the situation."

In reply to another question by Dr Barnard, he said provincial authorities did sometimes pay car allowances to doctors but could not say if these allowances were paid only to white doctors at Baragwanath.

Dr Barnard said he had been told that some black doctors at Baragwanath did not get travel allowances while their white colleagues did. He would be taking the matter further.

(1) How many persons were being detained under section 31 (1) of the Internal Security Act, No 74 of 1982, as at the latest specified date for which information is available;

(2) whether any such persons had been detained for longer than three months; if so, (a) how many and (b) for what period in each case?

The MINISTER OF JUSTICE:

(1) 49 on 29 February 1988

(2) Yes

(a) 11

(b)

Number of persons	Period
1	3 months and 5 days
1	5 months and 10 days
3	6 months and 12 days
1	6 months and 18 days
2	9 months and 10 days
1	10 months and 16 days
1	15 months and 5 days
1	15 months and 6 days

Internal Security Act: detainees

472. Mrs H SUZMAN asked the Minister of Justice:

(a) How many persons were detained in 1987 under section 31 (1) of the Internal Security Act, No 74 of 1982, (b) for how long was each such person detained and (c) how many such persons were still being detained as at the latest specified date for which information is available?

The MINSITER OF JUSTICE:

(a) 84

(b)

Number of persons	Period
6	2 days as on 31.12.87
1	5 days
1	11 days
1	16 days
1	14 days as on 31.12.87
2	27 days as on 31.12.87
1	1 month and 5 days as on 31.12.87
1	1 month and 10 days
1	1 month and 11 days
1	1 month and 12 days
1	1 month and 14 days
1	1 month and 14 days as on 31.12.87
1	1 month and 19 days
1	1 month and 26 days
2	1 month and 29 days
1	2 months and 4 days
1	2 months and 12 days
1	2 months and 18 days
1	2 months and 24 days
12	2 months and 29 days
2	3 months and 2 days
2	3 months and 3 days
2	3 months and 5 days
1	3 months and 8 days
1	3 months and 10 days as on 31.12.87
4	3 months and 16 days
3	3 months and 17 days
6	3 months and 21 days
3	4 months and 12 days as on 31.12.87
2	4 months and 17 days
1	4 months and 18 days as on 31.12.87
1	4 months and 25 days
1	6 months and 3 days
1	6 months and 24 days
3	6 months and 26 days
2	6 months and 28 days
1	7 months and 4 days
2	7 months and 10 days as on 31.12.87
1	7 months and 25 days
1	8 months and 7 days
1	8 months and 16 days as on 31.12.87
1	9 months and 20 days
1	13 months and 5 days as on 31.12.87
1	13 months and 6 days as on 31.12.87
1	13 months and 18 days as on 31.12.87
1	14 months and 1 day as on 31.12.87

(c) 20 on 29 February 1988

Mankweng hospital, Lebowa: provision for identified posts

492. Dr W J SNYMAN asked the Minister of National Health and Population Development:†

Whether his Department has been approached to make provision for identified posts at the Mankweng hospital in Lebowa; if so, (a) how many posts in each category were advertised by his Department, (b) how many applications were received for these posts and (c) what is the commencing date of the periods of service?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Yes

(a) one post for Senior Medical Superintendent
one post of Medical Superintendent
two posts of Medical Officer
one post of Dentist

(b) Only one application was received for a post of Medical Officer.

(c) No one has as yet assumed duty.

Note: At the request of the Lebowa Government Service the posts of Senior Specialist and Specialist have not yet been advertised as the hospital is at present not ready to accommodate such personnel.

Petrol: decrease in price

523. Mr C J DERBY-LEWIS asked the Minister of Economic Affairs and Technology:

(1) What was the date of the most recent decrease in the price of petrol;

(2) whether all coastal towns had their petrol price decreased to the same extent; if so, by what percentage; if not,

(3) whether an exception was made in the case of Walvis Bay; if so, (a) why, (b) what are the particulars of the exception made and (c) (i) what is the price of petrol in Walvis Bay and (ii) in respect of what date is this information furnished?

The MINISTER OF ECONOMIC AFFAIRS AND TECHNOLOGY:

(1) 1 July 1987

(2) No

(3) Yes

(a) The price adjustments of Walvis Bay differ from those of the Republic because its prices are being handled with the price of South West Africa because of its geographical position. Consequently it experienced the same adjustments as elsewhere in South West Africa, excluding transport costs.

(b) Walvis Bay's price of 93 Octane petrol increased by 6,6 per cent on 1 July 1987.

(c) (i) 80c/ℓ for 93 Octane petrol.

(ii) 1 March 1988.

Overseas visits

571. Mr P G SOAL asked the Minister of Agriculture:

(1) Whether he or the Deputy Minister of Agriculture undertook any overseas visits in 1987; if so, (a) which countries were visited and (b) what was the purpose of each visit;

(2) whether he or this Deputy Minister was accompanied by any representatives of the media on these visits; if so, (a) what were the names of the journalists involved, (b) which newspapers or radio or television networks did they represent, (c) to which countries did each of these persons accompany him or this Deputy Minster and (d) why;

(3) whether any costs were incurred by his Department as a result; if so, what total amount in that year?

The MINISTER OF AGRICULTURE:

(1) No

(2) and (3) Fall away.

Christmas cards sent out

604. Mr P G SOAL asked the Minister of Agriculture:

(1) Whether (a) he and/or (b) his Department sent out Christmas cards in 1987; if so, (i) what total number of cards was printed, (ii) to whom were they sent, (iii) what was the total cost of producing and distributing these cards, and (iv) who was responsible for printing them, in each case;

(2) whether postage stamps were used to send out these Christmas cards; if not, how were they distributed?

The MINISTER OF AGRICULTURE:

(1) (a) Yes

(b) No

(i) 500

	Transvaal	70	197 960,80	141 609,70	
Mexico	Cape	1	278,00		
Mozambique	Cape	3	1 769,50		
	Natal	1	232,00		
	OFS	5	1 650,00	1 650,00	
	Transvaal	69	63 751,97	48 370,17	
Netherlands	Cape	3	733,00	644,00	
	Natal	1	100,00	100,00	
	OFS	2	140,00	140,00	
	Transvaal	4	898,00	635,00	
Norway	Cape	1	698,00	698,00	
Philippines	Cape	1	810,00		
Poland	Cape	26	7 748,50	4 208,00	
Portugal	Cape	7	1 189,50	1 189,50	
	OFS	3	400,00	400,00	
	Transvaal	1	1 018,50	25,00	
Rumania	Cape	26	17 894,00	2 977,00	
Scotland	Transvaal	1	495,00	315,00	
South West Africa	Natal	4	4 077,00	3 551,00	526,00
Spain	Cape	35	7 215,00	4 720,50	
	OFS	1	80,00		
Sri Lanka	OFS	2	1 700,00		
St Helena	Cape	16	11 499,00	5 961,00	
	Transvaal	1	10,00	10,00	
Swaziland	Natal	10	4 755,00	3 008,00	
	OFS	1	5,00		5,00
	Transvaal	109	57 871,05	34 205,30	10,00
Sweden	Cape	1	43,50	43,50	
	OFS	2	120,00	120,00	
Switzerland	Cape	4	341,00	210,00	
	Natal	1	750,00	750,00	
	OFS	1	60,00	60,00	
	Transvaal	1	45,00		
Taiwan	Cape	4	165,00	147,00	
	Natal	1	100,00		
Tristan da Cunha	Cape	2	2 285,00	1 435,00	
United Kingdom	Cape	24	4 811,98	1 669,50	283,00
	Natal	7	1 732,00	1 666,00	
	OFS	51	7 860,07	4 435,07	1 025,00
Uruguay	Cape	1	64,00		
USA	Cape	10	3 207,00	972,00	
	Natal	2	91,00	91,00	
	OFS	4	200,00	180,00	20,00
	Transvaal	6	2 410,00	2 085,00	
USSR	Cape	8	2 584,00	2 316,00	
Western Germany	Cape	36	35 040,00	7 030,00	
	Natal	2	400,00	200,00	
	OFS	6	600,00	600,00	
	Transvaal	2	5 440,00	5 440,00	
Zaïre	Cape	1	342,00		
	Transvaal	5	5 662,81	4 833,75	
Zambia	Cape	3	152,00	152,00	
	Transvaal	5	4 400,00	4 400,00	
Zimbabwe	Cape	108	103 958,00	32 058,00	
	Natal	24	16 419,80	8 493,00	

	OFS	12	2 100,00	1 460,00	40,00
	Transvaal	102	102 270,86	35 257,94	
TOTAL	Cape	502	452 606,73	170 577,67	283,00
	Natal	70	41 119,80	29 318,00	526,00
	OFS	1 420	685 386,07	482 408,07	2 400,00
	Transvaal	718	858 127,66	512 971,47	70,00
TOTAL		2 710	2 037 240,26	1 195 275,21	3 279,00

Diarrhoea/dysentery: infant mortality

407. Dr M S BARNARD asked the Minister of National Health and Population Development:

How many (a) White, (b) Coloured, (c) Indian and (d) Black children died of (i) diarrhoea and (ii) dysentery in 1986 and 1987, respectively?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

The Department of National Health and Population Development does not keep record of infant mortality as a result of diarrhoea and dysentery.

Detainees: visits by State doctors

408. Dr M S BARNARD asked the Minister of National Health and Population Development:

(1) Whether any visits were made by State doctors in 1987 for the purposes of examining persons detained in terms of security legislation; if not, why not; if so,

(2) whether records were kept of these visits; if not, why not; if so, what total number of visits were made in 1987;

(3) whether any reports on such visits were submitted by State doctors to his Department in 1987; if so, how many such reports were submitted;

(4) whether any action was taken by his Department as a result of such reports; if not, why not; if so, (a) on how many occasions was action taken and (b) what were the circumstances in respect of each of these cases?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) Yes

(2) Yes 3 800

(3) Yes 3 800

(4) Yes

(a) (i) Alleged assaults 20 cases
(ii) Hunger-strikes 50 cases
(iii) Depression 30 cases
(iv) Minor complaints 50 cases

(b) (i) ALLEGED ASSAULT CASES
Reported and followed up as follows:

a form SAP J88 was completed in all cases, and handed over to the Chief criminal investigations officer, for his attention.

The necessary medical treatment was given.

(ii) HUNGER-STRIKES
Consequences of such acts were explained to them by the District surgeon. All cases were persuaded to take their food again.

(iii) DEPRESSION CASES
Where necessary cases were referred to a Psychologist, Psychiatrist (or both) for treatment. Cases were hospitalised where indicated.

(iv) MINOR CASES
Including toothache, tummy upsets, flue and colds, etc. Appropriate treatment was administered.

Infant mortality: causes

409. Dr M S BARNARD asked the Minister of National Health and Population Development:

(a) What are the major causes of infant mortality for (i) Whites, (ii) Coloureds, (iii) Indians and (iv) Blacks and (b) what was the percentage of deaths from each of these causes in respect of each race group for the latest specified period of 12 months for which figures are available?

Fund has been finalized; if not, (a) why not and (b) when is it anticipated that this matter will be finalized; if so, (i) on what date and (ii) (aa) what is the value of the assets in this fund and (bb) in respect of what date is this information furnished;

(2) whether the assets in this fund were derived from (a) the Community Development Fund and (b) other sources; if so, (i) from what other sources and (ii) (aa) what amount was derived from the Community Development Fund and (bb) what percentage of the assets of the latter fund does this amount represent?

The MINISTER OF HOUSING:

(1) No.

(a) The Department of Public Works and Land Affairs is still busy finalising this matter. The Administration: House of Delegates is exerting all possible pressure to finalise.

(b) Unknown at this stage.

(i) Falls away.

(ii) (aa) Falls away.

(bb) Falls away.

(2) (a) Falls away.

(b) (i) Falls away.

(ii) (aa) Falls away.

(bb) Falls away.

Mr M RAJAB: Mr Chairman, arising out of the hon the Minister's reply, may I ask him whether it is not, in fact, true that because this matter has not been finalised, none of the resources of the Housing Development Fund are available to the Ministry of the House?

The MINISTER: I suggest that the hon member put this question in writing and I shall furnish him with a reply.

Establishment/planning/running of hospitals

*2. Mr M RAJAB asked the Minister of Health Services and Welfare:

(1) Whether, with reference to his replies to Question No 17 on 24 March 1986 and Question No 1 on 4 June 1987, his Department has as yet been granted the responsibility for the establishment, planning and running of hospitals for the Indian population group; if not, (a) why not and (b) when is it anticipated that this will be done; if so, with effect from what date;

(2) whether it is still the intention to build a hospital for Indian persons in Phoenix; if not, why not; if so, (a) when, (b) where in Phoenix will it be located, (c) for what categories of patients will it cater, (d) how many beds will be provided and (e) what (i) facilities and (ii) equipment will be provided at this hospital;

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

The MINISTER OF HEALTH SERVICES AND WELFARE:

(1) No.

(a) A final decision is being awaited from the Commission for Administration.

(b) Unknown.

(2) Yes.

(a) As soon as possible.

(b) Sub 5 of Lot Aileen no. 15362 situated on the corner of Spine Road and Rockford Drive in Phoenix.

(c), (d), (e), (i), (ii) and (3): Negotiations are proceeding with other Government Departments to obtain approval for the allocation of resources and to satisfy the norms that are required. Negotiations are at a delicate stage but when finalised, the Minister will make a full statement on the matter.

Mr P T POOVALINGAM: Mr Chairman, arising out of the hon the Minister's reply, and having regard to the fact that the construction of a hospital in Phoenix has been delayed for something of the order of six years, may I ask the hon the Minister kindly to define what he means by "as soon as possible"?

The MINISTER: Mr Chairman, as I indicated in my last paragraph, it is now in its final stages and a statement will be issued very shortly.

Private schools: proposals for subsidization

*3. Mr M RAJAB asked the Minister of Education and Culture:

(1) Whether, with reference to his reply to Question No 77 on 7 September 1987, his Department has finalized its proposals for the subsidization of private schools registered with it; if not, (a) why not and (b) when are these proposals expected to be finalized; if so,

(2) whether the two private schools referred to in the above reply have been granted subsidies; if not, why not; if so, (a) how much in each case and (b) what are the names of these schools?

The MINISTER OF EDUCATION AND CULTURE:

(1) Yes.

(a) and (b) fall away.

(2) No.

The payment of subsidies as from the 1988/89 financial year is under consideration.

(a) and (b) fall away.

Agricultural land at Lenasia allocated to certain person

*4. Mr J V IYMAN asked the Minister of Local Government and Agriculture:

(1) Whether a plot of agricultural land situated at or near Lenasia in the Transvaal was recently allocated to a certain person, whose name has been furnished to the Minister's Department for the purpose of his reply; if so, what is the (a) total area of this plot and (b) name of this person;

(2) whether a building has been erected on this plot; if so, what is the floor area of the building;

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

The MINISTER OF LOCAL GOVERNMENT AND AGRICULTURE:

(1) No.

(a) Falls away.

(b) Falls away.

(2) Falls away.

(3) No.

Mr J V IYMAN: Mr Chairman, arising out of the hon the Minister's reply, may I refer him to the question, which reads as follows:

(1) Whether a plot of agricultural land situated at or near Lenasia in the Transvaal was recently allocated to a certain person, whose name has been furnished to the Minister's Department for the purpose of his reply; if so, what is the (a) total area of this plot and (b) name of this person;

As I understand it, no fewer than seven persons have been allocated land in that particular area. This is a question that has been omitted and therefore I am worried about it.

The MINISTER: In the first place, Mr Chairman, we have no agricultural land in Lenasia.

Mr J V IYMAN: Mr Chairman, further arising from the question, would the hon the Minister state whether the press statements issued by him about agricultural land obtained and distributed to Indians in the Transvaal, particularly in Lenasia and vicinity are false or true?

The MINISTER: Mr Chairman, no statement about land allocated to anybody for agricultural purposes has been issued. There are investigations afoot at the moment.

Mr P T POOVALINGAM: Mr Chairman, will the hon the Minister agree that if a person has been on the waiting list for 16 years and was in fact a displaced person in terms of the Group Areas Act, justice requires that that applicant be considered favourably?

The MINISTER: Mr Chairman, that question is not relevant to agriculture.

Phoenix: building of hospital

*5. Mr K CHETTY asked the Minister of Health Services and Welfare:

(1) Whether, with reference to his reply to Question No 1 on 4 June 1987, the necessary authority and finances for the building of a hospital for Indian persons in Phoenix have been obtained; if not, (a) why not and (b) (i) when is it anticipated that such (aa) authority and (bb) finances will be obtained and (ii) from whom are they to be obtained in each case; if so,

(2) (a) when is it anticipated that building operations will be (i) commenced and (ii) completed, (b) what amount has been made available for this purpose and (c) from whom was authority for this project obtained?

The MINISTER OF HEALTH SERVICES AND WELFARE:

(1) (a) and (b) (i) (aa) and (bb) and (ii)

The project has been approved by the Minister's Council but must still be approved by the Cabinet. Thereafter the Treasury will be approached for a certificate concerning space norms and cost limitations. The subcommittee on capital priorities of the State President's Committee on National Priorities will then accord the project priority. Thereafter the necessary funding will be sought from the Treasury.

(2) (a) (i) As soon as possible but not before 1989.

(ii) Within 4 years of commencement of building.

(b) As yet none, refer to procedures outlined in (1) above.

(c) Falls away.

Business sites allocated to affected traders in Lenasia

*6. Mr K CHETTY asked the Minister of Housing:

(1) Whether any affected traders were allocated business sites in Lenasia during the latest specified period of 12 months for which figures are available; if so, (a) how many and (b) what are their names;

(2) whether these sites were put out to tender; if not, (a) why not and (b) what criteria were applied in allocating them?

The MINISTER OF HOUSING:

(1) No. 1 March 1987 to 29 February 1988.

(a) Falls away.

(b) Falls away.

(2) Falls away.

(a) Falls away.

(b) Falls away.

For written reply:

Own Affairs:

Children placed in adoption

63. Mr K CHETTY asked the Minister of Health Services and Welfare:

How many Indian children were placed in adoption in terms of the Children's Act in 1987?

The MINISTER OF HEALTH SERVICES AND WELFARE:

153.

Applications for old-age pensions

64. Mr K CHETTY asked the Minister of Health Services and Welfare:

(1) (a) How many Indian persons applied for old-age pensions in 1987 and (b) how many of these applications (i) had been (aa) granted and (bb) refused and (ii) were still under consideration as at the latest specified date for which figures are available;

(2) how many of these refusals were attributable to the assets of the applicants exceeding the limits laid down in terms of the means test;

(3) how many Indian persons were receiving old-age pensions as at the end of 1987 or the latest specified date for which figures are available?

The MINISTER OF HEALTH SERVICES AND WELFARE:

(1) (a) 3 876

(b) (i) (aa) 3 633.

(bb) 243.

(ii) Nil.

(2) 38.

(3) 26 674.

Children in need of care

65. Mr K CHETTY asked the Minister of Health Services and Welfare:

(1) How many Indian children were found to be in need of care in terms of the Children's Act in 1987;

(2) how many of these children were placed in (a) foster care and (b) children's homes?

The MINISTER OF HEALTH SERVICES AND WELFARE:

(1) 445

(2) (a) 265.

(b) 180.

HOUSE OF ASSEMBLY

†Indicates translated version.

For written reply:

General Affairs:

Housing units: electricity

164. Mr P G SOAL asked the Minister of Constitutional Development and Planning:

Whether any housing units in Black townships have yet to be supplied with electricity; if so, (a) which townships are involved and (b) what percentage of Black housing in each specified region had not yet been supplied with electricity as at the latest specified date for which information is available?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

NATAL

Yes, as at 29 February 1988.

(a)	(b)
Itsokolele	99%
Msingizi	100%
Bhogweni	99%
Shaya Moya	100%
Lamontville	79%
Klaarwater	40%
Shakaville	100%
Melmoth	100%
Kwamevana	100%
Enhlalakahle	97%
Bruntville	85%
Weenen	100%
Winterton	100%
Inkanyesi	100%
Steadville	79%
Mofusini	100%
Sithembile	93%
Sibongile	95%
Bhekuzulu	87%
Dumbe	100%

CAPE PROVINCE

Yes, as at 29 February 1988.

(a)	(b)
Mataleng (Barkly West)	98,6%
Mziwabantu (Britstown)	98,2%
Tlhakalatlou (Daniëlskuil)	20%
Nonzwakazi (De Aar)	83%
Tidimalo (Delsportshoop)	98,5%
Bungani (Douglas)	98,8%
Matlhomola (Griekwastad)	97,5%
Nompumelelo (Hanover)	100%
Kwazamuzolo (Noupoort)	98,5%
Ditloung (Olifantshoek)	100%
Thembinkosi (Petrusville)	100%
Lukhanyisweni (Philipstown)	100%
Boichoko (Postmasburg)	97%
E'Thembeni (Prieska)	96,7%
Boipelo (Reivilo)	92%
Sabelo (Richmond)	100%
Motswedimosa (Ritchie)	97,2%
Valspan (Jan Kempdorp)	97%
Huhudi (Vryburg)	99,2%
Ikhutseng (Warrenton)	97,5%
Kuilwano (Windsorton)	100%
Galeshewe (Kimberley)	39%
Langa	49,5%
Nyanga and New Crossroads	85,7%
Guguletu	25%
Crossroads	100%
Khayelitsha	96,4%
Mfuleni (Blackheath)	97,2%
Kaye Mandi (Stellenbosch)	15,5%
Mbekweni (Paarl)	39,5%
Zweletemba (Worcester)	99,8%
Zolani (Ashton)	94,5%
Nkqubela (Robertson)	97,9%
Zwelihle (Hermanus)	100%
Nduli (Ceres)	82,6%
Tyolorha (George)	97,5%
Kwanonqara (Mossel Bay)	94,5%
Msobomvu (Knysna)	100%
Sidesaviwa (Beaufort West)	98,7%
Masiyusane (Victoria West)	100%
Aberdeen	98%
Addo	100%
Alexandria	98%
Alicedale	100%
Aliwal North	45%
Barkly East	95%
Bathurst	100%
Bedford	98,5%
Burgersdorp	62%
Cathcart	42%
Cookhouse	98%
Cradock	15%
Despatch	85%
Dordrecht	97%
East London	20%
Elliot	98%

Fund has been finalized; if not, (a) why not and (b) when is it anticipated that this matter will be finalized; if so, (i) on what date and (ii) (aa) what is the value of the assets in this fund and (bb) in respect of what date is this information furnished;

(2) whether the assets in this fund were derived from (a) the Community Development Fund and (b) other sources; if so, (i) from what other sources and (ii) (aa) what amount was derived from the Community Development Fund and (bb) what percentage of the assets of the latter fund does this amount represent?

The MINISTER OF HOUSING:

(1) No.

(a) The Department of Public Works and Land Affairs is still busy finalising this matter. The Administration: House of Delegates is exerting all possible pressure to finalise.

(b) Unknown at this stage.

(i) Falls away.

(ii) (aa) Falls away.

(bb) Falls away.

(2) (a) Falls away.

(b) (i) Falls away.

(ii) (aa) Falls away.

(bb) Falls away.

Mr M RAJAB: Mr Chairman, arising out of the hon the Minister's reply, may I ask him whether it is not, in fact, true that because this matter has not been finalised, none of the resources of the Housing Development Fund are available to the Ministry of the House?

The MINISTER: I suggest that the hon member put this question in writing and I shall furnish him with a reply.

Establishment/planning/running of hospitals

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(1) Whether, with reference to his replies to Question No 17 on 24 March 1986 and Question No 1 on 4 June 1987, his Department has as yet been granted the responsibility for the establishment, planning and running of hospitals for the Indian population group; if not, (a) why not and (b) when is it anticipated that this will be done; if so, with effect from what date;

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

The MINISTER OF HEALTH SERVICES AND WELFARE:

(1) No.

(a) A final decision is being awaited from the Commission for Administration.

(b) Unknown.

(2) Yes.

(a) As soon as possible.

(b) Sub 5 of Lot Aileen no. 15362 situated on the corner of Spine Road and Rockford Drive in Phoenix.

(c), (d), (e), (i), (ii) and (3): Negotiations are proceeding with other Government Departments to obtain approval for the allocation of resources and to satisfy the norms that are required. Negotiations are at a delicate stage but when finalised, the Minister will make a full statement on the matter.

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Private schools: proposals for subsidization

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(1) Whether, with reference to his reply to Question No 77 on 7 September 1987, his Department has finalized its proposals for the subsidization of private schools registered with it; if not, (a) why not and (b) when are these proposals expected to be finalized; if so,

(2) whether the two private schools referred to in the above reply have been granted subsidies; if not, why not; if so, (a) how much in each case and (b) what are the names of these schools?

The MINISTER OF EDUCATION AND CULTURE:

(1) Yes.

(a) and (b) fall away.

(2) No.

The payment of subsidies as from the 1988/89 financial year is under consideration.

(a) and (b) fall away.

Agricultural land at Lenasia allocated to certain person

*4. Mr J V IYMAN asked the Minister of Local Government and Agriculture:

(1) Whether a plot of agricultural land situated at or near Lenasia in the Transvaal was recently allocated to a certain person, whose name has been furnished to the Minister's Department for the purpose of his reply; if so, what is the (a) total area of this plot and (b) name of this person;

(2) whether a building has been erected on this plot; if so, what is the floor area of the building;

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

The MINISTER OF LOCAL GOVERNMENT AND AGRICULTURE:

(1) No.

(a) Falls away.

(b) Falls away.

(2) Falls away.

(3) No.

Mr J V IYMAN: Mr Chairman, arising out of the hon the Minister's reply, may I refer him to the question, which reads as follows:

(1) Whether a plot of agricultural land situated at or near Lenasia in the Transvaal was recently allocated to a certain person, whose name has been furnished to the Minister's Department for the purpose of his reply; if so, what is the (a) total area of this plot and (b) name of this person;

As I understand it, no fewer than seven persons have been allocated land in that particular area. This is a question that has been omitted and therefore I am worried about it.

The MINISTER: In the first place, Mr Chairman, we have no agricultural land in Lenasia.

Mr J V IYMAN: Mr Chairman, further arising from the question, would the hon the Minister state whether the press statements issued by him about agricultural land obtained and distributed to Indians in the Transvaal, particularly in Lenasia and vicinity are false or true?

The MINISTER: Mr Chairman, no statement about land allocated to anybody for agricultural purposes has been issued. There are investigations afoot at the moment.

Mr P T POOVALINGAM: Mr Chairman, will the hon the Minister agree that if a person has been on the waiting list for 16 years and was in fact a displaced person in terms of the Group Areas Act, justice requires that that applicant be considered favourably?

The MINISTER: Mr Chairman, that question is not relevant to agriculture.

Phoenix: building of hospital

*5. Mr K CHETTY asked the Minister of Health Services and Welfare:

(1) Whether, with reference to his reply to Question No 1 on 4 June 1987, the necessary authority and finances for the building of a hospital for Indian persons in Phoenix have been obtained; if not, (a) why not and (b) (i) when is it anticipated that such (aa) authority and (bb) finances will be obtained and (ii) from whom are they to be obtained in each case; if so,

(2) (a) when is it anticipated that building operations will be (i) commenced and (ii) completed, (b) what amount has been made available for this purpose and (c) from whom was authority for this project obtained?

the All Party Bhusi Bophuthatswana

No-funds health centre stands idle

Weekly Mail Reporter

A NEW community health centre in Soweto, completed last year to alleviate chronic overcrowding at Baragwanath Hospital, is standing empty — because of the lack of funds to open it.

The health centre at Mofolo, Soweto, is fully equipped except for one X-ray unit and a processor which are to be purchased during the current financial year.

But, the new deputy minister of constitutional development and planning, Roelf Meyer, admitted this week: "The Mofolo Community Health Centre has not been commissioned due to financial restrictions."

Meyer, who was replying to a question in parliament from the Progressive Federal Party's representative on health, Dr Marius Barnard, said the Mofolo centre was completed in May last year.

Barnard, one of the original members of Groote Schuur heart transplant team, told *Weekly Mail:*

"We now have a situation where Baragwanath is hopelessly overcrowded and the new facilities built to relieve this overcrowding have not been opened. In both cases the official reason given for the lack of action is the lack of finance.

CNM- Times 15/4/88

Journal prints apology by 49

Bara doctors

Own Correspondent

JOHANNESBURG. — The SA Medical Journal has published an apology by 49 of the original 101 Bragwanath doctors who signed a letter deploring conditions at the hospital, published in the journal in September last year.

The letter in the latest issue of the journal apologises for certain "incorrect" and "derogatory" statements. The letter was drafted by the Transvaal Provincial Administration (TPA).

The staff who signed the original letter were threatened with dismissal if they did not apologise, but the Constitutional Development and Planning Deputy Minister said on Tuesday that 31 doctors who had refused to apologise would not be fired.

'Unreasonable actions'

In the same issue of the journal, a letter written by the executive committee of the Board of the Faculty of Medicine at Wits University said the actions of the TPA against the signatories were "unreasonable and punitive acts which should be stopped and rescinded".

It said there were real differences between the medical profession and the provincial authorities concerning the seriousness and urgency of the Baragwanath problem.

The number of beds in regional hospitals (Leratong, Sebokeng and Hillbrow) had increased, but they were far from Soweto and served different communities. Plans to rebuild the medical wards at Baragwanath would not ease the bed-shortage crisis, it said.

Support for doctors

In a separate letter, the Medical Graduates Association of Wits University supported the actions of the 101 Baragwanath doctors.

"We deplore the active victimization and intimidation of these doctors whose motive is the improvement of the health care facilities."

The Southern Transvaal Regional Committee of the SA Academy of Family Practice/Primary Care expressed distress at the threatened dismissal of doctors.

15/4/88

New letter notes bad conditions at Baragwanath

SNE 98

By Carina le Grange

More than 300 patients at Baragwanath Hospital's department of medicine are without beds at any one time while there are more than 1 000 empty beds at the Johannesburg Hospital, a letter published in the *South African Medical Journal* says.

The letter, written by the executive committee of the board of the faculty of medicine at the University of the Witwatersrand, once again details conditions at the hospital.

The overcrowded conditions were first detailed in a letter signed by 101 doctors of the department which was published in the SAMJ in September last year.

The publication of the letter led to threatened punitive action against the doctors by the provincial authorities for inaccuracies and "derogatory" remarks.

The latest letter from Wits once again details the action threatened against the doctors.

The Wits board again stresses the lack of beds and mattresses as well as the lack of ablution facilities.

The Wits board says it is "distressed" that the province has behaved in a "punitive and unreasonable" way when the doctors brought the conditions at Baragwanath to the attention of the medical community.

The letter was signed by the 101 doctors in the interests of the patients and out of frustration and despair, the letter from Wits says.

Tembisa Hospital
Tshepong — Klerksdorp Hospital

(2) (a) Recognition is granted for the additional qualification by means of a cash bonus equivalent to two salary notches.

(b) (i) 218

(ii) Boksburg-Benoni
Sebokeng
Pietersburg
Bethal
Coronation
Witbank
Paul Kruger Memorial — Rustenburg
F H Odendaal — Nylstroom
A G Visser — Heidelberg
Far East Rand — Springs
Tembisa — Olifantsfontein
Natalspruit — Alrode
Kalafong —Pretoria
Leratong — Krugersdorp
Amajuba Memorial —Volksrust
Hillbrow
Tshepong —Klerksdorp
Soweto Community Health Centre

NATAL

(1) (a) 1983 — 5
1984 — 2

(b) The Livingstone and Leratong Hospitals

(2) (a) No additional salary is paid to holders of such qualifications. A cash bonus equal to two salary notches is paid to holders of the Diploma in Clinical Nursing Science, Health Assessment, Treatment and Care 12 months after obtaining the diploma.

(b) (i) and (ii)
Stanger Hospital
Estcourt Hospital
R K Khan Hospital
Eshowe Hospital.

Munsieville, Krugersdorp: relocation of residents

681. Mr C J DERBY-LEWIS asked the Minister of Constitutional Development and Planning:

(1) Whether, with reference to his reply to Question No 627 on 7 October 1987, any residents of the Black township of Munsieville, Krugersdorp, were relocated prior to 1 January 1975; if so, (a) how many and (b) when;

(2) whether these residents were relocated on a voluntary basis; if not, on what basis were they relocated?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(1) No.
(a) and (b) Fall away.

(2) Falls away.

Rent boycotts: loss suffered

750. Mr C J DERBY-LEWIS asked the Minister of Constitutional Development and Planning:

(a) What is the amount of the loss suffered by the State during the latest specified 12-month period for which information is available, as a result of rent boycotts in Black residential areas throughout the Republic and (b) how was this loss financed on a day-to-day basis?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

None.

Rest of question falls away.

Unpaid water/electricity accounts: amounts written off

786. Mr C J DERBY-LEWIS asked the Minister of Constitutional Development and Planning:

Whether any amounts were written off by the four provincial councils in respect of unpaid (a) water and (b) electicity accounts in each of the latest specified six years for which information is available; if so, what amounts were so written off in each case in respect of Whites, Coloureds, Indians and Blacks, respectively?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING

No.

Rest of question falls away.

Sedgefield: opening of residential areas to non-Whites

803. Mr C J DERBY-LEWIS asked the Minister of Constitutional Development and Planning:

(1) Whether, with reference to his reply to Question No 35 on 11 February 1986, it is still the policy not to open any White residential areas of Sedgefield for occupation by non-Whites; if so,

(2) whether any exceptions to this policy have been or will be allowed; if so, whose authorization is required for such exceptions?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING

(1) Yes.

(2) Yes. Exceptions can be made by way of permits issued by the relevant Provincial Administration in terms of the provisions of the Group Areas Act, 1966.

Listed/unlisted companies: publication of year-end financial results

806. Mr C J DERBY-LEWIS asked the Minister of Economic Affairs and Technology:

Whether any statutory requirements are to be met in connection with the publicaton of the year-end financial results of (a) listed and (b) unlisted companies; if so, what statutory requirements in each case?

The MINISTER OF ECONOMIC AFFAIRS AND TECHNOLOGY:

(a) and (b) Yes, in respect of public companies, whether listed or unlisted, and private companies, in terms of the Companies Act, 1973 (Act 61 of 1973) which distinguishes between public and private companies only and not between listed and unlisted companies.

Section 302 of the Companies Act provides that a copy of the annual financial statements of a company and the group annual financial statements, if any, shall not less than twenty-one days before the date of the annual general meeting of the company be sent to every member and every holder of debentures of the company. A public company shall on the day on which it sends such copies to its members send to the Registrar of Companies a true copy certified by a director and the secretary of the company of the annual financial statements and group annual financial statements, if any, and of the annual financial statements of every private company which is a subsidiary of that public company. Other authorities such as, for example, the Johannesburg Stock Exchange, may possibly lay down additional requirements regarding the publication of annual financial statements of listed companies.

Gampo Township: relocation of residents

811. Mr H SUZMAN asked the Minister of Constitutional Development and Planning:

(1) Whether any residents of Gampo Township, previously known as Duncan Village, are to be relocated; if so, (a) how many residents are to be relocated, (b) (i) when, (ii) where and (iii) why are they to be relocated and (c) who took the decision in this regard;

(2) whether the site to which these persons are to be moved is situated in the Republic; if not, what effect will this move have on the South African citizenship status of these persons; if so, what action will be taken in respect of persons already resident in this area;

(3) whether any consideration is being given to incorporating this relocation area into Ciskei; if so, (a) when and (b) why;

(4) whether any guarantee will be given to these persons that they will be able to retain their South African citizenship and all rights corresponding thereto; if not, why not; if so, by whom;

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

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(1) No. The rest of the question falls away.

Hospitals: beds/staff establishment/vacant posts

819. Dr M S BARNARD asked the Minister of Constitutional Development and Planning:

(1) What was the (a) number of commissioned beds as at 31 December 1987 at the (i) Bethlehem, (ii) Boitumelo, (iii) Odendaalsrus, (iv) Parys, (v) Pelonomi, (vi) Phekolong, (vii) Sasolburg, (viii) Universitas, (ix) Virginia, (x) Voortrekker, (xi) Welkom and (xii) Harrismith Hospital, (b) average bed occupancy rate, expressed in percentage, in respect of each of the above hospitals for the (i) 1984/85

and (ii) 1985/86 financial years and (c) staff establishment at each such hospital as at 31 December 1987 (i) in total and (ii) for (aa) medical, (bb) nursing, (cc) paramedical, (dd) administrative and (ee) each specified other category of staff;

(2) how many vacant posts were there (a) in total and (b) in each specified category of staff at each of these hospitals as at 31 December 1987?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(1) (a) (i) 136
(ii) 404
(iii) 158
(iv) 90
(v) 1 176
(vi) 192
(vii) 150
(viii) 724
(ix) 158
(x) 236
(xi) 346
(xii) 104

(b)

	1984/85 (i)	1985/86 (ii)
(i)	38,3	33,8
(ii)	91	92,3
(iii)	73,9	68,3
(iv)	88,4	81,8
(v)	88,6	83,2
(vi)	101,6	86,6
(vii)	47,1	47,9
(viii)	52,8	52,7
(ix)	70,7	70,0
(x)	57,3	58,1
(xi)	93,3	92,6
(xii)	57,7	46,6

(c)

	(i)	(aa)	(bb)	(cc)	(dd)	(ee)
(i)	246	5	119	5	14	103
(ii)	587	—	326	7	41	213
(iii)	181	—	1	90	8	82
(iv)	111	—	1	58	8	44
(v)	3 173	2	1 802	120	214	1 035
(vi)	277	9	128	3	17	120
(vii)	275	2	130	3	17	123
(viii)	5 310	403	1 993	184	278	2 452
(ix)	186	1	85	1	9	90
(x)	395	18	119	7	14	237
(xi)	750	13	359	14	48	316
(xii)	113	—	1	51	5	56

(a)

(b)

		(aa)	(bb)	(cc)	(dd)	(ee)
(i)	39	1	31	1	1	5
(ii)	42	—	34	2	—	6
(iii)	5	—	1	—	—	4
(iv)	8	—	5	—	2	1
(v)	358	—	202	13	48	95
(vi)	16	—	6	1	—	9
(vii)	15	22	7	—	1	5
(viii)	620	69	332	73	14	132
(ix)	5	—	2	—	—	3
(x)	52	—	29	1	—	22
(xi)	54	5	25	5	—	19
(xii)	10	2	5	—	1	2

Pelonomi/Universitas Hospital: changes in formula for allocation of academic/research time

820. Dr M S BARNARD asked the Minister of Constitutional Development and Planning:

Whether any changes have been effected in the formula for allocating academic and/or research time to medical personnel at the (a) Pelonomi and (b) Universitas Hospital; if so,(i) why, (ii) when, and (iii) what is the (aa) new and (bb) previous formula, in respect of each of these hospitals?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(a) and (b) No.
(i) and (ii) Fall away.
(iii) (aa) Falls away.
(bb) No formula exists at present but heads of departments are expected to maintain a healthy balance between the rendering of services, training and research.

Printing contracts awarded to two companies

823. Mr D J DALLING asked the Minister of Constitutional Development and Planning:

(1) Whether his Department awarded any printing contracts in 1987 to two companies, the names of which have been furnished to the Commission for Administration for the purpose of the Minister's reply, or to their associated companies and printing operations; if so, (a) in respect of what publications or printed matter, (b) how many copies of each publication or item were ordered from each company and (c) what are the names of the companies concerned;

(2) whether these contracts were put out to tender; if not, (a) why not and (b) what was the total amount paid by his Department in respect of each of these contracts; if so, what was the (i) tender price originally accepted and (ii) total amount paid out, in respect of each contract;

(3) whether his Department subsidizes any publications published by the above companies; if so, (a) which publications and (b) (i) why, and (ii) what is the amount of the subsidy, in each case;

(4) what total amount was spent by his Department in 1987 on printing and publishing involving (a) the above companies and (b) any other specified companies?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(1) No.
Rest of question falls away.

Printing contracts awarded to two companies

842. Mr D J DALLING asked the Minister of Economic Affairs and Technology:

(1) Whether the Department of Trade and Industry awarded any printing contracts in 1987 to two companies, the names of which have been furnished to the Commission for Administration for the purpose of the Minister's reply, or to their associated companies and printing operations; if so, (a) in respect of what publications or printed matter, (b) how many copies of each publication or item were ordered from each company and (c) what are the names of the companies concerned;

(2) whether these contracts were put out to tender; if not, (a) why not and (b) what was the total amount paid by this Department in respect of each of these contracts; if so, what was the (i) tender price originally accepted, and (ii) total amount paid out, in respect of each contract;

(3) whether this Department subsidizes any publications published by the above companies; if so, (a) which publications and (b) (i) why, and (ii) what is the amount of the subsidy, in each case;

(4) what total amount was spent by this department in 1987 on printing and publishing involving (a) the above companies and (b) any other specified companies?

The MINISTER OF ECONOMIC AFFAIRS AND TECHNOLOGY:

(1) No.
(a), (b) and (c) Fall away.

(2) Falls away.

(3) No.
(a) and (b) Fall away.

(4) Falls away.

Reprimanded but Bara doctors' fight goes on

By JO-ANN BEKKER

DOCTORS at Baragwanath Hospital have adopted a wait-and-see attitude to this week's announcement that the Transvaal provincial authorities have backed down on threats to fire 31 doctors who refused to apologise for criticising conditions at the Soweto hospital.

Constitutional Development Minister Chris Heunis told parliament this week "letters of reprimand" would be sent to the 31.

The controversy dates back to a letter, signed by 101 Baragwanath staff members, which appeared in last September's edition of the *South African Medical Journal*. The letter criticised the "disgusting" conditions in the hospital's overcrowded medical wards and accused the authorities of "indifference and callous disregard".

The letter attracted little public attention until half a dozen housemen who had signed it were refused permanent positions — for which they had been strongly recommended — unless they signed retractions.

Next several registrars who had been approved for promotion to the position of medical officer — a permanent post which includes a housing subsidy and a higher salary — were told their promotions had been withdrawn.

Recently permanent staff members who had signed the letter received a letter from the provincial authorities, asking them to apologise "due to unacceptable language and incorrect statements in the letter".

(88) (98) W/Mail 15-21/4/88

Doctors saved — but Bara crisis goes on

The doctors who faced dismissal for their criticism of conditions at Baragwanth Hospital will now merely be reprimanded. But one remains unhappy about the outcome of the "Bara Crisis". He told CARINA LE GRANGE that the issue had shifted. Instead of being about the appalling conditions at the hospital it had centred instead on the authorities' threatened action against the doctors. Although the doctors' jobs have been saved, the lot of the patients has not improved. He asked to remain anonymous.



CHRONIC OVERCROWDING: the crisis at Baragwanath remains unresolved.

In a letter to the South African Medical Journal in September last year, 101 doctors of the medical department at Baragwanath Hospital made an impassioned plea for action to be taken without delay at the hospital in order to relieve the conditions in specifically the medical wards.

A doctor at the hospital has described the conditions as one of "horrific overcrowding of up to 300 percent and totally inadequate basic ward facilities such as only one bath (and no showers) per 100 patients, one toilet per 40 to 50 patients.

The doctor drew attention to the fact that, following publication of the letter, the southern Transvaal branch of the Medical Association of South Africa (Masa) inspected the medical wards in November last year.

The reported conclusion of the delegation was that the "health authorities proclaim Bara a disaster area and have the overflow of patients transferred immediately to the empty Johannesburg Hospital which has about 1 400 empty beds", he said.

"Ironically, at the time the Minister of Constitutional Development, Mr Chris Heunis, was talking about the doctors of Baragwanath being reprimanded for writing the letter to the SAMJ, money was being collected by those doctors (and the nursing staff) in order to purchase seat cushions for wooden chairs.

"During the day ill patients spend up to 12 hours on hard, wooden benches because of the bed shortage."

He said the question at the centre of the Baragwanath crisis, concerning conditions at the hospital and what is being done to remedy them, remained. He also referred to the fact that PFP MP Dr Marius Barnard had been reported in The Star as saying that doctors were willing to testify that patients had died as a direct result of the overcrowding and staff shortages.

"What has happened at Bara in the meantime? Sadly, absolutely nothing," he believes.

"The administration has neglected to take a single constructive step to resolve the crisis at Baragwanath except for attending to some toilets after a report that doctors of the medical wards themselves purchased five toilet seats and 50 mattresses for those lying on the floor without mattresses," he says.

"If the guidelines laid down by the National Building and Standard Regulation Act regarding the suitablity of a place of residence for human habitation are to be met, it will be neccessary for the medical wards at the hospital to obtain 50 new baths, 36 toilets and twice the area that the wards now occupy.

"Suggestions such as transferring empty beds fron the Johannesburg Hospital to Baragwanath and opening up closed wards were refused out of hand by the authorities. There are 21 patients sleeping on the floor at Bara in only one of the wards at the moment.

"Is it not time that those in authority recognise the urgency of the crisis as affecting the 2,5 million population of Soweto — and act in a constructive fashion commensurate with the responsibility of the positions they hold?"

He said the hospital administration could do worse than to take note of the words of Dr Richard Asher, a renowned British physician: "It is always assumed that the first thing in any illness is to put the patient to bed. Hospital accommodation is always numbered in beds. Illness is measured by the length of time in bed. Bed is not ordered like a pill or purge, but it is assumed as the basis for all treatment."

these claims; if not, what formula is being used; if so, what is the percentage formula?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) (a) There is no such fund as the Natal Flood Relief Fund. The fund established in terms of the Fund-raising Act, 1978, for victims of all declared disasters, is the Disaster Relief Fund. Attention is invited to Chapter II of the said Act.

(b) 54 000, as at 25 February 1988.

(c) No record is kept of the amounts applied for. Figure could only be furnished if all applications are scrutinised which is impossible.

(d) R17 000 000

(e) In respect of farmers where the closing date was 29 February 1988 it is hoped that payments would be finalised within three months. In respect of other cases it is anticipated that payments would be finalised within two months.

(2) No. Payments are made in accordance with guidelines and bases approved by the Board of the Disaster Relief Fund and within the limits of the available funds.

Five most junior posts: salary scales

700. Mr C J DERBY-LEWIS asked the Minister of National Health and Population Development:

(a) What are the salary scales attached to each of the five most junior posts in his Department, (b) how many of these posts are filled by Whites, Coloureds, Indians and Blacks, respectively, and (c) in respect of what date is this information furnished?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(a) Grading of the five most junior post classes in the Department:

Housekeeper
R5 049 × 348 – 6 789 × 381 – 7 932

Housemother
R5 049 × 348 – 6 789 × 381 – 7 932

Linen Supervisor
R5 049 × 348 – 6 789 × 381 – 7 932

Laundry Assistant
R5 049 × 348 – 6 789 × 381 – 7 932

Seamstress
R5 049 × 348 – 6 789 × 381 – 7 932

(b) and (c) State of incumbency per population group as at 1/3/88:

	Whites	Coloureds	Asians	Blacks
Housekeeper	33	3	0	24
Housemother	2	7	0	17
Linen Supervisor	12	0	4	3
Laundry Assistant	58	2	0	14
Seamstress	47	4	0	14

Pretoria: financing of certain committee

717. Mr C J DERBY-LEWIS asked the Minister of Home Affairs:

Whether his Department is involved in financing a certain committee in Pretoria, the name of which has been furnished to the Minister's Department for the purpose of his reply; if so, (a) why, (b) to what extent per annum and (c) what (i) are the aims and objects and (ii) is the name of this committee?

The MINISTER OF HOME AFFAIRS:

No.

Own Affairs:

Old-age/war veterans' pensions: raising of means test limit

66. Mr M J ELLIS asked the Minister of Budget and Welfare:

Whether consideration is being given to raising the means test limit on personal income for the awarding of old-age and war veterans' pensions; if not, why not; if so, (a) what is this limit at present and (b) (i) what will be the new limit and (ii) when will it be implemented?

The MINISTER OF BUDGET AND WELFARE:

Raising the means test limit on personal income is receiving continuous consideration.

(a) The present limit is R1 080 per person per annum for the maximum pension and R2 616 per person per annum for the minimum pension.

(b) (i) The new limit will be adjusted with the same amount of the increase in social pensions, if increases are granted.

(ii) The new limit will be implemented as from the same date on which social pensions are increased.

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Bara refuses again to re-employ doctor

DR BEVERLEY Traub, who has twice been refused re-appointment as a senior house officer at Baragwanath after signing a letter criticising conditions in the hospital's medicine department, is to ask the Supreme Court to review the second decision not to employ her.

The letter published in the September 1987 issue of the South African Medical Journal was signed by 101 interns, consultants and registrars.

Soon after publication Traub and five other signatories of the letter were told their re-appointments had been refused.

Last December Traub and the five doctors brought an urgent application in the Rand Supreme Court asking that the decision not to re-appoint them be set aside.

SUE RUSSELL

Mr Justice R Goldstone found the six doctors were entitled to a hearing.

He set aside the decision not to re-appoint them and ordered the authorities to give the doctors a hearing and take a new decision on their appointments.

Before the hearing, Traub was again told her re-appointment had been refused.

Urgent need at hospital

Sowetan 18/4/88

AT LEAST 300 patients at South Africa's biggest black hospital near Soweto are without beds while more than 1 000 beds are empty at the nearby white hospital, doctors said in a letter published on Friday.

The letter, signed by a committee of the medical faculty at Johannesburg's Witwatersrand University, was the latest in a series of complaints about the huge Baragwanath Hospital on the outskirts of Soweto township.

"There about 470 beds for an average of 780 patients per day which means 310 patients were without a bed at any one time," the letter, published in the *South African Medical Journal*, said.

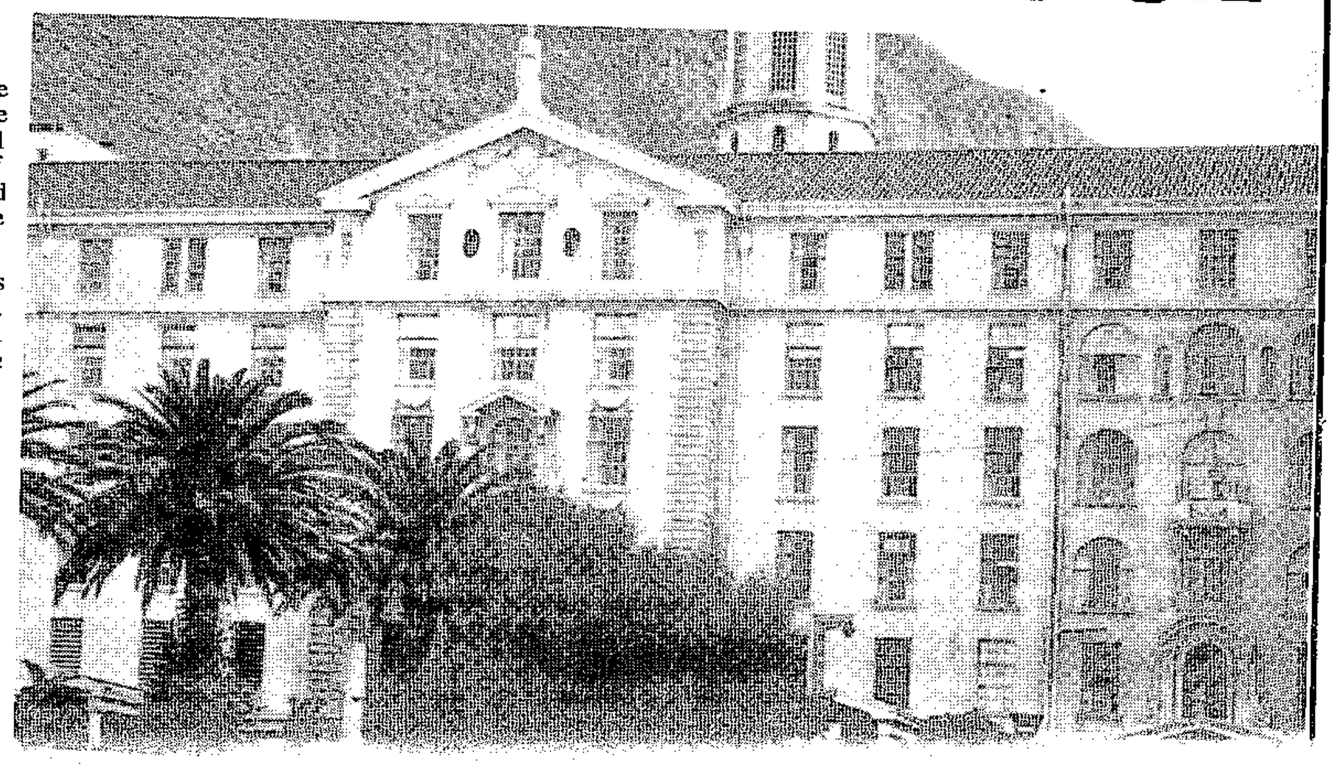
"Because the medical wards are old and have very limited washing, bathing and toilet facilities, this degree of overcrowding leads to the squalid conditions . . ." the letter added.

"We believe that there is an urgent need to upgrade the existing facilities and to increase substantially the number of hospital beds at Baragwanath or at a second Soweto hospital," the board said.

The letter criticised hospital authorities for threatening to punish about 101 doctors who last September publicly described conditions at Baragwanath Hospital as "disgusting and despicable".— Sapa.

Racism claims at Groote Schuur

By SIPHO VANGA



Racism is rife at Groote Schuur, workers claim

WORKERS at Groote Schuur Hospital have accused the hospital administration of practising job racism and classifying workers on the basis of their skin colour.

A worker with 12 years service is employed as a laboratory assistant and earns R441 per month. He is classified as a "Non-European labourer", he said.

"I tried to improve my qualifications hoping to get a better position. Early last year I applied for a job as a receptionist, but was told there was no vacancy," he said.

The worker said he intended to leave the hospital as there was no temporary worker.

Chief medical superintendent of Groote Schuur, Dr J Kane-Berman denied that workers were classified on the basis of their skin colour.

"General assistants perform unskilled and semi-skilled work under the supervision of a qualified person.

"General assistants whose educational qualifications meet hospital requirements are encouraged to apply for higher posts," she said.

Some workers spoken to said they were dissatisfied about wages and racism.

Workers doing work of junior pharmacists and laboratory assistants were not paid for these jobs. Despite performing duties of qualified workers, laboratory assistants were classified as labourers.

Whites and coloureds were employed as porters while Africans were not considered for the job. Although a minimum qualification for the job is Std 6, Africans with matric sweep floors, workers said.

"Semi-literate whites are permanently employed and their basic salary is R700 upwards. Meanwhile there are matriculants who sweep floors and are paid peanuts."

Some workers with many years' service are still classified temporary and are not aware of it.

The hospital forced workers to join the Public Servant's League, a "sweetheart union", which was not recognised by workers. They were dissatisfied with the League. Management discouraged an alternative union.

Kane-Berman said salary discrimination had been abolished on March 1 this year.

The Commission for Administration was reviewing the temporary appointment of general assistants, she said.

"Groote Schuur Hospital is governed by State legislation and public service regulations.

"The hospital defined grievance procedures and copies are given to new employees. These procedures allow workers to bring grievances to management to be remedied."

There were staff associations who met with management regularly on their own request.

Groote Schuur was committed to the elimination of discrimination, equal opportunity, and the improvement of labour relations and conditions of service for all employees, Kane-Berman said.

HOUSE OF REPRESENTATIVES

†Indicates translated version.

For oral reply:

General Affairs:

Mitchell's Plain: provision of cemetery/ crematorium

*1. Mr P C HARRIS asked the Minister of Constitutional Development and Planning:

(1) Whether the Western Cape Regional Services Council is responsible for the provision and maintenance of cemeteries and crematoria falling within its area of jurisdiction; if not, (a) why not and (b) what body is responsible for these matters; if so, to what extent;

(2) whether (a) this council and/or (b) the Cape Divisional Council received any written representations requesting the provision of a cemetery and crematorium for Mitchell's Plain; if so, (i) from whom and (ii) on what date were the (aa) first and (bb) most recent representations of this nature received;

(3) whether it is the intention of this regional services council to provide these facilities for Mitchell's Plain; if not, why not; if so,

(4) whether any land has been identified for this purpose; if not, why not; if so, (a) where and (b)(i) when is it anticipated that the project will (aa) commence and (bb) be completed and (ii) what is the estimated cost thereof;

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

†The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

This information was furnished by the Cape Provincial Government.

(1) Yes.

(a) Falls away.

(b) The Western Cape Regional Services Council provides that part of the function relating to cemeteries and crematoriums which was previously performed by the former Divisional Councils of the Cape, Paarl and Stellenbosch.

(2) (a) Yes.

(b) Yes.

(i) Regional Services Council: Mr L T Landers, MP, Deputy Minister of Population Development Divisional Council: Al-Hidaayah Islamic Mission
Mr A C Toffie
Mr L T Landers, MP, Deputy Minister of Population Development
Mr N D Ross
Mrs S Hoosen, MP

(ii) (aa) Regional Services Council: 21 July 1987

Divisional Council: 25 October 1984

(bb) Regional Services Council: 23 March 1988

Divisional Council: 7 May 1986

(3) No, the Western Cape Regional Services Council does not intend to provide burial and cremation facilities specifically to serve Mitchell's Plain, but a 58 ha site has been earmarked for cemetery purposes in the Delft portion of the Lower Kuils River Valley and will be developed to serve the needs of the Cape Flats, Mitchell's Plain and Lower Kuils River Area as circumstances warrant.

Insofar as Mitchell's Plain is concerned, Muizenberg and Modderdam Cemeteries are situated a mere 14 kilometres and 12 kilometres, respectively, from the centre of Mitchell's Plain which is much closer to such facilities than many other residential areas.

(4) Falls away.

(5) No.

Provincial hospitals: opening to all race groups

*2. Mr A E REEVES asked the Minister of Constitutional Development and Planning:

(1) What is the policy of his Department in regard to opening to all race groups all provincial hospitals reserved for Whites at present;

(2) whether any provincial hospital facilities (a) reserved for Whites are under-utilized and (b) reserved for non-Whites are over-utilized; if so,

(3) whether he intends taking any steps in this regard; if not, why not; if so, (a) what steps and (b) when;

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

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING [Reply laid upon the Table with leave of House]:

This information was furnished by the different Provincial Governments:

NATAL

(1) The policy in Natal is that the *status quo* in respect of Provincial Hospitals reserved for Whites will not be altered except as indicated in (3) (a) below.

(2) (a) Yes.

(b) Yes.

(3) Yes.

(a) By means of rationalising existing facilities, ie providing additional space for any over-utilized service by using space generated by the under-utilized facilities.

(b) A start has already been made in this regard — 1988/89 financial year — and will be ongoing subject to availability of funds.

(4) No.

ORANGE FREE STATE

(1) The policy is that hospitals for Whites will remain reserved for White patients.

(2) (a) Yes.

(b) Yes.

(3) Yes.

(a) To provide more bed facilities for Non-whites.

(b) When the necessary funds are available.

(4) No.

CAPE PROVINCE

(1) There are no provincial hospitals in the Cape Province which are reserved solely for the treatment of White patients.

(2) (a) and (b)

As stated in answer to question 1 there are no definite restrictions placed on the utilization of hospital facilities solely for one specific race group. Certain areas in hospitals are, however, allocated for the principal use of a specific race group in accordance with government policy, but there are also central facilities which in accordance with medical criteria are used for all race groups. Under-utilization does occur in certain areas allocated for Whites. Regarding areas allocated for Non-whites, they are frequently over-utilized, but there are also certain areas which are under-utilized.

(3) (a) and (b)

The utilization of provincial hospital facilities is actively monitored and amendments are made on a continuous basis where circumstances warrant and where relevant factors and available funds make it at all possible. Accordingly, during 1986/1987, 170 White beds were re-allocated for use by Non-whites. The Cape Province strives to provide hospital facilities to all population groups within its sphere of responsibility on an equitable basis.

(4) No.

TRANSVAAL

(1) White hospitals are identified as Own Affairs and the policy with regard to the admissions of patients of other race groups thereto vests in the Minister of Health Services: House of Assembly.

(2) (a) Yes.

(b) Yes.

(3) Falls away.

(4) No.

CT Times 21/4/88

Heunis on Cape hospital policy

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Political Staff

THE Cape is the only province in South Africa where there are provincial hospitals which are not solely reserved for white patients, the Minister of Constitutional Development and Planning, Mr Chris Heunis, disclosed yesterday.

In the Free State, the Transvaal and Natal, hospitals remain reserved for whites, but in Natal the situation can be changed through the rationalization of facilities.

Mr Heunis was replying to a question tabled by Mr A E Reeves (LP Klispruit West).

He said there are "no Cape Provincial Administration hospitals which are reserved solely for the treatment of white patients".

No definite restrictions were placed on the utilization of hospitals solely for one specific race group.

"Certain areas in hospitals are, however, allocated for the principle use of a specific race group in accordance with government policy, but there are also central facilities which in accordance with medical criteria are used for all race groups.

"Under-utilization does occur in certain areas allocated for whites.

"Regarding areas allocated for non-whites, they are frequently over-utilized, but there are also certain areas which are under-utilized."

Unique surgical interface at Bara

An estimated 38 000 operations are performed annually at Soweto's Baragwanath Hospital in almost unique conditions. A group of surgeons have compiled a book entitled "Modern Surgery in Africa — the Baragwanath Experience". Toni Younghusband spoke to the book's editor, Dr Desmond Pantanowitz.

Official estimates put Soweto's population at little more than one million but Dr Desmond Pantanowitz, a senior surgeon at Baragwanath Hospital, believes that in reality this figure is closer to three million.

The hospital serves this entire population and its annual admittance figure is 120 000 inpatients and more than 1,5 million outpatients. At least 30 000 babies are born here each year, 38 000 operations are performed.

"Working under these conditions our doctors have gained vast experience both in First World and in Third World medicine. We serve a huge population and also get referrals from as far afield as Zimbabwe and Mozambique.

UNIQUE SITUATION

"The unique situation in which we find ourselves is due mainly to the fact that what we are treating here is the interface between First and Third World medicine. Some of the illnesses we see are virtually unique to this hospital. We have extensive experience in trauma surgery."

He said the doctors at Baragwanath felt that their experiences should be shared with others in the medical profession and a seven-chapter book was born.

The book is aimed at undergraduate medical students, fourth, fifth and final-year students and post-graduate registrars in training. Dr Pantanowitz is of the opinion that surgeons in private practice will also find the book both fascinating reading and helpful in the recognition of unusual medical conditions.

Top South African surgeons, many of them internationally recognised experts in their field, contributed to the book which was completed in 15 months.

HEALING HIGHLIGHTS

One of the chapters in the book deals with traditional healing and highlights the dangers of home-made medicinal remedies. "Some of these people drink things like battery acid and we end up with the complications."

Takayasu's arteritis, a vascular disease rarely found among white people is gaining prominence in the black population. Doctors do not know what causes this serious illness which can kill.

"Some doctors haven't even heard of this disease. This book tells them what symptoms to look out for and how to treat it," Dr Pantanowitz said.

An interesting feature of the publication is the chapter on a disease called Idiopathic Neurotrophic feet commonly known among hospital staff as "Bara vrot foot".

In effect, the foot becomes rotten from this disease which is due mainly to excessive alcohol abuse and malnutrition.

"Interestingly, there appear to be fewer cases of the disease now than there were 10 years ago due to improving economic conditions."

The book's contributors include Professor J A Myburg, the head of renal transplantation at the Johannesburg Hospital, Professor M C Kew an expert on liver cancer, Professor I Segal who wrote the chapter on traditional healing and Dr M C M Modiba whose contribution deals with bilharzia.

Doctors face new call on dispensing

BLOEMFONTEIN — A proposal that a professional fee for the supply of medicines by doctors should apply only where there was no pharmacy available, or when supplied in an emergency, was overwhelmingly rejected by the South African Medical and Dental Council in Bloemfontein yesterday.

DILEMMA

Mr G G Clark, a member nominated by the Pharmacy Council, said the essence of the ethical dilemma faced by the Medical and Dental Council in its attitude to the dispensing of medicines by doctors concerned the question of whether or not a professional person should engage in a practice for which he was not trained and which specifically fell within the ambit of acts that pertained to the calling of another profession.

He said the knowledge the pharmacist brought to the act of dispensing was rich and varied, and complemented and supplemented that of the prescriber.

The pharmacist was the "third-eye" of the prescriber in the interests of both patient and prescriber.

He was autonomous and quite apart from the intimacy of the doctor-patient relationship, Mr Clark said.

ACCEPTABLE

In the discussion on the motion it was clear that while there was a necessity to distinguish between "trading" doctors and "dispensing" doctors, the council members generally believed that it was acceptable for doctors to dispense medicines to their patients. — Sapa.

Cape has no whites-only hospitals

21/4/82 Bday

Political Staff

HOUSE OF ASSEMBLY — The Cape was the only province that had no whites-only provincial hospitals, Constitutional Development and Planning Minister Chris Heunis said yesterday.

In the Free State, Transvaal and Natal, hospitals were reserved for whites, but in Natal the situation could be changed to rationalise facilities.

Heunis outlined the policies of the provincial administrations in reply to a question from A E Reeves (LP Klispruit West).

The Natal Provincial Administration said its policy was that the *status quo* would not be altered except by means of rationalising facilities, that is by "providing additional space for any over-utilised service by using space generated by under-utilised facilities".

The Free State Provincial Administration, which along with the other provinces confirmed facilities for whites were under-utilised and those for blacks over-utilised, said its policy was "that hospitals for whites will remain reserved for white patients".

(1) Whether he or the Deputy Minister of Water Affairs undertook any overseas visits in 1987; if so, (a) which countries were visited and (b) what was the purpose of each visit;

(2) whether he or this Deputy Minister was accompanied by any representatives of the media on these visits; if so, (a) what were the names of the journalists involved, (b) which newspaper or radio or television networks did they represent, (c) to which countries did each of these persons accompany him or this Deputy Minister and (d) why;

(3) whether any costs were incurred by his Department as a result; if so, what total amount in that year?

The MINISTER OF WATER AFFAIRS:

(1) No.

(1) (a) and (b), (2) and (3) Fall away.

Nine main urban areas: houses built

587. Mrs H SUZMAN asked the Minister of Constitutional Development and Planning:

What was the total number of houses built for Blacks in the 1986-87 financial year in each of the nine main urban areas in the Republic?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

TRANSVAAL	
Pretoria	2 042
Witwatersrand	10 472
Vaal Triangle	673
ORANGE FREE STATE	
Mangaung (Bloemfontein)	940
Thabong (Welkom)	174
CAPE PROVINCE	
Cape Town	182
Port Elizabeth	1 202
East London	180
Kimberley	247
NATAL	
Durban area	51

Christmas cards sent out

600. Mr P G SOAL asked the Minister of Water Affairs:

(1) Whether (a) he and/or (b) his Department sent out Christmas cards in 1987; if so, (i) what total number of cards was printed, (ii) to whom were they sent, (iii) what was the total cost of producing and distributing these cards, and (iv) who was responsible for printing them, in each case;

(2) whether postage stamps were used to send out these Christmas cards; if not, how were they distributed?

The MINISTER OF WATER AFFAIRS:

(1) (a) Yes. Particulars are provided in the reply to question 601 (for written reply).

(b) Yes.

(i) 953.

(ii) Christmas cards were sent to Ministers, Deputy Ministers, other political dignitaries, heads of Departments, other Government Departments, parastatal organizations, regional and local authority bodies and other associations, boards and institutions with whom the Department is in frequent liaison, Departmental personnel and offices and other institutions and individuals from whom cards were received.

(iii) Printing cost alone R828,17.

(iv) KMP Compton (Pty) Ltd and Prontaprint.

(2) Yes. Postage stamps were used to mail 111 cards but the sender bore the cost thereof himself. The remainder of the cards were distributed in official envelopes.

Provincial hospitals: specialist medical equipment purchased

638. Dr M S BARNARD asked the Minister of Constitutional Development and Planning:

(1) Whether any items of specialist medical equipment costing in excess of R100 000 were purchased by any provincial hospital services department in the financial year ended 28 February 1986; if so, (a) to which department of which hospital was the equipment delivered, (b) on what date was delivery taken, (c) on what date was the equipment commissioned, and (d) what was the delivered cost of the item, in each case;

(2) whether there was a delay of more than 60 days between the date of delivery and the date of commission in respect of any of this equipment; if so, what was the reason for the delay in commissioning the order in each case;

(3) whether reviews of capital equipment in hospitals are carried out by his Department and/or the provincial authorities on a regular basis to establish the degree of utilization of such equipment; if not, why not; if so, (a) at what intervals and (b) what is the policy of his Department and/or the provincial authorities in cases where the equipment is under-utilized?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

ORANGE FREE STATE

(1) Yes.

(a), (b), (c) and (d)

UNIVERSITAS HOSPITAL

Item	Department	Date ordered	Date delivered	Cost	Reason for late delivery
Angiontron CMP 12491	X-rays	11-07-85	07-03-86	R638 615,00	Imported —delivered as tendered
Two-phase X-ray machine	Catheter Laboratory	08-08-85	14-03-86	R1 446 847,36	Imported —delivered as tendered
Operation microscope	Ophthalmology	03-09-85	15-09-85	R126 504,00	Imported —stock depleted
Upgrading computerised tomograph	X-rays	09-01-86	28-04-86	R396 944,00	Problems with import
scanner	Obstetrics	09-01-86	05-03-86	R156 782.00	Delivered as tendered before 31-03-86
Amino acid analyser	Chemical Pathology	09-01-86	31-03-86	R154 560.00	Delivered as tendered before 31-03-86
Yag laser	Ophthalmology	17-12-86	12-02-86	R229 824,00	
Lung function equipment	Pulmonology	20-01-86	04-03-86	R545 020.00	
Whole body scanner	Pulmonology	20-01-86	12-03-86	R741 210.00	
Monitors	Cardio Thorax	12-12-85	11-06-86	R123 755,00	Problems with import
Biochemical analyser	Chemical Pathology	26-09-85	06-12-85	R473 371,36	Problems with import
Heart-lung machine	Cardio Thorax	23-01-86	07-05-86	R150 785.60	Conditions of delivery 3 to 4 months

PELONOMI HOSPITAL

Lateral scanning unit	Radiology	26-07-85	25-02-86	R111 760,32	Problems with import
Incubator	Maternity Ward	25-01-85	18-12-85	R126 700.00	
Ultra-echo unit	Radiology	28-11-85	25-04-86	R146 389,12	Problems with import
CO_2 laser	Ear, Nose and Throat	03-12-85	17-02-86	R146 720.00	Problems with import
Dosage meter	Oncotherapy	23-12-85	07-04-86	R190 485.12	Delivered as tendered — 4 months
HI system	Heamatology	10-01-86	14-03-86	R296 500.00	Delivered as tendered before 31/03/86
Linear accelerator	Oncotherapy	15-01-86	08-01-87	R2 500,494,00	Delivered as tendered — one year

Lung function equipment	Pulmonology	20-01-86	12-03-86	R897 366,40	
X-ray unit	Radiology	04-02-86	08-09-86	R254 241,12	Problems with import
Mobile X-ray machine	Radiology	04-02-86	07-03-86	R202 836,48	Delivered as tendered
Sonar apparatus	Internal Medicine	07-02-86	04-06-86	R195 902,52	Delivered as tendered

WELKOM HOSPITAL

X-ray machine	X-rays	03-09-85	11-03-86	R109 889,92	Imported from Germany

BOITUMELO HOSPITAL

X-ray unit with C-arm and high resolution image intensifier	Theatre	17-12-85	17-02-86	R200 754,40	
Chest X-ray unit	X-rays	03-10-85	08-06-86	R127 296,34	Shipment delay

(2) Yes, as set out in the schedule above.

(3) Yes.

(a) Reviews are carried out on a continuous basis.

(b) Under-utilization of equipment has as yet not occurred.

NATAL

(1) Yes.

(a), (b), (c) and (d)

ADDINGTON HOSPITAL

Item	Department	Date ordered	Date delivered	Cost
D X R treatment unit	Radiotherapy and Oncology	10-01-86	01-06-86	R293 407,78

GREY HOSPITAL

CT whole body scanner	Diagnostic Radiology	30-09-85	February 86	R1 708 399,54

KING EDWARD VIII

Replacement generator	Diagnostic Radiology	31-12-85	27-02-86	R131 591,04
Replacement skull unit	Diagnostic Radiology	31-01-86	21-03-86	R107 637,00
Ultrasound unit	Ultrasound	14-10-85	05-11-85	R111 720,00

(2) D X R treatment unit:

This is a sophisticated unit which takes time to install. Furthermore, as it is a radiation unit, approval of the Department of National Health and Population Development had to be obtained in regard to the building housing the unit, the unit itself and its calibration before the commissioning could take place.

CT whole body scanner:

In addition to the sophistication of this unit, changes had to be made to the accommodation, ie buildings and air conditioning prior to commissioning. The actual time for commissioning was regarded as reasonable by the Chief Provincial Radiologist/Professor of Radiology.

(3) The deficit of equipment in the Province is so great that most equipment is over-utilized. However reviews have been conducted on an *ad hoc* basis in the past and this Province's Hospitals Branch is currently engaged in an exercise to draw up a comprehensive inventory of electro-medical equipment with the aim of improving the management thereof.

(a) Yes.

(b) In rare cases where equipment is found to be under-utilized it is transferred to institutions where it will be properly utilised.

TRANSVAAL

(1) Yes.

(a), (b), (c) and (d)

H F VERWOERD HOSPITAL

Department	Date delivered	Date ordered	Cost
Radiology	6 June 1985	6 May 1985	R402 428
Ward 54	30 April 1986	2 August 1985	R136 036
Surgery	16 October 1985	28 August 1985	R198 000
Orthopaedic	18 March 1986	21 October 1985	R113 580
			R223 655
Radiology	5 November 1985	28 August 1985	R126 944
Coronary	17 January 1986	28 September 1985	R177 700
Theatre	12 November 1985	16 September 1985	R340 754
Orthopaedic	6 February 1986	29 October 1985	R267 957
Radiology	18 February 1986	24 September 1985	R161 157
Lung function	2 December 1985	1 October 1985	R141 745
Block 5	29 January 1986	28 October 1985	R116 420
Block 5	6 February 1986	18 November 1985	R101 960

JOHANNESBURG HOSPITAL

ENT	22 August 1985	19 July 1985	R150 903
Respiratory unit	26 March 1986	17 December 1985	R173 397
Radiology	5 February 1986	7 November 1985	R110 894
Ward 364	15 November 1985	11 September 1985	R107 400
Radiology	25 November 1985	21 October 1985	R1 691 893
Radiology	18 September 1986	27 January 1986	R411 590
Radiology	14 July 1986	27 January 1986	R266 916
Orthopaedic	16 March 1986	21 November 1985	R152 924
ENT	17 February 1986	5 December 1985	R325 058

BARAGWANATH HOSPITAL

Surgery	December 1985	12 August 1985	R108 580
Paediatric	December 1985	31 July 1985	R226 400
Gynaecology	March 1986	9 August 1985	R109 900
Casualty	January 1986	11 September 1985	R144 077
"Cath-Lab"	March 1986	6 November 1985	R340 754
Casualty	March 1986	3 September 1985	R206 826
Cardiology	April 1986	30 September 1985	R318 090
Theatres	February 1986	14 November 1985	R255 930

CORONATION HOSPITAL

Maternity	6 January 1986	12 August 1985	R106 790
Intensive Care	22 October 1986	11 September 1985	R111 716
Radiology	1 July 1986	14 November 1985	R319 996
Radiology	1 July 1986	14 November 1985	R392 154

BOKSBURG HOSPITAL

Department	Date delivered	Date ordered	Cost
Radiology	4 March 1986	18 October 1985	R172 792
Radiology	28 January 1986	12 November 1985	R127 636

HILLBROW HOSPITAL

Medic	25 November 1985	26 September 1985	R173 660
Radiology	19 March 1986	23 September 1985	R218 422
Radiology	26 March 1986	16 September 1985	R297 578
Radiology	6 March 1986	1 October 1985	R117 202

TEMBISA HOSPITAL

Radiology	8 March 1986	22 October 1985	R147 990

ANDREW McCOLM HOSPITAL

Urology	August 1985	11 March 1985	R285 319

NIC BODENSTEIN HOSPITAL

Radiology	22 March 1986	3 September 1985	R187 914

KALAFONG HOSPITAL

Radiology	March 1986	19 August 1985	R311 504

VOORTREKKER MEMORIAL HOSPITAL

Radiology	19 January 1986	19 August 1985	R148 302

TPA HOSPITAL STORES

Analytical	29 January 1986	9 August 1985	R170 661

TSHEPONG HOSPITAL

Radiology	25 February 1986	19 August 1985	R179 435

J G STRIJDOM HOSPITAL

Ward 15	25 November 1985	12 August 1985	R382 795
Intensive Care	27 February 1986	28 August 1985	R108 100

KLERKSDORP HOSPITAL

Radiology	19 January 1986	28 August 1985	R167 910

BARBERTON HOSPITAL

Radiology	16 February 1986	25 September 1985	R154 825

NIGEL HOSPITAL

Radiology	2 February 1986	18 October 1985	R261 278

LERATONG HOSPITAL

Intensive Care	27 March 1986	22 November 1985	R160 301

(2) The delivery period of most of the specialist medical equipment is from 3 to 9 months as these items are imported. No delays in deliveries were experienced.

(3) Yes.

(a) Annually.

(b) Where it is established that capital equipment is under-utilized this equipment is transferred to hospitals where it can be utilized.

CAPE PROVINCE

(1) Yes.

Description of equipment in excess of R100 000	(1)(a) Hospital/ department	(1)(b) Date delivered	(1)(c) Date delivered	(1)(d) Delivered cost (GST included)	(2)(a) Delivery period in excess of 60 days	(2)(b) Reasons if delivery period is longer than 60 days
X-ray system	Tygerberg/ Radiology	24 Mar 86	02 Sep 85	R134 668	Yes	Tendered conditions
Day light system	Tygerberg/ Radiology	10 Mar 86	30 Aug 85	R113 911	Yes	Tendered conditions
Linear accelerator	Tygerberg/ Radiotherapy	Jul (Hanover) 19 Mar 86	85 29 Jun 84	R1 189 112	Yes	Tendered conditions
Automatic catherisation system	Tygerberg/ Cardiology	08 Jan 86	03 Dec 85	R399 078	No	N/A
Automatic catheterisation system	Tygerberg/ Cardiology	19 Mar 86	29 Jan 86	R328 686	No	N/A
Gamma camera	Tygerberg/ Nuclear Medicine	14 Feb 86	18 Oct 85	R505 817	Yes	Tendered conditions
3-Phase X-ray generator	Kimberley/ Radiology	27 Sep 85	26 Aug 85	R117 327	No	N/A
Mobile ultra sound system	Kimberley/ Radiology	28 Mar 86	21 Feb 86	R145 101	No	N/A
Cobalt teletherapy source	Frere/ Radiology	24 Jan 86	22 Oct 85	R109 854	Yes	Tendered conditions
Mobile image intensifier	Uitenhage/ X-ray	24 Mar 86	14 Aug 85	R127 908	Yes	Tendered conditions
Bio-medical analiser	Groote Schuur/ Chemical Pathology	Feb 85	03 Jan 85	R327 800	No	N/A

A fresh rumble grows over a new Bara letter

By JO-ANN BEKKER



Chris Heunis

BARAGWANATH doctors are still waiting to receive the letters of reprimand which Constitutional Development Minister Chris Heunis announced last week would be sent to 31 doctors who refused to apologise for criticising conditions at the hospital.

Several newspapers have interpreted Heunis' announcement as a backdown from earlier threats of dismissal. But the doctors are waiting to study the reprimands before they pass judgement.

Meanwhile controversy continues over conditions at the Soweto hospital, which prompted 101 doctors to write to the *South African Medical Journal* last year protesting "disgusting and despicable" conditions, overcrowding and authorities' "indifference and callous disregard".

A row has erupted over a letter in the journal's latest issue — this time concerning an apology by 49 of the 101 signatories.

The latest letter — with one important change — is a copy of a statement which the Transvaal Provincial Administration demanded junior staff sign if they did not wish to be dismissed or forfeit promotion.

It apologises for the first letter to the SAMJ, admits there were "inaccuracies", and blames senior staff who circulated the "pre-prepared" letter for abusing their trust. The letter withdraws "derogatory" remarks and acknowledges "developments and improvements at Baragwanath".

But the last paragraph of the TPA letter, which stated that each doctor would write to the journal clarifying these points, was omitted. Instead the official letter appeared as if it had been penned by its signatories.

One doctor whose name appeared on the "apology" said the 49 were horrified to see it published. "We were told to sign or leave, so we signed the authorities' apology but none of us really read or agreed with what it said," he said. "We definitely did not give permission for it to be printed in the journal."

The April issue of the medical journal also included a letter signed by the Executive Committee of the Board of the Wits University's Faculty of Medicine.

The committee said during April last year 2 439 patients were admitted to Baragwanath. On average there were 780 patients a day for 470 beds.

The committee acknowledged the TPA was trying to run "a vast hospital system in the face of impossible financial restraints", but Baragwanath medical staff and Wits had "real differences" with authorities about the seriousness of the problem.

The executive committee said there was an urgent need to upgrade existing facilities and increase substantially the number of hospital beds.

The letter asked why half the eventual number of beds at Pretoria's new HF Verwoerd Hospital would be allocated for black patients, while the white Johannesburg Hospital had an unused capacity of over 1 000 beds.

The executive committee said it had supported TPA representations for government funds for a second Soweto hospital.

But it deplored the authorities' "unreasonable and punitive acts" in demanding apologies from the 101 signatories for a letter "written in the interests of their patients and in a mood of frustration and despair, by concerned and committed doctors who have reached breaking point".

PO BOX 13094,
SIR LOWRY ROAD

28/4-4/5/88 South

98

Groote Schuur racism: report 'one-sided'

IT was with deep indignation that I took cognisance of the one-sided report in SOUTH (April 14-20) under the heading: "Racism claims at Groote Schuur". In the report the Public Servants' League was criticised severely.

What bothers me is that your reporter consulted the national secretary on the whole matter, but did not deem it necessary to write about the other side of the story.

You should bear in mind that our organisation represents 44 000 members. I am sure thousands of members are regular readers of SOUTH. Our head office has received several telephone calls protesting the line of your story. I am convinced thousands of our members share my views.

So far I have been very proud of the undaunted performance of SOUTH. You made it clear many times, whatever the consequences, that you will stand by the truth in the interests of the community you serve.

We reject the view that we are a "sweetheart union" with the contempt it deserves.

The PSL has in the past and is still making a stand against hurtful discrimination in the public service. Allow me to quote from the national chairman's address as delivered at an annual general meeting in Port Elizabeth recently:

"We must help to determine a future in the public service and our country where everyone will be happy and live peacefully together. The present set-up in the public service, as well as in our country, does not satisfy our people."

While it is our organisation's immediate objective or priority to improve conditions of employment and to bring about a non-discriminatory public service, it must be clearly understood that we also want to improve our political future.

Thus the Public Servants League has quite unjustly been given the image of being a "sweetheart organisation" that supports the Government and apartheid. We stand for equality in all spheres of life and, therefore, we oppose all forms of discrimination which is based on race and colour.

As a result of persistent pressure from the PSL the following goals were attained:



Groote Schuur Hospital

• A new employment and utilisation policy has materialised where equal opportunities on merit exists;

• The Commission for Administration and the Ministers Council has complied with a request from the PSL that preference be given to blacks when it comes to appointment and/or promotion to senior posts. This will assist to reduce the backlog resultant from an unjust employment policy;

• Parity in salaries as from March 1, 1988;

• Creation of posts for those employees who have been doing certain types of work (drivers or cooks), but were classified as temporary. These people must now be identified and appointed into posts;

• Staff evaluation through merit assessment also for general assistants; and

• Immediate admittance to the pension fund. The two-year waiting period has been done away with.

The PSL is at present also bargaining for: A multiracial Commission for Administration; uniform retirement age of 60 years; an increase in the maximum housing subsidy; salary increases of 20 percent for all civil servants and general assistants.

Some of the other negotiations include: Extension of 100 percent housing loans and housing subsidies to married women officials; maternity leave; and parity on all levels.

You also reported that the PSL was not recognised by workers. I would like to know which workers you refer to. The PSL is a 44 000 strong organisation and is growing rapidly because of what has been achieved in the interest of our members. I wish to invite members of the PSL to report irregularities to us.

The statement that "workers are forced to join the PSL" is untrue. We respect the principle of freedom of association. All our members have joined of their own free will.

JJ DAVIDS

CHIEF: LIAISON SERVICES

This letter has been shortened. — Editor

More get beds

The Saturday's Star's Baragwanath Barometer reflects a considerable decrease in the bed shortage in the hospital's medicine department since last week. Star 30/4/88 (98)

The daily average of patients without beds between April 21 and 27 was 226 as compared with 287 for last week.

The cumulative deficit for the week was 1 588 as compared to 1 825 last week.

On one day alone there were 261 patients without beds.

Council to probe man's death

Staff Reporter

THE city engineer, Mr Des Riley, will conduct a departmental investigation into the death of a badly injured city council worker who died after allegedly being turned away from Groote Schuur Hospital.

Mr Peter Wilson, a cleansing department employee, was struck by a vehicle while working on the Kromboom Parkway soon after lunch on Friday.

He was taken to Groote Schuur "bleeding and with a broken leg", said Mr Riley, but was allegedly refused medical treatment.

The reason given was that he was a workman's compensation case, said Mr Riley.

Mr Wilson was referred to Woodstock Hospital where he died later that day.

Mr Riley said "alarming hearsay evidence" had come to his attention and that ambulance, police and hospital services would come under scrutiny in the investigation.

"This is a major concern. It is essential we follow this matter through step-by-step to prevent anything similar happening in the future and to see that the system can handle this kind of situation effectively," Mr Riley said.

The deputy medical superintendent at Groote Schuur Hospital, Dr G Lawrence, said the matter was still under investigation and a statement would be issued later today.

● The city's medical officer of health, Dr Reg Coogan said a council employee injured at work was dealt with under the Workman's Compensation Act. As it involved a lot of paper work only two hospitals, Conradie and Woodstock, normally dealt with such cases.

However, in an emergency, the worker would automatically be taken to the nearest hospital for treatment, and subsequently referred if necessary.

New private hospital organisation launched

Medical Reporter

AN organisation to represent the interests of the private hospital industry has been launched countrywide.

Eighty-five percent of the country's 90 private hospitals have affiliated to the National Association of Private Hospitals (NAPH).

The organisation's constitution includes a code of ethics and disciplinary procedures against members who infringe it. Members of the public can approach NAPH with complaints.

The industry was originally represented by the South African Association of Private Hospitals (SAAPH), but some members broke away to form the National Federation of Private Hospitals. An umbrella body, called the Representative Association of Private Hospitals (RAPH) was formed, with three members from each of the two organisations.

NAPH has been formed in the place of the federation and RAPH.

At the organisation's launch in the Cape Town yesterday, Dr Edwin Hertzog, NAPH vice-chairman, said the one big hospital group which had elected not to join was Clinic Holdings, a member of SAAPH, which owned City Park Hospital and virtually the balance of the industry.

He said NAPH would address issues such as standards of health care, tariffs, privatisation and the shortage of nursing and other staff.

Disciplinary action which could be taken included expulsion from NAPH or, in extreme cases, asking the Department of Health to withdraw the licence of the hospital.

"We realise that private hospitals have not had a good image in the past and we would like to be seen as an essential part of health care."

He said the main reason was a "misconception" that private hospitals were expensive.

The public did not always realise the extent to which State hospitals were subsidised.

All private hospitals charged the tariffs set by the Representative Association of Medical Schemes (Rams).

Dr Hertzog said all member hospitals would display the NAPH logo in their foyers.



ity celebrate Lag B'Omer tomor-
he abatement of a plague that
Picture: Stephen Davimes.

Bara brings back ban on night visits to patients

By Dawn Barkhuizen

Angry crowds gathered at the gates of Baragwanath Hospital, Soweto, last night when hospital staff reintroduced a ban on night visits.

The number of visitors at night had grown to unmanageable proportions over the past months and there was not enough staff to cope with them, Dr Chris van den Heever, chief superintendent, told The Star.

Visits are now restricted to regular day-time visiting hours.

The rule prohibiting visitors at night was long-standing, but had been allowed to slide over the past two years, he said.

On some nights there were 8 000 visitors — an amount that the limited night staff found difficult, if not impossible, to cope with.

The number of patients at Baragwanath varies from 2 300 to 2 800.

EXCEPTIONS

Dr van den Heever said he had reintroduced the rule after a plea from the nursing staff.

"It can take more than an hour trying to clear the hospital of visitors and settle the patients down for the night."

Exceptions would be made in cases where children were patients, or where the patients were seriously ill, or visitors had come from far away.

Fathers of newborn children would also be allowed to visit the hospital every night.

Visiting times are now between 2 pm and 4 pm on Tuesdays, Thursdays, Saturdays and Sundays and also on public holidays.

Notices had been placed inside and outside the hospital and also in the *Sowetan* informing the public of the visiting hours, he said.

Private hospitals 'not exorbitant'

ST 3/5/85 Medical Reporter (98)

On average, private hospitals do not charge more than the gazetted fees laid down by medical aid schemes, Mr Dick Williamson, chairman of the National Association of Private Hospitals (NAPH), said yesterday.

Speaking at the launch of the NAPH, Mr Williamson said patients were entitled to ask for a cost estimate before being admitted to a private hospital, and also entitled to a detailed copy of the account after treatment.

He said patients were always issued with a summary of the detailed bill, and a fully detailed bill was sent to their medical aid scheme.

"But if they are worried about something and want to query it, they are fully entitled to," he said.

Mr Williamson said all private hospital fees, including even the cost of cotton swabs and disposable gloves, were determined by the Representative Association of Medical Aid Schemes and published in the *Government Gazette*.

Ward fees in a private hospital vary from R84 a day in a smaller hospital to R107 in a larger one, and theatre fees (for a 60-minute operation) vary from R191 to R225.

These fees include all theatre staff, gloves, masks, boots and other equipment.

Mr Williamson said hospitals were not permitted to charge for items such as scrub brushes, sterile gowns, plasters and disinfectant.

"Private hospitals are not cheap, but I don't believe they can be called expensive either," he said.

Mr Williamson said the cost of drugs depended either on the doctor or the gazetted price. "Remember, the patient's own doctor prescribes the drug. If they say 20 pills, we give the patient that many. If the patient has not had all medication by the time of leaving but has paid for the full amount, the rest are taken home."

Mr Williamson said one of private hospitals' greatest concerns was the severe shortage of nurses.

He believed the training of nurses was still the responsibility of the Government. "If we wanted to start training our own nurses, we just couldn't afford it. Nurse training is not included in medical aid tariffs and we could therefore not cover the costs."

He said he was all in favour of importing nurses, but politics and the exchange rate had made opportunities less attractive to overseas nurses.

Private hospitals were in a "state of flux" over emergency treatment, because doctors were not employed by the hospital, as in provincial hospitals, but were in private practice and referred patients to private establishments.

"Few private hospitals have emergency facilities," he said.

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Highest standards promised

By Toni Younghusband
Medical Reporter

The private hospital's poor image as a money-grabbing institution will hopefully be rectified with the establishment of an association to control private medical ethics, says Mr Dick Williamson, chairman of the new National Association of Private Hospitals (NAPH).

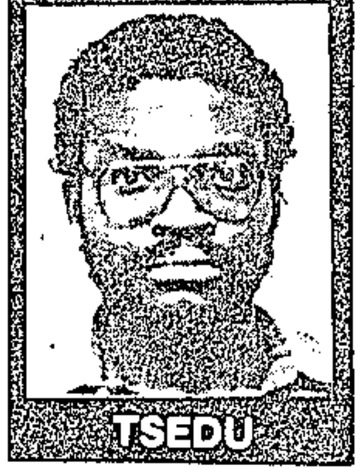
Speaking at the association's launch yesterday, Mr Williamson said the private-hospital industry had come in for severe criticism based on ignorance or half-truths.

"By signing a rigid code of ethics and agreeing to abide by the disciplinary procedures enshrined in the NAPH constitution, patients can be assured of the highest standards," he said.

He added that patients were more than welcome to approach the NAPH with their complaints.

Hospital's mortuary is 'busiest ward'

By MATHATHA



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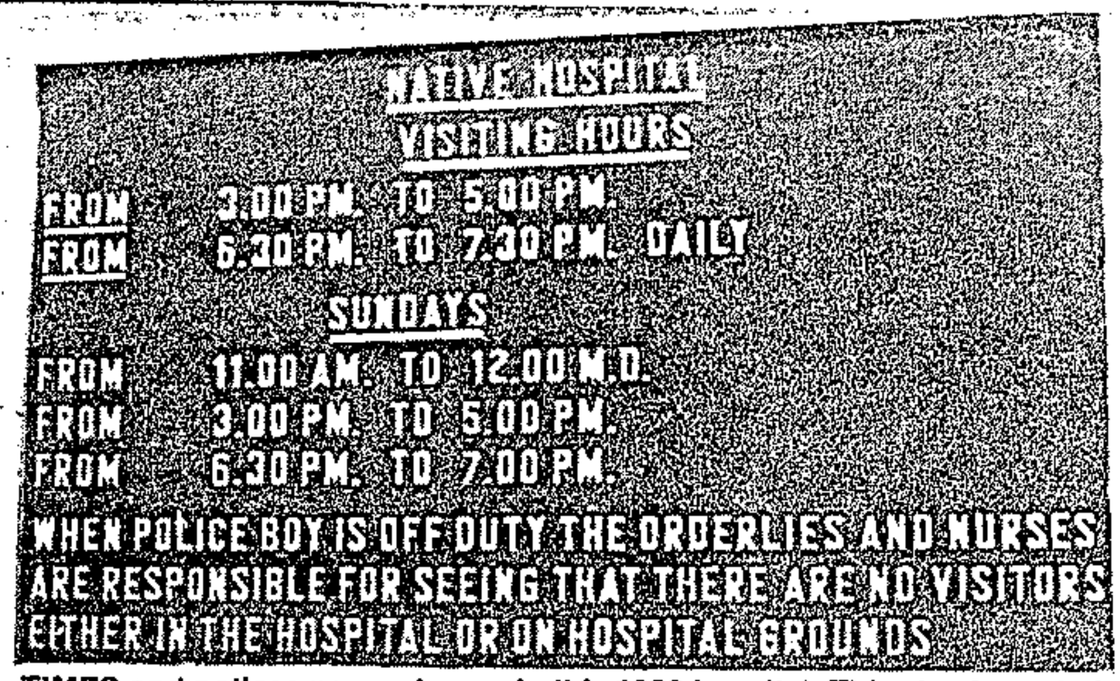


TIMES and notices never change in this 1928 hospital. This sign is posted outside the maternity ward.

THE overbearing heat in the Northern Transvaal border town of Messina leads to a daily exodus of patients from the wards to the welcome shade of the few trees in the hospital grounds.

These "walking" patients sit in the shade, looking forlornly into space. Some watch the Zimbabwe-bound traffic pass by the gate on the N1.

Others watch the "Makalanyane" mine trains which also rattle past the hospital.

Occasionally, the railway goods train to or from Beit Bridge hoots as it passes at a nearby level crossing. It seems as if it greets the patients at the Limpopo-Messina Native Hospital.

But one patient there can neither hear the noise around her nor go out to the sought-after shade. She is Sarah Maraga, an 18-month-old baby so wasted by kwashiorkor that she has been semi-comatoses since January.

Sarah is being looked after by her granny. Her mother, a former Standard 5 pupil from Madimbo who left school when she fell pregnant, is in a psychiatric ward at a hospital about 150 km away.

Sarah is one of the many children who constitute the majority of patients at this under-staffed but over-used hospital built 60 years ago.

Serving a population of more than 20 000 people, the hospital with 31 staff members is run on an annual budget of R111 600. From this money medicine, laundry, food and other medical necessities have to be paid for. Wages are paid separately.

The inadequacies are so glaring to an observer, and so worrying to the hospital's matron, Sister Sheila Davidson, that she has now embarked on a fund-raising programme to supplement the meagre budget.

A glance in any direction reveals decay. The incinerator is a dilapidated contraption — cracked and leaky — with foul-smelling smoke of burning after-births, amputations and used bandages billowing through all corners and circulating in the hospital grounds. It is known as Lucifer.

The hospital desperately needs a Doppler which monitors the heat of an unborn foetus.

The hospital presently uses an antiquated and unreliable instrument.

Other immediate needs are a bigger budget, improvements to the old building, a defibrillator for rescusciation and furniture and blankets.

Recently, the local Dutch Reformed Church in Africa congregation at Nancefield township donated a second-hand incubator bought for R600. The hospital has also acquired an anaesthetic machine.

"Before then, all premature babies born in this hospital were as good as stillborn," said Sister Davidson.

However, because of lack of space in the maternity ward, the incubator is situated in the general female ward — in full view of all patients.

Now and then the mother of the premature baby opens the instrument to feed or change nappies — in full view of other patients and thereby increasing the risk of infection.

Sister Davidson said the mortality rate for babies was one in six. Malnutrition and kwashiorkor are the main causes of death — with wages in Messina averaging R70 a month, this is hardly surprising.

Fatten

"Mothers have to go and work and the small babies are left in the care of other children who are too young to even prepare food for themselves, let alone for infants.

"It is a vicious circle where children come in here and we feed them with milk and Pronutro — you could say fatten them — and then we discharge them back into the same conditions that led to their admission," Sister Davidson said.

All drugs used at the hospital are ordered directly from the manufacturers but arrangements have now been made to get the drugs through the Pietersburg Hospital.

The drug bill is about R6 000 a month.

Help

The food for the patients consists of pap and over-cooked relish which range from cabbage to meat. The food is prepared in the mine compound kitchen.

There is no special diet for whatever other patients. Of the R9 300 monthly budget, R3 000 goes toward food.

The hospital was built in 1928 to serve the black mining community. It is still run by the Messina Transvaal Development which owns the mine although the Transvaal Provincial Administration subsidises non-mining patients.

There is no resident doctor at the hospital. Patients are treated by white doctors either in private practice or based at the white hospital. South African Defence Force medical corps also help out on Thursday.

The hospital serves the four black townships of Messina as well as all farming areas around the town.

Mozambican refugees who cross into South Africa at the Kruger National Park, 140 km away, also end up at this hospital.

It is a heavy load for a hospital with poor resources.

It is no wonder that hospital staff refer to the mortuary as their "busiest and most discharging ward". Indeed, with an annual budget of R111 600, it is a miracle that the mortuary is not the only functional "ward".

FOCUS



Lest we forget

THE *Sowetan* today remembers journalists around the country who are in detention:

- **Zwelakhe Sisulu, Editor of the *New Nation*, who has been in detention under the emergency regulations for 504 days;**
- **Brian Sokutu, Eastern Cape freelance**

R38m hospital 'stands empty'

By BARRY STREEK
Political Staff

A R38,2m hospital in Lebowa was standing empty and a second R12m hospital was being built in the homeland only two kilometres from another hospital in the Gazankulu homeland, according to the Conservative Party MP for Pietersburg, Dr Willie Snyman.

Dr Snyman, who was speaking in the Education and Development Aid vote in the House of Assembly, said the responsible minister, Dr Gerrit Viljoen, told him in reply to a question earlier this year that the completion date of the new hospital at Mankweng was the end of March and there would be 415 beds in it.

"The information, which I recently received, was that the hospital is just standing there.

No effective communication

"Indeed, the Minister of National Health and Population Development has only received one application for the position of medical superintendent.

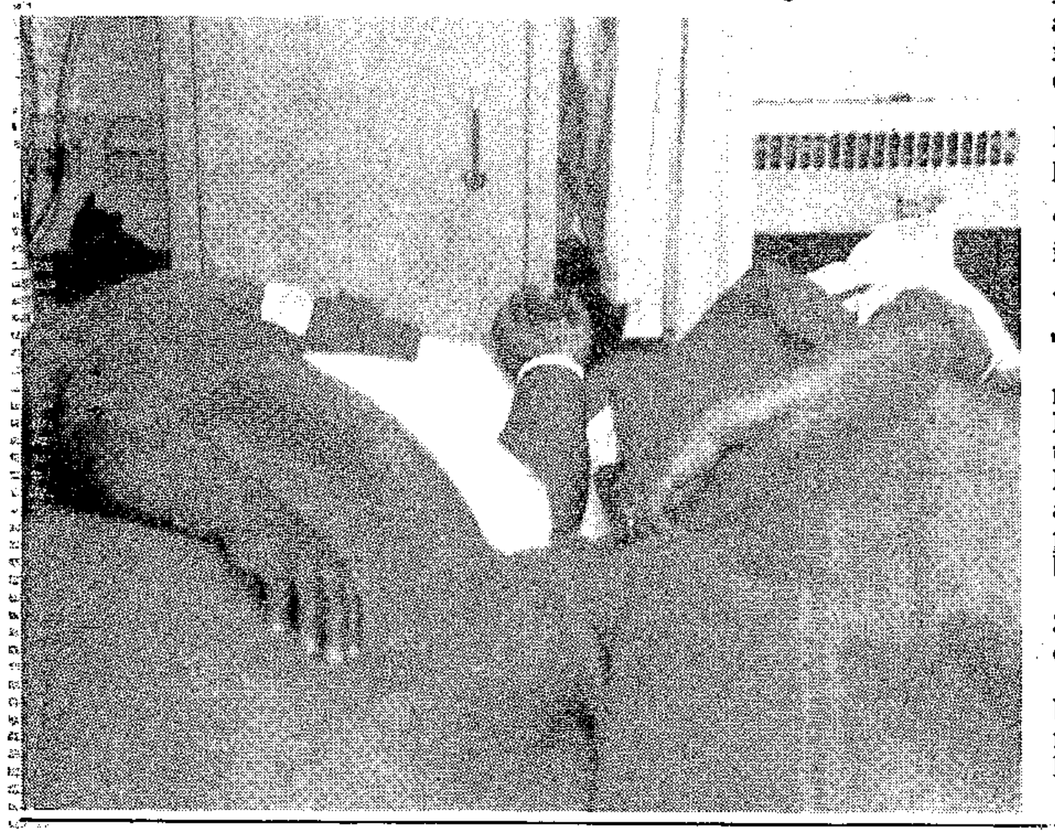
"There stands R38,2m and my view is that there was not effective communcation between the two departments and this extremely large expenditure was committed without a hospital being in operation."

Dr Snyman then quoted from a newspaper report that the new R11m hospital being built in memory of the former chief minister of Lebowa, Dr Cedric Phatudi, who died last year, was stirring up a storm in Gazankulu and the Northern Transvaal.

The hospital, 40km from Tzaneen, was only two kilometres from the hospital in Gazankulu.



Above and below: patients in wards 15 and 16 of the Department of Medicine are accommodated on the floor because of a shortage of beds.



One ward almost 300 percent full

Grim night in Baragwanath

Star 10/5/88 (98)

Report and pictures by Duncan Guy

Two weeks ago from today I was on a vessel on Lake Malawi in which hundreds of passengers sat, lay, stood — packed like sardines — tolerating the uncomfortable night cruise to reach Likoma Island.

A year ago I was on a rickety vessel on Lake Kivu in Zaire where the congestion was just as bad and — thank God — the captain allowed four of us "mzungu" (white) travellers to stretch out on the roof.

Both trips were relatively short and, particularly in eastern Zaire where food is abundant, the people looked healthy.

After both holidays the comfort of luxurious "First World" South Africa was most welcoming.

Very sick people

But last night, after my evening shift in the newsroom, it took only a 15-minute drive to Baragwanath Hospital to see the same conditions in wards 15 and 16 in the Department of Medicine. Here the people were sick, very sick and supposedly being offered Africa's most sophisticated country's medical benefits to get them better.

One ward was two patients short of being 300 percent full. The other was exactly 265 percent full.

Frail, sickly old men lay coughing on the floor, battling to sleep as nurses went about their rounds which, I gather, was why the lights were kept on.

Underneath many of the patients was not even a mattress, just a hospital-issue orange blanket between them and the concrete floors in a veranda section of the ward and linoleum-covered floors in the main section.

Luckier ones had thin mattresses or stretchers.

A young fellow with a cardiac problem — already having undergone a valve replacement operation — lying half under another patient's bed, said he could neither sleep nor breath properly. Like many he had a chair to support him in his sitting-up position.

Another patient protested as he was taken away from his bed because a more serious case needed it.

Across the aisle in a women's ward it was exactly the same scene.

An old woman lay on a mattress on the floor, a drip attached to her hanging from the wall.

Under a bed three patients lay together — two of them sharing a blanket to keep warm.

Another was tied to a chair with bandages but the most gross sight of all was a woman who lay under a bed with a gash above her eye, groaning and finding it difficult to move, a sight no different to someone in agony, lying in the middle of the road at the scene of an accident.

Each ward — with 118 in one and 106 in the other — had three toilets and two baths each.

Only 15 minutes later along the M1 I was roaming around Johannesburg Hospital and entered a ward decorated with flowers, lights off, and a couple of empty beds among those which were occupied.

Just the sort of place I'd pray to end up in if casevacced (casualty evacuation) from Central Africa with a tropical disease.



Thi ... to mal ... ditions ... row of chairs rather than a bed in the over- ... nath Hospital's Department of Medicine.

Afrox continues to trade strongly

STW 10/5/88

By Ann Crotty

Afrox continues on its strong performance path with a 26 percent increase in turnover and a 41 percent surge in trading profit inthe six months to March.

On a turnover increase to R268 million Afrox managed to boost trading profit by 41 percent to R54,5 million. A reduction in profit from associated companies was more than compensated for by a sharp drop in interest payments, from R2 million to R1,4 million, leaving pretax profit showing a 42 percent advance to R53,5 million. But a 59 percent hike in the tax bill held the improvement at the taxed profit level at 29 percent taking it to R27,5 million.

Some R6,9 million was deducted from the taxed profit figure, reflectingthe practice of charging additional depreciation on revalued assets to eliminate the effects of inflation. After this deduction, attributable profit showed an increase of 25 percent to R20 million, equivalent to 67c a share. A dividend of 30c has been declared, up 25 percent from the previous 24c.

The improved operating margins, up from 18 percent to 20 percent, was attributed to greater market penetration, the development of new applications and a continued tightening of controls on costs.

Chairman and managing director Peter Joubert says: "Our smaller businesses are making an increasing contribution to overall business mix which is changing to a higher percentage of specialised applications."

is he prepared to disclose to Parliament that part of the report which contains the findings on Mr Riaan Eksteen — the matter has had country-wide repercussions?

†The MINISTER: Mr Speaker, it does not even go without saying that there is a part of the report which deals with Mr Eksteen.

Former director-general of SABC: resignation

*8. Mr S C JACOBS asked the Minister of Information, Broadcasting Services and the Film Industry:†

(1) Whether he or his predecessor received, either directly or indirectly, any requests and/or instructions in connection with the resignation of the former director-general of the SABC; if so, (a) (i) from whom and (ii) when, (b) what was the purport of the requests and/or instructions and (c) (i) (aa) when, (bb) where and (cc) to whom did he convey the requests and/or instructions and (ii) what was the purport of his words to such person or persons;

(2) whether he was in touch with the Board of the SABC before 20 April 1988 about the resignation of the said director-general; if so, (a) when and (b) what was the purport of this conversation;

(3) whether he intends discussing, either directly or indirectly, the question of the successor in the post of director-general of the SABC with the (a) State President and (b) Board of the SABC; if not, why not; if so,

(4) whether he will convey the standpoints of the State President in this connection to the Board of the SABC;

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

The MINISTER OF INFORMATION, BROADCASTING SERVICES AND THE FILM INDUSTRY:

(1) No

(a) to (c) Fall away.

(2) No

(a) and (b) Fall away.

(3) Because of the nature of the importance of the post of the director-general of the SABC I will discuss the matter directly with various persons and institutions as every second person enquires about it. I never discuss a subject indirectly with anybody.

(4) The conveying of messages between the State President and the Board of the SABC does not fall within the responsibilities of the Minister concerned.

(5) No.

†Mr SPEAKER: Order! The hon member for Port Elizabeth Central raised a point of order earlier, and the hon the Minister is now dealing with questions which relate to it. I rule that the point of order in connection with Question 1, which was put to the State President, is not a valid one, and that the hon the Minister's reply is within the prescribed rules.

†Mr S C JACOBS: Mr Speaker, arising out of the hon the Minister's reply on behalf of the State President, is he saying that the aspects with which the hon the State President dealt in his speech, cover all the questions put in Question 1?

†The MINISTER: Mr. Speaker, it is evidently . . .

†Mr S C JACOBS: Not "evidently"! Is it the case?

†The MINISTER: That is evidently the purport of the hon the State President's reply which I gave on his behalf.

Utilization of graduate members of SAP according to their qualifications

*9. Mr L DE BEER asked the Minister of Law and Order:†

Whether graduate members of the South African Police Force who have qualifications relating to police work, are being used according to their qualifications; if not, why not; if so, what percentage of such members are being so used?

†The MINISTER OF LAW AND ORDER:

Yes, as far as possible, all graduate members are appropriately employed. However, instances may occur where graduates, as a result of exceptional reasons, are not appropriately employed. As far as can be ascertained, there are at present no such instances.

Tapping of telephone conversations

*10. Mr L DE BEER asked the Minister of Communications:†

(1) Whether he will furnish information on the tapping of telephone conversations; if not, why not; if so,

(2) whether during the latest specified period of 12 months for which figures are available his Department granted permission for the tapping of telephone conversations of members of the House of Assembly; if so,

(3) whether he will furnish any further information in this connection; if not, why not; if so, (a) in respect of which members, (b) when, and (c) at whose request was such permission granted, in each case?

The MINISTER OF NATIONAL EDUCATION (for the Minister of Communications):

(1) No, because it will not be in the country's interest to furnish the information. It is pointed out to the hon member that the provisions of section 118A of the Post Office Act are at all times being strictly complied with and that no application for a telephone interception is granted for any other reason than for the maintenance of the security of the Republic;

(2) and (3) fall away.

Hospital board of Witbank: new members

*11. Mr W J D VAN WYK asked the Minister of Constitutional Development and Planning:†

Whether any new members were appointed to the hospital board of Witbank during the latest specified period of 12 months for which information is available; if so, (a) what are their names and (b) on whose recommendation were they appointed?

†The DEPUTY MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

This information was furnished by the Transvaal Provincial Government:

Yes.

(a) Mr G F C Voss was reappointed
Mrs M E Maritz

(b) Mr P P Broodryk, Chairman of the Witbank Hospital Board.

KwaNdebele/Lebowa: one self-governing territory

*12. Mr W J D VAN WYK asked the Minister of Constitutional Development and Planning:†

(1) Whether the self-governing territories of KwaNdebele and Lebowa have intimated to him or his Department that they are considering becoming one self-governing territory; if so,

(2) whether it is still the intention to add the irrigation area Rust de Winter to KwaNdebele; if so, why;

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

The DEPUTY MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(1) KwaNdebele did not intimate that they are considering becoming one self-governing territory with Lebowa. Lebowa, however intimated to me that they are considering the possibility of holding discussions with KwaNdebele regarding possible amalgamation.

(2) It is still the intention to add the Rust de Winter area to KwaNdebele. The Rust de Winter area was promised to KwaNdebele as compensatory land for Kalkfontein, Geweerfontein and Bloedfontein.

(3) No.

Certain person in employ of SADF

*13. Mrs H SUZMAN asked the Minister of Defence:

Whether a certain person, whose name has been furnished to the South African Defence Force for the purpose of the Minister's reply, is currently in the employ of the Defence Force; if so, (a) in what capacity is he employed, (b) for how long has he been employed, (c) what is his rank, (d) what are his functions and duties, (e) where is he stationed at present and (f) what is his name?

†The DEPUTY MINISTER OF DEFENCE:

(a) to (f) With the information furnished the person could not be identified as an employee of the SA Defence Force.

Certain person in employ of SAP

*14. Mrs H SUZMAN asked the Minister of Law and Order:

A 'vicious circle' for underpaid, overworked staff

Jo'burg Hospital crisis grows as more nurses go

By Toni Younghusband, Medical Reporter

More than 58 percent of the 2 000 beds at Johannesburg Hospital have been closed to patients and, according to hospital superintendent Dr Reg Broekmann the rate of resignations for nursing sisters compared with new appointments has been "relatively high" over the past 12 months.

The crisis shows no sign of letting up as more and more registered nurses seek employment elsewhere.

At Baragwanath Hospital in Soweto, some wards in the Department of Medicine are 300 percent full.

Figures released in the House of Assembly recently showed that the average bed occupancy rate at the Johannesburg Hospital had dropped by more than 26 percent between 1985/86 and 1987. The drop between 1984/85 and 85/86 was 10,7 percent.

TOTAL VACANCIES

According to the figures there were 158 vacant nursing posts at the hospital at the end of last year, bringing the total number of staff vacancies to 894. Sources believe this figure is much higher.

One nursing sister interviewed by The Star said nurses were often required to help out with various other duties such as cleaning or administrative work.

"It is a vicious circle. We are exhausted from working overtime but have to fulfill other duties because there is no staff," she said.

The sister said nurses feared that the level of patient care would drop because of the staff shortage.

"The nurses are exhausted and so obviously their level of patient care will be affected".

Nurses who work overtime are not remunerated but are offered time off.

"But that's impossible. We don't get time to take time off," she said.

She said this was the main reason why nurses were leaving the hospital in drove

"The working conditions are impossible. We are overworked and undercompensated and patient care is dropping."

Dr Broekmann said the shortage of registered nurses was due to a number of factors, one of which was the abolition of the three-year nursing diploma.

This was now being offered as a new four-year diploma which would result in no sisters qualifyng in the next 18 months.

According to the House of Assembly figures the total staff establishment at the Johannesburg Hospital as at December 31 1987, was 5 847. Of these, 1 932 were nurses.

And Lenasia's only hospital has been standing empty since its completion two years ago because of staff shortages and a lack of funds.

Baragwanath Hospital continues to buckle through overcrowding.

● See Page 10.

Overcrowding still rife at Bara

By Carina le Grange

Two Baragwanath Hospital wards contained 224 patients on Sunday — more than a third of the entire number of patients in the Johannesburg Hospital, which had about 1 300 empty beds along with its 650 patients.

These were the conditions of overcrowding discoverd by The Star during Sunday's visit to the hospital. Baragwanath Hospital serves a population of about 2,5 million people in Soweto and other areas.

Four young doctors — interns — were ultimately responsible for the welfare of the 224 patients in the Department of Medicine's Wards 15 and 16.

WITHOUT MATRESSES

Wards 15 and 16 each had only 40 beds. This meant 144 patients slept on the floor — 53 without matresses, with only a thin blanket underneath for comfort.

The four young doctors on duty on the wards were each responsible for 60 patients. Guidelines laid down by the South African Medical and Dental Council stipulate that an intern should never be responsible for more than 20 patients at any one time.

Overcrowded conditions at Baragwanath were first highlighted last January after 101 doctors of the medical department pub a letter in the *African Medical Journal* About 40 of the dissatisfied doctors were subsequently reprimanded by the Department of Hospital Services after refusing to apologise for "inaccuracies" in the letter.

● See Page 10.

Armscor No 5 in sales of weapons

Pretoria Bureau

Armscor is the world's fifth largest defence contractor with current orders for more than R9 billion, according to an article in the international news magazine *Time*.

In its latest issue, *Time* details Armscor's decade of growth from "only two small factories" in the late Seven-

Amcoal workers now own shares

By Michael Chester

As many as four in every five of the 25 000 miners and staffers employed by the Anglo American Coal Corporation have joined the elite ranks of shareholders on the Johannesburg Stock Exchange.

Amcoal chairman Mr Graham Boustred disclosed in an annual review today that over 80 percent of employees had elected to accept invitations from the board of directors of the Anglo new approach to better industrial relations and black advancement but still a controversial issue inside trade union circles, allows employees to become shareholders as soon as they have been on the payroll two years or longer.

Mr Boustred said the scheme would allow employees "to experience wealth as a resource and will show how money invested in well managed enterprises creates wealth for the communi- relations issues, voices concern about the lack of progress by the Government in abolishing the statutory job reservation provisions of the Mines and Works Act.

Referring to last year's strike by members of the National Union of Mineworkers, he adds: "While Amcoal remains committed to a policy of constructive relationship with trade unions, such unions must accept that the best interests of their

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Adcock acquires Sterling for R52-m

By Ann Crotty

Barlow's pharmaceutical subsidiary, Adcock-Ingram, has announced its second major acquisition in six months. The deal again appears to have been influenced by disinvestment pressure on US companies operating in SA.

Sterling SA, a subsidiary of the US group, Sterling Drug, has been bought for R52,5 million to be paid in cash.

Control of Sterling Drug recently passed to Kodak and this is believed to have influenced the decision to move out of SA.

At the end of calendar 1987, Adcock acquired control of the local subsidiary of the American giant pharmaceutical group Merck, Sharpe & Dome.

Mr Don Bodley, chief executive of Adcock said yesterday the Durban-based Sterling would be operated as a stand-alone subsidiary.

"The business under its present management will be run at its usual capacity and there will be no loss of jobs as a result of the acquisition." Adcock will raise the funds through the issue of shares, which will easily be followed by cash-rich Tiger Oats, which holds 73 percent of Adcock.

Sterling's major products include Panado, Compral and Stearns Pine Tar and Honey.

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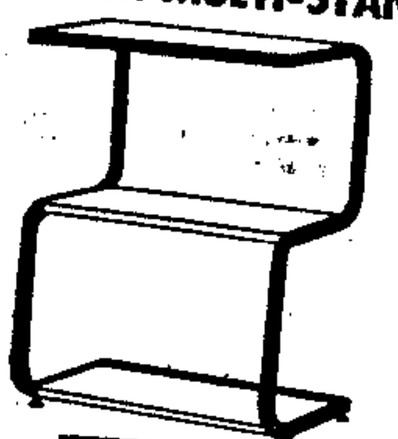

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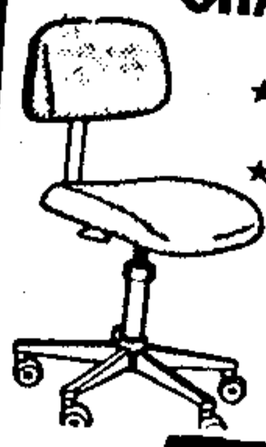

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Adcock acquires Sterling for R52-m

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Sterling's major products include Panado, Compral and Stearns Pine Tar and Honey.

BARAGWANATH HOSPITAL

Twin savers

The separation of the Mathibela Siamese twins last week is evidence that SA — and Baragwanath hospital — has the scientific and technical expertise to perform advanced surgery.

But as Baragwanath has recently been the focus of a storm of bad publicity over squalid conditions, a paradoxical impression is left of neglected patients doubling up on the floor while two small children receive the best the world can offer. This raises the question of why the hospital can provide such superb individual care but cannot deliver adequate care on a broader basis.

Baragwanath Superintendent Dr Chris van den Heever points out that it is not a question of either spending the money on the Mathibela twins or providing additional services for others. The money spent so far — estimated at R1,5m — comes out of the hospital's budget for running costs.

An estimated 38 000 operations are performed at Baragwanath every year. These range from routine appendix operations to kidney transplants. Until a year ago, up to 15 open heart operations were being done a week. (These are now being done at the Johannesburg hospital, although patients are still assessed at Baragwanath and return there for post-operative treatment.) Even without the Mathebila twins, doctors' and other salaries would have to be paid and operating equipment bought and maintained.

Many of Baragwanath's problems are the result of the hospital being too small for the community it serves. It is the only public hospital in Soweto, very few of whose estimated 2m population can afford private care.

The controversy at Baragwanath focused on conditions in the hospital's medical wards — not its surgery department. One explanation for the pressure on the medical wards is that medical patients, on average, stay in hospital longer than surgical patients. This imbalance between medical and surgical patients is even felt in the private sector, where private hospitals tend to prefer surgical patients because of the quicker turnover. Long-term private medical patients, such as cancer victims, are frequently forced to fall back on the public sector when their medical aid cover runs out and they can no longer pay for private care.

Conditions at Baragwanath were highlighted last year when 101 doctors attached to the department of medicine signed a letter detailing overcrowding in the medical wards. The publication of the letter led to punitive action against the doctors by the provincial authorities.



One of two in historic event

Another letter by the executive committee of the board of the faculty of medicine at the University of the Witwatersrand supporting the 101 doctors was published recently in the *South African Medical Journal*. This letter pointed out that while more than 300 patients in Baragwanath's medical wards are without beds at any one time, there are more than 1 000 empty beds at the Johannesburg Hospital.

The opening up of Johannesburg hospital (even if in segregated wards) would go a little way towards providing a solution to Baragwanath's problems. It would also justify the massive capital expenditure incurred in building the Johannesburg hospital, many of whose wards have yet to be used. ■

PRIVATE HOSPITALS

Laying down the law

The country's major private sector hospital groups are spelling out an important precondition for greater private sector participation in healthcare. They want to get involved — but not if hospitals remain segregated.

National Association of Private Hospitals (NAPH) spokesman Duncan Collings says: "We wouldn't consider managing whites-only hospitals. It is unrealistic to imagine the healthcare requirements of the country can be effectively managed in a segregated structure. Also, it's not morally acceptable."

His views are confirmed by Barney Hurwitz, chairman of the largest private hospital group, Clinic Holdings (CH). He says: "There will have to be considerable rationalisation of public health before the private sector has a look at it. Segregated hospitals clearly lead to unnecessary duplication and heavy capital expenditure.

"And I think the whole question of the political acceptability of integrated hospitals is overemphasised."

NAPH sources say government has made no commitment to the private sector that it will allow private managed, but still publicly owned, hospitals to go multiracial. They add that the first hospitals to go private are likely to be those which have the lowest subsidy and the highest proportion of private patients — and, by implication, are almost totally white.

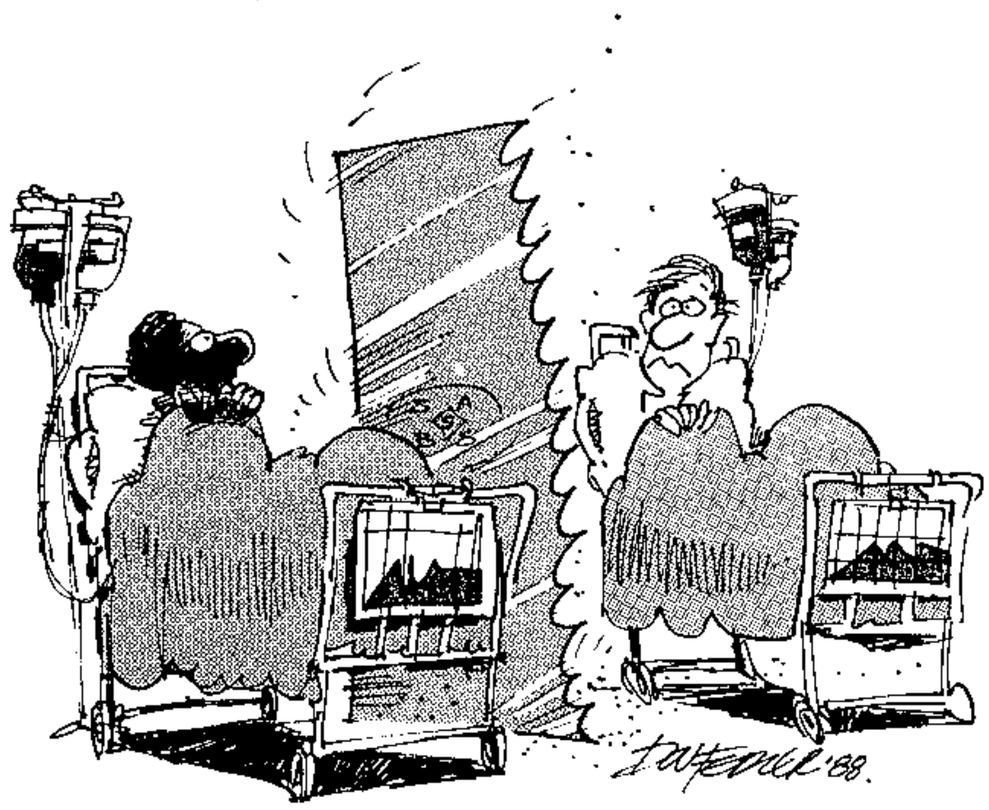
A National Health spokesman told the *FM* it was acceptable for existing private hospitals to register as multiracial but refused to comment on the status of hospitals moving out of the State sector.

Although the hospitals of the four leading hospital groups — Clinic Holdings, Ammed, Medi-Clinic and Lifecare — are all multiracial, private hospitals fall under their respective "own affairs" ministries of health.

So far government has reacted to calls for the privatisation of healthcare in an unconstructive manner. National Health Minister Willie van Niekerk said earlier this year major hospitals like Groote Schuur, Baragwanath and Johannesburg General were "up for sale" but nobody was prepared to take over the "medical headaches" of the State.

Government is unlikely to make any firm commitments until the commission headed by Wim de Villiers reports on privatisation of healthcare. But a National Health spokesman says the department is prepared to listen to any proposal the private sector has to make in the meantime.

Syncom director Andre Spier says privatisation of State health need not mean selling off to the highest bidder. "Private teams of health professionals and experienced administrators and managers could contract with the State by leasing complete hospitals and leasing back certain wards to province. Ownership would remain public but the management would become private."



Already, says Spier, large sections of State healthcare, such as care for TB patients, geriatrics and non-violent psychiatric patients, has been contracted out to the private sector with great success.

"This care, comprising some 16 000 beds, is being rendered in a cost-effective manner at good quality and has even succeeded in fulfilling a major training function." ■

Official wrist-slaps for Bara doctors

By JO-ANN BEKKER

OFFICIAL letters of reprimand this week reached the Baragwanath doctors who have refused to apologise for criticising conditions at the Soweto hospital's medical wards.

The letters informed junior doctors that the authorities had "seriously considered" firing them. They warned senior staff members they had considered "formal disciplinary action" against them, in terms of the Public Service Act of 1984.

However, the provincial director of Hospital Services, H van Wyk, said after considering all relevant facts he had decided against such action.

Nevertheless, doctors were reprimanded and warned that repeating such conduct would be viewed in a serious light.

The controversy stems from a letter published in the *South African Medical Journal* last September, which criticised the "disgusting" conditions in the hospital's overcrowded medical wards and accused the authorities of "indifference and callous disregard".

Provincial authorities demanded the 101 Baragwanath staff members who signed the letter withdraw the "incorrect statements and unacceptable language".

A total of 48 doctors tendered apologies, after threats that they would face dismisal or forfeit promotion. A few left the hospital.

Constitutional Development Minister Chris Heunis told parliament last month that 31 doctors who had refused to apologise would receive letters of reprimand.

A doctor who received a reprimand said its implications were unclear.

BARA BAROMETER

325 patients had to sleep on the floor

The barometer reflecting Baragwanath Hospital's bed shortage in the medicine department from May 4 to May 12 has shown a total average figure of 276.

The maximum number of patients without beds on any one day was on May 9, when 325 patients slept on the floor.

Said a senior specialist of Baragwanath Hospital who does not wish to be named: "The situation is critical when one considers that the total number of patients at the Johannesburg Hospital is approximately 650.

"Fifty percent of that number of patients sleep on the floor at Baragwanath, proving just how serious the shortage of beds is at Bara."

Star reader gives 50 mattresses

Star 14/5/88 (98)

By Carina le Grange

A reader of The Star has donated 19 mattresses to Baragwanath's department of medicine because she could not bear the thought of ill people sleeping on the floor with nothing but a blanket beneath them.

The Star revealed last week that in two wards of the department, 144 people had to lie on the floor, 53 of them without mattresses.

The reader did not wish to be named.

Her gift of 19 was matched by another 19 bought by doctors of the department. Doctors have bought 50 mattresses, five toilet seats and 50 cushions for wooden benches this year.

Bara doctors upset by the 'nurse-drain'

Star 16/5/88 (98)

By Carina le Grange

Doctors at Baragwanath Hospital are upset by the "nurse-drain" of highly qualified sisters going to the Johannesburg Hospital.

"The Johannesburg Hospital is experiencing a nurse crisis — but it has 1 932 nurses — for less than 1 000 beds used in the hospital.

"At Bara, in only one department, as few as 60 nurses were responsible for more than 800 patients one night last week," the doctors, who asked to remain anonymous, said.

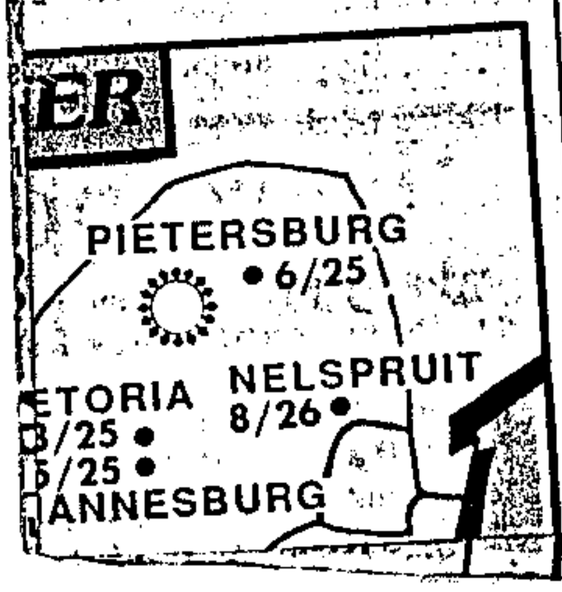
"Johannesburg Hospital has less than 1 000 beds used, but has almost 2 000 nurses...there has always been a much higher patient/nurse ratio than at the white hospital.

"Despite this, the best qualified people — such as the intensive care sisters — are siphoned off to go and work at the Johannesburg Hospital. This leaves Bara in an even worse position.

"Black nurses do not normally resign as easily as white ones since their employment opportunities are lower, but they work under the terrible conditions of overcrowding, battling to do all that is required of them.

"One cannot blame them if they grab the chance of working elsewhere where the workload is not as heavy," one of the doctors said.

He said it was ironical that the Johannesburg Hospital should speak of a crisis — reported in The Star last week — when they had fewer patients in the whole hospital than in only one department at Baragwanath Hospital.



Patients face 3-year wait for operations

5/w 13/5/88 98

By Toni Younghusband, Medical Reporter

A shortage of nursing staff and surgeons at the Johannesburg Hospital had resulted in some patients having to wait three years for an operation, the hospital's superintendent, Dr Reg Broekmann, confirmed yesterday.

Reacting to criticism by surgeons working at the hospital that operating time had been cut back considerably, Dr Broekmann said waiting lists existed in most disciplines. He said the worst off was the ophthalmology department which had a waiting list of up to three years.

This was due not only to a shortage of nursing staff, but also to the fact that Johannesburg was a referral hospital and was experiencing a shortage of surgeons.

Surgeons interviewed by The Star said theatres were shared by different medical disciplines, each being allocated a certain amount of operating time due to the shortage of theatre nurses.

"The delays are serious — some patients with incapacitating joints have to wait six to nine months for a knee replacement. The situation is critical," one surgeon said.

He said the situation would not be resolved until salaries were increased. "Any nurse moving into the private sector could get R500 a month more," he said.

Since September last year, 26 theatre nurses had resigned. The theatre nurse establishment had dropped from 59 to 37 but, said Dr Broekmann,

Doctors to ride for Alex clinic

LONDON — Two British doctors plan to cycle across Europe to raise funds for the Alexandra township clinic.

Doctors Anthony and Margaret Barker used to work at the clinic.

This weekend they were training their specially modified tandem.

Health clinic held in Naledi

By Mokgadi Pela
Soweten 18/5/88

HEALTH 2000 conducted another clinic in Soweto at the weekend — this time at the two old age homes in Naledi.

According to the Coordinator of Health 2000, Dr Abu Asvat, the clinic followed the one that took place in Mzimhlophe, also in Soweto.

He said: "The homes have six occupants each. Compared to the men's old age home, the ladies' home is a paradise. It is not as overcrowded and they have an added advantage of having electricity, a fridge, an electric stove and a TV set."

He said some inmates were a bit anxious about their future as they were told that their residence would be closed in August when the White City Old Age Home opens.

Suffering

Dr Asvat said: "Medically speaking, the women had relatively less problems compared to their male counterparts. The diseases they were suffering from were related to their socio-economic circumstances."

He further said vitamin deficiency was found in one case and another person had a neurological problem. One patient was very depressed, probably due to loneliness and the desperateness of her situation.

Meals

Dr Asvat added that the inmates did not have crippling disabilities.

He said with the exception of two women, the majority did not like the idea of being in an old age home.

Meals on wheels were provided to them during week days but on weekends they had to serve themselves, he said.

"We would like to call upon the community as a whole to pay particular attention to their plight and provide them with the necessary moral, social and monetary support they so desperately need," Dr Asvat said.

HOUSE OF REPRESENTATIVES

†Indicates translated version.

For written reply:

General Affairs:

Provincial hospitals: treatment of non-White/ foreign patients

7. Mr P A C HENDRICKSE asked the Minister of Constitutional Development and Planning:

(1) How many non-White patients were treated at (a) provincial hospitals and (b) predominantly White provincial hospitals in the 1987-88 financial year;

(2) (a) how many patients from foreign countries were treated at provincial hospitals in that financial year and (b) how many such patients were from countries with which the Republic has no diplomatic relations?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

This information was furnished by the different Provincial Governments:

ORANGE FREE STATE

(1) (a) 136 231
(b) 27

(2) (a) 1 276
(b) 30.

CAPE PROVINCE

(1) (a) Statistics are only available for 1986/87 financial year and are as follows:

Non-white patients treated —	
In-patients	528 581
Out-patients	6 328 019
	6 856 600

(b) Provincial hospitals are provided for the treatment of patients of all race groups and only three provincial hospitals can therefore be deemed to be "predominantly White" and such statistics are as follows:

Port Elizabeth Provincial

Non-white — In-patients	1 351
Non-white — Out-patients	28 461
	29 812

Volks

None-white — In-patients	138
Non-white — Out-patients	0
	138

Karl Bremer

Non-white — In-patients	2 596
Non-white — Out-patients	0
	2 596

(2) (a) 499
(b) 324

NATAL

(1) (a) The number of Non-white patients treated at predominantly White provincial hospitals in Natal during the 1987-88 financial year was:

Admissions	401 211
Out-patients	2 775 011
	3 176 222

(b) The number of Non-white patients treated at predominantly White provincial hospitals in Natal during the 1987-88 financial year was:

Admissions	14 900
Out-patients	88 795
	103 695

(2) (a) the information is not available for the whole of the 1987-88 financial year but is available for the period 1 September 1986 to 31 August 1987 which indicates that a total of 70 patients from foreign countries (ie excluding the TBVC states) received treatment in provincial hospitals in Natal over this 12 month period.

(b) Three of the patients were from countries with which the Republic has no diplomatic relations.

TRANSVAAL

(1) (a) In the 1987-88 financial year, 5 322 632 Coloured, Indian and Black patients were treated at provincial hospitals.

(b) 99 883 Coloured, Indian and Black patients were treated at predominantly White provincial hospitals in the 1987-88 financial year.

(2) (a) 2 646 patients from foreign countries were treated at provincial hospitals in that financial year.

(b) 1 763 patients were from countries with which the Republic has no diplomatic relations.

Purchase of new aircraft

23. Mr P C MCKENZIE asked the Minister of Transport Affairs:

(1) Whether The South African Airways recently purchased any new aircraft of the Airbus 320 type; if so, (a) when, (b) from which aircraft company, (c) who acted for the (i) Airways and (ii) company concerned, (d)(i) how many aircraft were purchased and (ii) what was the price paid for each, (e) what is the delivery date for each aircraft and (f) what amount was paid in respect of the taking of options;

(2) whether foreign exchange arrangements have been made in respect of (a) options to purchase, and (b) immediate delivery of, these aircraft; if so, what arrangements in each case;

(3) whether there have been any consultations, in connection with the purchase of these aircraft, with any (a) staff members of the Airways and (b) pilots with domestic or international experience of flying similar types of aircraft; if not, why not; if so, (i) what consultations and (ii) with what result;

(4) whether he or the South African Airways have taken cognisance of complaints received in Great Britain and France in respect of similar purchases; if so, what steps has he taken or does he intend taking as a result of these complaints;

(5) whether he will consider setting up a technical committee under the chairmanship of the chief executive officer of the Airways to advise him on the suitability of future aircraft purchases; if not, why not; if so, what categories of persons does he intend appointing to this committee?

The MINISTER OF TRANSPORT AFFAIRS:

(1) Yes.

(a) 26 November 1987.

(b) Airbus Industrie, Toulouse, France.

(c) (i) Chief Executive Officer.

(ii) Area Sales Manager for Africa.

(d) (i) Two.

(ii) 34 043 300 US Dollars. These prices are based on 1985 figures which will escalate according to the US inflation rate.

(e) November 1991.

(f) None.

(2) (a) and (b) No.

(3) (a) and (b) No. Evaluation of new aircraft is done on an economic viability basis as well as by Flight Operations Management. A S.A. Airways aircraft captain visited the Airbus factory and flew the A300 aircraft which had been modified with the control systems intended for the A320 aircraft.

(i) and (ii) Fall away.

(4) Yes. No steps are envisaged as past experience proved that shortcomings on early production models are normally rectified during subsequent development.

(5) No. S.A. Airways has a specialised section which continuously evaluates the suitability of new aircraft and its performance.

Cockpit crew; Salaries

24. Mr P C MCKENZIE asked the Minister of Transport Affairs:

(1) Whether he wil furnish the House with particulars of the present salary structure of cockpit crew in the employ of the South African Airways; if not, why not; if so, what are these particulars;

(2) whether the South African Transport Services have information on the salaries paid to cockpit crew members by foreign airlines; if so, how do the salaries paid by such airlines in (a) Germany, (b) Great Britain, (c) the Netherlands and (d) the United States of America compare with those paid by the Airways to crew members holding similar positions;

(3) when last were salary increases, other than salary adjustments, granted to cockpit crew members in the employ of the Airways?

Healthy, wealthy and wise

98



Barney Hurwitz is chairman of Clinic Holdings, the largest private hospital group in SA. He argues that healthcare privatisation can be extended to all sectors of the community.

It is commonly accepted that there should be greater private sector involvement in healthcare. The difficulty has always been to reconcile this with the duty of the State to look after the indigent population. We must all accept, sadly, that the poor will be with us and, as a healthcare professional, I believe everyone should have access to the high standards of First World healthcare which has been achieved in SA.

We must not allow a two-tier system of healthcare to emerge in which the Third World population has to put up with Third World standards. It is imperative that privatisation isn't confined to the predominantly white State hospitals, but also to largely indigent hospitals, including Baragwanath.

At first sight, it must seem puzzling that the private sector should want to get involved in what the minister of health calls "a medical headache." In isolation this may be so, but in the context of a rationalised and coordinated health policy, there is great potential.

A hospital managed by a private hospital group would be more efficient than a publicly managed hospital for several obvious reasons. Public hospitals have no incentive to increase occupancy and have no medical aids to prevent them wasting materials and drugs. In the State sector, redundant people are kept on and overheads are enormous. Doctors on the State payroll have no incentive to use theatres to their maximum and, other than for emergencies, will operate only within strictly defined working hours.

Experience has shown that the optimum size for a hospital is between 450 and 600 beds. Anything larger requires an inordinately large administrative staff which is very difficult to manage.

Hospitals which are substantially larger than that, such as the Johannesburg General and Baragwanath, could be divided into several autonomous units specialising in different disciplines such as maternity, cardiac surgery and so on.

No single hospital group would realistically want to take on the whole of Baragwanath. The major groups could be responsible for running certain sections and form an overall management committee in a highly decentralised operation — but end the present unwieldy management structure which is trying to keep its finger on thousands of activities. We'll need the sympathetic support of the financial institutions for projects that may, initially, have very low returns.

Of course, if the private sector took on indigent patients, it would have to be compensated. But it would be more cost-effective to have a subsidy of individuals, so that there may be a tax concession or a direct subsidy for each indigent patient. At the moment, the State subsidises institutions, which means even people who don't need the subsidy benefit from these payments. If a tax levy on turnover of say 1%, similar to an RSC levy, were enforced, this would more than cover the cost of taking care of indigent patients.

In conjunction with a change in subsidy, there would have to be an end to the nonsensical duplication of facilities, which means that some hospitals are overcrowded while others stand at 40% occupancy. Economic forces would determine that no one in private sector could countenance low occupancies.

There is too much fragmentation, whether because hospitals are racially divided or because too many hospitals offer the same facility. We in the private sector have been guilty of investing in high-tech equipment for reasons of prestige rather than because there was a real need. For example, there is a limited demand for MR scanners. The investment would be cost-effective if they were fully used, but too many hospitals offer this service to make it possible.

We in Clinic Holdings have a standing offer to the State to use our equipment and our facilities for the training of housemen, registrars and management personnel. They haven't yet made use of the offer.

If we are going to make healthcare more cost-effective, there will have to be more co-operation between the State, the academic sector and the private sector. This will mean a greater involvement by the private sector in training. Staff are the stock-in-trade of the business, so it's foolish for any hospital group not to include training in its programme.

I also hope that in future, private doctors will be allowed access to State hospitals, which they are denied at the moment and so increase the choice available to both doctor and patient.

Overall, the cost of healthcare in SA is surprisingly low and represents only 6% of GNP. In the US, it is as high as 11%. Because doctors there live under the threat of litigation, they pay huge insurance premiums, which, of course, they pass on to the consumer. In Britain, a bureaucratic National Health Service has led to long waiting lists — at great cost to the economy in the long run. There has been a proliferation of private hospitals as a result and health spending is 9% of GNP.

SA also has cheaper healthcare than Third World countries like Thailand, India and the Latin American countries. But there is no cause for complacency. A rationalised system, in which there is neither duplication through "own affairs" departments of health, or under-utilisation, would create considerable extra savings.

BARNEY HURWITZ

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Wmail 20-26/5/88

(98)

The twins: Is it churlish to peel the gloss off the fairy-tale and ask: what about the rest of Bara?

A First-World surgical team performs miracles in a Third Word hospital creaking under the strain of Third World problems. But will this fairy tale have a happy ending?

By SHAUN JOHNSON

IT is a dream story, sanguine and symmetrical. Siamese twins are separated by exacting surgery — and in the process bring a divided people briefly together.

The "Bara twins", Mpho and Mphonyana Mathibela, have undoubtedly brought cheer to South Africa. Everyone was delighted at the success of the operation; proud of the surgeons who performed it; grateful for the facilities and resources which made such a miracle of medicine possible.

Many were pleased also by the image of racial harmony it projected — white doctor, black hospital, black babies, state money ... all working together for the common good.

Is there any justification for the raising of churlish voices, removing some of the gloss? Sadly, it seems there is. For the fairy-tale has run away with itself in several important respects.

Firstly, in the euphoria which followed the separation, the fact was deemphasised that *before* the operation took place it was clear the twins had no chance of coming out of it without some residual damage. Professor Robert Lipschitz, head of the operating team, reconfirmed this medical assessment to the *Weekly Mail* this week.

It was a tremendous achievement to perform the separation and to be confident that their condition afterward would be no worse than it had been before. It is even a miracle of sorts, but not an unqualified one, and it was wrong for it to have been initially presented as such.

It is only now that notes of caution are beginning to be sounded in reports about the twins: the watchwords have become "time will tell". There was no "gross" brain damage, but "subtler" effects could only be assessed at a later stage.

The bottom line: no chance the twins will escape some residual damage. This is the burden to be borne by the twins and their mother once the "story" is no longer of public interest.

A second irksome aspect of the operation and the glare of publicity it engendered has been raised by — among others — sources within Baragwanath Hospital itself.

While emphatically not seeking to detract from the medical achievement, they say, there is a rather grim irony in watching uncritical acclaim being heaped on a hospital which has been the subject of such controversy over what have been described as "appalling conditions".

In a biting analysis, the *Sunday Star's* Jon Qwelane berated "opportunists" — representatives of the Transvaal Provincial Administration and central government — for making capital out of the operation while studiously ignoring desperate appeals for more capital for the hospital itself.

Allegations of overcrowding at Bara are legion, as are claims of shortages of medication. In this context, some find it galling that a single medical feat, no matter how exceptional, should so successfully draw attention to the micro-good and away from the macro-bad.

There is disgruntlement about the saturation coverage of what is essentially a First World operation taking place in an institution creaking under the strain of Third World problems. (No-one is sure, for example, how much it all cost, but Lipschitz confirms that it is a "very expensive" process.)

Further, it is felt that the "Bara twins story" doesn't have much longer to run, and it is less than likely that Bara writ-large will be able to command much public interest — and sympathy —thereafter.

Finally, it is considered ironic that the much-praised medical team should have included among its key members employees of the University of the Witwatersrand — the university perhaps under most pressure from the state because of its political profile.

Unsurprisingly, Lipschitz refuses to be drawn into the low-level controversy which simmers in the aftermath of the main event. "The motivations that brought (official) visitors to the hospital must be put to those persons," he says. "And as far as Jon Qwelane is concerned, he is surely entitled to his own views.

"And problems between central government and Wits are best addressed to those two parties."

Viewed from the uncomplicated perch of the layman, the whole saga seems rather sad. The impression lingers that in a divided, suffering country, signs of apparent conciliation are seized upon with an eagerness overriding reality, which is inevitably more vexed. Of course we can be pleased that medical expertise has done the best it can for the Mathibela twins. But we are surely entitled to ask — without being accused of carping — the much larger question about racially-segregated medical care, and the differential treatment of South Africa's people.

The question is simply: "Now what about Bara?"

FOR THE RECORD

BARA BAROMETER

296 sleep on floor

98

SATURDAY STAR
REPORTER

The barometer reflecting Baragwanath Hospital's bed shortage in the medicine department from May 12 to May 18 has shown a daily average figure of 273 beds.

St

21/5/85

Worst night

On the worst night 296 patients slept on the floor.

The cumulative deficit of patients without beds during this period was 1 916.

Jhb Hospital surgeons losing out

By Toni Younghusband, Medical Reporter

Surgeons-in-training are unable to get the required experience because of reduced operating time at the under-staffed Johannesburg Hospital, say surgeons working there.

They say they are spending only a short time in each medical unit and are not gaining the experience needed to qualify properly.

Theatre time has been cut severely because of a shortage of theatre nurses. The usual eight operating sessions a week have been reduced to three, the surgeons say.

Thechief superintendent of the hospital, Dr Reg Broekmann, agrees that surgeons-in-training are to some extent affected by reductions in theatre time.

"But the current problems at this hospital will have no serious effect on their training, provided the problems are short-lived," Dr Broekmann says.

He says the hospital administration is doing everything possible to sort out the staff shortage problems as soon as possible.

Dr Broekmann says operating waiting-lists exist in most disciplines, the worst off being the ophthalmology department which has a waiting-list of up to three years.

This is due not only to a shortage of nursing staff but also because Johannesburg is a referral hospital and is experiencing a shortage of surgeons, says Dr Broekmann.

Orthopaedic surgery, gynaecology, paediatric surgery and general surgery are also restricted because of staff shortages, he says.

Dr Broekmann says that although all surgical disciplines have been affected by the shortage of theatre-trained nursing staff, each has been affected to a different extent.

"This is an acute problem and we hope it will be resolved in the near future."

Since September last year the theatre-nurse establishment has dropped from 59 to 37, but this has not been due entirely to resignations.

"There are 10 nurses who are not available for duty for various reasons such as maternity, annual and unpaid leave," Dr Broekmann says.

Only one out of 33 theatres is not in use and that is a standy theatre for cardiac cases, he adds.

Allocation for health services in Cape inadequate — Louw

DID 24/5/88 98

Political Correspondent

CAPE TOWN — The present growth of 1,2 per cent a year allowed for hospital and health services in the Cape — for which a minimum amount of R1,4 bn has been voted for 1988—9 — is completely inadequate to the needs of the province, the Cape Administrator, Mr Gene Louw, said yesterday.

Speaking during the extended sitting of the Provincial Committee debating the Cape Province's R2,7 bn budget in parliament, Mr Louw indicated that hospital tariffs would have to be increased by an average 28,5 per cent this year if the same formula was followed as in the past.

However, in the light of the State President Mr P. W. Botha's appeal to limit tariff increases, this adjustment has had to be revised downwards, he said.

Mr Louw said the final fee structure was still awaiting cabinet approval and was, therefore, still sub judice at this stage.

He said that, since provision had already been made for the extra income derived from a 28,5 per cent tariff increase in the estimates, the retention of the existing scales must result in a deficit of R21 m in the 1988—9 estimate of revenue.

At this stage it still remained a matter of speculation of whether there will be no tariff increase at all or only a limited increase, Mr Louw said, ruling out the possibility of an increase to cover the full shortfall.

He stressed that the health services needs of the community deserved greater prominence when national priorities are determined.

"It must be borne in mind that the demand for such service is determined by actual need and not created artificially or at will.

"A rapid increase in population, the rapid black urbanisation process, the progressive rise in living standards, and increased life expectancy all place an unbearable pressure on health services."

Mr Louw listed the special needs demanded by the Cape's health services as:

- the commissioning of new and renovated physical facilities and the acquisition of equipment;
- health services in black residential areas and;
- ambulance services which, especially after the much-discussed Automobile Association report, appeared to be lacking in a number of ways.

Cruywagen: Baragwanath to get two new wards

PRETORIA — Two wards would be built at Baragwanath Hospital in the 1988—89 financial year at an estimated cost of R9,7 million.

This was said by the Administrator of the Transvaal, Mr Willem Cruywagen, in the Extended Public Committee on Provincial Affairs yesterday.

Mr Cruywagen also said the state's health services would had to shift from sophisticated to more preventative treatments.

Clinics or community health services, and home care were important in keeping less serious cases from hospital, he said. — Sapa

MP calls for Lenasia South hospital to be opened immediately

PRETORIA — The Lenasia South hospital should be opened immediately, Mr Y. I. Seedat (Nominated People's Party) said yesterday in the Extended Public Committee on Provincial Affairs.

The hospital was built at a cost of R7 million and has existed for two years.

Mr Seedat said it was a monument to a serious flaw in provincial administration.

He said he could not accept that the province did not have the day-to-day running cost of R3 million.

The budget of R1,4 billion could be adjusted to allow for the re-opening of the hopital, he said.

He added that the hospital's continued closure put pressure on existing facilities and gave the House of Delegates a bad name.

"It has made it ineffective in the eyes of the community outside," he said.

Mr Seedat added that re-opening the hospital would assist health facililties in Annadale, Soweto and Eldorado Park. — Sapa

1,2% Cape health growth 'inadequate'

From CHRIS CAIRNCROSS

THE present growth of 1,2% a year allowed for hospital and health services in the Cape — for which a minimum amount of R1,4 billion has been approved during 1988/89 — was totally inadequate for the needs of the province, the Administrator of the Cape, Mr Gene Louw, said yesterday.

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He added, however, that in the light of President P W Botha's appeal to limit tariff increases, this adjustment has had to be revised downwards.

Mr Louw said that since provision had already been made for the extra income derived from a 28,5% tariff increase in the estimates, the retention of the existing scales would necessarily result in a deficit of about R21 million in the 1988/9 estimate of revenue.

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He stressed that the health service needs of the community deserved greater prominence when national priorities were determined.

"It must be borne in mind that the demand for such service is determined by actual need and not created artificially or at will," he said.

"A rapid increase in population, the rapid black urbanization process, the progressive rise in living standards, and increased life expectancy all place an unbearable pressure on health services."

He said new and renovated physical facilities were among the special needs demanded by the Cape's health services.

WOMAN

Imbeleko will fight Govt plan

THE Government's intention to privatise health services has led the Imbeleko Women's Organisation to launch a campaign against the move before it comes into operation.

By MOKGADI PELA

Explaining her organisation's campaign, Miss Nomonde Jafta, the co-ordinator of Imbeleko, said: "In keeping with the popular expression namely, *mme oa ngoana o tshoara lehare ka bohaleng* which loosely translated means that a mother will use her bare hands to hold the blade of a sword in order to protect her offspring, we felt we could not let this government do what it wants without being challenged."

The 29-year-old Miss Jafta, from Wattville said: "In order to understand the motive behind the proposed privatisation of health services, it is essential to realise that South Africa is both a racist and capitalist state."

Miss Jafta said: "Privatisation will only increase the misery of black people. Only the rich sections of our community will afford privatised health services, because they can afford the already expensive Medical Aid schemes.

Education

"If this move succeeds, infant mortality rates will soar, the high pregnancy rate among our youth is not going to be reduced by privatisation, but by proper health and sex education.

"From a brief look, it is clear that for the past five years, hospital fees have been rising unbelievably. Government's intention has been to slowly condition the masses to this coming privatisation," she said.

She said those who were going to be particularly hit by the move were pensioners and lower income groups. She said Imbeleko wanted health services to be accessible to all.

"One of the reasons why workers are taxed is for provision of health services, instead of our money being wasted in bantustans like Lebowa. One wonders what is going to happen to billions of rands the Government claimed to have reserved for health services once these are privatised," Miss Jafta said.

She added that Imbeleko, in conjunction with other organisations, intended conducting health clinics throughout the country.

The decision to launch a campaign against privatisation was reached at a seminar in Mamelodi, Pretoria, last week where delegates came from areas such as Lenyenye, Kuruman and KaNgwane, Miss Jafta said.



MISS Nomonde Jafta, co-ordinator of Imbeleko.

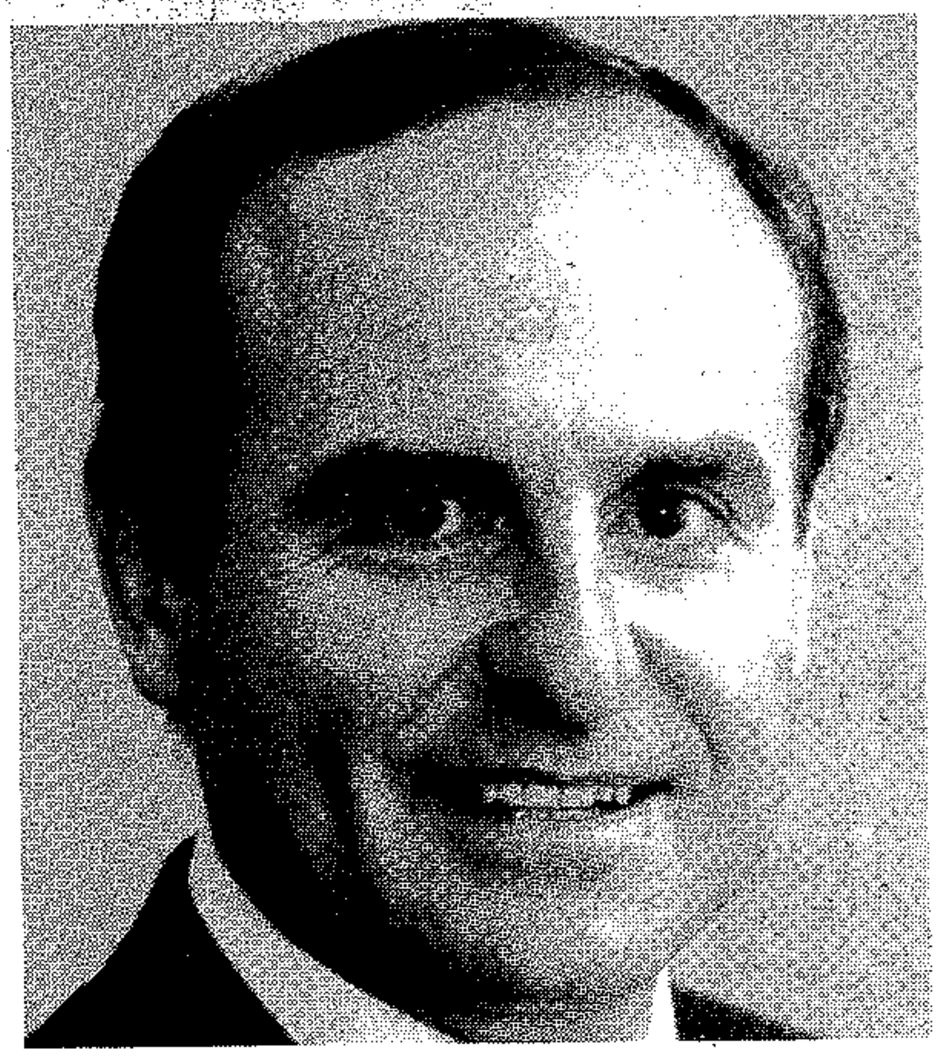
The co-ordinator of Health 2000, Dr Abu Asvat, said: "The impending privatisation of health services does not augur well for the man in the street. Access to health, which is a basic human right, will in future be available on payment of money — the more you pay, the better the service."

He said the poor would suffer and the World Health Organisation's dream of providing health to all by the year 2000 would be an unattainable proposition.

DID 415785

Umbrella body for SA's private hospitals formed

98



The vice-chairman of NAPH, Dr Edwin Hertzog.

Daily Dispatch Reporter

EAST LONDON — A new umbrella body for South Africa's private hospital industry, the National Association of Private Hospitals (NAPH), has been launched.

The NAPH, which represents 85 per cent of private hospitals in South Africa, developed a constitution, including a code of ethics, last year.

It was decided then to form an overall association to embody the Representative Association of Private Hospitals (RAPH).

This body was to comprise representatives from the South African Association of Private Hospitals and the National Federation of Private Hospitals.

The development of an umbrella body "was felt to be necessary because of the confusion created by the proliferation of industry bodies, the cost of doing all paperwork in triplicate and the fact that RAPH had no formal constitution, code of ethics or disciplinary procedure," the vice-chairman of NAPH, Dr Edwin Hertzog, said.

NAPH will represent the industry in talks with the government, other medical industry bodies and all interested parties, and will be a central organisation approachable by the public for information or help.

In terms of the NAPH constitution any private hospital group, which is defined as having three hospitals and not less than 700 beds, would have a minimum of one seat on the executive.

There are four such groups in South Africa: Medi-Clinic Corporation, Clinic Holdings, Afrox and Lifecare.

One of the problems facing the private hospital industry is the arbitrary setting of tariffs by the Representative Association of Medical Schemes, "which has led to tariff increases far below the increase in costs in recent years".

Another major problem is the shortage of qualified staff.

NAPH would also address the issue of privatisation.

Bara gets 2 new wards

TWO wards would be built at Baragwanath Hospital in the 1988/89 financial year at an estimated cost R9,7 million, the Administrator of the Transvaal, Mr Willem Cruywagen, said in the extended public committee on provincial affairs yesterday.

He also said the State's health services would have to adapt their accent from sophisticated to more preventative treatments and care in the community.

It was important that patients receiving treatment on a certain level not be admitted to a higher level where the service was much more expensive.

The national health services and facilities plan provided for the most suitable facilities for specific ailments.

Clinics or community health services played an important role to keep less serious cases from hospital.

"Only those patients who cannot be treated at clinic level will be referred to hospitals.

The administration was establishing home care for patients, where they would be visited by nursing staff. — Sapa.



ADMINISTRATOR Cruywagen.



MISS Minah Mthembu being comforted by Miss Lettie Matlala. Miss Mthembu was discharged from hospital after her child's death.

Mum discharged after death of newborn

(98)
Sowetan 26/5/88

By MOKGADI PELA

A 27-YEAR-OLD Nigel woman whose baby died hours after birth at the Far East Rand Hospital yesterday alleged she was discharged prematurely.

Miss Minah Mthembu said she gave birth to a baby girl on Monday evening. The following morning she was told that her baby had died and that she had been discharged. She said she asked the hospital staff how she could be discharged when she could not even walk.

Wearing only a nightdress and a towel and with tears in her eyes, Miss Mthembu said she did not even have money to go home. She lay outside the hospital gate about 100 metres from the black section of the institution.

The chief superintendent of the hospital, Dr Roelf Olivier, said: "This is the first time I hear about the case; she has not complained to me. But usually maternity patients are not kept very long unless they have complications."

Promise

He promised to investigate the matter.

Later, a maternity ward sister who had been authorised to speak about the matter said: "When Miss Mthembu was discharged she was looking fine. In fact, a doctor had just examined her. I am surprised to hear about that."

Work comes to a stop

SCORES of employees at Santa Hospital in Benoni staged a brief work stoppage yesterday, causing a partial breakdown of operations at the tuberculosis institution.

A spokesman for the workers said the staff had however, called off their stoppage hours later pending wage negotiations between management and them.

The workers were demanding increases similar to those received by the nursing staff at the East Rand hospital. Nursing staff did not take part in the work stoppage.

The hospital's superintendent, Dr G C O'Kelly, denied that part of the staff had embarked on a work stoppage saying: "We are only having a discussion".

● About 300 employees of Zozo were dismissed this week after they downed tools in sympathy with a sacked shop steward, a union spokesman said.

The strikers demanded the unconditional reinstatement of a colleague, Mr Clinton Raliti, allegedly dismissed for failing to reach "required production levels".

Zozo management has declined to comment on the matter.

● The National Workers' Union of SA is to hold a meeting of Martilon employees at St Peter's Conference Centre, Hammanskraal on Sunday.

● The dispute between OK Bazaars and the Commercial Catering and Allied Workers' Union of SA will be discussed at a meeting of the company's employees on Sunday.

H F Verwoerd is ready for any emergency

(98) Star 28/5/94 kr

SATURDAY STAR CORRESPONDENT

When the terror blasts ripped through Pretoria's city centre on Thursday, the emergency unit at H F Verwoerd Hospital launched its disaster plan and was prepared to treat all the injured within minutes.

Professor Coen van der Merwe, head of the emergency department, says the disaster plan was set into action immediately after the blast.

In the event of a blast, Professor van der Merwe and the superintendent involved in emergency are informed of the event.

Nursing staff is informed and additional staff is allocated as needed.

The professor says he informs a doctor who in turn informs others so that "within 15 minutes of the blast we have an additional seven doctors ready".

There is constant radio contact with ambulance staff so the hospital knows what to expect. Surgical and orthopaedic teams and the radiology department are alerted.

"Everyone has to know about the disaster plan and it has to be as simple as possible," says Professor van der Merwe.

Patients are sorted into priority one, two and three, with those in priority one usually going into surgery.

In the case of Thursday's blasts, the injured fell into priority two, which meant they were examined thoroughly and then stablised.

"Team work is the key word and doctors, nurses and administration staff are all important links in the chain," he says.

"Blast lung" is an injury that has to be checked as it is not immediately visible. It is caused by the shock waves that affect the lungs and can be very harmful — it can even break bones.

The professor says the emergency room at H F Verwoerd has all the facilities and staff to cope if something goes wrong with a patient. Patients are stablised and X-rays taken. They are not moved until they have been examined completely.

Campaign to open hospital in Lenasia

Star 21/6/88

98

By Toni Younghusband, Medical Reporter

A community campaign aimed at forcing the Government to open the Lenasia South Hospital is to be launched this month.

The 98-bed hospital, built two years ago, has never opened its doors due to "financial and staff difficulties".

When opened, the hospital will serve more than 300 000 residents who are at present forced to travel up to 30 km to the Coronation or Hillbrow Hospitals for medical treatment.

Dr Hennie van Wyk, the executive director of Transvaal Hospital Services, said recently that there was no indication of when the hospital would open.

He said its doors had remained closed because of a lack of funds.

Numerous representations and letters of protest have been sent to provincial authorities by Lenasia residents and community organisations demanding that the hospital be opened. However, there has been no response.

Now more than 50 community-based organisations in and around Lenasia are to join together to launch a huge "open the hospital now" campaign.

The campaign will be headed by a committee and will be funded by donations.

Mr Basheer Lorgat, a committee member, said he did not believe the Government did not have the funds to open the hospital.

"They are planning privatisation on a huge scale and we wouldn't be surprised if this hospital was eventually put out to tender. It's not that they don't have the money now, they would rather privatise it," he said.

Mr Lorgat said the committee would strongly oppose privatisation.

He said the campaign would include newspaper advertisements, stickers and posters and a petition which is to be taken around to households throughout Lenasia, Grasmere, Ennerdale and Lawley.

Green light for nursing home in Constantia

2/6/88

98

By DICK USHER
Staff Reporter

PLANS for an up-market convalescent home in Constantia have been approved in spite of City Council objections.

The Cape Provincial Administration's approval overrides the city's earlier rejection of the plan.

Attached to the administration's approval of the application to rezone the site are conditions that the number of beds be limited to 58 and that no operating theatre be included.

The development is planned for three plots on the former Monterey School playing fields in Cannery Row.

The developer, Mrs J J Lucas, said she had volunteered to reduce the number of beds as a concession to the community.

Thirty-six residents in the Cannery Row area signed a petition against the development, saying they felt it was "inappropriate to their almost rural surroundings".

The council rejected the application in a vote of 18-12.

Mrs Lucas said a study had shown that traffic would increase by only five cars an hour.

She said: "I sympathise with the residents who objected, but the development will be unobtrusive and I'd rather spend more and make it beautiful than build it on a shoestring and have an eyesore."

Baragwanath unmanageable, claim nurses

Pretoria Correspondent

Quality care in Baragwanath Hospital is not possible while overcrowding is allowed to continue, says the South African Nursing Association.

"Overcrowding made quality nursing care impossible even though diagnosis and medical treatment may have been good," the association says in the latest edition of *Nursing News*.

The association said it believed the proper planning and use of health care centres and smaller hospitals would relieve the patient load at Baragwanath, while adjustments to the staff establishment would create a manageable workload.

REVITALISATION

It stressed that the revitalisation of nursing management was needed.

"Most important is good general personnel management in order to remove daily irritations which give rise to dissatisfaction and frustration.

"If the Government wants to provide academic hospitals for the training of medical and other health personnel, adequate provision must be made for proper facilities and proper staffing as well as proper management."

According to the association, the hospital has been allowed to grow to an unmanageable size with its 2 750 beds and 4 045 nurses.

Added to this, economic pressure has forced the authorities to keep nursing posts vacant and this results in the severe overburdening of nursing staff, the association says.

R60 million.

Rotation system sparks row among medical students

Star 3/6/87

98

By Zenaide Vendeiro
Education Reporter

A row has broken out among third-year students at the Wits Medical School as a result of the segregation of the five academic hospitals through which they will be rotating next year.

For years black students have refused to rotate to J G Strijdom and Johannesburg hospitals because they have been denied access to the obstetrics and gynaecological wards.

An increasing number of white students, who have strongly opposed the segregation of health education and training, have followed their lead and have chosen to receive their training at Hillbrow, Baragwanath and Coronationville hospitals only.

Mr Ze'ev Levin, president of the Medical Students' Council (MSC), yesterday said that this year a number of white students had decided not to rotate to the two white hospitals for what he called "purely selfish reasons".

These students, he said, felt they would not receive the necessary exposure to "pathology and medicine in general" at the under-utilised white hospitals.

"This has upset the black and liberal students, who feel you should only make the decision not to rotate for moral reasons," he said.

The increase in the number of students deciding not to rotate would also affect those students who were rotating as they could be denied a place at the three "non-white" hospitals.

Mr Levin said the MSC would be asking the Faculty Board to require students not wishing to rotate to make a written commitment that their motivation was "moral".

The mother of a third-year student yesterday told The Star it was "terrible" that a student should be required to sign what she called a "political declaration" just because he wanted to train at a black hospital.

She said the policies of the Transvaal Provincial Administration were "ruining the futures of young South African doctors".

98

Hospital's cash crisis hits hip, knee patients 98

DURBAN — A cash crisis has hit Durban's Addington Hospital and the authorities have had to limit hip replacement operations to four a month and to scrap knee operations because they cost too much.

A hospital spokesman said it was a policy matter and refused to say any more about the cash crisis.

The move comes as a bitter blow to pensioners who are already reeling from yet another cutback which forces them to pay for treatment at the hospital. Star 6/6/85

One patient who was to have had a hip replacement operation today received a telegram on Saturday asking him urgently to contact the hospital. He did so on Monday and was told that he could not have the operation because of the cutback in the number of the operations as a result of financial problems.

Doctors said today they feared that other operations might also be put "on hold" because of the cash crisis.

Medical services are maintained

Star 6/6/86 98

Medical services in and around Johannesburg were being maintained today despite the three-day protest.

A spokesman for Baragwanath Hospital said early today there appeared to be no staff problems, although the exact situation could only be accurately assessed later in the day.

Only a third of the 900 employees at the Johannesburg Hospital clocked in this morning but a spokesman said more were expected to arrive later.

Registrars to discuss overtime and salaries

By Toni Younghusband

Underpaid medical registrars may refuse to work overtime if their salaries are not adjusted soon.

Growing discontent over salary disparity has many registrars threatening to cut their 80-hour week to 40 hours unless something is done soon.

In response to these angry murmurings, the South African Registrars' Association will meet this week to discuss what action should be taken.

However, the association stressed in a statement last week that an overtime ban had not yet been officially considered and was currently merely talk among some registrars.

EXPRESSED DISMAY

It strongly denied reports that the pay dispute would bring at least 15 academic hospitals to a halt but nevertheless expressed dismay at the State's refusal to increase registrars' salaries.

A registrar is a qualified doctor, specialising in a certain discipline, employed by the Department of Health in a provincial hospital. There are about 800 registrars countrywide.

In December 1987 the Government approved salary increases for fulltime doctors (medical officers) at its hospitals but registrars were overlooked.

"Up to now, we have been unable to get a satisfactory answer from the authorities as to why," association president Dr Frik Rademan said.

There was serious discontent among registrars because of the salary disparity between them and medical officers, he said. Registrars delivered a more specialised, professional service to the patients of the provincial hospitals with a higher degree of responsibility.

They handled the great majority of the work load in academic hospitals with a work week of 76 to 80 hours and in some cases in excess of 100 hours.

"For this he gets very little compensation or recognition," he said.

"Registrars also carry the primary responsibility for patient care in academic hospitals and give formal and informal training to students, interns, nurses and medical officers."

Dr Rademan said the registrar's status as a medical practitioner had been degraded, and warned the financial burden facing registrars would lead to their leaving the provincial service.

It was also unacceptable that registrars in a few select departments had salary parity with medical officers while the majority did not.

The association's meeting this week would discuss the views of all registrars with a view to formulating a plan of action.

Career education to be extended

Pretoria Bureau

The Department of Education and Training (DET) intends to extend its newly introduced concept of career education to more than 90 percent of its schools before the turn of the century.

This was revealed last week after a seminar on "Career Education" hosted by the Minister of Education and Training, Dr Gerrit Viljoen, for his ministerial counterparts from Transkei, Bophuthatswana, Venda and Ciskei.

The seminar was held in Pretoria and was preceded by a visit to the Walton Jameson and J J de Jongh primary schools in Atteridgeville where this type of education is being offered.

A spokesman for DET said the department was spending millions of rands on the development of the career education model at black schools.

MEDICAL SERVICES 'NORMAL'

(98)

Sowetan 7/6/88

MEDICAL services in and around Johannesburg appeared relatively unaffected by the three-day protest with most staff reporting for work as usual, although some maintenance staffers did not go to work.

Reports by *Sowetan* Correspondents and SAPA.

However, in Soweto, queues of nursing sisters were seen waiting at bus stops and taxi ranks unable to get transport into the city.

A spokesman for Baragwanath Hospital said the hospital was "operating as usual" and that the stayaway had in no way affected staff.

Staff were continuing to "trickle in" to the Johannesburg Hospital where by midday more than two thirds of the 900 employees had clocked in.

At the Coronation Hospital in Coronationville, all staff reported for work.

Prepared

"We are not usually affected by stayaways because people are concerned about their own sick and don't cause any trouble.

"We have certain procedures which we would follow in the event of a stayaway but we haven't needed them up to now," a hospital spokesman said.

At the plush Morningside Clinic in Sandton, all black domestic and maintenance staff stayed away.

However, a clinic spokesman said, the kitchen staff had slept on the premises on Sunday night and most of the black nursing sisters had managed to get to work.

for work at the Flora Clinic in Roodepoort but of the 15 due to sign in at 11am, only three arrived.

"We don't have many black nurses but the ones we do have came to work," a clinic spokesman.

At the Garden City Clinic in Brixton, all black employees reported for work.

The clinic's manager, Mr Graham Anderson, said his position on the stayaway had been very strong.

"I told them if they didn't come to work they would not get paid and secondly, they need not come back."

He said the clinic also housed a communal laundry used by all clinics belonging to the Clinic Holdings Group. "As everyone has reported for work the laundry is having no trouble and the other clinics are unaffected also," he said.

A spokesman for the provincial JG Strijdom Hospital in Westdene, said all staff were at work.

She said all those who had reported for work, black and white, were required to take over the cleaning and maintenance of the hospital.

Administration staff were being called upon to clean toilets, vacuum carpets and wash floors.

"But we were prepared for it and we're coping quite well," she said.

About 90 percent of the early morning cleaning staff turned up

them to apply ... ment was open to abuse.
Mr Unterhalter asked yesterday that Mr Acting Justice Human heard evi- The hearing continues.

Community fights to open hospital

By Toni Younghusband,
Medical Reporter

Community organisations in Lenasia may take legal action against health authorities to force them to open Lenasia South Hospital.

A spokesman for the Lenasia Hospital Committee, which represents 50 community organisations, said today attorneys were investigating the possibility of taking the provincial health authorities to court if the hospital was not opened soon.

The committee has issued an urgent appeal to the community for funds.

The 98-bed Lenasia South Hospital has remained closed since its completion two years ago due to "financial and staff difficulties" and, according to the executive director of Transvaal Health Services, Dr Hennie van Wyk, is not likely to be opened in the near future.

It is the only hospital in the Lenasia area and if opened will serve an estimated 300 000 people in Lenasia, Grasmere, Ennerdale and Lawley.

Now patients in these areas must travel up to 30 km to the Coronation or Hillbrow hospitals.

The hospital committee's decision to take legal action follows the announcement of a vigorous "open the hospital" campaign to be launched later this month.

A member of the hospital committee, Mr Basheer Lorgat, said that despite repeated representations and letters to the health authorities, nothing had been done and the time had come for a more vigorous approach.

He said the campaign would be conducted on a massive scale and would require a lot of money as would legal fees. He said funds would have to come from the community.

Nurses to get pay offer for overtime

By Toni Younghusband
Medical Reporter

Johannesburg Hospital authorities will apparently offer overtime pay to theatre nurses at a meeting with staff today.

Sources told The Star theatre sisters would be offered R7 an hour overtime pay. Hospital authorities were not available for comment at the time of going to Press.

This move, which appears to be an attempt by authorities to curb the rapid rate of nursing staff resignations at the hospital, has been dismissed as "ludicrous" by the sisters.

Many feel R7 is "hopelessly inadequate", as the average overtime remuneration at private hospitals is R15 an hour.

One sister, who is also a qualified midwife and theatre sister, takes home little more than R900 a month after five years of study and additional working experience.

She pointed out that theatre sisters at the Johannesburg Hospital were also not offered a "special unit" allowance which most other hospitals gave.

The staff shortage crisis which has plagued the Johannesburg Hospital since it opened in 1979 is escalating.

One theatre sister said nurses were forced to "moonlight" at private hospitals after hours.

However, often this "moonlighting" had to be abandoned when nurses were forced to work overtime.

"Sometimes the theatres are so fully booked that we work 12 to 14 hours at one stretch and don't get home until late at night. But we get nothing for it," she said.

Diepmeadow	1983/84	107 299,91
	1984/85	23 457 037,75
	1985/86	93 273,59
		23 657 611,25
Dobsonville	1983/84	85 414,94
	1984/85	8 224 317,78
	1985/86	12 783,75
		8 322 516,47
Kagiso	1983/84	252 571,61
	1984/85	16 307 913,53
	1985/86	132 440,37
		16 692 925,51
Mohlakeng	1983/84	53 848,40
	1984/85	5 723 337,22
	1985/86	40 337,87
		5 817 523,49
Bekkersdal	1983/84	16 862,90
	1984/85	1 243 522,67
	1985/86	2 289,58
		1 262 675,15
Alexandra	1983/84	75 198,38
	1984/85	33 395 344,83
	1985/86	26 384,61
		33 496 927,82

Orange Free State: libraries

1072. Mr W J D VAN WYK asked the Minister of Constitutional Development and Planning:†

(a) How many libraries in the Orange Free State fall under the Sub-Directorate Library Service at present, (b) what average daily number of books is handled by these libraries and (c) what (i) is the name and (ii) are the educational qualifications of the person in charge of these libraries?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

This matter vests in the Administrator of the Orange Free State and he furnished the following information:

(a) 357

(b) 17 329 (Except Sundays and Public Holidays)

(c) (i) Mr G L Nordier

(ii) B A degree and Higher Diploma in Librarianship.

Brits Hospital

1091. Mr A GERBER asked the Minister of Constitutional Development and Planning:†

(1) Whether any facilities for (a) Indian, (b) Coloured and (c) Black persons are provided by the Brits Hospital; if so, (i) what facilities and (ii) as from what date in each case;

(2) whether it is the intention to extend these facilities; if so, (a) when and (b) what is envisaged in this regard?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

This matter vests in the Administrator of Transvaal and he supplied the following information:

(1) (a) Yes.

(b) Yes.

(c) No.

(i) 3 beds for Indians/Coloured

(ii) 13 November 1985

(2) No.

(a) and (b) Fall away.

Natal: roads

1122. Mr C J DERBY-LEWIS asked the Minister of Constitutional Development and Planning:

Which local authorities received loans for roads from the Natal Provincial Administration during the latest specified five-year period for which information is available?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

This matter vests in the Administrator of Natal and he furnished the following information:

No local authorities received any loans for roads from the Natal Provincial Government during the last five-year period. A number of grants were made for improvements to Provincial Roads in Local Authority areas.

Private schools

1151. Mr C J DERBY-LEWIS asked the Minister of National Education:

(1) Whether his Department has to approve the establishment of new private schools; if not, why not; if so

(2) whether his Department has given permission for the establishment of new multiracial schools in White group areas; if so, (a) how many such schools were established during the latest specified 12-month period for which information is available, (b) what are their (i) names and (ii) street addresses and (c) why was such permission given, in each case?

The MINISTER OF NATIONAL EDUCATION:

(1) No. Private schools are being registered in terms of the provisions of laws which are administered by the Department of Education and Training and the respective Departments of Education and Culture.

(2) Falls away.

Bloekombos: housing

1155. Mr S S VAN DER MERWE asked the Minister of Constitutional Development and Planning:

Whether his Department or the Cape Provincial Administration is considering (a) a housing project and/or (b) the establishment of basic services for Blacks of Bloekombos, near Kraaifontein; if so, (i) what is the nature of this project, (ii) how many persons is it intended to accommodate there, (iii) what stage has the project reached and (iv) when is it anticipated that the project will be completed?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

This matter vests in the Administrator of the Cape Province and he furnished the following information:

(a) and (b) No.

Rest of question falls away.

Airports: catering facilities

1172. Mr C J DERBY-LEWIS asked the Minister of Transport Affairs:

(1) Whether the catering facilities at State airports are administered by his Department; if not, by whom are they administered;

(2) whether tenders are called for in this regard; if so, (a) for what period are tenders called for and (b) (i) who were the successful tenderers over the past 15 years and (ii) on what date was each of these tenders awarded?

The MINISTER OF TRANSPORT AFFAIRS:

(1) Yes. The catering facilities which include bookshops are leased by the State to private entrepreneurs on a concessionary basis.

(2) Yes.

(a) Normally for a fixed period of five years with an option to extend the agreement for a further four years and eleven months. At Pierre van Ryneveld Airport, Upington where no catering facilities exist a kiosk is leased on a month to month basis.

(b) (i) and (ii)

Jan Smuts Airport

Successful tenderers:	Date:
Airport Enterprises (Pty) Ltd	1 May 1965
Air Terminal Services SA (Pty) Ltd	1 February 1981

Louis Botha Airport

Successful tenderers:	Date:
L P and A J van den Berg (Pty) Ltd	24 March 1965
Spyskor (Natal) (Pty) Ltd	1 February 1981

For the purpose of this reply, the Eastern Cape is regarded as consisting of the RSA portion of Development Region D.

Transvaal: proclamation of areas for race groups

17. Mr T R GEORGE asked the Minister of Constitutional Development and Planning:

How many areas in the Transvaal had been proclaimed for residential purposes for (a) Whites, (b) Coloureds, (c) Indians and (d) Blacks at the latest specified date for which information is available?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(a) 140

(b) 71

(c) 115

(d) 103

This information is for the period until 20 May 1988.

Langlaagte: proclamation as Coloured area

19. Mr T R GEORGE asked the Minister of Constitutional Development and Planning:

Whether his Department intends proclaiming Langlaagte as a Coloured residential are; if not, why not; if so, when is it anticipated that this matter will be finalized?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

No, no proposal has been received for the area to be investigated by the Group Areas Board for possible proclamation as a Coloured area.

Riverlea: additional land

20. Mr T R GEORGE asked the Minister of Constitutional Development and Planning:

(1) Whether his Department intends providing additional land for the purpose of extending the Coloured area of Riverlea; if not, why not; if so, what land is being considered for this purpose;

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

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(1) The Group Areas Board has investigated a proposal for the extension of the Riverlea Coloured group area. As a result of a multitude of surface permits and mining rights owned by mining companies, more than 90% of the land in question was affected to such an extent that development was uneconomic or impractical.

The Administration: House of Representatives has, as a result, officially withdrawn its proposal in respect of this land.

(2) No.

Riverlea Extensions 1, 2, 3, 4: extension

22. Mr T R GEORGE asked the Minister of Constitutional Development and Planning:

(1) Whether his Department has received any representations for the extension of Riverlea Extensions 1, 2, 3 and 4; if so, (a) when, (b) from whom and (c) what is the purport of these representations;

(2) whether any decisions have been taken in this regard; if not, (a) why not and (b) when is it anticipated that decisions will be taken;

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

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

This matter vests in the Administrator of Transvaal and he furnished the following information:

(1) Yes. Only for Riverlea Extension 1 and 2. Riverlea Extension 1 has been proclaimed on 30 June 1976 (Proclamation 120 (Administrators), 1976).

(a) Riverlea Extension 2: 13 July 1965

(b) City Council of Johannesburg

(c) Application for township establishment.

(2) Yes. The application for township establishment has been approved by the Administrator on 26 February 1987.

(3) No.

Riverlea Extension 2: proclamation as Coloured area

28. Mr T R GEORGE asked the Minister of Constitutional Development and Planning:

(1) Whether his Department intends proclaiming Riverlea Extension 2 as a Coloured residential area; if not, why not; if so, when is it anticipated that this matter will be finalized;

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

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(1) Riverlea Extension 2 is already a Coloured group area. Rest of question falls away.

(2) No.

Coronationville Hospital: hygiene

29. Mr T R GEORGE asked the Minister of Constitutional Development and Planning:

(1) Whether the standards of hygiene at the Coronationville Hospital are being monitored; if so, (a) what procedure is followed in regard to pest control in respect of the wards of this hospital and (b) (i) at what intervals are these control measures taken and (ii) by whom;

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

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

This matter vests in the Administrator of Transvaal and he supplied the following information:

(1) Yes.

(a) Treatment by means of spraying or by fumigation if necessary.

(b) (i) Twice per week.

(ii) By hospital staff trained for this purpose. However, the Control Horticulturist of the Branch: Hospital Services acts in an advisory capacity.

(2) No.

Coronationville Hospital: personnel

30. Mr T R GEORGE asked the Minister of Constitutional Development and Planning:

Whether he will furnish statistics on the personnel of the Coronationville Hospital; if so, (a) how many (i) porters, (ii) cleaners, (iii) office personnel and (iv) (aa) part-time and (bb) full-time doctors were there at this hospital as at the latest specified date for which information is available and (b) how many such doctors were doing (i) day and (ii) night duty?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

This matter vests in the Administrator of

Transvaal and he supplied the following information:

(a) (i) 21

(ii) 162

(iii) 91

(iv) (aa) 33

(bb) 89 as at 11 May 1988.

(b) (i) 97 (33 part-time and 64 full-time)

(ii) 25 (full-time).

HOUSE OF DELEGATES

†Indicates translated version.

For oral reply:

Own Affairs:

Property in Chatsworth: holding costs

*1. Mr P T POOVALINGAM asked the Minister of Housing:

Whether, with reference to his reply to Question No 2 on 19 May 1988, his Department incurred any holding costs in respect of the property in Chatsworth sold to Hamilton Developers (Pty) Ltd in April 1988; if so, (a) what is the amount involved, (b) what rate of interest applied in the calculation of this amount and (c) on what date in April was the property sold to the company in question?

The MINISTER OF HOUSING:

No.

(a) Falls away.

(b) Falls away.

(c) Falls away.

Mr P T POOVALINGAM: Mr Chairman, arising out of the hon the Minister's reply, would the hon the Minister inform this House once again, fully and clearly, without any kind of fiddling around, as to when the property was purchased; how much was paid for it; the date on which the property was sold; for how much it was sold; and how much it cost the State to hold that property?

The MINISTER: Mr Chairman, I treat the phrase "fiddling around" with the utmost contempt which it deserves.

Mr P T POOVALINGAM: You are scared! [Interjections.]

The CHAIRMAN OF THE HOUSE: Order! Has the hon the Minsiter finished?

The MINISTER: No, Mr Chairman, I have not finished.

The CHAIRMAN OF THE HOUSE: Order! The hon the Minister may proceed.

The MINISTER: Mr Chairman, I just want to treat the statement "You are scared" with the contempt it deserves. If the hon member would learn how to ask his questions . . .

The CHAIRMAN OF THE HOUSE: Order! Did the hon member for Reservoir Hills comment that the hon the Minister was scared?

Mr P T POOVALINGAM: Yes, Sir, I did.

The CHAIRMAN OF THE HOUSE: Order! The hon member will have to withdraw the remark.

Mr P T POOVALINGAM: I have no alternative when the Chair orders me to do so.

Mr R S NOWBATH: Spit and lick again! [Interjections.]

The CHAIRMAN OF THE HOUSE: Order! The hon the Minister may proceed.

The MINISTER: Mr Chairman, I believe the hon member has withdrawn his remark conditionally, and I would suggest that he must withdraw it unconditionally.

The CHAIRMAN OF THE HOUSE: Order! Did the hon member fo Reservoir Hills intimate that the hon the Minister was still scared?

Mr P T POOVALINGAM: Mr Chairman, I made no conditions. I said: "Being ordered to withdraw, I withdraw."

The MINISTER: That is a condition.

The CHAIRMAN OF THE HOUSE: Has the hon member withdrawn unconditionally?

Mr P T POOVALINGAM: Yes, Sir.

The CHAIRMAN OF THE HOUSE: The hon the Minister may proceed.

The MINISTER: I shall answer any questions if the questions are framed properly, and in this case the department did not incur this. Therefore the hon member for Reservoir Hills must direct his questions properly. I have answered the quesion in the manner in which the question has been asked. I may say that if the hon member had referred to the Housing and Development Board he would have got the proper reply. I may also say that whatever decision was taken in this matter was done in full consultation with the Auditor-General. I hope that satisfies the hon member for Reservoir Hills.

Mr P T POOVALINGAM: Further arising out of that reply, will the hon the Minister of Housing dare to deny that the property concerned was

Private hospitals' bed fees defended

(98) Star 9/6/88

Medical Reporter

Charging the full daily tariff for a bed at a private hospital, even if the patient occupied it for only a few hours, was perfectly acceptable, Mr Dick Williamson, chairman of the National Association of Private Hospitals, said this week.

His response followed a letter in the latest edition of the *South African Medical Journal* in which a Cape Town resident said that whether a patient spent two or 24 hours in a private hospital bed he was still charged the same amount. The rate was usually about R107 a day.

MINOR PROCEDURES

The writer explained that in minor operative procedures, when the patient was in the clinic for perhaps only two hours, a bed was occupied by several patients in a 24-hour period. Each of them then received a bill of R107. If six patients used that bed the clinic would generate R642 for that day from one bed.

The letter suggested that the Medical Association of South Africa or the administrators of medical aid schemes should investigate the matter and possibly institute hourly bed rates for short-term patients.

This would result in considerable savings which the medical aid schemes could then pass on to their members in the form of reduced subscriptions.

Private patients who had to pay the R107 from their own pockets would no longer feel they had been "ripped off".

Mr Williamson said there was a private clinic protocol which laid down a minimum bed-occupancy fee.

"It is much like the way a hotel operates. If you book in at midnight and leave at three in the morning you are still charged a daily rate.

"This is the same situation. The bed has to be reserved or booked, the linen must be changed and the room properly prepared for the patient.

"I think it is perfectly acceptable to charge a full rate."

Doctor 'assaulted hospital worker'

Star 13/6/88 (B)

By Toni Younghusband (98)

A disciplinary committee of the South African Medical and Dental Council heard how a doctor allegedly "stormed out" of a hospital ward and assaulted an elderly maintenance worker who had disturbed his examination of a patient.

Dr A Kloppers, of Fochville in the western Transvaal, pleaded not guilty to disgraceful or improper conduct before a disciplinary committee in Johannesburg.

He is also alleged to have assaulted a colleague, Dr H Froneman.

Dr Kloppers was apparently examining a woman patient in a private ward when maintenance worker, Mr Gert Coetzee, and a colleague opened the door.

A nursing sister at the hospital, Mrs Johanna du Preez, said Dr Kloppers "stormed out" of the ward and attacked Mr Coetzee, pushing, shoving and swearing at him.

Mrs du Preez said nurses at the hospital were afraid of Dr Kloppers who used to throw things at them and shout at them.

She said he also refused to have nurses accompany him when he did his rounds in the mornings and preferred to see his patients alone.

Mrs du Preez said Dr Kloppers attacked Mr Coetzee again a short while later but this time Mr Coetzee fought back. The two wrestled and threw punches for some time.

"It was terrible. The nurses were hysterical and crying and some of the patients were so upset they had to be given tranquillisers to calm them down," she said.

A short while later, Dr Kloppers threw a punch at another doctor, knocking Mrs du Preez out of the way to reach him.

Mrs du Preez alleged that Dr Kloppers said "sexual things" to the nurses and told them he was re-writing the Bible.

Mr Coetzee denied threatening Dr Kloppers with a screwdriver.

The hearing has been postponed.

● See Page5.

Operations cancelled due to blood shortage

By Toni Younghusband, Medical Reporter

The Reef's worst blood shortage in 51 years is seriously affecting some hospitals where operations have been cancelled and units of blood transfused cut by half.

A spokesman for the Baragwanath Hospital's blood bank said the situation was "absolutely terrible".

"With the amount of patients we have needing blood — usually about 80 percent of all cases brought in — we are desperate for blood.

"There was a lot of violence in Soweto with the stayaway and we need a lot of blood.

"Baragwanath has a lot of surgical cases, but we are now only giving out half the number of units doctors ask for. If they want four, we only give them two."

CANCELLED

At one private clinic, heart surgery had to be cancelled because there was no O-positive blood.

According to a clinic spokesman, O-positive is the most common blood type. This showed how serious was the shortage, she said.

The Hillbrow Hospital was "still managing", a spokesman said.

"If we do have a problem we will cancel the non-serious operations which need blood and do only emergency cases," he said.

At the Coronation Hospital in Coronationville, the situation was still under control.

The South African Blood Transfusion Service has said that the situation could become critical if blood supplies were not replenished before the mid-year school holidays.

Mrs Marie Hoon, a spokesman for the SABTS, said today the crisis was the worst in the Service's history.

COUNTRYWIDE

"I don't know what we are going to do. The problem is countrywide, right through to Windhoek. We had Windhoek call us for blood yesterday."

Mrs Hoon said while mobile transfusion clinics were holding "bleeds" throughout the Reef daily, there had been very little improvement in the situation.

anctions'

siness confidence. People putting money not into job on but into the stock mar- r investing in other coun- thereby "applying sanctions st their own country".

ndreds of thousands of jobs lost, he said.

that context, calls for sanc- have come in the last few and many of the companies have responded did so for mic reasons," he said.

● See Page 15

Registrars set for showdown over pay

Star 13/6/87 (98)

DURBAN — The intellectual cream of the medical fraternity is preparing for a showdown with the Minister of Health. Registrars, backbone of South Africa's teaching hospitals, are threatening to work to rule if he refuses demands for a pay rise in line with that received by other State doctors.

Registrars are senior doctors in the process of their final specialist training, which can take up to five years.

At the beginning of 1988 the whole spectrum of State doctors' grades received a 25-30 percent increase, but registrars were left out.

The South African Registrars Association was formed to protest at the exclusion, but negotiations with the Advisory Commission on Health, responsible for pegging State doctors' salaries, came to an end two weeks ago when the commission refused to back down.

Registrars met countrywide to consider three options: to strike, which would be unprecedented and, many felt, unethical; to resign en masse, which was impractical; or to work a strict 40-hour week and leave the more senior consultants to fill the gap. Registrars often work 40-hours overtime per week.

According to registrars, there was massive support for the last option, but the association felt that legal advice was needed before taking any action. — Own Correspondent.

Proposal for a lottery to boost health

By Toni Younghusband
Medical Reporter

A lottery should be established to finance South Africa's struggling medical services, suggests a nursing recruitment agent.

Mrs Myra Landau, South African representative of an American nursing recruitment agency, says it is time the public called for a lottery to finance the hospitals, nurses' salaries and those members of the public who can "no longer afford to get sick".

South Africa's medical services are in dire financial straits. Hundreds of nurses are leaving provincial hospitals for better-paid positions in private clinics, medical-aid patients are being turned away from provincial hospitals and theatre time has been cut as hospitals battle to cope on their limited budgets, she says.

CONDONED

"As long as horse-racing is condoned we have every right to ask the public's opinion on financing this very worthy cause. There is a hospital crisis and this is a solution," says Mrs Landau.

She points out that it is all very well for churches to object to lotteries but until they can produce the money for medical services, they should "keep quiet".

Mrs Landau says she has been inundated with applications from nurses wishing to work in the US, where salaries are virtually double those offered here.

We are independent, says Masa head

The Medical Association of South Africa (Masa) has been repeatedly criticised for its apparent support of apartheid and its failure to respond to the detention of children in this country. However, Dr Sholem Kay, Masa president, last week fiercely defended the association, saying it had fought for many years against racial discrimination. *Toni Younghusband, The Star's Medical Reporter, writes:*

The president of the National Medical and Dental Association of South Africa (Namda), Dr Diliza Mji, last year accused Masa of being an integral part of apartheid.

He said during a trip to the United States that white South Africans enjoyed a health status comparable to the best in the world while blacks were exposed to health conditions similar to those in some of the poorest countries in the world. He accused Masa of "failing to condemn" the mass detentions that took place in South Africa during the state of emergency.

And in the British medical journal *The Lancet* an April article on child detentions in South Africa blamed this country's official medical bodies of never having made an adequate response to the detentions.

Dr Sholem Kay hotly defended the association at Masa's annual congress last week. Star 13/6/85

'NOT CONNECTED WITH GOVT'

He said it was a non-partisan independent professional organisation "not connected in any way with the South African Government, the South African Medical and Dental Council nor any other statutory bodies".

Dr Kay said Masa dedicated itself towards providing the best possible health service to all, was totally non-racial and had "fought for many years against racial discrimination in medicine".

He pointed out that Masa had been instrumental in obtaining equal salaries for all racial groups and the formation of panels of its members who could be called on by district surgeons as a second opinion when requested by detainees.

"There are many other ways in which Masa assisted those in need but it is not always tactful or diplomatic to publicise what we have accomplished. Suffice to say, we have never ignored a cry for help," he said.

Dr Kay said Masa had been particularly active in addressing the problems currently plaguing academic hospitals.

"There are many problems in the provision of health care in South Africa but I can assure you that Masa will continue to do its best to help solve them so as to ensure good health care for all the people of this country," he said.

The MINISTER OF EDUCATION AND CULTURE:

(a) Yes,

(i) to establish both the unity of the Department and the separate identity of each provincial education department,

(ii) on each letterhead appears the blazon of the Department of Education and Culture and at the bottom the blazon of the relevant education department; the words *Department of Education and Culture*, the name and address of the particular provincial education department are given in both languages;

(aa) falls away;

(b) no;

(i) and (ii) fall away,

(bb) a standardized compliment slip has not been designed.

Cape Town Gardens: rent increases in respect of rent-controlled dwellings

*2. Mr K M ANDREW asked the Minister of Local Government and Housing:

Whether any applications were received in 1987 for rent increases in respect of rent-controlled dwellings in the electoral division of Cape Town Gardens; if so, (a) how many and (b) what was the average percentage increase granted?

†The MINISTER OF THE BUDGET AND WORKS (for the Minister of Local Government and Housing):

Yes, by Rent Board, Cape Town;

(a) 119 applications;

(b) Each application is considered with regard to section 6 of the Rent Control Act of 1976 in terms of which restoration and other improvements, increases in rates, water and electricity tariffs have an influence. The average increase was 25,58%

Aids: committee *re* teachers/instruction to pupils

*3. Mr R M BURROWS asked the Minister of Education and Culture:

(1) Whether he or his Department has appointed a committee to investigate and report on the question of Aids in relation to (a) teachers and (b) instruction to pupils; if not, why not; if so, (i) when was the committee appointed and (ii) what are the names of its members;

(2) whether the committee has reported; if not, why not; if so, what were the main elements of the report;

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

The MINISTER OF EDUCATION AND CULTURE [Reply laid upon the Table with leave of House]:

(1) (a) Yes,

(i) 8 June 1988,

(ii) DEC
(HO) Mr J A de Jager (Chairman)
Mr F J P J van Vuuren
CED Mr A P Coetzee
Dr F L Knoetze
NED Mr J H Elgin
Mr K Olivier
OFSED Mr J H Badenhorst
Mr G F Heyns
TED Dr W J Boshoff
Mr E J Smith
TFC Mr A P J Botha
Prof R C Conacher
Prof A H Kock
Prof A L le Roux
Mr P P Peach
Mr C M Roos
Mr J F Stemmet
Mr J F Steyn
Mr R J J van Vuuren

(b) yes,

(i) 18 February1988,

(ii) NED Mr J M Deane (Chairman)
Dr C de M Cloete
Dr M A F Soffé
CED Dr C M Mentz
Dr B Olivier
DEC
(HO) Mr G H J Krüger
Dr P J Liebetrau
Dr D B Swanepoel

OFSED Dr A Fourie
Mr C J Zaaiman
TED Dr J H de la Rey
Mrs B van der Walt
TFC Adv J G Prinsloo
Mr C M Roos;

(2) yes, a preliminary report in respect of (b) has been submitted to the Committee of Heads of Education; the matter is being further investigated;

(3) yes, should it be deemed necessary.

Provincial education councils: sessional allowances

*4. Mr M J ELLIS asked the Minister of Education and Culture:

Whether members of provincial education councils receive sessional allowances; if not, why not; if so, what allowances?

†The MINISTER OF EDUCATION AND CULTURE:

Yes, a member of an education council who is not a full-time member of the Public Service receives an allowance.

Sessional allowances payable are:
Chairman: R218,07 per session day,
Member: R172,18 per session day.

For written reply:

General Affairs:

Moutse area: land purchased by State

1015. Mr W J D VAN WYK asked the Minister of Education and Development Aid:†

(a) What area of land was purchased by the State in the Moutse area before the Appeal Court decision on 29 March 1988 on the incorporation of the above-mentioned area into KwaNdebele, (b) how many persons were moved as a result and (c) what was the total cost of (i) the purchase transactions and (ii) moving these persons?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

(a) From the date of commencement of the Development Trust and Land Act, 1936 (Act 18 of 1936), 30 008 hectares of land was purchased by the South African Development Trust in the Moutse area.

(b) 928 families were resettled on their request.

(c) (i) The cost of purchase of the relevant land is not readily available as it is not kept apart in a register.

(ii) R2 212 356.

Self-governing territories: development corporations

1071. Mr J H VAN DER MERWE asked the Minister of Education and Development Aid:†

Whether he will furnish information on the salaries and fringe benefits of senior officials of the development corporations of the self-governing territories; if not, why not; if so, what (a) salary and (b) fringe benefits does the (i) general manager, (ii) assistant general manager and (iii) manager of each such development corporation receive?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

Development corporations in the self-governing territories are managed and controlled by a board of directors appointed by the Cabinets of the various self-governing territories. This is done under legislation adopted by all the self-governing territories.

Salaries and fringe benefits of senior corporation personnel are determined by the boards of the corporations concerned and such information is confidential by nature. It is not usual to make such information public.

Ekangala: hospitals

1080. Mr P G SOAL asked the Minister of Education and Development Aid:

Whether there are any hospitals in Ekangala; if not, (a) why not and (b) where is the nearest hospital situated; if so, (i) how many of each specified kind of hospital, (ii) how many (aa) beds, (bb) doctors and (cc) nurses are there in respect of each of these hospitals, (iii) who is responsible for paramedical services in this area and (iv) in respect of what date is this information furnished?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

No.

(a) The number of inhabitants does not justify

a hospital, but a community health centre does exist which provides the normal clinic facilities and where 18 beds for maternity cases are also available.

(b) Philadelphia at Denilton

(i) to (ii) (cc) Fall away.

(iii) The Department of Health and Welfare, KwaNdebele Government Service.

(iv) May 1988.

Cape Town: air pollution

1218: Mr K M ANDREW asked the Minister of National Health and Population Development:

What was the average recorded atmospheric (a) lead level, (b) sulphuric acid level and (c) level of other specified significant pollutants measured at the monitoring points in the Cape Town area in winter and summer, respectively, over the latest specified 12-month period for which figures are available?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Monitoring of pollution levels in the Cape Town area is done by different methods and at various sites.

The levels of pollution have been found to be very low, and therefore only the results of the station that recorded the highest levels of lead, ozone and nitrous oxides namely at Cape Town City Hall are hereby reported.

The results are all reported in micrograms per cubic metre and the seasons are defined as follows:

SUMMER: October 1986 to March 1987.

WINTER: April 1987 to September 1987.

(a) Lead:

	Summer 86/87	Winter 87
City Hall	0,95	1,4

(b) sulphuric acid concentrations in the air are not monitored as such, but the following concentrations are those of sulphur dioxide a precursor to the formation of sulphuric acid.

	Summer 86/87	Winter 87
City Hall	21	47
Foreshore	7	10,5
Drill Hall	9	10,3
Epping Market	2,5	6,8
Paardeneiland	5,25	1,6
Salt River	8,6	discont.

(c) (i) Ozone and nitrous oxides are pollutants resulting from motor vehicle emissions, and may lead to photochemical smog formation.

	Summer 86/87	Winter 87
City Hall		
Nitrous oxides	154	315
Ozone	27	13

(ii) The following concentrations reflect the presence of particulate matter in the air.

	Summer 86/88	Winter 87
Foreshore	18,2	37,2
Drill Hall	15	27
Epping Market	16,2	48,3
Paardeneiland	13,2	32,6
Salt River	11,75	discont.
Greenpoint	9,6	discont.
Tamboerskloof	7	discont.

Due to the low levels of pollution measured, economic considerations and the fact that all coal fired power stations in Cape Town were closed down, it was decided to discontinue the monitoring of sulphur dioxide and particulate matter at certain sites.

Self-governing territories: overseas loans

1226. Mr C J DERBY-LEWIS asked the Minister of Education and Development Aid:

(1) (a) What overseas loans were negotiated by the South African Government on behalf of each of the self-governing territories during the latest specified period of 10 years for which information is available and (b) what were the the conditions of repayment in each case;

(2) whether any of these loans have been repaid; if so, (a) how many were repaid by (i) the South African Government and (ii) these states themselves and (b) in respect of what date is this infomation furnished?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

(1) (a) None.

(b) Falls away.

(2) Falls away.

HOUSE OF ASSEMBLY

†Indicates translated version.

For written reply:

General Affairs:

Group Areas Act: complaints regarding offences

946. Mr C J DERBY-LEWIS asked the Minister of Law and Order:

(1) (a) How many complaints regarding offences in terms of the Group Areas Act, No 36 of 1966, were (i) received and (ii) investigated by the South African Police in 1982, 1984 and 1985, respectively, and (b) (i) in how many cases were the Police investigations into such complaints completed, and (ii) what action was taken in respect of uncompleted investigations into such complaints, in each of these years;

(2) how many members of the South African Police were involved in investigating complaints of this nature in each of the abovementioned years?

The MINISTER OF LAW AND ORDER:

		1982	1984	1985
(1) (a)	(i)	823	662	596
	(ii)	823	662	596
(b)	(i)	823	662	595

(ii) 1 case has been referred to the Department of Constitutional Developement and Planning.

(2) 1982	18 members
1984	36 members
1985	15 members

Necklacing murders

967. Mr P G SOAL asked the Minister of Law and Order:

(1) How many persons died by way of the so-called necklacing method in (a) 1984, (b) 1985, (c) 1986 and (d) 1987;

(2) how many persons were charged with murder resulting from such deaths in each of these years?

The MINISTER OF LAW AND ORDER:

(1) (a) and (b) 67 persons

(c) 306 persons

(d) 19 persons

(2)	1984/85	373 persons
	1986	628 persons
	1987	120 persons

NOTE Separate statistics are not available for 1984 and 1985.

PWV area: offences

1024. Mr C J DERBY-LEWIS asked the Minister of Law and Order:

(1) (a) How many police districts are there in the PWV area and (b) what are their names;

(2) how many cases of (a) murder, (b) culpable homicide, (c) rapes, (d) assault with intent to do grievous bodily harm and (e) common assault were reported and investigated at police stations in these police districts in (i) 1982 and (ii) the latest specified calendar year for which information is available?

The MINISTER OF LAW AND ORDER:

(1) (a) 17 police districts which fall under the command of fie Divisional commissioners.

(b) WITWATERSRAND DIVISION
Johannesburg
Johannesburg North
Randburg
WEST RAND DIVISION
Krugersdorp
Vereeniging
Roodepoort
EAST RAND DIVISION
Springs
Brakpan
Benoni
Kempton Park
Germiston
Heidelberg
SOWETO DIVISION
Soweto West
Soweto East
N. TRANSVAAL DIVISION
Pretoria

More pay for registrars at SA hospitals

Star 15/6/88 98

By Toni Younghusband, Medical Reporter

Registrars at provincial hospitals are to receive salary increases after months of bitter wrangling.

The Medical Association of South Africa (Masa) confirmed in a statement yesterday that its representations to the health authorities on behalf of registrars had been successful.

It is not known what the salary adjustments will be, but they are expected to be on a par with those awarded to medical officers.

Also, it is not known whether registrars will receive back pay.

In December, the Government approved salary increases for full-time doctors (medical officers) in its employ but registrars were overlooked.

Growing discontent over the salary disparity had many registrars threatening to cut their 80-hour week to 40 hours unless something was done quickly.

They threatened to "work to rule" and abandon their voluntary overtime.

In response, the South African Registrars' Association met last week to discuss what action should be taken.

The president of the association, Dr Frik Rademan, said registrars had not been treated well and he was to meet the Minister of Health to discuss the issue as a matter of urgency.

A registrar is a qualified doctor specialising in a particular discipline employed by the Department of Health.

(c) Housebreaking at his residence; Malicious damage to property when the tyres of his car were damaged; Illegal sub-letting of Government-subsidised houses; and Malicious damage to property when his motorvehicle caught fire.

(2) Yes

(a) Immediately after every complaint was received.

(b) with regard to the first three complaints the perpetrators have not yet been traced. With regard to the last complaint, it was ascertained that an electrical fault caused the fire and that nobody could be held responsible for this fire.

(3) No

Own Affairs:

Question standing over from Wednesday, 25 May 1988:

*2. Mr C R Redcliffe — Education and Culture. [Question standing over.]

Reason for Question standing over:

The MINISTER OF EDUCATION AND CULTURE: Mr Chairman, I ask that the questions stand over further. I may mention just for the information of the House that because of the development arising out of the forthcoming elections, the whole question of regulations is being reviewed.

Questions standing over from Wednesday, 8 June 1988:

Riverlea: clinics

*1. Mr T R GEORGE asked the Minister of Health Services and Welfare:

(1) Whether any upgrading of the clinics in Riverlea and Riverlea Extension 1 is envisaged by his Department; if not, why not; if so, (a) what are the relevant details and (b) what total amount has been allocated and/or is it estimated will be allocated for this purpose;

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

The MINISTER OF HEALTH SERVICES AND WELFARE:

(1) The upgrading of clinics in Riverlea and Riverlea Extension 1 is not envisaged. Health Services are provided by the Transvaal Provincial Administration.

(a) Fall away

(b) Fall away

(2) No.

Coloured Management Committee: Johannesburg

*2. Mr T R GEORGE asked the Minister of Local Government, Housing and Agriculture:

(1) Whether the Johannesburg Coloured Management Committee falls under the control of his Department; if not;, (a) why not and (b) under whose control does it fall; if so, to what extent;

(2) whether the work done by the persons elected to this committee is monitored; if not, why not; if so, (a) by whom and (b) in what manner;

(3) whether the work so done meets the required standards;

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

The MINISTER OF LOCAL GOVERNMENT, HOUSING AND AGRICULTURE:

(1) No.

(a) The Management Committee resorts under the jurisdiction of the Johannesburg Municipality, since the Management Committee area is situated within the municipal boundaries of the aforementioned Municipality.

(b) The Municipality of Johannesburg. The Municipality controls all affairs within the boundaries of the Management Committee area, with the exception of the following powers delegated to the management Committee:

(i) The appointment of staff.

(ii) The letting of municipal dwellings, shops, kiosks and halls and the sale of municipal dwellings.

(iii) Nomination of delegates to congresses.

(iv) The issuing of notices to owners

for the removal of obstructions and nuisances on their properties.

(v) Granting of permission to persons to perform services for the removal and disposal of nightsoil or refuse.

(vi) The approval of tenders.

(vii) To allocate and change names of streets and suburbs.

(viii) To award study bursaries.

(ix) To authorise street-collections, civic functions, advertismements signs and hoardings, the use of sportfields, the maintenance of recreation facilities, public places and cemetries, alterations to existing buildings and the construction and maintence of public places.

(2) Yes

(a) The electorate, the Municipality and Administrator.

(b) As it is a public representative body constituted in terms of the relevant ordinance, they must execute their duties in accordance with the provisions of the ordinance and to ensure this, certain powers are conferred upon the Municipality and the Administrator.

(3) I do not have any reason to believe that it is not at the present moment the case.

(4) No.

Riverlea No 1 Primary School

*3. Mr T R GEORGE asked the Minister of Education and Culture:

(1) Whether he intends appointing a certain teacher on the staff of the Riverlea No 1 Primary School to the post of deputy principal at this school; if so, when;

(2) whether there has been a delay in appointing this person to the post in question; if so,

(3) whether he will furnish the reasons for this delay; if not, why not; if so, what are these reasons;

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

The MINISTER OF EDUCATION AND CULTURE:

(1) No

(2) and (3) Not applicable

(4) No

New Question:

Eden Park: irregularities

*1. Mr W J DIETRICH asked the Minister of Local Government, Housing and Agriculture:

(1) Whether his Department has at any time conducted an investigation and/or caused and investigation to be conducted into alleged irregularities in Eden Park, Johannesburg, raised by the late member for Alra Park; if not, why not; if so, (a) when, (b) what was the nature of the alleged irregularities and (c) what were the findings;

(2) whether any other action was taken in this regard; if not, why not; if so, what action;

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

The MINISTER OF LOCAL GOVERNMENT, HOUSING AND AGRICULTURE:

(1) As the matter is *sub judice*, I cannot at this stage provide an answer or make a statement.

(a) Falls away.

(b) Falls away.

(c) Falls away.

(2) Falls away.

(3) Falls away.

For written reply:

General Affairs:

Riverlea/Riverlea Extensions 1 and 2: offences

15. Mr T R GEORGE asked the Minister of Law and Order:

(1) How many offences relating to (a) murder, (b) culpable homicide, (c) assault with intent to do grievous bodily harm, (d) common assault, (e) rape, (f) burglary and

Hansard

housebreaking with intent to steal and theft, (g) robbery, (h) theft of (i) motor vehicles and (ii) cycles, (i) malicious damage to property, (j) illegal possession of fire-arms and (k) possession of drugs were reported and investigated at police stations serving Riverlea and Riverlea Extentions 1 and 2 areas in Johannesburg in (aa) 1987 and (bb) 1988 as at the latest specified date for which information is available;

(2) (a) how many of these cases in each category (i) have been solved and (ii) remain to be solved and (b) in respect of what date is this information furnished?

The MINISTER OF LAW AND ORDER:

(1) and (2)

Riverlea and Riverlea Extensions 1 and 2 fall within the Langlaagte police station area. Separate records of crimes committed in these areas are not kept, therefore the required information cannot be furnished.

SAP training college, Bishop Lavis: Ranks of lecturers

33. Mr W J MEYER asked the Minister of Law and Order:†

(a) What are the ranks of the lecturers at the South African Police training college at Bishop Lavis, (b) how many (i) White and (ii) Coloured persons hold each of these ranks and (c) in respect of what date is this information furnished?

The MINISTER OF LAW AND ORDER:

(a) Lance Sergeant to Major

(b) (i)

Major	1
Captain	1
Lieutenant	1

(ii)

Lieutenant	1
Warrant Officer	8
Sergeant	10
Lance Sergeant	15

(c) 16 May 1988

Own Affairs:

Old-age homes

33. Mr P J MÜLLER asked the Minister of Health Services and Welfare:

(1) Whether any new old-age homes are envisaged by his Department for (a) Port Alfred, (b) Grahamstown and (c) Kirkwood; if not, why not; if so, (i) when is it anticipated that building operations will (aa) commence and (bb) be completed, and (ii) what is the total amount allocated for this purpose, in each case;

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

The MINISTER OF HEALTH SERVICES AND WELFARE:

1. (a) No, (b) No, (c) No, because it is the policy of my Department not to establish Old Age Homes. This is left to the initiative of Welfare Organisations while the Department contributes in the form of subsidies.

(i) (aa) Fall away

(bb) Fall away

(ii) Fall away

2. No.

Johannesburg: rehabilitation centre

36. Mr T R GEORGE asked the Minister of Health Services and Welfare:

(1) Whether his Department intends to establish a rehabilitation centre in the vicinity of Johannesburg; if not, why not; if so, (a) where will it be located, (b) when is it anticipated that building operations will (i) commence and (ii) be completed and (c) (i) what is the estimated total cost of the project and (ii) in respect of what date is this estimate furnished;

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

The MINISTER OF HEALTH SERVICES AND WELFARE:

1. No, my Department is presently in the process of doing a need assessment investigation as regards the establishment of a Government rehabilitation centre for the northern Provinces.

(a) The location can as yet not be determined.

(b) (i) Fall away

(ii) Fall away

Hansard

(c) (i) Fall away

(ii) Fall away

2. No.

Riverlea/Riverlea Extension 1: organization/persons involved in clinics

40. Mr T R GEORGE asked the Minister of Health Services and Welfare:

Whether he will furnish information on the organization and persons involved in the administration and operation of the clinics in Riverlea and Riverlea Extension 1; if not, why not; if so, (a) what (i) is the name of the organization, and (ii) are the names of the persons, so involved and (b) what are the positions held be each of these persons?

The MINISTER OF HEALTH SERVICES AND WELFARE:

No information can be given on the organization and persons involved in the administration and operation of the clinics in Riverlea and Riverlea Extension 1 as these clinics do not fall under the jurisdiction of the Department of Health Services and Welfare.

(a)

(i) Fall away

(ii) Fall away

(b) Fall away

Riverlea: organization/persons involved in crèche

41. Mr T R GEORGE asked the Minister of Health Services and Welfare:

Whether he will furnish information on the organization and persons involved in the administration and operation of a certain crèche in Riverlea, the name of which has been furnished to the Minister's Department for the purpose of his reply; if not, why not; if so, (a) what (i) is the name of the organization, and (ii) are the names of the persons, so involved (b) what are the positions held by each of these persons and (c) what is the name of the crèche in question?

The MINISTER OF HEALTH SERVICES AND WELFARE:

(a)

(i) Riverlea Social Services Institute

(ii) Information as regards private welfare organisations are not made available.

(b) Fall away

(c) Witsco Crèche

Business as usual for hospitals

Medical Reporter

Medical services on the Reef remained relatively untouched by the June 16 stayaway, with almost all hospital and clinic staff reporting for work.

At the Morningside Clinic in Sandton a few domestic and kitchen workers did not clock in yesterday, but all nursing staff arrived.

Baragwanath Hospital's chief public relations officer Mrs Annette Clear, said a full staff was expected by 11 am.

"People are trickling through the gates all the time and we have a number of employees at our outlying clinics who still have to be picked up," she said.

Most private clinics

PRESMED

Low price

Activities: *Operates day clinics in various centres.*
Control: *Eenhede Konsultante holds 57,5%.*
Chairman: *P H N Bremer; managing director: C A Grillenberger.*
Capital structure: *8,7m ords of 25c each. Market capitalisation: R4,2m.*
Share market: *Price: 48c. Yields: 4,4% on dividend; 12,7% on earnings; PE ratio, 7,9; cover, 2,9. 12-month high, 90c; low, 47c. Trading volume last quarter, 31 000 shares.*
Financial: *Year to February 29.*

	'87	'88
Debt:		
Short-term (Rm)	—	0,2
Long-term (Rm)	0,4	1,7
Debt:equity ratio	n/a	2,0
Shareholders' interest	0,34	0,22
Int & leasing cover	3,36	2,22
Debt cover	1,26	0,47

Performance:

	'87	'88
Return on cap (%)	47,5	28,1
Turnover (Rm)	2,7	5,4
Pre-int profit (Rm)	0,9	1,2
Pre-int margin (%)	34,2	23,2
Taxed profit (Rm)	0,5	0,6
Earnings (c)	5,8	6,1
Dividends (c)	1,65	2,1
Net worth (c)	7,1	10,3

It is small wonder that the price of President Medical Investments is near its 12-month-low of 47c. EPS grew only 5% in the year to end-February and the balance sheet deteriorated sharply, but, even at the current price of 49c the dividend yield remains a low 4,4%.

One of the company's problems is the large amounts paid for goodwill, which totalled R2,2m in 1986 and R2,3m last year. These take a sizeable chunk from shareholders' funds of R2,8m and R3,2m respectively. Last year problems were aggravated by a rise in interest-bearing debt from a net cash position to debt of R1,9m, pushing the company onto a high debt:equity ratio of 2,00.

There should be some improvement in the present year, as the company intends raising R2,8m by way of a rights issue of compulsorily convertible debentures. If this is successful, the balance sheet ratios should once again be strong, provided the goodwill figure is not increased.

Presmed's results were also affected by a 23% rise in the weighted average number of shares, which reduced the 25% growth in attributable earnings to a 5% climb in EPS. Though it acquired a controlling interest in a private hospital in Bellville and another day clinic since year-end, we understand there will not be a large increase in the number of issued shares this year.

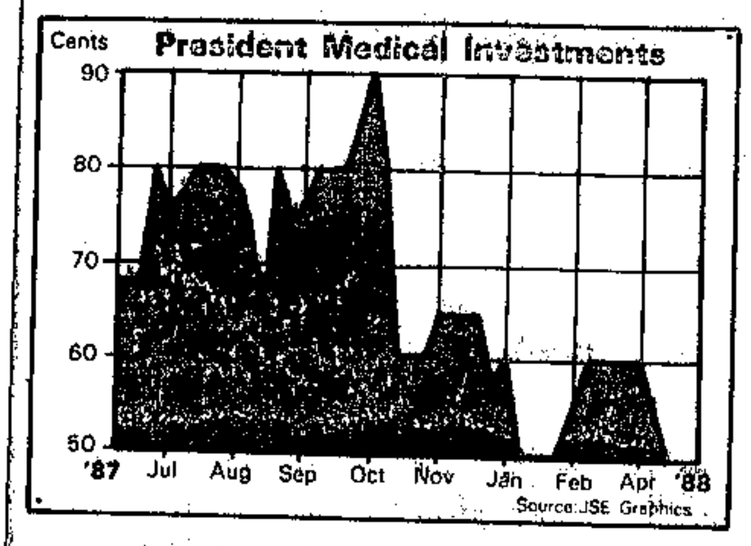
Until recently income came entirely from day clinics, but two hospitals have now been developed. The group's first private hospital became profitable in February, with occupancy at 71%. The second opened its doors in April and is performing well.

"I believe most future expansion will be through acquisition and development of day clinics and smaller hospitals," says chairman Naude Bremer. He suggest that modern technology will enable more patients to be treated at day clinics.

MD Carl Grillenberger suggests though that day clinics will only be allowed to develop into small hospitals after management has ascertained their viability. Charges will be based on the gazetted medical aid tariff and this should contribute to the streamlining of administrative functions and improve profitability by reducing bad debts.

Privatisation of medical sevices should benefit the group in the medium to long term and the hospitals should have a major impact on profits in the short to medium term. Once the balance sheet has been sorted out as well, the share will look more interesting.

Louis Venter





restler Steve Simpson (25) takes the
h Pretoria model Ellaine Schutze on
nday. Simpson is the son of South
● Picture by Sean Woods.

Business as usual for hospitals

By Medical Reporter

Medical services on the Reef remained relatively untouched by the June 16 stayaway, with almost all hospital and clinic staff reporting for work.

At the Morningside Clinic in Sandton a few domestic and kitchen workers did not clock in yesterday, but all nursing staff arrived.

Baragwanath Hospital's chief public relations officer Mrs Annette Clear, said a full staff was expected by 11 am.

"People are trickling through the gates all the time and we have a number of employees at our outlying clinics who still have to be picked up," she said.

Most private clinics had no staff problems. Many arranged to pick up staff at central collection points or from their homes.

...t no major incidents

In how many cases were written authorities for abortions granted to (a) Whites, (b) Coloureds, (c) Indians and (d) Blacks over the latest specified five-year period for which figures are available?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

	1983	1984	1985	1986	1987
(a)	490	475	613	618	812
(b)	88	81	88	131	89
(c)	17	37	31	28	12
(d)	30	36	34	61	36

Abortions performed

1246. Mr C J DERBY-LEWIS asked the Minister of National Health and Population Development:

(a) How many abortions were performed at hospitals under the control of his Department in each of the latest specified five years for which figures are available and (b) how many such abortions were performed on (i) Whites, (ii) Coloured, (iii) Indians and (iv) Blacks in each of these years?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(a) 1983 1 1984 0 1985 1 1986 0 1987 1

(b)	(i) Whites	(ii) Coloureds	(iii) Indians	(iv) Blacks
1983	0	0	0	1
1984	0	0	0	0
1985	0	0	0	1
1986	0	0	0	0
1987	0	0	0	1

Clinic points: functions

1248. Mr CJ DERBY-LEWIS asked the Minister of National Health and Population Development:

(1) Whether he will furnish information on the functions performed at clinic points other than the single-purpose family planning service points in South Africa; if not, why not; if so, (a) what are these functions and (b) what percentage of these services is devoted to family planning;

(2) (a) how manyclinic points are located in (i) White, (ii) Black, (iii) Coloured and (iv) Indian residential areas in the Republic, excluding the independent Black states ans the self-governing territories, and (b) how many single-purpose family planning clinic points for each race group are located in these areas;

(3) in respect of what date is this information furnished?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) Yes.

(a) Functions performed at Clinic Points:

(i) Ante natal care with referral for confinements

(ii) Post natal care

(iii) Health promotion of all preschool children (Monitoring of growth and development)

(iv) Family Planning

(v) Immunization according to schedule

(vi) Control of Tuberculosis with emphasis on tracing of persons suffering from T.B., supervised treatment and B.C.G. administration.

(vii) Monitoring of Leprosy patients

(viii) Tracing and treatment of contacts of other infectious diseases.

(ix) Tracing and treatment of patients with sexually transmitted diseases (excluding AIDS)

(x) Combat of nutritional disorders by supplementary feeding schemes.

(xi) Treatment of minor ailments

(xii) Control and referal of psychiatric patients

(xiii) Geriatric screening and referral service

(xiv) Programmed health education

(xv) Selected home visits

(xvi) Identification of environmental problems with referral to health inspectorate.

(b) Family Planning = 5% with the exception of: Northern Cape Health Region = 11%.

(2) (a) Statistics not available per residential area.

(i) Falls away.

(ii) Falls away.

(iii) Falls away.

(iv) Falls away.

(b) Single-purpose family planning clinic points = 31 239. Unable to provide detail for each race group as services are multiracial.

(3) As on 31 May 1988.

Job creation: amount spent

1276. Mr C J DERBY-LEWIS asked the Minister of Manpower:

(1) (a) What total amount was spent by his Department on the creation of jobs during the latest specified period of 10 years for which figures are available, (b) how much of this amount was spent specifically on creating jobs for Whites, Coloureds, Indians and Blacks, respectively, and (c) how many jobs were created in respect of each of these race groups;

(2) whether any other Government Departments are operating job-creation schemes approved by his Department; if so, (a) which Departments and (b) what schemes in each case?

The MINISTER OF MANPOWER:

(1) (a) The only job creation scheme for which the Department of Manpower is responsible is the Special Work Creation Programme in the private sector. This programme started in October 1985 and the amounts spent on it are as follows:

1985/86 financial year: R 8,5 million
1986/87 financial year: R21,4 million
1987/88 financial year: R14,9 million

(b) Funds are not allocated according to population group but are made available to employers in the private sector who provide work for unemployed persons of all population groups on specific projects.

(c) Separate figures are not kept for the various population groups.

(2) No.

(a) Falls away.

(b) Falls away.

Helping teens with specific problems

Pretoria gets its first psychiatric unit for teens

Stev 23/7/1988

98

Pretoria Correspondent

The first teenage psychiatric unit in Pretoria has been launched at Weskoppies Hospital.

The unit will accommodate teenagers with specific psychiatric problems which differ to those of the adults who are also treated at the hospital.

The head of the unit, Dr Desiree Rossouw, said much of the treatment consisted of group therapy which worked very well with teenagers who found it difficult to express their emotions on an individual basis.

"The peer group is very important to the teenager and this is one of the reasons group therapy works so well."

Family therapy forms part of the treatment and an evaluation session involving the whole family takes place before a patient is admitted.

She said there appeared to be an increase in the number of teenagers with depression and psychiatric problems, but that this could possibly be attributed to the fact that people sought help more freely.

She said the most common problems encountered were depressive syndromes, anxiety, a refusal to go to school, as well as emotional reasons.

The unit can accommodate up to 30 patients.

Dr Rossouw said there was more structure at the teenage unit, which they needed and appreciated.

The teenagers were also removed from the adults with more severe problems.

Less medication was used in the teenage unit, she said.

The teenagers attended the hospital school in the morning and had therapy in the afternoons.

Jo'burg Hospital is prepared for disaster

Star 23/6/85

By Toni Younghusband, Medical Reporter (98)

The Johannesburg Hospital's trauma unit sprang into action minutes after yesterday's Plein Street bomb blast and was ready to receive victims of all races.

The specialised unit, the only one in the country which has a trauma ward where patients can be admitted, treated nine of the blast victims.

A hospital spokesman said the hospital is informed of a disaster through radio by the police, civil defence or fire department.

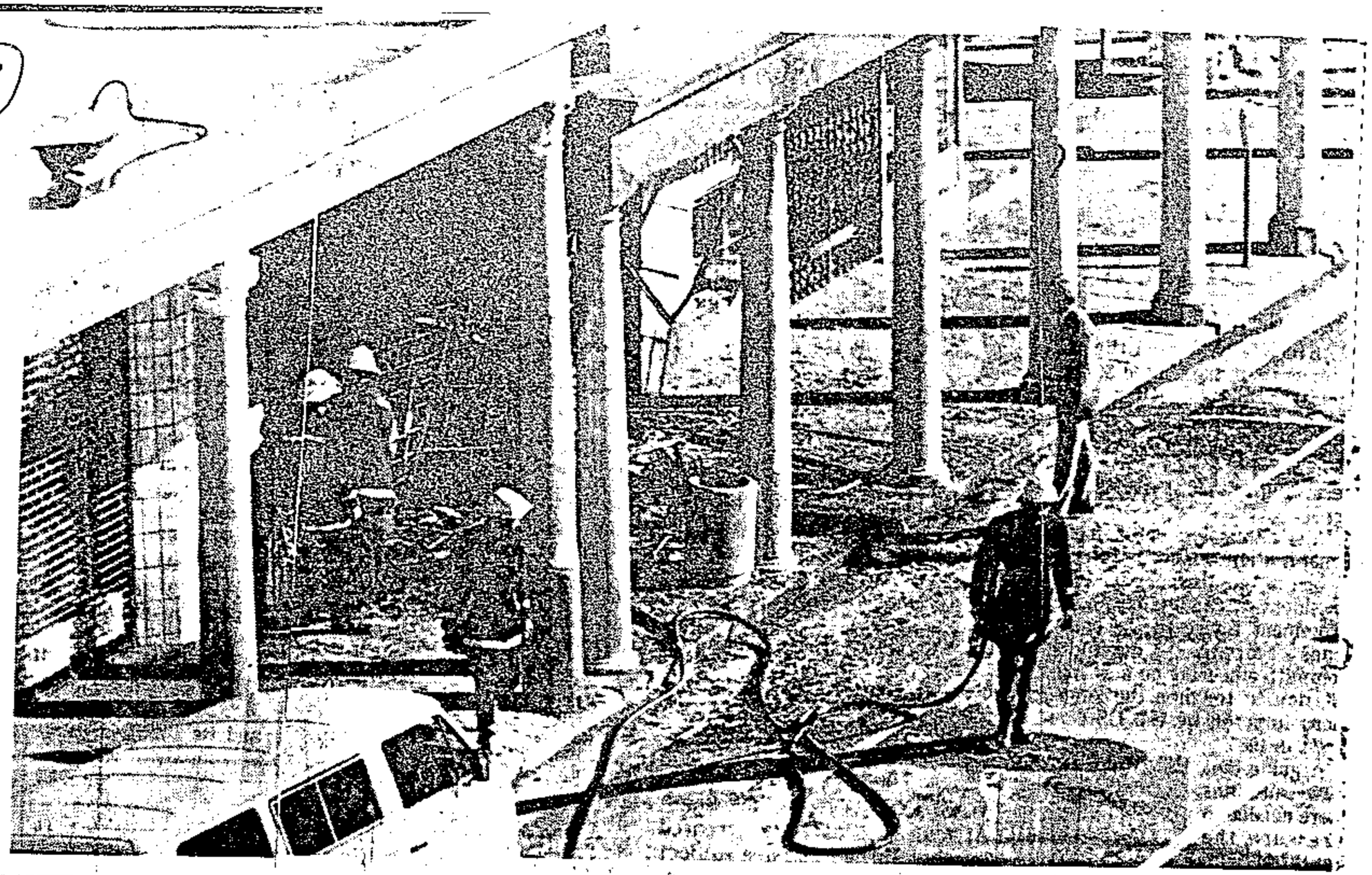
"Once we know how many patients to expect and the seriousness of the disaster, we immediately prepare to receive the victims.

"If it is a major disaster, our communications network is put into action and all sections of the hospital are put on alert. Each department has a procedural job card to follow.

"However, with something like today's blast only the trauma unit would be notified," the spokesman said.

Once patients have been stabilised in the casualty ward, they are transferred elsewhere — either to the trauma ward in the case of serious injury or to other wards.

"Sometimes, provided the patients have been properly stabilised, they are transferred to other hospitals," the spokesman said.



RIGHT: Firemen outside a video games arcade after extinguishing the fire sparked by a limpet mine explosion.

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I saw a man with his hair on fire, says victim

Star 23/6/85

An Alexandra man's hearing was badly affected when a bomb exploded a few metres away from him in Joubert Street, Johannesburg.

Mr Peter Pitsi (25), complained he was suffering extreme pain in both his ears. "I can't hear very well and I'm feeling dizzy," he said.

Mr Pitsi said his friends had to help him because he could not stand up.

"I saw a man whose hair was on fire. Another man was lying in the street with a broken leg," he said.

Mr Pitsi was admitted to the Hillbrow hospital about 45 minutes after the bomb blast.

A shocked Mr Pitsi said: "My two friends and I were leaving the 'Winning-Side' video-game shop when we heard an enormous bang. I was thrown off my feet by the blast."

Hillbrow Hospital's chief superintendent Dr J Nach said a bomb victim who had sustained slight bruising behind his ear had been admitted.

The superintendent's secretary said the patient would be treated and discharged.

LEFT: Ambulance and fire officials tend to one of the victims of yesterday's Plein Street blast.

Lenasians want their hospital

By Toni Younghusband, Medical Reporter

A petition urging the Government to open the three-year-old Lenasia South Hospital now has more than 5 000 signatures from residents.

The petition is part of a campaign launched earlier this month to focus attention on the hospital.

It was built in 1986 — but has never opened its doors. Health authorities blame a lack of funds and staff.

Mr Basheer Lorgat, a member of the Lenasia South Hospital committee, said the petition would also be distributed among residents of Lawley, Grasmere and Ennerdale. At present they have to use Coronation and Hillbrow hospitals, which are about 30 km away.

Another committee memeber said: "We appeal to the community to support our campaign. Health care is a basic right, not a privilege."

A 'first' for SA medicine

South African medical history has been made at the Tygerberg Hospital, Cape Town, after frozen human embryos were used to impregnate a woman, the hospital confirmed yesterday.

The hospital said three embryos were frozen for five months and then placed in a woman.

The pregnancy has since been confirmed by an ultra-sonar scan.

The operation followed two years of intensive research, the hospital said.

This latest success could speed up the test-tube programme, according to the hospital. — Sapa.

Hospital registrars in pay dispute

A pay dispute between the Government and 800 medical registrars threatens to bring at least 15 academic hospitals to a halt next weekend.

Two Durban hospitals, seven in the Transvaal, two in Bloemfontein and two in the Cape will be affected.

The Registrars' Association of Medical Faculties will meet in Cape Town at the weekend to decide whether to ban overtime at the hospitals unless the Government gives them a salary increase of about R15 000.

The meeting follows last Friday's refusal by the Department of Health of salary increase requests.

Association chairman Dr Frik Rademan, speaking from Cape Town, said registrars were doing the lion's share of the work, but were earning less than medical officers.

"We want parity in salaries. There is no reason why we should earn about R15 000-a-year less than them when some of them have fewer qualifications than registrars," said Dr Rademan.

He said association members were going to take "drastic steps".

In Durban, registrars said medical officers and consultants received a salary increase in February.

The registrars were ignored, but the association took up the matter with the Health Advisory Board, which is attached to the Department of Health.

They said that some of them had done up to 100 hours a week of overtime and, apart from an allowance, earned less than ordinary doctors.

'Many medical services overcharge patients'

Overcharging and billing for services not rendered is common practice among certain elements that provide medical services, says Mr Pat Corbin, the chairman of the Witwatersrand Chamber of Commerce and Industry's (WCCI) medical aid fund.

He says the medical aid fund, which has 6 500 principal members, finds it necessary to keep a tight rein on all payments and all claims are carefully vetted before being settled.

"This reaps us a rich harvest in saved overpayments," he says.

MANY CLAIMS ADJUSTED

"We find overcharging in at least 50 percent of the claims submitted to us by certain providers of services and we see to it that they are adjusted accordingly, in some instances quite substantially.

"Instances where fictitious services are charged for are fairly common. We have referred such matters to the Medical and Dental Council who consistently declined to tell us whether any disciplinary action had been taken or not."

Mr Corbin said it was quite apparent to the WCCI that there were some people among those providing medical services who tried to take advantage of patients's ignorance and charged for services not rendered.

This was worsened by the seeming indifference and closed-shop attitudes of many who were involved.

"Experience has taught us that many members of the medical community don't really understand how a medical aid scheme operates. This results in confusion and an added administrative burden for us," he says.

"Furthermore, many employees don't seem to realise that medical contributions are regarded by their employers as part of their salary packages and that it is therefore in their interest not to misuse their funds. Because in the end they are the ones who foot the bill.

HEALTH CARE NEWSLETTERS

"I also believe that not enough is being done on the preventive side of medicine and we are currently arranging to issue newsletters on health care to all our members."

The WCCI's tight financial and administrative controls over its medical aid scheme has made it one of the top performers in the industry. It has consistently maintained the prescribed 25 percent reserves of annual subscription income, a feat few other societies have been able to emulate.

27/6/88

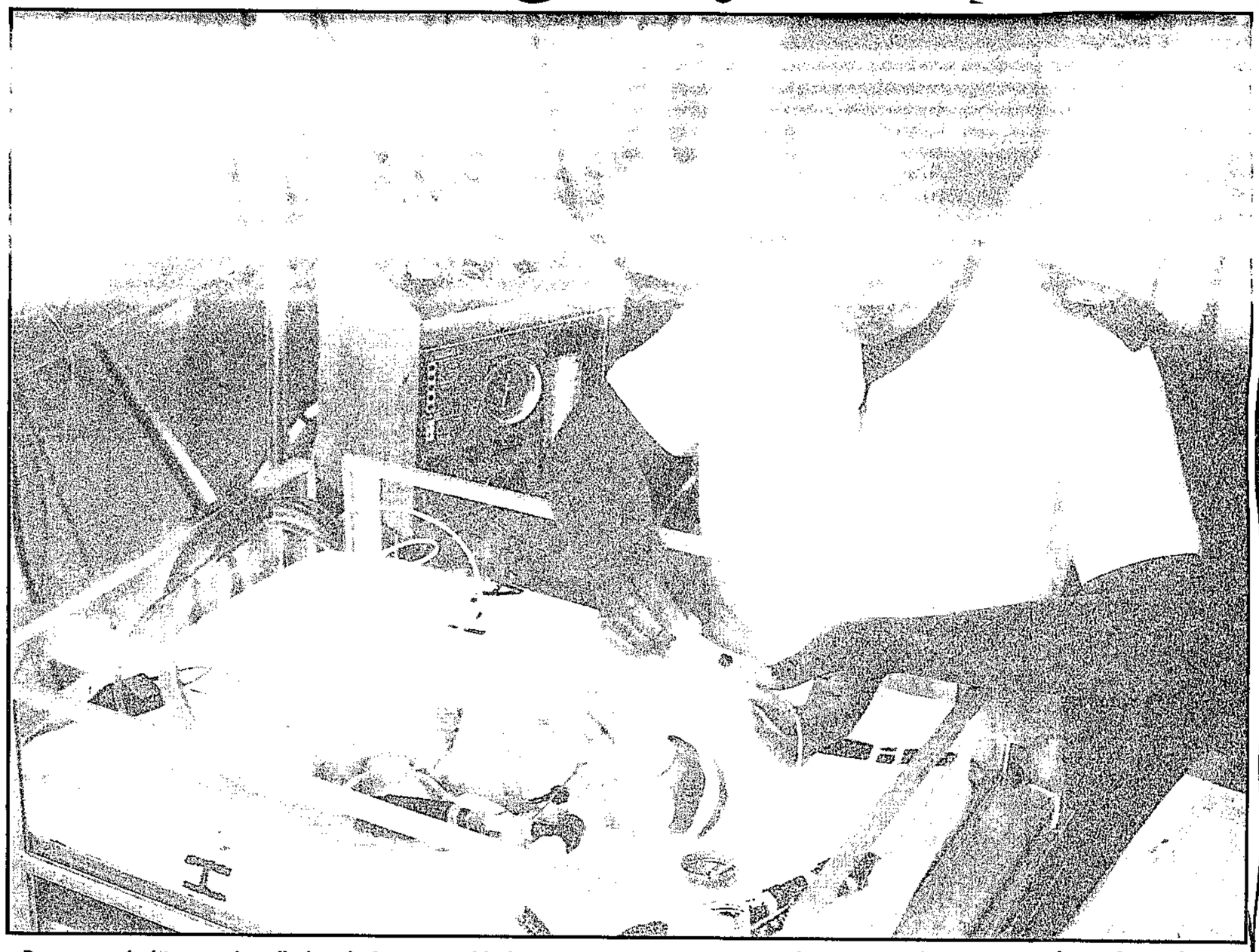
98

Inside Johannesburg Hospital's advanced 'prem wards'

Where life hangs by a thread

Star 27/6/88 (98)

By Pat Devereaux



Premature babies are handled as little as possible by nurses. Here sister Joyce Dlamini attends to a tiny girl weighing about 1 400 grams at Baragwanath Hospital. **● Picture by Ken Oosterbroek.**

Dr Peter Cooper recently confirmed that babies from as young as 24 weeks and weighing as little as 600 g (born 16 weeks premature) could survive. But he said that South Africa was not as aggressive as America in its treatment of extremely premature babies.

In Johannesburg Hospital's quiet well-lit "prem ward", with an almost a space-age atmosphere, there were five underweight babies in the "growing area", as the nursing staff call it.

"Some babies are not premature but simply have a low birth weight," said Dr Cooper.

Here the tiny mortals are kept in enclosed substitute wombs, perspex-like incubators. All are monitored closely and an alarm indicates the slightest problem — a stopping of the heart beat or struggle to breathe.

Giving statistics, Dr Cooper said in the white population eight percent of babies were born underweight but the figure for the black population group was higher, averaging about 14 percent.

The Johannesburg intensive care unit differs from those overseas. Premature babies and child patients needing intensive medical treatment are kept in the same ward. In contrast to the "prem ward" there is a bustling sense of urgency in the ICU as white-clad nursing staff flit back and forth adjusting sophisticated machinery.

But the background noises do not disturb the newest and sickest babies usually in transparent open plastic cots with warmers and lights above so the staff have easy access in an emergency if a heart or lung monitor fails to flicker.

Evidently medical technology cannot yet replace the perfect womb-like environment. Instead of the life-giving umbilical cord, premature babies have tubes inserted into noses, veins and tummies in an effort to keep the frail scraps alive.

"We try to handle them as little as possible to prevent infections," said Dr Cooper as he looked over one miniature girl, born eight weeks too early and weighing 1 400 g.

The cost of sustaining premature babies in South Africa is exorbitant because of the specialised equipment and care needed. Private hospitals charge about R1 000 a day and total cost could easily amount to R50 000, said Dr Cooper.

"We tend to concentrate on quality survival. The earlier a baby is born, the more problems. Medicine still has much to learn about the womb and placenta," he said.

Lung failure caused by damage from ventilators was an obstacle, brain damage and blindness caused by too little or too much oxygen were others.

"But in the last 10 years medical technology has advanced tremendously. A decade ago most of the babies weighing less than a kilogram would not have survived past the day of arrival," said Dr Cooper.

Cape Times 28/6/88 98

New TB hospital for Westlake

By CHRIS BATEMAN

A NEW hospital in Westlake, able to accommodate 350 tuberculosis patients, will open in October.

The opening will bring to 670 the number of official "TB beds" available in the Peninsula.

One person in every 130 on the Cape Flats is likely to get TB this year and, according to two local medical officers of health, an estimated 1 000 beds are necessary to treat patients more effectively.

Dr Len Tibbit, MoH for the Regional Services Council, warned industry that the disease had become a major threat to workers. More management participation in social-responsibility programmes was necessary, he said.

Dr Hans Steyn, chief director of health services and welfare (House of Representatives), said the new Westlake hospital, formerly the A G Stahls Sanatorium, would accommodate 600 chronic patients and 350 TB beds.

The building became available recently when its occupants moved to the Lentegeur Psychiatric Hospital, Mitchells Plain.

Dr Stewart Fisher, deputy MoH for the RSC, said that only Brooklyn Chest Hospital, with 320 beds, now provided for TB confinement, while the next-closest TB hospital was the Sonnestraal Hospital, in Paarl (94 beds).

His council had only 15 health educators, while the South African National Tuberculosis Association, Santa, had five.

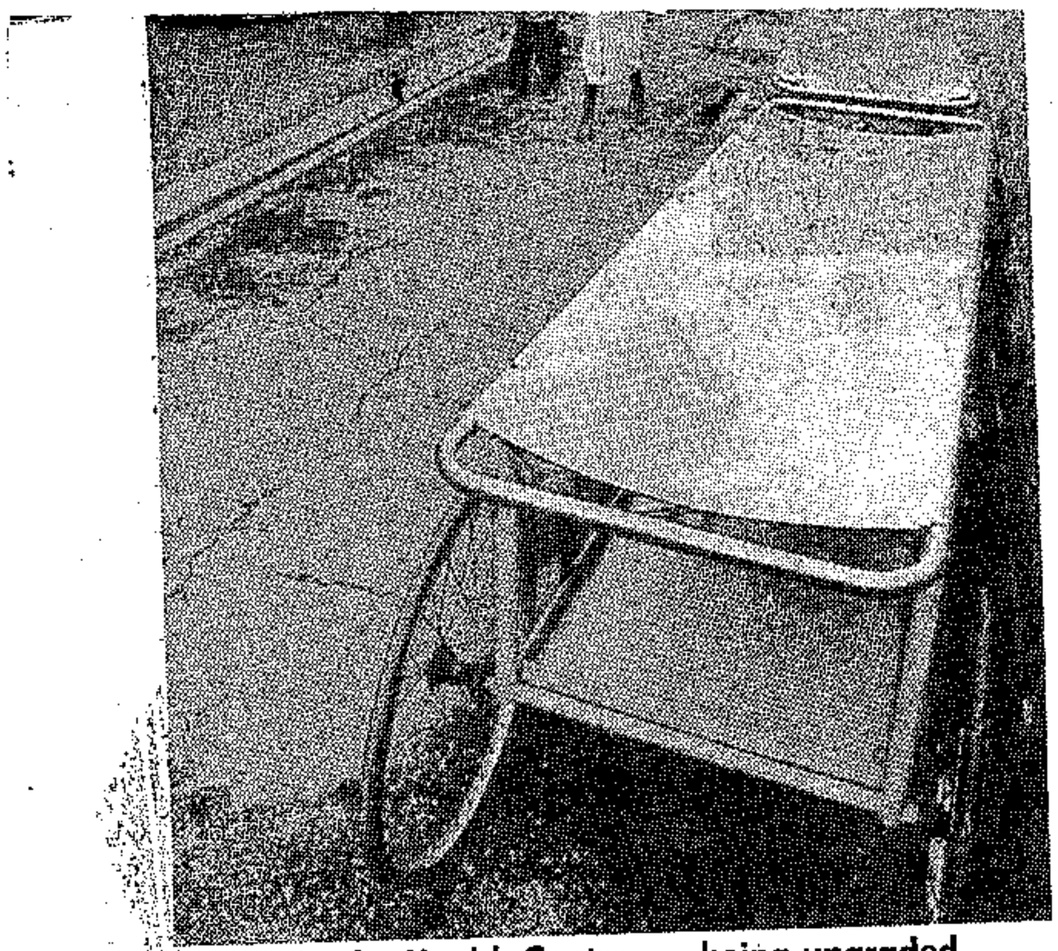
Santa recently converted an Athlone creche for child TB sufferers to an education centre after it became clear that Athlone children were virtually TB-free, Dr Tibbit added. Twelve more field workers would be trained there, with a target of 30 to 40 available to rural areas. R100 000 was needed, and Rotary and a large oil company had begun helping raise this.

Chamber of Commerce manpower manager Mr Tommy Brand said his chamber would be calling on Dr Tibbit for more information "within the next week" before deciding on "any appropriate action".

Regular TB screenings and programmes took place, he said.

Mr Colin Boyes, senior secretary to the Chamber of Industry, said he was aware of the problem, "but if it is becoming increasingly acute, we'd be happy to discuss this with council and then go to our members", he said.

● The Western Cape has the highest TB prevalence figure in the country and one of the highest in the world. Figures released by the department of health last year show that the region has 28% of the national case load, with only 14% of the TB budget.



Alexandra Health Centre . . . being upgraded.

Casualty ward 'is not a repair shop'

Star 29/6/88

By Toni Younghusband
Medical Reporter (98)

A hospital's casualty department should be a place of healing not a mechanical repair shop, Dr Tim Wilson, the director of the Alexandra Health Centre said yesterday.

"People need to be treated with dignity in casualty. There is no need for them to be exposed to the public, to be on view," said Dr Wilson.

IMPROVED

For this reason, he said, the Alexandra Health Centre's casualty department was being upgraded and improved to provide a better service to the community.

A pharmaceutical company yesterday donated R200 000 towards for the upgrading of its casualty services.

The privately owned health centre is the only medical facility available to the more than 140 000 residents of Alexandra township which borders the plush suburb of Sandton.

An estimated 640 patients visit the centre daily, and more babies are delivered there than at the Johannesburg Hospital.

Dr Wilson said that while only 12 percent of the centre's patients were casualty cases, this department was still the most visible in the eyes of the people and offered a service vital to the township.

"It is a place you can come to when your son is ill or when you are badly injured in an accident or a fight. We see about 80 patients during the day and 25 at night and this number obviously increases at weekends.

"We admit anybody, no matter what address you give, what your politics are or what colour you are," said Dr Wilson.

"And the treatment is effective, probably more so than at a provincial hospital," he added.

'Open Edenvale Hospital to all'

Star 29/6/88 Medical Reporter (98)

The director of the Alexandra Health Centre, Dr Tim Wilson, yesterday made an impassioned plea to health authorities to open the Edenvale Hospital to all races.

Dr Wilson said many of the people who were brought to the health centre for treatment had to be transferred to other hospitals for further treatment.

He pointed out that while the Edenvale provincial hospital was only five minutes away from Alexandra township, black patients could not be treated there and had to be taken 35 km away to the Hillbrow or Baragwanath Hospitals.

'Health services must be free'

THE Government's idea of privatising health and social welfare services once more received all-round condemnation — this time from the Centre for Enrichment in African Political Affairs, writes Mokgadi Pela.

More than a month ago, the Imbeleko Women's Organisation launched a national campaign against the programme.

At the weekend, various speakers in Soweto reiterated that the provision of houses, health facilities and education was the responsibility of the State.

A thread which ran through their speeches was that tax was deducted so that citizens could benefit from among others, free health services.

They further said that only when a total transformation of society took place, would black people enjoy basic necessities?

Mr Ish Mkhabela, the acting co-ordinator of the Witwatersrand Network for the Homeless, said: "Privatisation is not on our agenda, it is on the agenda of the State and big business. In this country, housing is another means of control and oppression."

He said as long as there was capitalism, housing would remain a problem.

A social worker from the South African Council of Churches, Miss Fikile Mazibuko, said privatisation of health and welfare services did not auger well for the man in the street. The lower income groups and pensioners would be hardest hit.

Mrs Amelia Jones, a social worker from Cape Town, who delivered a paper on the dilemmas faced by social workers, said the impact of apartheid was a reality faced by all her colleagues.

The two-day seminar, which was held at the Dube YWCA, was attended by a wide cross section of people.

Psychopaths

1148. Mr C J DERBY-LEWIS asked the Minister of Justice:

(1) Whether a certain convicted person, whose name has been furnished to the Minister's Department for the purpose of his reply, received psychopath treatment while serving his prison sentence; if so, (a) for what period and (b) what is his name;

(2) whether this person was cleared for release from prison at the end of his treatment period; if so, (a) by whom and (b) on what basis;

(3) whether any certified psychopaths are currently serving continued detention as a result of dissatisfaction on the part of hospital prison personnel with their progress after treatment; if so, how many;

(4) whether any decertified psychopaths were released from prison over the past 10 years; if so, (a) how many and (b) what percentage of such persons is it estimated has returned to crime;

(5) whether his Department has evaluated this percentage in terms of the rate of return to crime by other criminals; if so, what are the relevant particulars?

The MINISTER OF JUSTICE:

(1) Yes

(a) 3 January 1977 till 25 September 1985.

(b) The person whose name was furnished to the Department.

(2) (a) and (b)

The Mental Health Act, 1973 (Act 18 of 1973) as amended provides that a prisoner who is certified as a psychopath can be decertified if two doctors certify in writing that he has recovered to such a degree that his detention in the hospital prison for psychopaths is no longer necessary. The person concerned was decertified on 25 September 1985 and was transferred to a prison to serve his sentence of imprisonment imposed by the court. He was released on the expiration of his sentence on 1 May 1986.

(3) Yes, two (2).

(4) (a) and (b)

The honourable member is referred to my reply to my reply to Written Question No 1146.

(5) Research concerning parole successes by Van der Westhuizen and Oosthuizen during 1983 with regard to parole prisoners in general indicated a success rate of 70,2%, while the success rate regarding the 44 decertified psychopaths who were already released for longer than three years can be estimated on 70,45%.

Decentralization plan

1149. Mr C J DERBY-LEWIS asked the Minister of Constitutional Development and Planning:

(1) Whether provision has been made for beneficiaries of the decentralization plan to pay their employees amounts less than the monthly subsidy of R110,00 per worker; if so, under what circumstances;

(2) whether any precautions are taken to ensure that claims are not submitted in respect of non-existent employees; if not, why not; if so, (a) what precautions and (b) by whom?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(1) Concessionaries under the government's regional industrial development incentive scheme are not prescribed to as to what wages should be paid to employees. The employment subsidy formula does not consist of a monitary amount only, eg a maximum subsidy of R110 per worker per month (highest level provided for in the scheme). The employment subsidy formula also provides for a percentage of the actual remuneration with a maximum amount per worker per month, eg 95% of the remuneration with a maximum of say R110 per worker per month. The formula is furthermore applied separately to wages under R120 per worker per month and salaries and wages above R120 per worker per month.

Should a firm pay its workers less than the maximum subsidy amount (eg R110 per month) the subsidy is calculated as 95% of the actual wages paid. Consequently industrialists cannot derive an unfair advantage from the incentive scheme by paying their employees low wages.

(2) Yes.

(a) (i) Industrialists are required to submit their quarterly employment claims on a standardised claim form which has to be certified by the industry's Public Officer.

(ii) In addition all quarterly employment subsidy claims must be reconciled and certified annually by an external auditor. The auditors, amongst others, attend wage payouts.

(iii) No claims of a new undertaking are paid before an inspection of the undertaking has been carried out by the Regional Representative of the Decentralisation Board.

(iv) Furthermore the Inspectorate of the Decentralisation Board conducts regular inspections of firms, during which head-counts of employees are amongst others performed.

(b) The Decentralisation Board and external auditors.

(In terms of the Board's official Manual, attempts at fraud can result in the permanent withdrawal of firms' concessions and criminal prosecution.)

Goosen lawsuit

1152. Mr D J DALLING asked the Minister of Law and Order:

(1) Whether, in the case of *The State versus Goosen and another*, the South African Police are financing or contributing to the financing of the defendants; if so, (a) what total amount has been paid in this regard to date and (b) what is the projected estimated cost of the whole trial;

(2) whether counsel for the defence is acting for agreed fees; if so, (a) what are the agreed fees and (b) on what basis are they being paid;

(3) whether the South African Police are financing or contributing to the financing of expert evidence; if so, (a) what expert evidence and (b) what total amount has been paid in this regard to date;

(4) (a) for how many days has the trial been before the court and (b) in respect of what date is the above information furnished?

The MINISTER OF LAW AND ORDER:

(1) and (2)

Yes. An agreement was made with the council for the defence regarding the fees that would be payable for their professional services. Fees that are paid for professional services, is a confidential matter which I am not prepared to divulge. However, should the honourable member approach me, I am prepared to furnish him with the information on a personal and confidential basis.

(3) Yes

(a) A psychiatrist and a pathologist

(b) I refer the honourable member to my reply in paragraphs (1) and (2) above.

(4) (a) 78 court days

(b) 22 June 1988.

Judges and magistrates: visits to prisons

1153. Mr D J DALLING asked the Minister of Justice:

(1) How many visits were conducted by (a) judges and (b) magistrates in order to see prisoners or detainees in (i) prisons and/or (ii) police cells during the period 1 April 1987 up to and including 31 March 1988;

(2) whether any reports were submitted by (a) judges and (b) magistrates to the Commissioner of Police and/or his Department arising out of such visits; if so, (i) how many, (ii) what was the gravamen of each such report and (iii) what was the response thereto in each case?

The MINISTER OF JUSTICE:

(1) and (2)

In terms of Prisons Regulation 104 (2) (a) judges of the Supreme Court of South Africa have the authority to visit any prison in any part of the Republic of South Africa unannounced at any time and also have access to all sections of a prison.

Research in respect of investment services to determine the effect of previous advertising campaigns as well as the image of the Post Office as an investment institution	R 39 850.00	Young & Rubicam, Transvaal
Advertising of the priority-mail service	R 6 347.60	Young & Rubicam, Transvaal
Development of an advertising campaign for the new Erica telephone	R 6 817.74	Young & Rubicam, Transvaal
Research on telephone services in the residential market with a view to the development of advertising campaigns	R 49 700.00	Young & Rubicam, Transvaal
Design and printing of letters and envelopes to encourage business concerns to support the Flood Disaster Relief Fund by buying surcharged stamps and donating bulk post discounts to the Fund	R 5 923.19	Young & Rubicam, Transvaal; and

(iv) State Tender Board procedures.

Political violence

1140. Mr C J DERBY-LEWIS asked the Minister of Law and Order:

How many persons in the Republic died in incidents related to polical violence in each year from 1982 up to and including 1987?

The MINISTER OF LAW AND ORDER:

I refer the honourable member to my reply to written question 247 which I also regard to be a sufficient answer to this question.

Public Service: numbers

1142. MR C J DERBY-LEWIS asked the Minister for Administration and Privatisation:†

How many (a) White, (b) Coloured, (c) Indian and (d) Black persons were employed by each department and organizational component referred to in section 6(1) of the Public Service Act, No 111 of 1984, as at (i) 1 March 1982 and (ii) the latest specified date for which figures are available?

The MINISTER FOR ADMINISTRATION AND PRIVATISATION:

(i) information for each separate department or organisational component is not available.

(ii) **Numbers of personnel as on 30 September 1987**
(**Source**: Payroll statistics)

Department: Organisational component	(a)	(b)	(c)	(d)
Administration: House of Delegates	255	38	14 099	233
Administration: House of Representatives	4 428	51 794	5	60
Administration: House of Assembly	85 377	5 419	130	30 234
Department of Home Affairs	4 689	193	189	1 838
Department of Foreign Affairs	1 308	13	4	75
Department of Finance	8 509	56	22	240
Department of Trade and Industry	932	13	0	96
Department of Justice	17 147	2 560	325	8 120
Department of Agricultural Economics and Marketing	1 963	160	34	842
Department of Manpower	2 888	177	126	724
Department of Mineral and Energy Affairs	778	20	9	170
Department of National Health and Population Development	8 641	2 473	1 004	15 316
Department of National Education	520	6	1	34
Department of Environment Affairs	2 738	1 643	10	5 785

Department of Education and Training	5 245	1	3	60 164
Department of Development Planning	559	0	0	104
Department of Development Aid	2 411	4	1	1 416
Department of Public Works and Land Affairs	4 615	2 586	170	6 047
Department of Transport	2 416	231	20	882
Department of Water Affairs	3 041	2 393	19	8 910
Office of the Commission for Administration	841	28	1	59
Office of the Auditor-General	850	8	5	10
State President's Office	123	2	9	7
National Intelligence Service	No information is available.			
South African Police	It is not SA Police policy to supply information regarding personnel strength.			
South African Defence Force	It is not SA Defence Force policy to supply information regarding personnel strength.			
Provincial Administration of the Cape of Good Hope	27 405	24 131	330	11 743
Provincial Administration of Natal	7 868	908	4 128	21 645
Provincial Administratino of Orange Free State	8 195	796	166	5 331
Provincial Administration of Transvaal	32 697	1 290	4 601	39 861
Bureau for Information	416	25	10	65

Psychopaths

1146. Mr C J DERBY-LEWIS asked the Minister of Justice:

(1) Whether certified psychopaths sentenced for rape and/or murder are released from prison after serving their sentences; if so,

(2) whether any precautions are taken to ensure that such persons do not commit further crimes of violence after their release from prison; if so, what precautions;

(3) (a) what treatment is given to certified psychopaths while they are in prison and (b) what success has been achieved through such treatment?

The MINISTER OF JUSTICE:

(1) No.

(2) Falls away.

(3) (a) and (b)

The treatment of certified psychopaths is based on a therapeutic community philosophy which implies total treatment. The treatment is divided into three phases of progressive promotion units which last a minimum period of four years. The maximum period is determined by the progress of the individual. The programme makes use of a behaviour therapy and in particular of a token economy which implies that performance is coupled with the allocation deprivation of privileges in institutional context which is connected to the treatment programme. The treatment team consists of a consulting psychiatrist, clinical psychologist, social worker, educationist, nursing personnel, workshop personnel and custodial personnel. If two medical practitioners certify in writing that a mentally ill prisoner has recovered to such an extent that his detention in a hospital prison is no longer necessary, he is returned to a prison to serve his sentence or unexpired portion thereof. His release from prison is handled by the statutory bodies which exist for this purpose. However, if one month before the expiry of his sentence of imprisonment such prisoner is still mentally ill to such a degree that it is necessary that he be detained in the hospital prison, a judge may in terms of section 19, read together with section 34 of the Mental Health Act, 1973, make an order for his further detention for such period as he may deem necessary.

Up to 23 May 1988 a total of 111 certified psycopaths were admitted and 64 of them have already been released after being decertified. Of these 64, a total of 44 have been released for longer than 3 years, and of the said 44 a total of 31 have not relapsed into crime which brings the success rate to 70,45%.

30/6/88 (98) B/days

Essential services need more cash

Hospitals will be forced to exceed budget

THE 1989 R1,5bn budget for hospital services was marginally higher than the present one, but the province would have to overspend to carry out its essential services, Transvaal Hospital Services MEC Daan Kirstein said yesterday.

He said the dire financial straits of the hospital services were not likely to be alleviated with this budget allocation.

Kirstein, speaking after a high-level meeting of the province to discuss the 1989 budget, said it seemed the extra money that was desperately needed would not be forthcoming.

They would have to look at ways of cutting services to cut costs, he said.

The option of privatising services was made difficult by the fact that most of the people who used the services could not afford to pay private sector prices.

"And who will buy a hospital where there is no income," he asked.

Last year, hospital services had been given an injection of funds in an additional budget, but it did not seem

DIANNA GAMES

likely this would happen in the 1989 budget.

"It's not a good picture. We realise the country has R60bn that has to be divided up and we have got our share, but we just can't cope on it," he said.

DANIEL SIMON reports that Kirstein said this week the shortage of funds for the "broad spectrum" of hospital services for the current financial year amounted to R125m.

He said medicine prices were rising and there was also a staff shortage, as they could not budget money to fill posts.

Backlog

There was a backlog in ambulances and, although they had replaced 50 earlier this year, they could not afford to replace a further 50 which were needed.

Automobile Association controller of emergency road services Eugene Roelofse said the backlog in capital expenditure on ambulance services for the 1987/88 financial year totalled R76,6m.

Star 30/6/88

Poison Centre's info will be put on computer

(98

By Lloyd Coutts

Information provided by the Poison Information Centre at the Johannesburg Hospital is to be computerised.

A computer and printer were donated to the centre by the Killarney Rotary Club last night and if necessary, a programme tailor-made for the centre will be commissioned.

A hospital spokesman said the centre's card index system was becoming larger and many cards were tattered and worn. The system was due for renewal.

"The offer ... could not have come at a better time," the spokesman said.

The centre is situated in the children's casualty section of the hospital and its aim is to provide information on any poison to assist people faced with an emergency.

It is a free service and the centre has built up a formidable body of information on poisons and poisoning in the Transvaal.

The information covers a wide range of poisonous substances, the commonest being prescription and over-the-counter medicines.

Doctors make extensive use of the centre and calls are received from the whole Witwatersrand area and neighbouring states.

The spokesman said the service is open to the public and of the 4 000 calls received annually, 75 percent are from anxious parents whose infant has swallowed a noxious substance.

HEALTH & DISEASE
HOSPITALS & CLINICS
1988

One clinic per 27 000 people in kwaZulu

Health care in SA is 'sadly deficient'

Own Correspondent

DURBAN — Health care in South Africa was "sadly deficient" and did not meet the needs of communities who suffered the greatest burden of disease.

This was the message of researchers from the Centre for the Study of Health Policy in the Department of Community Health at the University of Witwatersrand.

Their paper on health care was delivered to delegates at the 19th annual congress of the Association for Sociology in South Africa, being held at the University of Durban-Westville.

The researchers said blacks were the least healthy population group with unacceptably low life expectancy and nutritional status, and unacceptably high infant mortality rates.

Preventive care was unsatisfactory and a large proportion of the population was not immunised. For example, in 1984 only 39 percent were fully immunised against measles; 44 percent against diphtheria; 44 percent against tetanus and 63 percent against tuberculosis.

In many urban areas there was an inadequate supply of doctors, hospital out-patients departments, clinics and day hospitals.

"Even in the metropolitan area, access is very much determined by race and social class. In the rural areas and the homelands, the situation is much more bleak," the researchers said.

The ratio of doctors to patients varied from 1:14 000 in Lebowa and kwaZulu to 1:32 000 in Kangwane.

"These are huge ratios, particularly given the fact that many of these doctors are located in the hospitals providing secondary care."

The majority of people in the homelands were thus dependent on clinics staffed by clinic sisters for primary care.

The researchers said in a typical homeland area, there should be one clinic for every 10 000 people.

However, in kwaZulu there was only one clinic for about every 27 000 people — the worst ratio in the homelands — and one clinic for about every 17 500 people in Lebowa.

"To provide adequate care, each clinic serving 10 000 people would need to be staffed by two qualified primary health care nurses."

The researchers found that health care services did not give priority to those most in need.

Studies showed that in 1985 the per capita expenditure on health care varied from R115 for blacks to R249 for coloureds, R245 for Indians and R451 for whites.

"According to the Browne Commission, in 1984 and 1985 only 12,7 percent of public expenditure went to the homelands where perhaps 40 percent of the population lives."

In Natal there were 5,9 beds for every 1 000 whites and 5,3 for every 1 000 blacks. However, in the homelands there were 2,7 beds for every 1 000 black patients.



A baby is examined at the Muldersdrif clinic. The clinic, though on Johannesburg's doorstep, treats people who live in abject poverty. The students have several new schemes in the pipeline for the area.

Wits students give clinic a shot in the arm

By Winnie Graham

Labourers and domestic workers on farms in Muldersdrif, Transvaal, many of whom are in desperate need of health care, are being looked after at a clinic run by the students and staff of Wits University's Medical School.

The Muldersdrif clinic is also a centre where educational programmes, aimed at making the population more self-reliant, are being offered. Members of the community are being involved both in decision-making and the running of the clinic.

Yet, despite the good work being done at the clinic, the Wits students and staff have had more than their share of difficulties in providing the urgently needed services.

FORCED TO CLOSE

They started the clinic in 1973 when the need for a health service in the Muldersdrif area was first perceived. In 1979 the clinic ran into land tenure problems and was forced to close. Five years later, the students were back again — this time with a multifaceted programme for the community.

They had acquired a 10-year lease on a property and, it seemed, they were set to get on with the job. Then the owner of the property died and they were once again looking for a venue to conduct the clinic.

"We consulted with the community and they agreed we needed our own property," said one medical student. "We have now bought land so, at last, we can get on with our work without interruption."

Some of the labourers in the Muldersdrif area have good jobs and are well cared for by their employers, while others are in desperate straits. Unemployment and homelessness is as much a problem there as elsewhere.

"We recently found a homeless old woman who lived in the veld because she had nowhere to go," one student said. "She was unaware that she qualified for a pension, which, fortunately, we were able to arrange for her."

Though Muldersdrif is so close to Johannesburg, students find people living in "unbelievable" poverty. Kwashiorkor and marasmus are rife. Students also treat gastro-enteritis, TB, pneumonia, scabies and otitis media.

Some small children, whose mothers are often unable to bring them to the clinic because of work commitments, make their own way there.

Community health workers, who started off as volunteers, have been employed part-time to help run the clinics and disseminate information and health skills.

To encourage community participation, meetings are held every Saturday. Opinions are canvassed and people are urged to discuss problems.

A play group has been started and gives many children their first taste of pre-school education. Also in the pipeline are literary and self-help schemes and development of vegetable gardens.

The clinic, however, does not provide only one-sided benefits. By helping there, the students, nurses and doctors are being exposed to challenges in primary health care that they would not otherwise have encountered.

NEW BUILDINGS

"We might be helping farm labourers and domestic workers, but we are learning from the experience," a student said.

But, while new buildings are now going up at Muldersdrif clinic, the students do not know where their funds will come from next year. That's the next problem they will have to face.

● *Starbridge was launched to help close the race gap. If you have ideas on how communication can be improved, write to Starbridge, Box 1014, Johannesburg 2000.*

● See Page 3M.

Closed hospital sparks call to MEC

Star 5 Jan 88

(98)

Medical Reporter

The Director of Hospital Services in the Transvaal, Dr Hennie van Wyk, has been invited to explain publicly why his administration refuses to open the Lenasia South Hospital.

The Lenasia Hospital campaign committee has issued a personal invitation to Dr van Wyk to attend a meeting in Lenasia tomorrow night.

"We are asking him to attend to explain why the hospital has not been opened and we give the assurance that he will be afforded the opportunity to speak," a committee member said.

The 98-bed hospital, built in 1986, has never been opened and health authorities have blamed a lack of adequate funds and staff shortages for its continued closure.

It is the only hospital in a residential area of about 300 000 people who are, at present, forced to travel up to 30 km for medical treatment at the Coronation or Hillbrow hospitals.

Wednesday night's meeting, at 7.30 pm in the Gandhi Hall, forms part of a massive community campaign launched last month to focus attention on the hospital's plight.

Lack of funds delays clinic

Star 7/7/88

(98)

By Montshiwa Moroke

The Mofolo South clinic, which was completed about 18 months ago at a cost of R4,3 million, has not been used because of lack of funds, the director of hospital services, Dr Hennie van Wyk, said yesterday.

When opened, the clinic will be one of 12 community health centres in the township, serving a section of a population of about two million.

OTHER CENTRES

Other community health centres are in Diepkloof, Pimville, Senaoane, Chiawelo, Zola, Orlando East, Meadowlands, White City Jabavu, Tladi, Phomolong and the Koos Beukes clinic, near Baragwanath Hospital.

These clinics, which are operated by Baragwanath Hospital, treated about 1,5 million patients last year.

The Mofolo South clinic, when opened, is expected to save local residents the cost of travelling to seek medical treatment elsewhere and will alleviate the lack of inadequate medical services in the township.

NECESSARY FUNDS

Dr van Wyk said the Mofolo community health centre would be opened "as soon as the necessary funds are made available by the Transvaal Provincial Administration".

The clinic, which is expected to treat about 60 000 patients a year, is to be run by three doctors, about 100 nurses and an administrative staff of 10. No staff have been appointed yet.

According to the spokesman, the clinic will offer all medical services including dental and psychiatric treatment.

Lenasia's problem hospital

Sowetan 7/1/88 (98)

THE struggle for a hospital by Lenasia residents is an old one — the hospital was completed two years ago, but still does not function.

As far back as 1963, Lenasia residents made representations to the authorities calling for the building of a hospital.

On August 1, 1963, the Johannesburg Indian Social Welfare Association wrote a letter to the Director of Health Services outlining the need for a hospital in the area near Soweto.

The need was seen as so urgent that in 1967 the Valliama Trust was prepared to donate R30000 to ensure the building of a hospital.

In 1969 a delegation from JISWA was assured that a hospital would be built soon.

The authorities promised that it would be opened in October the same year. Later, residents were told it would function from April 1, 1988.

Now, the residents say, the Government claims there are staffing difficulties and no funds to administer the hospital.

Responding to the issue, Dr Hennie van Wyk, who is the director of hospital services for the Transvaal, said he could not comment, as the matter was being discussed with the House of Delegates.

Govt under attack

ABOUT 300 Lenasia residents this week called on the Government to open their hospital which was completed two years ago.

At a meeting at the Gandhi Hall in Lenasia, Johannesburg, speakers also called on health authorities to open the hospital for all races.

Coronation Hospital specialists, Dr Joe Variava, told the meeting that health was a basic human right worth fighting for.

He said the black community was rocked by preventable diseases as a result of apartheid in medicine.

About seven percent of black people died every year from tuberculosis. Also, 123 black babies out of 1 000 died before reaching their first birthday, he said.

The meeting resolved to send a delegation to the Director General of the Department of Health to urge him to open the hospital immediately.

98 Press 10/7/88

GaRankuwa gets new pyschiatric hospital

By SOL MORATHI

A R1,5-MILLION psychiatric hospital has been built in GaRankuwa, north of Pretoria. The total cost of the hospital is R4,4-million.

GaRankuwa Hospital medical superintendent Rudie van Niekerk said the new hospital expected to admit its first patients by the end of the year.

The hospital will have 60 beds and out-patient facilities.

Van Niekerk said there were enough doctors to cater for psychiatric patients, but said there was a shortage of psychiatric nurses.

Presently, psychiatric patients staying in the area are treated at the Weskoppies and Westford hospitals. The new hospital is within easy reach of residents of Mabopane, Winterveld, Klipgat, Hebron, Mmakau and Mothotlung who have had to travel more than 35km in the past.

Excavation for the new R250-million academic hospital had been completed and work was expected to begin soon, Van Niekerk said.

The hospital is expected to be completed in 1992 and would serve as a technical hospital for Medunsa.

NEWS

NURSE SHORTAGE UPSETS 'CARE'

by KAREN STANDER
Weekend Argus Reporter

PATIENT care in provincial hospitals is suffering as nurses are lured away to private institutions and other professions by the promise of higher salaries and better working conditions.

While hundreds of potential nurses are turned down every year because they cannot be accomodated in training programmes, provincial hospitals are unable to fill their vacant posts because of a shortage of nurses.

In an interview with Weekend Argus this week, senior nurses at Groote Schuur Hospital talked of the excitement and challenge of the "caring profession".

But why are nurses in scarce supply if the work is so rewarding?

Mrs Anna-Marie van der Walt, chief nursing service manager (human resources, management and education), said provincial hospitals trained enough nurses for their own needs, but the number was insufficient to staff the mushrooming number of private hospitals.

Except for a few private hospitals in Natal, provincial hospitals are the only institutions which undertake basic training.

"We don't have nurses to fill vacant posts because not enough are being trained to feed the provincial services as well as the private sector.

"Not enough funds"

"With the expansion of further hospital beds within the province, we haven't got enough posts. But if more posts were created tomorrow we wouldn't have enough applicants to fill them.

"The private sector will need to start training programmes or at least put funding into our programmes. We have the facilities to increase the number of trainees, but not enough funds."

Colleague Mrs Pat Chaffey, chief nursing service manager (clinical), said Groote Schuur was not "within spitting distance" of the ideal ratio of nurse to patient.

"On a day to day basis, if many people are off sick and we feel we haven't enough staff, we have to ask the doctors to limit what they would be doing.

"We decide what is essential to be done for each patient."

Mrs Chaffey said provincial hospital and private clinics were in competition for staff.

"The number of private hospitals has increased phenomenally over the last few years. Most of these hospitals are situated in the suburbs.

"The private sector has always had short-term drawcards, but they don't offer long-term benefits like housing subsidies."

Financial rewards

Many nurses leave nursing when the financial rewards offered by other professions beckon.

"It is a social phenomenon. Years ago when I trained, teaching and nursing were the professions women went into. But since then country has changed, industry has changed, the whole social structure is changing.

"Now with black nurses we are finding the same thing. Nursing and teaching are the careers with status, but increasingly banks, shops and other professions will take precedence.

"But there are always some women who want to give of themselves. It is the people with this type of commitment who come into nursing.

"A big drawcard today for those who are financially less well-of is that students get paid while they are being taught.

"Nurses are not so badly off compared to other professions these days. We have parity throughout the profession, so salaries are equal."

Mrs Van der Walt said salaries had been improved in 1982 and again in 1986.

"Salaries are revised every four years. But like all other government employees, if we don't get an annual adjustments we fall so far behind commerce that we can never catch up. This is what is happening now.

"In 1986 it looked good but since then it has slipped back again. The starting salary is less than for someone with a university degree, less than for teachers."

Mrs Van der Walt said salaries in private hospitals were roughly the same as in provincial hospitals.

"In some instances they might be slightly better, but mostly they are the same. But staff do save money by not having to travel because the hospitals are situated nearer their homes.

"There is probably also less stress, so working conditions are better."

Mrs Chaffey said the one thing private hospitals could not match was the academic environment.

"We've got the university on our doorstep and we cover all specialties from before birth to death. In a lot of research the doctors and nurses are pushing back frontiers. It is very exciting to be involved.

"One finds that staff who go to the private sector get bored very quickly, particularly if they've grown up in an environment like this."



Some of Groote Schuur's senior specialist nurses who talked about their profession are, back from left, Miss Sharlefa Scallo (continence advisor), Mrs Maureen Ross (medical), Mrs Gisela Gustafson (infection control), Miss Nabawiya Jones (surgical) and, front from left, Mrs Terry Babst (nursing informatics), Miss Lulama Qengwa (oncology), Mrs Meg Camm (personel development) and Miss Nomaindia Xaxa (theatre).

NURSE SHORTAG

UPSETS 'CARE'

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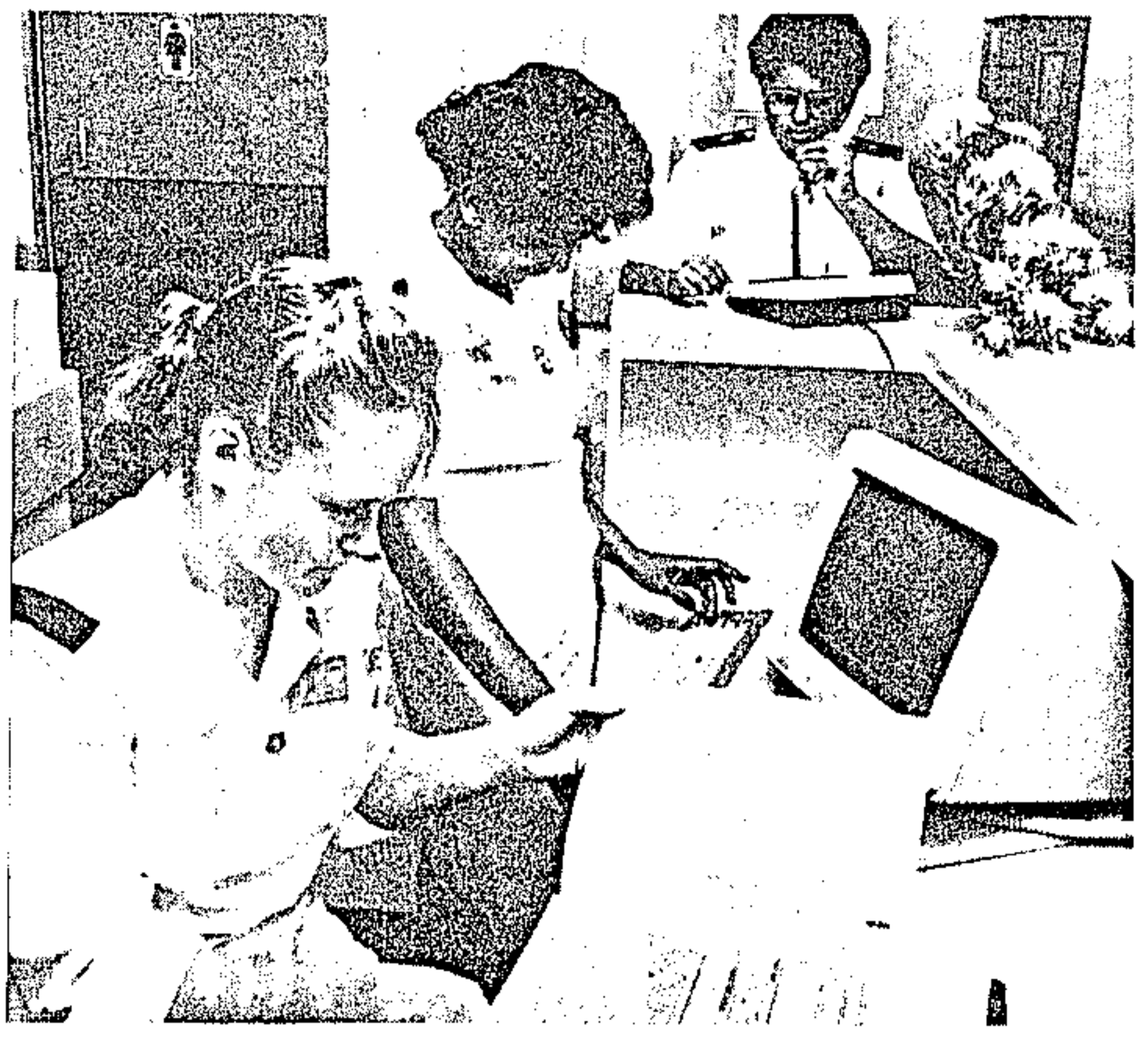


Pictures: DION TROMP, Weekend Argus

Ward nurses busy at work at a nurses' station in Groote Schuur's new hospital are, from left, student nurse Angela McDaniel, staff nurse Amelia Petersen and senior sister Mercia Collop.

Defiant doc puts career on the line for sake of free speech

SARA MARTIN

A MEDICAL doctor is placing her career on the line and taking hospital authorities to court to protect her right of freedom of speech.

Legal experts believe this civil case, scheduled to appear in the Supreme Court shortly, will create legal history as it is the first time a physician has questioned a decision taken by four top officials, including the Administrator of the Transvaal.

The dispute between Dr Beverly Traub and the authorities arose in December last year when the Administrator of the Transvaal, acting through his delegate, did not confirm her appointment to the post of senior officer at Baragwanath Hospital.

The reason given was that she was one of the signatories of a letter published in the *South African Medical Journal* in September last year.

The letter relates to the conditions within the Department of Medicine and the medical wards at Baragwanath. It criticised the overcrowded and "disturbing" conditions within the department and the medical wards of Baragwanath. All 101 doctors who signed the letter were asked to apologise.

BARA BAROMETER

FIGURES reflecting Baragwanath Hospital's bed shortage in the Medicine Department from July 28 to August 3 reveal that 2 055 patients were without beds during that period. The daily average of patients without beds was 293, with 337 on the worst night, when the most crowded ward had an occupancy of 265 percent.

Dr Traub refused to sign an apology on the grounds that "it did not fairly and honestly reflect her state of mind and perceptions of the situation".

"I felt then, and I still feel, that the actual conditions of the medical wards and in the Department of Medicine are extremely disturbing, and are not conducive to effective and proper medical care."

Her determination not to sign an apology has jeopardised her prospects of obtaining an appointment that is crucial to her career. She intends specialising in paediatrics and the only route that can be followed in the process of specialisation is to be appointed as registrar in a provincial teaching hospital and to the staff of the university concerned.

Until the end of 1987 it was the first time the authorities had not confirmed the appointment of persons as senior house officials (SHOs) where the applicant had been selected for these positions by the head of the relevant department, as was Dr Traub's case.

SHO posts are filled on a six-monthly basis. Her first application was accepted and she served in that position for the first half of 1987. A second application was also accepted and she served until the end of 1987. She was not "suitable" to be confirmed in the same position for a third term. Similarly, five other SHOs did not have their positions confirmed because they had not apoligised to the authorities.

They sought, through their attorneys, to have the Administrator's decision reversed. When the case first appeared in court, in December, Mr Justice Goldstone set aside the decision and said Dr Traub and the other five interns should be given the opportunity of a fair hearing to decide whether the application should be approved or not.

At the hearing on December 30 1987 Mr C C Badenhorst, acting on behalf of the Administrator of the Transvaal and the Director of Hospital Services, decided that Dr Traub and the other applicants were "not suitable" for appointment as SHOs.

The other five applicants subsequently apologised. Dr Traub is determined to fight it out in court.

"I regard myself bound by the International Code of Ethics and the Declaration of Geneva adopted by the World Medical Association and World Medical Assembly which states that 'I will practise my profession with conscience and dignity' and 'The health of my patient will be my first consideration'."

Dr Traub is working as a "locum" to a private practitioner and part-time at the Alexandra Clinic while waiting for the case to appear in court.

Star 11/8/86

Lack of funds kept it closed for two years

Lenasia Hospital to open in January

98

By Toni Younghusband
Medical Reporter

The Lenasia Hospital, which has remained closed since its completion two years ago, is to open in January, the Minister of Health Services and Welfare in the House of Delegates, Mr Raymond Bhana, said yesterday.

Mr Bhana said budget savings in his department would provide funding for the hospital's long-delayed opening.

In a statement issued from Durban, Mr Bhana said he had reached an agreement with the Transvaal MEC in charge of hospital services, Mr Daan Kirstein, for the commissioning of the hospital.

Mr Kirstein was not available for comment today.

The 98-bed provincial hospital was never opened because of a lack of funds. It is the only provincial hospital in Lenasia and the surrounding areas of Ennerdale, Grasmere and Lawley. There is one private clinic in Lenasia.

Residents of these areas who need medical attention have been forced to travel up to 30 km to the Hillbrow or Coronation Hospitals for treatment.

Mr Bhana said the Ministers Council had resolved this week that savings would be effected from other programmes on the Health and Welfare budget to pay for the opening and running of the hospital.

He said the hospital would be commissioned in three phases starting on October 1.

During the first two phases initial provisioning would be done and staff recruited. Patients would be admitted, the outpatient facilities opened and theatre and ambulance services started during the third phase.

Mr Basheer Lorgat, a spokesman for the Lenasia Hospital Campaign Committee (LHCC), said the LHCC had not been informed of the move.

The LHCC was established earlier this year to campaign for the opening of the hospital.

"We will have to study the conditions of this announcement very carefully before we are able to comment.

"We are not surprised that the announcement comes at this stage, shortly before the municipal elections," Mr Lorgat said.

Medical students in Wits protest

By Kaizer Nyatsumba

About 200 medical students of the University of the Witwatersrand yesterday occupied the office of the dean of the medical school, Professor C Rosendorf, protesting against "racist" remarks he allegedly made while addressing third-year medical students.

Professor Rosendorf, who is alleged to have said some students' refusal to rotate at hospitals for their practical training would lead to inferior clinical education, was not in his office at the time.

Professor Graham Mitchell, the assistant dean and student adviser, listened to the students and advised them to write down their complaints which he would then forward to Professor Rosendorf.

All black students and an increasing number of white students have refused to rotate to white hospitals to protest "apartheid medicine" and the ruling by the Transvaal Provincial Administration (TPA) that black medical students can only deal with white patients in the obstetrics and gynaecological wards if they obtain the permission of the patients.

They will only undergo practical training at the black hospitals affiliated to the Wits Medical School.

Students alleged yesterday that Professor Rosendorf guaranteed teaching time at black hospitals to students who agreed to rotate, and that this was at the expense of those who refused to do so.

The dean has been quoted as saying the Medical School could not pressure the TPA to desegregate hospitals.

"As a political strategy, non-rotation stinks," the dean is alleged to have said.

"The dean's statement was an outright and blatant insult to our political principles, and we found his remarks racist, cynical and unsympathetic.

"We also know that the faculty will not confront the TPA because of reprisals from the TPA and the Government," non-rotating third-year students said in a statement.

Professor Rosendorf told The Star that he was very distressed that a small group of third-year medical students should regard as racist his appeal to white students not to boycott the patients in the Johannesburg Hospital.

He had consistently called for an end to apartheid in hospitals, in the health service and in society.

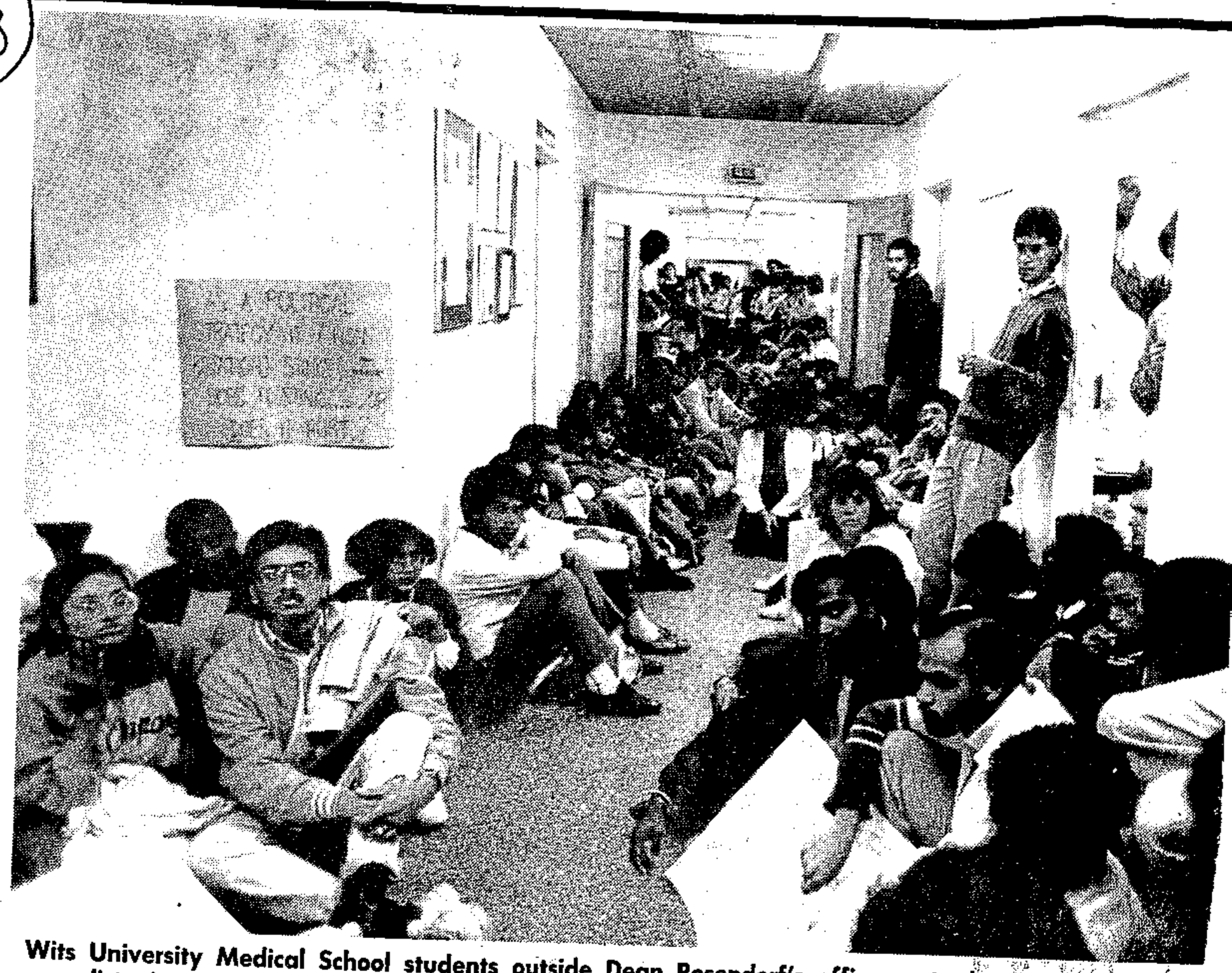
"The rotation/non-rotation issue is a very complex and emotive one, and it is clear there are some who would wish to make it a deeply divisive one.

"This is sad — we should unite against apartheid medicine."

The students sang freedom songs inside the building housing the dean and staff members.

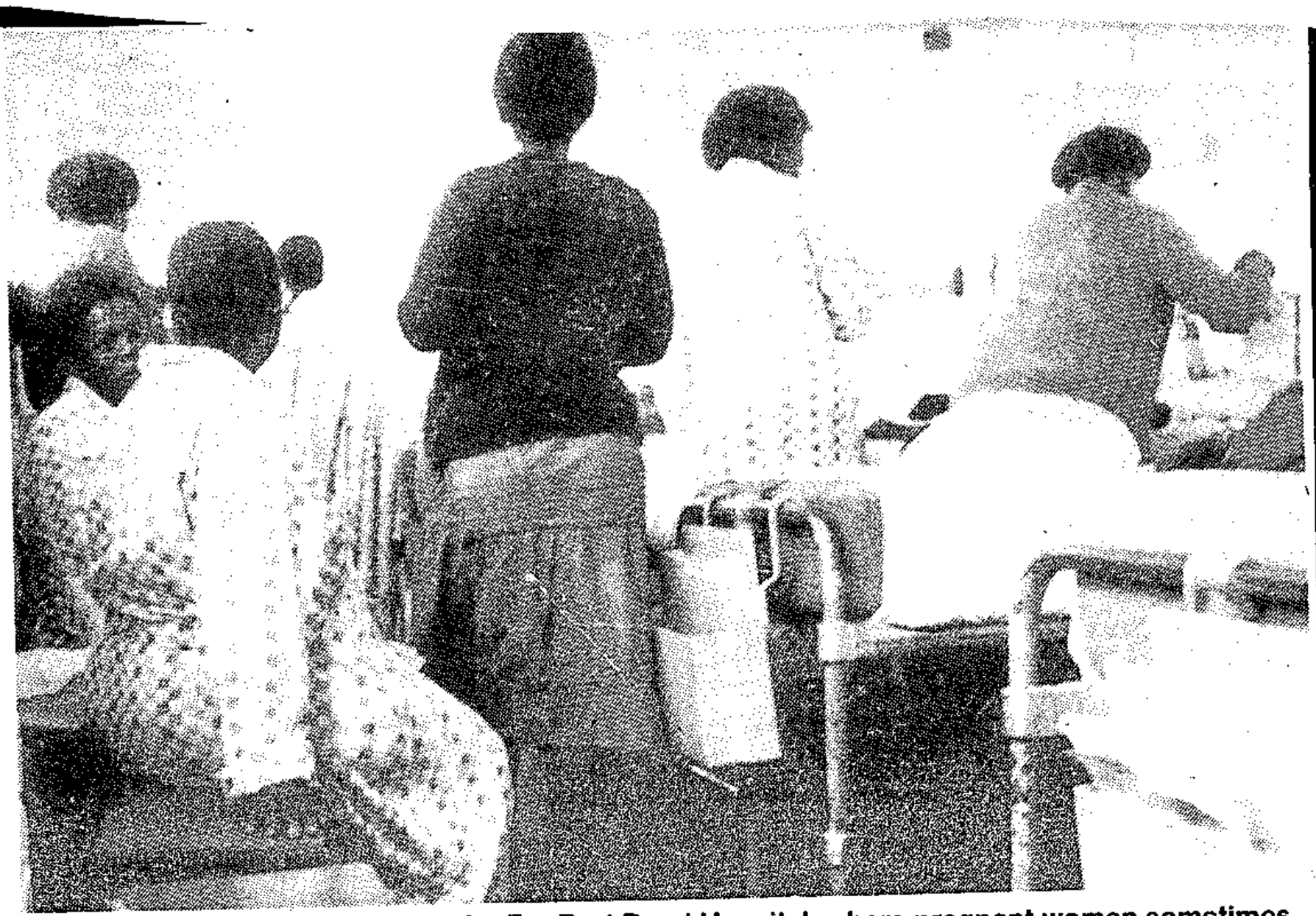
The students' march to Professor Rosendorf's office was to find out if he had meant what he is alleged to have said, and if not, to ask him to apologise for the remarks, student leaders said.

The students said they believed the dean's remarks were contrary to the university's principles of opposing all forms of racism and discrimination.



Wits University Medical School students outside Dean Rosendorf's office yesterday afternoon. They were listening to a student's address while they waited for the dean. Picture by Etienne Rothbart

MOKGADI PELA, the *Sowetan's* Medical Reporter, recently visited the Far East Rand Hospital in Springs. The hospital is overcrowded and its problems are no different from those of other black health institutions. This is the first of a series on black health care.



THIS is the maternity ward at the Far East Rand Hospital, where pregnant women sometimes have to sleep on the floor.

Sowetan 13/7/88

Bursting at the seams

THE Far East Rand Hospital, unlike other State institutions, has an open-door policy: authorities openly admit to overcrowding and to the poor state of facilities.

Rarely, if ever, do hospital authorities admit that their ablution facilities are inadequate, and worse still, that overcrowding has become the unwritten law.

Baragwanath

The recent episode at Baragwanath Hospital is a case in point. The difference with the world-known Baragwanath Hospital was that the authorities did not admit there was overcrowding, despite pictorial evidence. Last September, about 104 doctors who criticised the conditions at Baragwanath were forced to write letters of apology.

The medical superintendent of the black section of the Far East Rand Hospital, Dr Deon Cloete, said: "This is an old mine hospital which was built in the 1940s. It has 422 beds and caters for areas such as Kwa-Thema, Tsakane, Delmas, Springs, Brakpan, Leandra, Secunda and Heidelberg."

Dr Cloete said they sometimes got referrals from as far as Piet Retief in the far Eastern Transvaal. As a result of overcrowding, another hospital between Tsakane and Kwa-Thema was being built. The new hospital, named Pholosong, was due for completion in the second half of 1990, he said.

When complete, Pholosong would cater for 570 patients.

Dr Cloete said the new hospital was built because: "First of all, this hospital is very old and inadequate for the community. It is far from the community it serves. We have also experienced overcrowding, especially in surgical wards after weekends. Sometimes patients have to sleep on the floors or share beds."

Confirmed

"Ablution facilities have been inadequate for a long time. We have brought this issue to the attention of the executive director of hospital services for the Transvaal," Dr Cloete said.

A walk around various wards confirmed what Dr Cloete said. In the maternity ward, 10 patients slept on the floor.

"Some municipal clinics are closed at night because of harassment by unknown people. Their patients come here, thereby contributing to the overcrowding situation," Dr Cloete said.

In the children's ward, where there are six beds, 12 patients were known to be sharing a bed. But, said Dr Cloete, those who share a cot do not have contagious diseases.

Reacting to the situation, a spokesman for the National Medical and Dental Association said: "The problems in the Far East Rand Hospital are not different from those in many black hospitals. The conditions are likely to be worse in rural areas."

The spokesman further said that the conditions in black hospitals reflected a gross maldistribution of resources for health services in the country.

The bank's chief economist, of June from R6,15 billion...

Private hospitals fret over lower return on investment

Star 4717186

By David Canning

DURBAN — Private hospitals face a worrying trend of diminishing returns on investment, but also the exciting prospect of a bigger role in privatised national health care.

Dick Williamson, Afrox general manager, says in the past few years hospitals have experienced major cost escalations in excess of the consumer price index (CPI).

The average all-in cost of providing one hospital bed has risen to R150 000, while the all-in cost faced by a patient can average R300 a day.

Mr Williamson was speaking earlier this week at Entabeni Hospital, Durban, where additions worth R4,5 million are being completed.

He said the trend was clearly to shorter patient stays as a result of scientific advances and the use of high-tech equipment with which hospitals have had to equip themselves.

It meant the average patient spent about three days in hospital, whereas older surgical techniques saw the patient hospitalised for six to 10 days.

While hospital costs had risen to a higher level than most patients could personally afford, there had been big increases in the membership of medical aid schemes.

However, returns on investment of private hospitals had slipped because medical aid tariffs had lagged behind the general cost of living.

Mr Williamson said that in terms of the Medical Schemes Act, a hospital was allowed to claim payment direct from a medical aid scheme only if the hospital's rates were in line with or less than prescribedtariffs.

Where its charges were greater, the hospital must claim full payment from the patient who then recovered a portion of the costs from his medical aid scheme.

This put the onus of claiming bad debts onto the hospital, which, owing to the nature of the business, could not apply the usual credit control rules of commerce.

For this reason, he said, hospitals had stayed "contracted" into medical aid tariffs.

Mr Williamson said private hospital efforts to get this situation changed had not met with success.

In his view, the ground rules should be changed so that the hospital could recoup from the medical aid scheme (on a "contracted in" basis) the difference between the official medical aid tariffs and the Hospitals Cost Index.

He felt the whole system of medical aid tariffs should be looked at afresh.

Most insurance policies carried a minimum clause, with the insured person footing the very minor bills himself to save on premiums, he said.

Yet medical aid schemes had been competing among themselves to offer even more all-embracing services.

He thought that they should offer members the choice of reducing monthly contributions by being able to select what level of cover they required.

Many people could afford the R20-odd it took when they went to a doctor. It really was "catastrophe insurance" they were after — cover for major medical bills, he said.

Overcrowded Bara is breaking the law

SARA MARTIN

The overcrowded conditions at Baragwanath Hospital mean that the hospital is breaching the National Building Regulations and the Buildings Standards Act of 1977.

"The hospital was built according to these regulations to allow 40 beds per ward," said a senior doctor of the hospital who may not be named for professional reasons.

"But the overcrowded conditions have increased the intake to double and even higher."

According to the regulations, sanitary fixtures for 36 people should include three WC pans, two urinals, three washbasins and three baths. Only the two newest wards meet these requirements.

The regulations also requires that the density for hospitals should be one person per 5 m sq.

"This past week, on the worst day, in one ward the patient density was one per 2 sq m," said the doctor.

"What makes it all so unbelievable is that wards 28 and 11 remain closed and one ward is occupied by security guards."

Dr H van Wyk, Director of Hospital Services, said this did not fall under his department but under the Directorate of Works. The Saturday Star contacted Dr P S Steyn, Transvaal Provincial Administration's Chief Director of Works in Pretoria and was told by his department that he was not available until Monday.

Wits probes conditions at Baragwanath

Star 16/7/88 **SARA MARTIN** (98)

THE saga of overcrowding and inadequate facilities in Baragwanath Hospital's Medicine Department reached a climax this week when the University of the Witwatersrand launched an inquiry into conditions at the hospital.

Professor Clive Rosendorff, dean of the faculty of Wits Medical School, has described the issue as "very sensitive".

He told the Saturday Star that "an independent inquiry had been set up to look at all aspects of the Department of Medicine relevant to the university, namely teaching and research components in the medical wards of Baragwanath Hospital".

He refrained from naming the members of the committee but it is believed that top professors of medicine from other teaching hospitals are involved.

The findings of the investigation are due to be submitted to Wits University shortly.

The Saturday Star has been emphasising the problem of the shortage of beds at Baragwanath Hospital since March last year with its weekly "Bara Barometer".

The "Barometer" has shown that there is an average of more than

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Bara 98

Hospital probe

Star 16/7/88 ● **FROM PAGE 1** (98)

200 patients without beds.

On Monday this week 247 people slept on the floor in the Medicine Department.

The saga of the overcrowded conditions of the hospital was first brought to the attention of the medical fraternity in September last year, when the *South African Medical Journal* published a letter from 101 doctors who made an impassioned plea for action to relieve the overcrowded and inadequate facilities of the hospital. They accused the authorities of "indifferent and callous disregard".

The signatories were reprimanded by the Department of Hospital Services after refusing to apologise for incorrect statements and unacceptable language.

A total of 48 doctors tendered apologies after threats that they would face dismissal or forfeit promotion. A few left the hospital.

Ten of the housemen who signed the letter were refused employment and took the case to court. Some later decided to apologise. The four who refused to do so are still without jobs. One of them is taking the matter to the Supreme Court.

Five registrars and most consultants who refused to apologise for signing the letter were reprimanded.

The wide publicity given to the issue has not improved facilities at the hospital, according to several senior doctors.

In an attempt to alleviate the problem, using funds from their own pockets and from contributions from the public, Baragwanath doctors bought more than 100 mattresses.

To better health!

Plan to save collapsing hospitals

By SOPHIE TEMA

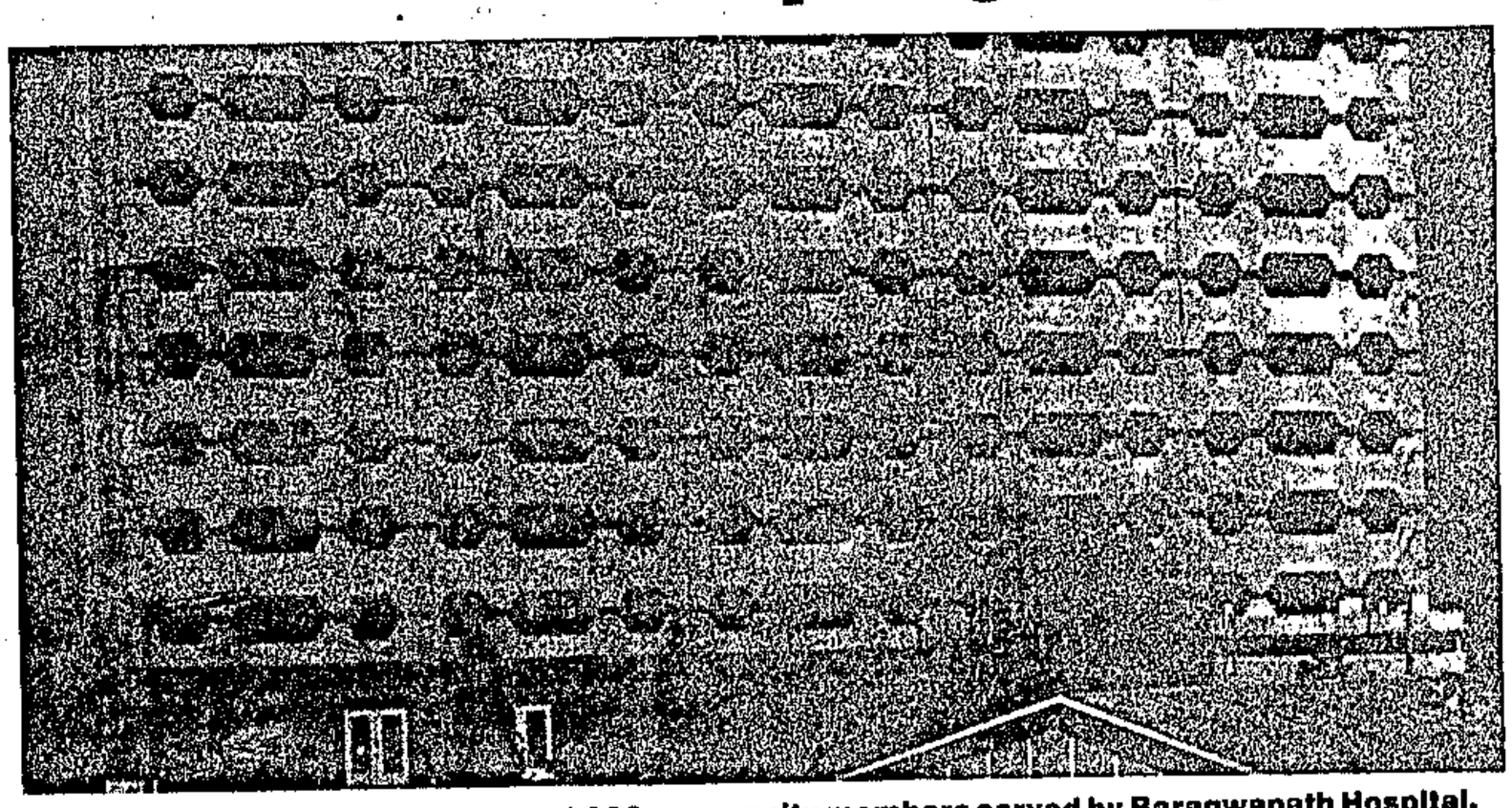
MEDICAL experts are working on a major plan to save black hospitals with problems similar to those of Baragwanath Hospital from complete collapse.

A plan for enormous expansion of black hospital facilities and establishment of clinics in black townships and rural areas to ease the load on hospitals has already been sent to the South African Medical Council.

Experts say the general problems at most black hospitals are that they are "hard-pressed and understaffed".

The patient load in most has increased to such an extent that normal hospital mechanisms can no longer cope.

Because the Department of Hospital Services cannot afford to implement a grand decentralisation scheme, the experts themselves intend to build clinics with the help of the private sector as a first step in the provision of better health services for blacks.



There are only three beds for every 1 000 community members served by Baragwanath Hospital.

Clinics of this sort have been proved to reduce the patient load in outpatient departments by approximately 80 percent, giving hospitals a chance to properly treat the remaining cases.

Preventative and community health measures by the staff will potentially be the greatest benefit as "an ounce of prevention is worth 10kg of cure".

By improving health facilities, a healthier black work force will be created, a saving of 35 percent on the national medicine bill will become possible, and this will lead to enormous savings in foreign exchange as many medicines are imported.

Overcrowding at Baragwanath Hospital has become chaotic and doctors have pointed out that the pressure of work has become so great that it transcended all ethical norms of medical practice.

The problem is that Soweto has a population of 2,5-million and Baragwanath Hospital too few beds for the many patients.

Accordig to figures released by the experts, there are only three beds to every 1 000 people served by Baragwanath Hospital, while in the white hospitals the ratio is 12 to 1 000 members of the community.

An independent inquiry by the University of the Witwatersrand is investigating conditions at Baragwanath.

Tshepong in Jouberton, near Klerksdorp, is experiencing similar problems, with a population of one-million people and only 700 hospital beds.

The hospital caters for patients from Klerksdorp and its surrounding areas, as well as the Western Transvaal, Botswana, Bophuthatswana and the Northern Cape.

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3-PIECE GREGORY KITCHEN SCHEME

The functional Gregory kitchen scheme is made from machine pressed metal which makes it extra strong and durable. It has plenty of storage space in cupboards and drawers and has everlasting drawer runners on metal slides for easy opening and closing. Epoxy powder coating allows for years of use and also helps prevent rust.

Multi-million rand Tembisa centre project launched

By LULAMA LUTI

THE Tembisa Community Trust launched a R3,2-million multi-purpose community centre project at a function held at the Holiday Inn near Jan Smuts Airport this week.

The centre, to be situated on the main road in Tembisa, will be built in four stages.

The first phase will incorporate two multi-purpose halls, a boxing/training hall, ablutions, a kitchen, a soccer field and the caretaker's house.

The second phase will involve an 800-seat divisible multi-purpose hall (for theatre, cinema shows and seminars) with a sophisticated stage and parking. In the third phase an information centre, a library and administration buildings will be added. The fourth phase will entail a 4 000-seat open-air ampitheatre which will back onto the main hall, sharing the stage.

The complex is being sponsored in part by a group of Isando-based companies including Crown Cork, Envirotech and Revlon, whose workforce is primarily resident in Tembisa.

The Tembisa community is directly involved in the development of the centre through the Tembisa Trust, made up of members of the community and concerned persons, and project committees in charge of community liaison, fund-raising and Press liaison.

The managing director of Envirotech, P Krumm, said excavations had been completed at the site and building work had commenced.

He said the building contract for phase one had been awarded to a Tembisa builder, LB Mahlangu. The labour force would be drawn from Tembisa residents, he said.

Krumm said the estimated cost of the project was currently R3,2million, which assumed a completion date of February 1990.

He said to date, funds totalling R920 000 had been collected from the business community with substantial donations by Baker International, the parent company of Envirotech, Crown Cork, Envirotech and Reckitt and Coleman.

He also said if sufficient funds were available immediately, the total project could be completed in 12 months at a cost of R2,8-million.

CASH AVAILABLE NOW!

For Home, personal, and business loans.

PHONE: GORDON 339-2602.

Patients without cash 'are kept in hospital'

Cape Times 27/7/88 28

DURBAN. — Keeping orthopaedic patients in hospital until they come up with the cash for the appliances they need for discharge is costing King Edward VIII hospital in Durban "an arm and a leg".

A source said that since April, patients had had to pay a small amount, sometimes as little as R10, towards artificial arms, calipers, crutches and other such equipment.

Those who did not have the money were forced to remain at the hospital until they had arranged for it to be brought to them, he claimed.

However, the hospital's superintendent, Dr Justin Morfopoulis, said it was not hospital policy to keep patients until they could pay the deposit for their appliances but "it might occasionally happen if there is a new clerk".

He said patients were required to pay a deposit on their appliances to encourage them to return them to the hospital when they were no longer needed.

Hospital is still a dream



MR VELELENI Mashumi . . . public relations officer.



MR BERNARD Ndlazi . . . mayor of Mamelodi.



MR ISHMAEL Modiri . . . senior social worker.

By MOKGADI PELA

MAMELODI township in Pretoria has been without a hospital since it was built 33 years ago and is unlikely to get one in the very near future.

Public relations officer for the Mamelodi Town Council, Mr Veleleni Mashumi, said the township had close to 500 000 residents.

It has two clinics, one in the eastern and the other in the western side of the township. Mamelodi has a "Day Hospital" which has 60 beds. Mr Mashumi said 30 of these beds were for maternity cases while the rest were for short stay visits.

He explained that as far as the treatment of most patients was concerned, the ambulance service operated almost like taxis, having to ferry patients to Kalafong Hospital which is 50 kilometres away, HF Verwoerd Hospital and Garankuwa Hospital.

He said the council had already approached the Department of National Health and Development with a view to building a hospital in the area, but money was the problem standing in their way.

Nothing would be done in the coming five years.

Mr Ishmael Modiri, a senior social worker in the area, said only patients needing specialist treatment were transferred to Kalafong and Garankuwa hospitals.

The outpatients section of the day hospital operated like that of any other hospital in the country.

Mamelodi had 11 private doctors and one dentist, he said.

A spokesman for the National Medical and Dental Association, said: "The new hospital that is being built in Pretoria shows that resources are being used to improve the quality of a few people at the expense of areas with many people.

"The Mamelodi situation is similar to that of Lenasia, near Johannesburg, where patients have to be ferried to town, 30 kilometres away."

"It demonstrates a political motivation in the planning of health services rather than sound reason," the spokesman added.

The co-ordinator of Health 2000, Dr Abu Asvat, said: "Mamelodi residents can forget about getting a hospital because the Government is pleading broke but has enough money to waste on its apartheid creations.

"Health is a priority that needs urgent attention. Only when we have a truly representative government, will we see people's problems being addressed."

CPT Times 16/8/88 98

'Racism' at Bellville clinic

By PETER DENNEHEY

A COLOURED woman who has attended a Bellville family-planning clinic for more than a year says she has now been excluded on racial grounds.

And some officials say the Bellville Community Health Clinic, which has no whites-only signs, is for whites, while others say it is open to all.

The woman at the centre of the controversy declined to be named, but she spoke to the Cape Times after a white colleague, Ms Jolly Sistilha, who often accompanied her to the clinic, wrote an indignant letter to the newspaper.

Both women are employed at an electronics firm in Bellville. The excluded woman said she had been given treatment on her last visit to the clinic on July 27 and then told not to attend again.

"She said they only get a certain amount of money from the government, so they can't supply us as well," said the coloured woman. "I felt very embarrassed and humiliated."

The sister in charge, Mrs Ann Benskin, said all clinics under the Regional Services Council are multiracial.

Ms Sistilha said her friend had been told not to attend as "people had complained". However, Mrs Benskin said no-one had complained.

The clinic is run by the Bellville Municipality.

Dr Stewart Fisher, the RSC Medical Officer of Health who is also in charge of the clinic, said his department's policy was that all clinics were open to all people.

Yet Mr Sakkie de Villiers, Director of Administration at Bellville Municipality, said the recently-built clinic was "meant for European people".

CPA Times
17/8/88 98

Khayelitsha clinic opened

Staff Reporter

A NEW community health centre, a midwife obstetric unit and an ambulance service were officially opened in Khayelitsha yesterday.

They are the joint venture of the Cape Provincial Administration, the Department of National Health and Population Development and the Western Cape Regional Services Council.

Race issue at clinic

A COLOURED woman who has been attending a Bellville family planning clinic in Cape Town for more than a year, says she has now been excluded from the clinic on racial grounds.

And some officials say the Bellville Community Health Clinic, which has no whites-only signs, is for whites, while others say it is open to all.

The sister-in-charge, Mrs Ann Benskin, said all clinics under the Regional Services Council were "multi-racial". She did not remember the incident, and she would not tell people not to come again, she said.

Dr Stewart Fisher, who is in charge of the clinic, said his department's policy was that all clinics were open to all people.

Hospital on the cards for Inanda

A HOSPITAL is on the cards for the sprawling Inanda settlement outside Durban.

"At this stage, there is no final plan drawn up, but we expect a macro-plan for the provision of health services, including a hospital, within the next two months," Dr Tom Sutcliffe, Director of Planning Services for Natal's Hospital Services, said yesterday.

When the hospital would be built depended on when authority was obtained from the Department of National Health and Population Development and on the availability of funds.

Urgent

He said it was also vital that more community health centres were first built in the area.

"There is an urgent need for these because at present, there are only two large centres.

"Once more have been erected and an adequate health infra-structure has been established, a hospital can be built in the area," he said.

"To provide hospital beds in the absence of community health centres would be putting the cart before the horse."

Dr Sutcliffe said there were about 500 000 people living in Inanda — many as squatters — without an adequate health infra-structure.

The NPA's mobile services and a base clinic saw 20 000 people a month and 79 percent of this was preventive and promotive medicine.

"About 21 percent is curative. We also have psychiatric community health nurses who visit our clinic once a week."

In addition, a health service was provided by the KwaZulu Department of Health in surrounding areas, while private organisations were also involved in Inanda.

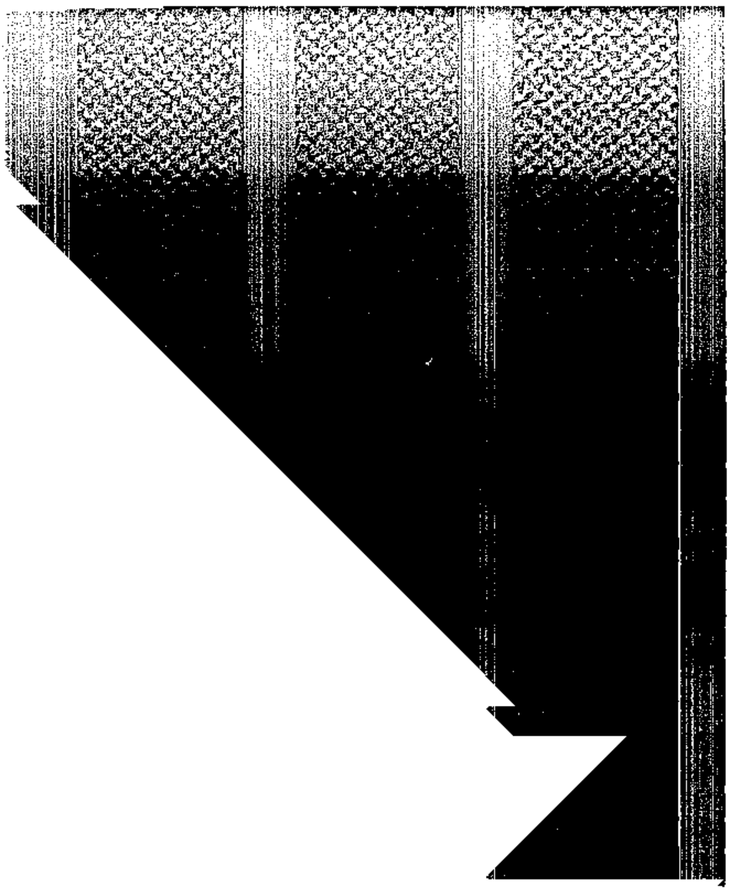
Accurate

He said it was important that health planners were certain of the absolute need in Inanda:

"We realise that the 1985 census under-read the population figures in the area, so now we need very accurate information. This is vital."

A hospital in Inanda and other issues related to the settlement were discussed at an Inanda health workshop which was held recently at Addington Hospital in Durban.

Sowetan 19/8/88 (18)





OVERCROWDING at the Kalafong Hospital has forced the SADF to lend them these portacamps, which are used for post maternity cases.

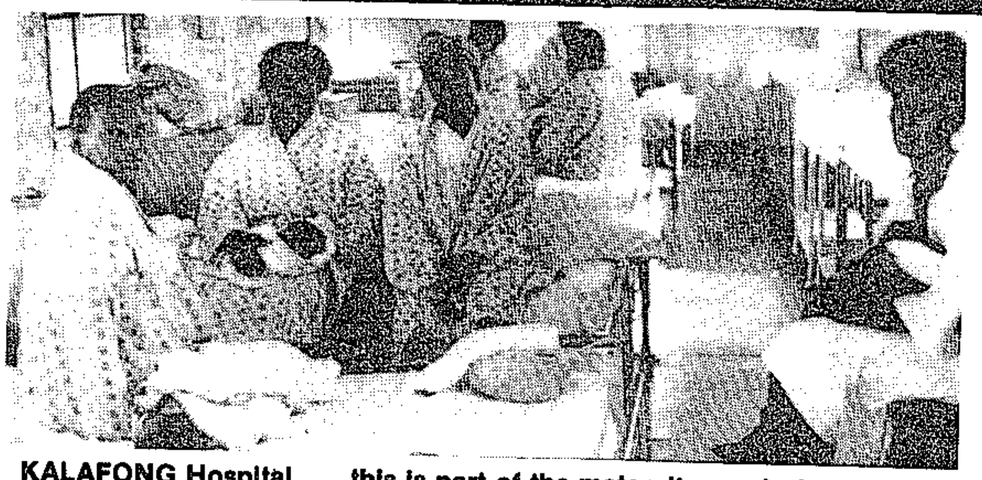
'They don't care'

ALLEGATIONS of disorderly behaviour and lack of care by hospital staff at Kalafong Hospital, near Pretoria, have added to the 15-year-old institution's problems.

Patients have alleged that some members of the night shift staff did not behave properly.

An Atteridgeville resident, who did not want to be named, said: "Such things can only happen at black hospitals — which are not real hospitals but medicine depots. Our lives are at stake and nobody seems to care."

A Mabopane resident, Mr Mojalefa Vinqi, said some patients who were not able to wash themselves were not helped by nurses.



KALAFONG Hospital . . . this is part of the maternity ward where women sometimes sleep on the floor.

Responding to the allegations, the Superintendent of Kalafong, Dr Margaret Keelly, said: "We are not aware of such problems but should they come to our attention we wil correct the situation.

"An example was when one worker came to work under the influence of liquor one day and we immediately sent him home."

According to her another problem facing Kalafong was overcrowding. There were cases of people sleeping on the floor in the maternity wards.

Patients accuse ward staff

To alleviate the situation, the South African Defence Force lent the hospital a number of caravans to be used by post-maternity cases, she said.

Dr Keelly added that the problem of overcrowding would hopefully be solved because a new maternity ward has been constructed. It was much bigger than the present one, she went on.

Patients sleep on floor

SOWETAN, Friday, July 22, 1988 Page 17

HUNDREDS of patients at the Boksburg-Benoni Hospital sleep on the floor and this has been the case for decades.

The black section of the hospital has 420 beds. In February this year a total of 2 196 patients had to be accommodated in these beds.

It is not difficult to imagine the consequences of overcrowding. In most hospitals where such conditions exist, patients are either discharged prematurely or have to sleep on the floor.

BBH's deputy superintendent, Dr Frank Mynhardt, said: "Because of a great inflow of patients we are sometimes forced to discharge patients too early. But our situation is understandable, we cater for the whole of the East Rand, and that includes Vosloorus, Reiger Park, Daveyton, Nigel, Delmas and Heidelburg."

"Because of that, we do not have enough beds. Very often we have to put people on mattresses until we can put them on beds," he said.

The hospital was built in 1905 for mineworkers. It has two sections for blacks and whites. The white section has 180 beds.

When asked if there was any overcrowding in the white section of the hospital, Dr Mynhardt said white patients preferred being sent to other hospitals to sharing beds or sleeping on the floor.

He said the hospital also served the Actonville clinic and the Daveyton clinic.

"Daveyton is asking for a day and night service but because of economic reasons, that is not feasible at the moment," he added.

Yet the hospital has its positive aspects, the floors sparkle and the surroundings are clean.

Dr Mynhardt said: "We can do virtua / everything that is done i any hospital, exce t when it comes to major surgery."

A spokesman for the Health Workers' Association said: "If we consider that the Defence budget for 1988 is R9 billion, we can see that money is being wasted in defence of apartheid.

"Essential services like health are being compromised. If we consider that Baragwanath Hospital, which is the pride of black hospitals, and has a serious overcrowding problem, then it is not difficult to imagine the situation in many other hospitals countrywide."



PATIENTS queueing to be attended by doctors at the B-B-H in Boksburg. The hospital is always overcrowded and patients are at times forced to sleep on the floor.

Light industries		
In use	5,4 ha	29%
In construction	0,3 ha	2%
Vacant	2,2 ha	12%
Sub-total	7,9 ha	43%
General industries		
In use	5,4 ha	29%
In construction	0,2 ha	1%
Vacant	5,0 ha	27%
Sub-total	10,6 ha	57%
Total	18,5 ha	100%

(2) *Margate industrial area* is not under consideration as a development point. Until such time as the investigation of the Regional Industrial Development Scheme is completed, no further development points will be considered.

Grey's Hospital: patients/doctors

1341. Mr C J DERBY-LEWIS asked the Minister of National Health and Population Development:

(1) How many (a) Whites, (b) Coloureds, (c) Indians and (d) Blacks were treated at Grey's Hospital during each of the latest specified five years for which figures are available:

(2) (a) how many (i) White, (ii) Coloured, (iii) Indian and (iv) Black doctors are employed at this hospital and (b) in respect of what date is this information furnished?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Admissions:

	1983	*1984*	*1985*	*1986/87*	*1987/88*
(1) (a) Whites	16 073	16 076	18 177	20 319	23 303
(b) Coloureds	—	—	—	—	33
(c) Indians	—	—	—	—	513
(d) Blacks	—	—	—	—	99
*Total: Non-Whites	—	—	19	88	645
Total:	16 073	16 076	18 196	20 407	23 948

Out-patients:

	1983	*1984*	*1985*	*1986/87*	*1987/88*
(a) Whites	81 940	82 465	90 048	93 322	70 533
(b) Coloureds	—	—	—	—	379
(c) Indians	—	—	—	—	488
(d) Blacks	—	—	—	—	2 321
*Total: Non-Whites	—	—	—	952	3 188
Total:	81 940	82 465	90 048	94 274	73 721

* Prior to the financial year 1987/88, statistics for Coloured, Asian and Black patients were not reported individually but as total non-White patients. A more detailed patient admission analysis has been introduced with effect from the 1987/88 financial year.

(2) (a) (i) 68

(ii) 1

(iii) 3

(iv) none

(b) 27 June 1988

Karl Marx Selected Works, Volume I not undesirable

1344. Mr C J DERBY-LEWIS asked the Minister of Home Affairs:

Whether he will furnish the names of the persons who requested the Directorate of Publications to set aside a Publications Appeal Board decision that the publication *Karl Marx Selected Works, Volume I* was not undesirable; if not, why not; if so, what are their names?

The MINISTER OF HOME AFFAIRS:

The publication *Karl Marx Selected Works, Volume I*, was examined in 1977 by a committee of publications in terms of section 11(2) of the Publications Act, 1974 and found to be undesirable under section 47(2)(e) of the Act. In April 1988 the Directorate of Publications caused this publication to be submitted on

review in terms of section 15(1)(a)(ii) and a committee of publications which examined it under section 15(2)(a) decided under section 15(2)(b) of the Act that it was not undesirable.

Passenger tariffs rail services/air travel: Johannesburg to Cape Town

1345. Mr C J DERBY-LEWIS asked the Minister of Transport Affairs:

What were the passenger tariffs from Johannesburg to Cape Town for (a) rail services and (b) air travel during each of the latest specified five years for which figures are available?

The MINISTER OF TRANSPORT AFFAIRS:

(a)	First-class	Second-class	Third-class
1 January 1983	R111,00	R 74,00	R35,50
1 August 1983	R111,00	R 78,00	R39,00
1 April 1984	R120,00	R 88,00	R46,00
6 February 1985	R156,00	R110,00	R55,00
17 November 1985	R171,00	R121,00	R61,00
1 April 1986	R197,00	R139,00	R70,00
1 July 1987	R230,00	R163,00	R82,00

(b)	First-class*	Business 0 class	Economy class
1 January 1983	R202,00	—	R155,00
1 August 1983	R209,00	—	R161,00
1 April 1984	R222,00	—	R171,00
1 November 1984	—	R197,00	—
1 February 1985	R247,00	R219,00	R190,00
1 October 1985	R272,00	R240,00	R209,00
1 March 1986	R299,00	R265,00	R230,00

The tariffs furnished under parts (a) and (b) of the reply became operative on the dates indicated. Various discounted air and train fares also exist.

* Service withdrawn on 1 June 1987.
0 Service introduced on 1 Nobember 1984.

Telephone services

1351. Mr A E NOTHNAGEL asked the Minister of Communications:†

(1) (a) How many telephones are there in (i) private homes and (ii) business undertakings in Rietfontein, Villieria, Rietondale, Wonderboom South and Riviera, respectively, at present, (b) which telephone exchanges serve each of these suburbs, (c) how many (i) private homes and (ii) business undertakings in each of these suburbs are waiting for telephone services at present and (d) in respect of what date is this information furnished;

(2) whether extensions to the above-mentioned telephone exchanges are envisaged; if so, (a) when, and (b) at what cost, in each case?

The MINISTER OF COMMUNICATIONS:

(1) (a) and (b) As subscriber records are only kept in respect of exchange areas, it is unfortunately not possible to furnish the number of telephone services in respect of each of the suburbs referred to by the honourable member. With the exception of a portion of Riviera which is served by the Pretoria Central exchange, all the suburbs referred to are provided with telephone service from the Rietfontein exchange. On the date mentioned in (d) below there were 7 756 residential and 1 240 business telephones connected to the Rietfontein exchange. For the reason already mentioned, the number of telephones in Riviera that are connected to the Pretoria Central exchange is also not readily available;

(c) (i) one each in Rietfontein, Villieria, Rietondale and Wonderboom South and none in Riviera; and

(ii) none;

Hospital boycott growing

2 3/8/88
1 Day
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DIANNA GAMES

THE boycott by medical students refusing to work in white hospitals is growing as more take a stand against apartheid in Johannesburg's teaching hospitals, Wits University's medical school head Professor Clive Rosendorf said yesterday.

He said there was "a fair amount of tension" between the school and the provincial authorities, who were not willing to back down on the segregation issue.

Nearly 1 000 students protested against apartheid in hospitals at the medical school in Parktown on Friday.

Rosendorf said two years ago the province had allowed black students at the medical school to work in all areas of the city's white hospitals except the gynaecology and obstetrics units.

"The students regarded this as deeply insulting and a slur on their professional integrity."

Black students chose not to work in the white hospitals as their families and friends would not be allowed as patients there, he said, and in the past year a growing number of white students had joined the boycott.

The majority of black registrars also chose not to work in white hospitals, he said. A year ago they were allowed to work in all areas of white hospitals, which was considered as "very little, very late".

The refusal of students to work in white hospitals had created some problems because of the maldistribution of staff.

Health 2000 in urgent call for clinic

Sowetan 24/8/88

98

HEALTH 2000 has called on the Bekkersdal authorities to build a curative clinic urgently to avoid a health crisis.

Health 2000 was formed earlier in the year to look at the needs of the poor. Since then, it has conducted clinics at various places such as Mzimhlope Hostel, Naledi Old Age Home and Etwatwa in the East Rand.

Volunteers

It is composed of a group of doctors, paramedics, nurses and volunteers.

The call was made at the weekend after a free health clinic was conducted among the squatter community.

According to the co-ordinator of Health 2000, Dr Abu Asvat, about 200 squatters in the area were examined.

Deficiency

He said: "A number of children were found to be underweight as a result of under-nutrition. While among adults, a high rate of vitamin deficiency was discovered."

Infrastructure was also a matter that needed to be seriously looked into, he added.

Tshepong — place of despair

By DAN DHLAMINI

TSHEPONG Hospital (Place of Hope) where the historic Siamese twins Mpho and Mphonyana were born, will again open its doors to miners' pregnant wives.

This follows an outcry by pregnant women from the homelands, whose husbands live and work in Western Transvaal mines.

The women have been refused admission to the maternity wards, because the hospital had been "overloaded" since early this year.

Dr Bernard Vos, Tshepong Hospital superintendent, this week said he would review the matter as it had become a big problem.

Vos said he had to turn away women from the homelands because they constituted 50 percent in a maternity ward with only 40 beds.

"We are overloaded and can only manage to keep the women for 24 hours after admission. We have only 40 beds to cater for women from the whole of western Transvaal, northern Free State and the northern Cape."

Vos added that because these people lived in squalid and unsanitary conditions, the mothers and babies usually returned to hospital after three or four days to be treated for septic wounds and gastro-enteritis.

He said he thought it would be better for the pregnant women to return to their respective homelands where they would get better treatment.

He said he would prefer that the women be screened by doctors at the outpatients department, rather than be turned away by security guards at the gate.

According to women who were interviewed, security guards normally turned away women who speak Xhosa.

However, Vos said it was not hospital policy to turn away serious or complicated cases.

Bhekinkosi Mbongwana, a Stilfontein miner, said his pregnant wife, Mary, joined him from the Transkei to get better medication and be nearer him, but when he took her to the hospital, she was turned away at the gate because she was from the Transkei.

"Influx control has been scrapped, and my wife and children are free to follow me to wherever I want to work. I think it is the responsibility of provincial hospitals to cater for everybody," said a bitter Mbongwana.

Vos said he had already spoken to mine hospital owners about the possibility of opening maternity wards in their hospitals.

Anglo American Cooperation's senior Press officer, Paul Clothier, said all their hospitals had facilities for wives of employees living in the mines' married quarters, but not for those living in the townships.

Duff Scott Hospital, in Stilfontein, which is believed to be under Gencor, does not have facilities for female patients. Gencor's PRO, H Hill, said he was not sure whether Duff Scott fell under his company or the Chamber of Mines.

...the Mail...

ed step of mounting an exhi-

Hospital 'spends R1 000 to save R10'

DURBAN — Keeping orthopaedic patients in hospital until they find the cash for the appliances they need is costing King Edward VIII hospital in Durban "an arm and a leg."

A well-informed source said that since April patients had to pay a small amount, sometimes as little as R10, towards artificial arms, calipers, crutches and other such equipment.

Those who did not have the money had to remain at the hospital until they arranged for it to be brought to them, he said.

"This happens two or three times a week and some patients end up staying up to a fortnight while they try to arrange for the money to be brought, often from rural areas.

R150 A DAY

"It costs the hospital R150 a day for each patient, so for the sake of just R10 they are spending R1 000," he said.

The newly introduced scale of charges requires patients to pay according to income — a pair of leg irons costs R10 for the lowest income group and R100 for the highest.

The hospital's superintendent, Dr Justin Morfopoulis, said it was not hospital policy to keep patients until they could pay the deposit for their appliances but "it might occasionally happen if there is a new clerk".

He said patients were required to pay a deposit on appliances to encourage them to return them to the hospital when no longer needed. — Sapa.

Hospital super moved after 'policy clashes'

Star 28/7/88

(98)

By Toni Younghusband, Medical Reporter

The superintendent of the Hillbrow Hospital, Dr Joe Nach, has been transferred to Baragwanath Hospital apparently because of his repeated clashes with administrators.

Dr Nach was informed two weeks before the date of transfer that he would be leaving Hillbrow to take up the post of deputy superintendent at Baragwanath. At the insistence of the Hillbrow Hospital Board, Dr Nach was granted a one month reprieve by the provincial administration. He takes up his new post on Monday.

According to Hillbrow Hospital staff, Dr Nach has repeatedly opposed the heads of Wits University's medical faculty. His most recent clash was over the appointment of Dr Cedric Bremner to the hospital's chair of surgery.

He apparently felt Dr Bremner was "not strong enough" to head the surgery department and proposed that an Australian-trained woman, Dr Aylwyn Mannell be appointed.

Angry hospital staff have accused the provincial administration and the University of the Witwatersrand of "purposely" transferring Dr Nach because of the clashes.

While reluctant to comment, Dr Nach said he was "bitterly disappointed" at the transfer as he had been at Hillbrow Hospital since it first opened eight years ago. "It has been an exciting, dynamic hospital and I will be very sad to leave," he said.

Dr Nach said he could not understand why he had been transferred, he had been given no reasons.

The Director of Hospital Services, Dr Hennie van Wyk, refused to comment on the issue.

Yes, we talked to Inkatha, say ANC

15 21/7/88 WMail

The ANC confirms Inkatha ... that the two sides ... that's about ... here the two ... e, reports ... HNSON





Thabo Mbeki Afrapix

confirmed it had recent, top-level contact with Inkatha, but says further talks are off until "Inkatha settles differences with the democratic movement (in South Africa)".

In a statement to the *Weekly Mail*, the ANC's Information Department in Lusaka set an official seal on some of the claims made by Inkatha Secretary-General Oscar Dhlomo in Ulundi this month — but rejected his version of events, and his interpretation of the talks.

The statements emerging from both Lusaka and Ulundi suggest that whatever tentative feelers were put out, ... said, contained ... phases. The first ... mal talks "aimed ... ideological con- ... as concluded af- ... s." ... was agreed that ... inor differences" ... Freedom Charter ... nent of Belief. ... eement, he said, on economic policy, but "I stressed we remained open to suggestions".

Similarly, Dhlomo claimed it was agreed that the two movements could "differ honourably without recriminations" with regard to armed struggle.

The kwaZulu/Natal Indaba was also raised, according to Dhlomo's version of events. "The impression I was given by Mr Mbeki was that the ANC objected ... so long as it pu ... ported to be a solution for the rest of the country. I explained the proposals were not (thus) intended ... though some observers saw them as a possible future constitutional solution."

The final element of phase one allegedly involved "condemnation of the Pietermaritzburg violence and a pledge to look for a joint solution.

"I told him (Mbeki) that United Democratic Front Natal leadership was not coming forward to talk to Inkatha. He promised the ANC would send a message encouraging (them) to participate in peace talks.

"He later sent me a message that somebody had in fact been sent to the UDF for the above purpose but the attitude of the UDF never changed until it was too late," Dhlomo said.

This was as far as matters got, he said. The second phase was to have involved a meeting including other senior officials of each movement.

The meeting, scheduled for January in London, never took place. Dhlomo says the ANC delegation cancelled on the grounds of having "transport problems" in Lusaka.

Phases three and four, the drafting of a common policy document followed by a unity conference chaired by "a prominent senior African statesman", thus fell away, said Dhlomo.

He told Inkatha delegates the process was further derailed because Umkhonto weSizwe's Chris Hani announced that Inkatha central committee members would be assassinated. "I have decided to give these details so that comrades can appreciate we have left no stone unturned in our attempts to promote black unity."

In its statement, the ANC repeated its denial that Buthelezi was a target for Umkhonto guerrillas, saying "the ANC never had plans to kill Gatsha".

general conference of Inkatha he had met Mbeki three times in Europe and America, and "agreed on a unity strategy between Inkatha and the ANC, based on a document I had prepared".

Patients from Zim

HARARE — Nearly a quarter of foreign patients being treated in Cape provincial hospitals in South Africa are Zimbabweans, according to sources here.

The latest patient to head for Groote Schuur is Miss Thandi Moyo (28), who is to undergo investigation for a mitral valve replacement.

Doctors urged to challenge medical care disparity

DOCTORS should challenge the inequalities of medicine under apartheid collectively, Dr Mamphela Ramphele told a medical students' conference at the University of Cape Town.

Dr Ramphele, who has worked extensively in rural areas, is doing research in the Department of Social Anthropology and the Child Health Unit at UCT. Hospitals could not run without doctors, she said.

They should use their power to criticise the building of "disease palaces", which did not address the problems of over-crowded day hospitals.

Medical journals should also guard against research which treated apartheid classifications as scientific, she warned.

Dr Aaron Motswaledi, northern Transvaal vice-president of the National Medical and Dental Association, said the question of national health was an urgent debate which had been taken up by community organisations and trade unions.

Referring to the call for health for all by the year 2000, he said South Africa lagged behind some of the poorest nations in the world despite medical achievements such as heart transplants and the separation of Siamese twins.

At least the poorer nations were training health-care workers, he said.

In South Africa health care was seriously fragmented by the existence of 14 departments of health.

Dr Motswaledi said he knew of one Minister of Health who did not even have a hospital in his area, and cited the example of a mosquito-spraying programme that stopped on one side of the road because the other side fell under a different department.

The South African Government was embarrassed by the situation, but its attempt to address the problem by encouraging privatisation would not improve things, he said.



DR MAMPHELA RAMPHELE

Dispute over segregated teaching hospitals hots up

B'day 29/8/86

DIANNA GAMES

98

THE GROWING politicisation of medical students at the University of the Witwatersrand looks set to heat up the dispute between the university and province over the desegregation of hospitals — an issue that has long been simmering.

Black students and some whites are refusing to work in the white teaching hospitals — the Johannesburg and J G Strijdom — which rely heavily on the medical school for their staffing needs. The boycott at the hospitals has resulted in a maldistribution of students and has led to conflict between students and the faculty administration.

Besides the two white hospitals, the university provides staff and students at three black teaching hospitals — Hillbrow, Coronation and Baragwanath.

The black students refuse to work in hospitals where they are not allowed to treat family and friends, and many of the white students are also boycotting the white hospitals in support of that stand. Some black registrars also refuse to work in these hospitals for the same reasons.

Some steps towards making staffing and specialised facilities more multiracial have been taken by the province, but both students and faculty agree these lack meaning without the extension of multi-racialism to the admission of patients.

Two years ago it allowed black students to work in all units of the white teaching hospitals except gynaecology and obstetrics — a move which has only angered the students, who consider it insulting (white doctors may work in the corresponding units in black hospitals). For the past year, black registrars have been permitted to work in all hospital units.

Several of the highly specialised and very costly units, such as kidney transplant and heart surgery units, have been centralised in the Johannesburg Hospital where patients of all races are treated. But patients are still moved from one hospital to another solely on grounds of race.

The issue of segregated hospitals led to the recent public demonstration by medical school staff and students against "apartheid hospitals".

This marked the start of a campaign by the school's three student bodies — the Medical Students' Council, the Nusas Health Directive and the Black Students' Committee — to fight for desegregation.

Relations tense

The dean of the medical school, Professor Clive Rosendorff, said relations with the province had been fairly tense over the issue, on which the province has refused to compromise.

The university's provision of staff to certain provincial hospitals put it in a partnership of sorts with province, which would not be able to maintain its high standards without the arrangement. The staffing situation of non-teaching hospitals on the Reef was parlous, he said.

Representations by the university to the province and Minister of Health over the years had met with a negative response.

The university would consider it an act of good faith if the province opened the Johannesburg Hospital's beds to all races.

Transvaal MEC for hospital services Daan Kirstein said hospitals were provided for the different race groups according to the area concerned, and thus there was no need to "desegregate the beds". He said there were more than eight disciplines in the Johannesburg Hospital that were "colour blind".

The beds not in use at the Johannesburg Hospital were not closed because of a lack of patients but for a lack of funds. The province was aware there was a much greater demand on beds by blacks. This was why, when the province had to close beds, it did so in white hospitals. Most white patients were on medical aid or could afford private hospitals.

Kirstein he did not feel the demonstration was fair, as the province was doing all it could within its financial constraints.

The faculty's statement at the demonstration said they had gathered to reaffirm their commitment to the Hippocratic Oath.

Commented Rosenberg: "Baragwanath Hospital is bursting at the seams. In the medical wards there are as many desperately ill patients lying on the floor as there are in beds. Is that making the health of those patients a first consideration?

"Patients in many wards at Bara have to endure the squalor of overcrowding, run-down buildings and obsolete facilities. I am ashamed we have to function in a system in which racism and cynicism have so distorted the simple precepts of our noble profession."

Students Heather Brown and John Harding, speaking for the three student bodies, said it was felt the faculty did not use its the power to force change. The students had felt for some time that the faculty had not come out strongly or publicly enough against apartheid hospitals.

There has been major discord between the students and faculty on the rotation issue, as the faculty had supported blacks' refusal to work in white hospitals, but not the desire of whites to make the same protest.

Division

The university has encouraged black students to join the medical school and the present first year class is 47% black. This is likely to cause problems of distribution when the students becomes eligible to work in hospitals.

There is a perception among students of a division between the more liberal and conservative members of the faculty, with the latter restraining what could be a much more forceful stand.

Rosendorff says he is optimistic. "I believe that whether province likes it or not, it will be forced by circumstances to change its policy. Apartheid is not only morally indefensible and a great embarrassment to this medical school — it is also irrational and extremely costly to maintain."

THE BEST IN BOOKS

Rule a disadvantage to lawyers

HOSPITALS BAR BLACK TOUTS

Sowetan 29/8/88

By MZIKAYISE EDOM

BLACK and white lawyers in Johannesburg and Pretoria have been given permission by the Transvaal Law Society to tout third party claims clients at black hospitals, but black lawyers cannot tout at white hospitals.

Many lawyers have thriving practices because they deal in these claims, known as Motor Vehicle Assurance claims. They affect people who have been injured in hit-and-run accidents and other car accidents. Lawyers acting for these people make applications to a central fund in Pretoria on behalf of clients.

A number of black lawyers claim they are being disadvantaged by white lawyers who have exclusive rights to tout for black patients involved in car accidents at black hospitals while they cannot go to white hospitals.

Black and white lawyers were given permission by the TLS last year to tout for patients at the Kalafong (Pretoria) and Baragwanath hospitals (Johannesburg), but such permission has not been extended to white hospitals in these areas.

According to a black lawyer who asked not to be named, black lawyers, both in Johannesburg and Pretoria, are not allowed to tout for clients at white hospitals.

"When this scheme was introduced last year, we were promised that clients would be shared equally among black and white lawyers but this is not the case. Black lawyers have to fight to get their clients," said the lawyer.

The lawyer said there was a standing agreement between lawyers

• To Page 2

REPORTS, pictures and comment in this edition may be censored in terms of the Government's state of emergency.

Party hopeful gunned down at home

29/8/88 Sowetan

A SOFASONKE Party candidate for the forthcoming October 26 municipal elections was gunned down at his Tshiawelo Extenston Three home at the weekend.

Mr David Nkomo (45), had five bullets pumped into his body, two of which were lodged in his head. Two bullets missed him. He was certified dead on arrival at the Baragwanath Hospital, where he was taken by a neighbour after the shooting ordeal on Saturday at 7am.

Mr Nkomo's younger brother, Mr Alfred Nkomo, said his brother had told his wife, more than thrice during the past two months, that he feared for his life because there were people who "were out to rub him off."

He said David had said the grudge was becoming more tense due to his increasing "popularity" among residents. The late Mr Nkomo was campaigning on a Sofasonke Party ticket for the forthcoming elections.

Two young men, who are said to be in their early 20s, who asked to see Mr Nkomo on Saturday

• To Page 2

Lawyers

• From page 1

(black and white) and the Johannesburg Attorneys Association that black lawyers would get their clients from black hospitals and white lawyers from white hospitals.

"But when this scheme was introduced, we thought that the scheme would be introduced in white hospitals. We were shocked when we were told later that this would not happen. We feel this is unfair since white lawyers have an advantage of getting clients from black and white hospitals," said the lawyer.

Miss Esther Wolkin, secretary of the Johannesburg Attorneys Association (Side Bar) said the association was not in a position to comment on the allegations.

In Pretoria, the scheme is said to be operating perfectly, though at times black lawyers had to struggle to get clients. In Johannesburg, it is a different story.

Our sources said black lawyers were left out and did not benefit from the scheme. They said only white lawyers were allowed to get clients from Baragwanath Hospital.

TO LESS

I & HEDGES

There are 444 white firms of lawyers and 20 belonging to blacks in Johannesburg.

More than half of the white firms deal in Motor Vehicle Assurance (Third Party) cases and only eight firms of black attorneys handle such cases.

The *Sowetan* was told that a sub-committee, headed by Mr R Bobroff (a lawyer), was formed to liaise with Baragwanath Hospital.

Their names, the *Sowetan* was told, were then distributed to all lawyers. Black lawyers claim that initially, it was agreed that the names should be distributed to all lawyers, black and white, who deal with MVA cases.

Inside today:

Death of a detainee
• See page 4

No place like home
• See page 6

Dose of the Monday blues
• See page 12

IN YOUR SOWETAN

Lawyers meet tonight

30/8/88 Sowetan p9

THE Black Lawyers Association meets tonight to discuss the alleged "exclusive" rights given to white lawyers to tout third party claim clients at black hospitals.

Black lawyers claim they are not allowed to tout for clients at white hospitals.

Mr Keith Kunene, chairman of the BLA, yesterday said the executive committee of the association will meet in Johannesburg this evening to "sort out things" on the matter.

The Transvaal Law Society yesterday denied that white lawyers were touting at black hospitals. The TLS said that it had introduced a "first interview scheme" to which attorneys charge a nominal fee for advice they give to clients on how they can claim for the Motor Vehicle Assurance (MVA).

A spokesman for Baragwanath Hospital, where the scheme is only operating in Johannesburg, said they give names of accident victims on a daily basis to the society to be rotated to all lawyers (black and white) participating in MVA cases.

"The names of the clients should be distributed equally to all black and white lawyers. The hospital was not aware that only white lawyers were benefiting from the scheme. We are going to investigate the matter," the spokesman said.

The TLS said it introduced this scheme to assist people injured in motor vehicle colisions, obtain compensation and assistance.

"An employee of the society refers MVA cases to the society which in turn refers them to attorneys participating in this scheme on a rotating basis.

"If this scheme is a success, it may be extended to hospitals for whites. The society emphasises that attorneys may not tout for clients at all," said the BLA.

Money crisis may close hospitals

Star 22/9/88 98

Pretoria Correspondent

Transvaal hospitals are facing a financial crisis with R125 million needed for smooth operation in the next seven months, the MEC for Hospitals, Mr Daan Kirstein, said yesterday.

On current statistics, funds would have dried up by February 1989, he said.

Mr Kirstein warned that unless funds were found soon, a number of hospitals would have to be closed. He said the 10 percent cut in the running cost of hospitals would soon be increased to 20 percent.

"There are certain possibilities we are examining at this moment, but I don't want to discuss them right now," said Mr Kirstein.

He said R125 million was 10 percent of the current budget.

"The fact of the matter is that in the Transvaal we are dealing with 50 percent of the South African population, but are only allocated 37 percent of the take."

The financial problem was especially serious in hospitals on the Reef, due to the scrapping of the influx control laws and the relocation of rural blacks into cities.

"I visited hospitals in the northern Transvaal this week and they haven't got any money," Mr Kirstein said.

He said he had been questioned why there were beds available in Johannesburg hospitals, yet many patients, especially in black hospitals, were being treated on the floor.

"If I have beds vacant in hospitals it is not due to a lack of patients, but a shortage of funds that I have had to close wards," the MEC said.

"What do they want me to do, close the gates of the hospitals? Rather some medical treatment than none."

According to the Progressive Federal Party's Transvaal leader, Mr Douglas Gibson, if ever there was an illustration of regression, this was it.

He said the Transvaal had always had a good health service, but if the current decline was not halted, the standard would deteriorate.

(98)

Bara dossier of shame

SHOCKING evidence about a breakdown in basic medical care at Baragwanath Hospital emerged from a Pretoria Supreme Court hearing this week.

And the hospital's former chief physician blamed Minister of Health Dr Willie van Niekerk and Transvaal Provincial Hospital authorities for a situation that was "totally out of hand".

"I have persistently complained to the authorities about the distressing and unaccaptable conditions and chronic lack of facilities over the years.

"They have done nothing — and the attitude of at least some officials is that they don't have to, since the patients are not the same kind of people as whites, and deserve nothing better," said Professor Leo Schamroth.

Head of the hospital's Department of Medicine for 15 years before his retirement earlier this year, Professor Schamroth outlines the conditions which drive doctors to "despair and desperation" in a lengthy affidavit filed in support of an application against the Transvaal Administrator, the Director of Hospital Services, the Bara superintendent and the TPA's personnel director.

It was brought by Dr Beverley Traub, 29, after her application for appointment as a senior house officer at Baragwanath was turned down.

Dr Traub was one of 101 doctors who signed a letter outlining conditions at the hospital and published in the SA Medical Journal last September.

● Supreme Court told of 'despair and desperation'
● Five wards shut — yet patients sleep on the floor
● Hundreds are forced to share baths and toilets
● People examined naked in public in mixed wards

By MARLENE BURGER

Revelations

She refused to sign an apology demanded by the authorities, although her colleagues who did were subsequently appointed to the posts they had sought.

Professor Schamroth's affidavit claims:

● While five wards at Bara have been closed for the past 24 years, and hundreds of patients sleep on rubber mats or blankets on the floor, an entire ward has been set aside to accommodate security guards at the hospital;

● Basic functions such as bathing patients cannot be carried out, with a single bath having to be used by 126 people;

● Staff are frequently confronted by patients who have been obliged to urinate or defecate in their pyjamas or beds, because up to 100 of them have to share two or three lavatories;

● Initial clinical examinations — which should take at least an hour — have been reduced to perfunctory 10-minute examinations;

● Nurses find it impossible to administer medication to patients, who get "lost" or whose medical records cannot be found in the overcrowded wards;

● In one ward — where men and women are housed together — doctors have to examine naked patients in full view of other patients because curtains around the beds are too short and cannot be drawn fully;

● Mentally ill patients are housed in general wards, since there are no separate psychiatric facilities at Bara and nowhere else for them to go.

● Violent patients are restrained in beds or on chairs and heavily sedated, while other mental patients have labels pinned to their backs indicating which ward they should be returned to if found elsewhere in the hospital;

● The average occupancy rate in wards is 150 percent, but frequently reaches 300 percent;

● Close on 500 nursing posts at Bara have been frozen, leaving an average of three nurses in charge of 90 patients each night;

● The average intake of between 800 and 900 patients in the medical wards share 31 lavatories, 19 baths, 74 handbasins and 489 beds;

● Despite the desperate staff shortage at Bara, nurses from the Intensive Care Unit and Renal Dialysis Unit have been transferred to the Johannesburg Hospital from time to time.

Immediate relief, said Professor Schamroth, could be provided by opening up the five wards closed since 1964 and putting 200 beds in them, unfreezing 100 of the nursing posts and assigning 25 National Service doctors to the hospital.

"I have repeatedly asked Dr Willie van Niekerk to take these steps, but there has been no response," he said.

But, according to Professor Schamroth, Dr D Kritzinger, deputy director (inspections) in the Transvaal Provincial Hospital Service, told a registrar last February the service at Bara was "more than adequate".

"He also said the overcrowding was the result of unnecessary admissions and patients being kept in the hospital too long.

"And, he told the registrar, 'these people breed too much'.

"On another occasion, Dr Kritzinger said blacks were not the same kind of human beings or persons as whites.

Contributions

"They were a sub-standard group with sub-standard requirements, who slept on the floor at home and didn't need beds in hospital.

"He said Bara was overcrowded because there was a lack of beds in 'neighbouring states', and that it was official policy not to improve facilities at Bara until blacks contributed more to the economy."

When the registrar asked whose official policy Dr Kritzinger was referring to, he said he was "not at liberty" to talk about it, and suggested the registrar go through "correct" channels to find out.

"The registrar pointed out that the health hazards of overcrowding had caused several patients to die, and Dr Kritzinger responded: 'Blacks have a higher mortality rate than whites, therefore they are more accepting of death'."

According to Professor Schamroth, all the doctors who signed the letter to the SA Medical Journal "were aware of the disturbing and disheartening sentiments" expressed by the deputy director.

Since 1980, 1,5 wards have been added to the Department of Medicine, which is housed in a section of the hospital built during the Second World War.

"In the same time, they have put up a new administration block, new gateposts and installed new boilers and a telephone exchange.

"The situation has reached a critical stage. Doctors are not coping, even though they work an average of 90 hours a week. Basic medical care has broken down and morale is totally destroyed.

"These are dedicated doctors, but there is no more they can do. It is physically impossible for them to divide themselves into greater numbers.

"Their frustration is entirely justified and, in my opinion, so was the letter sent to the SA Medical Journal."

Dr Traub is seeking appointment as a senior house officer in the paediatric section.

Judgment on her application has been reserved and is expected early this week.

...ing central to the redevelopment of Newtown in the plan produced ...vard-winning design for the multimillion revitalisation of the area.

Members of the public are welcome.

Pulpit 'is no place for politics'

Star 3/10/88

Religion Reporter

Mrs Carol van Loggerenberg of Rosebank intends collecting signatures from churchgoers who do not want to hear about politics from the pulpit. She then plans to send the list to the heads of the churches.

She said: "You feel the duty of the clergy is to preach the word of God — not to tell people what they should do with their democratic right.

"Over the past few months there have been a few hand-outs at my church which I consider to be very political and out of order in the church.

"I, like most other people, have read many articles in the media in which churches of various denominations have held meetings at their highest levels and made decisions regarding political matters."

Mrs van Loggerenberg concluded: "Church leaders must know that churchgoers are not interested in hearing about these things from the pulpit."

Patients at risk from medics' over-long hours, says report

Star 3/10/88

98

Medical Reporter

The over-long hours worked by hospital interns may impair patient care, says a research report published in the latest edition of the *South African Medical Journal* (SAMJ).

While the doctor's first concern should be for the good of his patient, exhausted doctors cannot function properly, says the report.

Interns, or medical graduates, working at provincial hospitals are often required to work up to 70 hours a week, sometimes for 36 hours at a stretch with only a couple of hours' sleep in between.

In a survey of among interns at Johannesburg hospitals, 70 percent of those working in the departments of medicine found the demands placed on them "intolerable", and almost as many felt they "could not cope".

"Interns routinely work under conditions of cumulative and repetitive sleep deprivation and because of the nature and extent of their work programmes they do not follow normal sleep-wake cycles.

"Prolonged repetitive sleep loss results in memory loss, decreased concentration and a consequent decrease in efficiency and accuracy," the report points out.

Research results published in the *New England Journal of Medicine* concluded that work schedules depriving interns of normal sleep could produce negative mood changes and transient psychopathic disorders and impair efficiency of performance.

"Apart from the detrimental effect that such behavioural, cognitive and emotional deterioration may have on the intern, it is worrying to contemplate the damage that might be inflicted on the patient," warns the SAMJ report.

Many interns surveyed reported a loss of interest in medicine at the end of their internship.

"Further research into the conditions under which interns work is urgently needed," the SAMJ says.

Hospital crippled by sit-in

MARITZBURG — Edendale hospital could provide only vital services on Monday as about 200 general assistants, who downed tools on Friday, were joined by about 60 clerks in a sit-in.

The workers have given poor working conditions and delays in parity pay, which was due in March, as the reasons for their action.

According to hospital sources, only vital services were provided on Monday and only emergency patients admitted.

In response to questions put to him on Monday, Edendale's chief medical superintendent Dr Peter Evans said patients were being admitted and arrangements had been made to continue to provide services. He would not elaborate on the arrangements.

Hospital sources said the sit-in had resulted in filthy wards, with piles of rubbish and dirty linen waiting to be collected and patients waiting hours for meals.

Patients were being fed only porridge, milk and bread because of the closure of the main kitchen.

The pharmacy department staff refused to dispense drugs and medicines to outpatients and wards. — Sapa.

Wards desperately overcrowded

New hospital but Bara still under attack

Star 6/10/88 · (98)

By Carina le Grange
and Deborah Smith

Patients are still sleeping on the floor of the desperately overcrowded Baragwanath Hospital — and an announcement yesterday that a new R60 million hospital is to be built for Soweto was described today as stemming from public pressure.

Last night one 40-bed ward at Baragwanath had 90 patients, but 50 of them slept on the floor.

More than a year ago, 101 doctors criticised conditions at the hospital in a letter to the *South African Medical Journal*.

One of the signatories to the letter lost her internship at the hospital as a result.

Yesterday a Rand Supreme Court judge overruled the action taken against Dr Beverley Traub by provincial authorities, ordering that she be reinstated.

A doctor at the hospital who cannot be named, but who was one of the doctors initially under threat of dismissal or disciplinary steps, last night said conditions at the hospital's department of medicine had not changed.

"The only thing that is being done is that a psychiatry wing is being built — this will mean psychiatric patients will no longer be housed in the overcrowded department of medicine. Another change is that there are now enough mattresses for the patients who have to sleep on the floor — but the mattresses have been bought by the doctors themselves."

He said morale among doctors was low.

Today PFP MP Mr Peter Soal said public opinion had forced the Government to announce plans for a new hospital for Soweto.

"Their obvious aim is not to provide facilities and services for people in South Africa but to keep themselves in power."

The Administrator of the Transvaal, Mr Danie Hough, announced yesterday that a new 900-bed hospital would be built by 1993 at the New Canada junction in Soweto.

He also announced that hospitals in Ellisras and Lenasia would be opened in January next year.

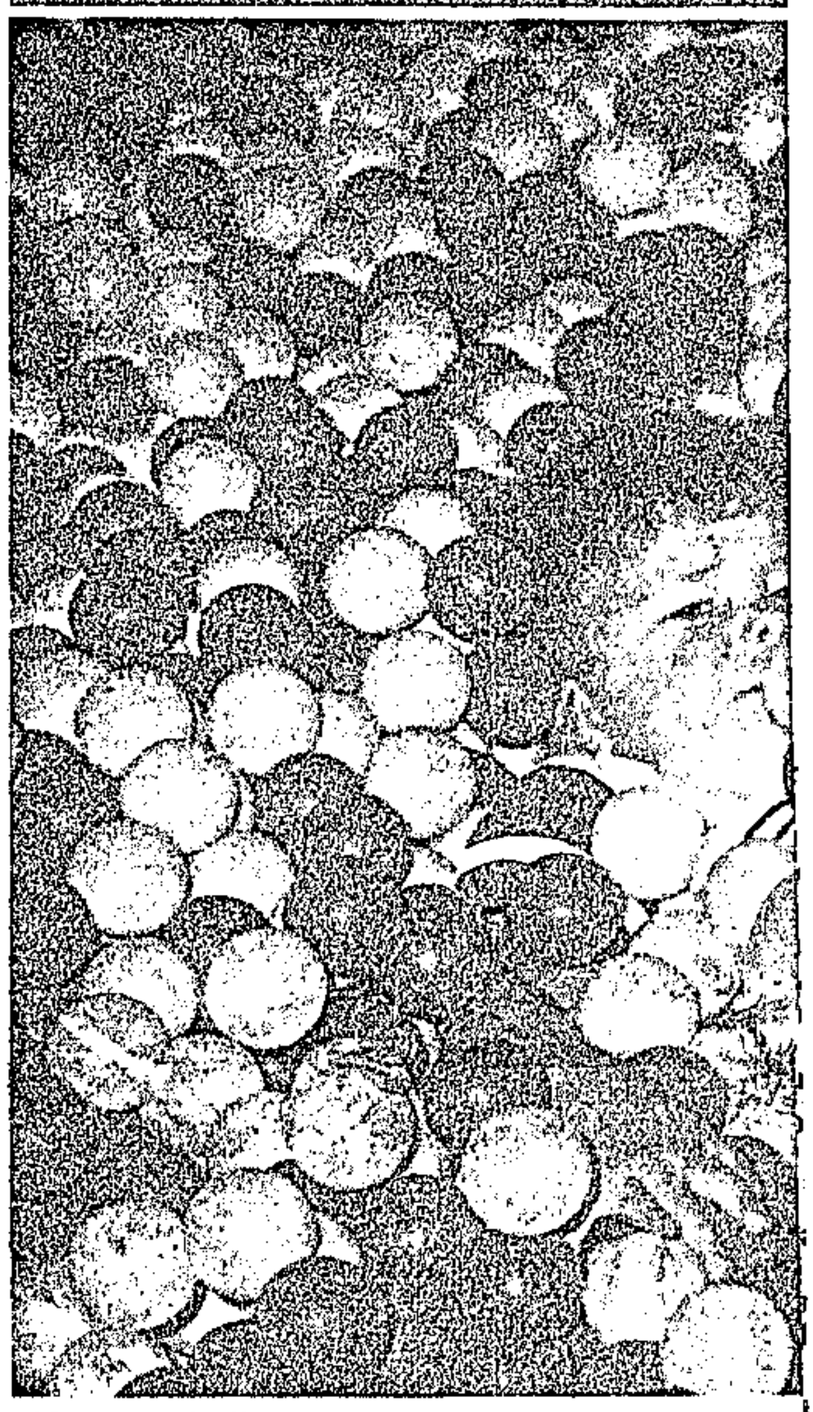
The Government had provided sufficient funds to maintain the present standard of health services in the Transvaal, where a R122 million shortage was earlier reported, Mr Hough said.

He would not say how much money had been provided.

Five wards at Baragwanath, which had been closed, were to be demolished and replaced by upgraded wards which would provide 320 replacement beds.

● See Page 2

Having a ball w



Having a ball . . . Four-year-old Barco van Nieke cross between a trampoline and conventional sw

Pinochet's govt admits poll defeat

Star 6/10/88

SANTIAGO — Chile's military government conceded early today that President Augusto Pinochet had lost a popular vote on extending his 15-year rule for eight more years.

Shortly after the government had issued partial results showing him losing by 44 percent to 53, with 71 percent of the votes counted, Interior Minister Mr Sergio Fernandez admitted the general's defeat.

"We accept the results that the country already knows," Mr Fernandez said

Rugby verkr

South African rugby supremo Dr Danie ven is set to blast "verkrampte" elemen the sport in a statement later today.

The South African Rugby Board (SA president will chair a probably stormy ecutive committee meeting between country's rugby chiefs at Newlands. H expected to make a strongly worded sp late this afternoon.

At issue will be Dr Craven's bold in tive in establishing contact with Afr sports administrators and the role Transvaal boss, Dr Louis Luyt, playe recent talks which included members o ANC.

"I'm going to speak on the future of sport," Dr Craven said. "Politics brought us to where we are today and time we changed. More than that I'm willing to say."

Dr Craven (78) scoffed at suggestion would announce his retirement and that

Judge orders that Bara doctor who signed letter be promoted

Story 4/10/88 98

By Cathy Stagg

A Rand Supreme Court judge has ordered that a Baragwanath Hospital doctor be given the promotion that was denied her after she signed a letter expressing concern about conditions at the hospital.

Mr Justice R Goldstone ruled in the Rand Supreme Court yesterday that not only must the decision not to confirm Dr Beverley Traub's employment as a senior house officer at Baragwanath Hospital be set aside, he ruled that her appointment must be confirmed without further review.

Dr Traub was one of 101 doctors who signed a letter published in the *South African Medical Journal* about conditions at Baragwanath. She was told she was "unsuitable" for the post of senior house officer, an appointment necessary for her to become a specialist in paediatrics.

The judge said young South Africans should be encouraged to further their careers in the country and referred to the exodus of doctors.

In December last year, an urgent application for a fair hearing was launched after some doctors who signed the letter, and who were junior members of staff waiting for their appointments at the next level to be confirmed, were told they were considered "unsuitable".



Dr Beverley Traub . . . for patients of Baragwanath.

Later, after a hearing, Dr Traub was told her application had not been approved. She had apologised for aspects of the letter which had been shown to be incorrect, but had refused to apologise for others.

Another doctor who had not apologised had his appointment confirmed.

The judge said Dr Traub had played a minor role in the publication of the letter and for reasons of conscience was not prepared to sign a wide apology.

He was sure that State employees would not think his judgment gave them licence to make disparaging remarks about their employers without justification.

This was an unusual case because of the seniority and number of people behind the letter. The wide publicity the matter had attracted was more a consequence of the Transvaal Provincial Administration's response than of the original letter.

Dr Traub welcomed the judgment yesterday as "wonderful".

She said: "I don't want this viewed as a fight for the doctors. It is a fight for the patients of Baragwanath. This point has been lost along the way."

CMC Times 6/10/88 (98)

Court rules to promote doctor

JOHANNESBURG. — A Rand Supreme Court judge yesterday ordered that a Baragwanath Hospital doctor be given promotion denied her since she signed a letter expressing deep concern about conditions at the hospital.

Mr Justice R Goldstone ruled that not only must the decision not to confirm Dr Beverley Traub's employment as a senior house officer at Baragwanath Hospital be set aside, but he ruled that her appointment must be confirmed without further review.

Dr Traub was one of 70 doctors who signed a letter published in the South African Medical Journal (SAMJ) about conditions at Baragwanath Hospital.

Dr Traub was told she was "unsuitable" for the post of senior house officer, an appointment necessary for her to become a specialist in paediatrics.

The judge said young South Africans should be encouraged to further their careers here, and he took judicial notice of the "brain-drain" which has reached serious proportions.

In December last year an urgent application for a fair hearing was launched after some of the doctors who signed the letter, and who were junior members of staff waiting for their appointments at the next level to be confirmed, were told they were considered "unsuitable" because of the letter.

Dr Traub had apologized for some of the comments in the letter which had been shown to be incorrect but had refused to apologize for others.

Another doctor who had not apologized had his appointment confirmed.

The judge said if Dr Traub had refused to apologize at all, he might have come to a different conclusion. He said she had played a minor role in the publication of the letter, and for reasons of conscience was not prepared to sign a wide apology.

This was an unusual case, the judge said, because of the seniority and number of people behind the letter.

He said the wide publicity which the matter had attracted was more a consequence of the Transvaal Provincial Administration's response than the original letter. — Sapa

More govt funds for Transvaal hospitals

6/10/88 98 B/days

GERALD REILLY

PRETORIA — Government has made additional funds available to the Transvaal to maintain threatened provincial hospital services, Administrator Danie Hough said yesterday.

The serious shortage of funds, estimated by MEC in charge of hospitals Danie Kirstein at R125m for the rest of the financial year, would have necessitated a curtailment of health services.

Some R1,5bn was budgeted for the Transvaal Hospital Services this financial year.

Hough declined to reveal the extent of the new fund.

At a Press conference he said the province had prepared contingency plans for service limitations, before government agreed to supplementary funds.

Certain essential extensions could now be completed. Lenasia and Ellisrus Hospitals would come into service in January next year.

At Baragwanath the upgrading programme would be continued. Existing wards were being demolished and new accommodation provided for the replacement of 320 beds at a cost of R9,7m.

Tenders would be called for in this financial year.

Hough said concern about the provision of adequate health services for Soweto, especially because of overcrowding at Baragwanath, had led to a reassessment of priorities.

The planning of the new Soweto hospital would be completed in the 1989/90 financial year, he said.

The hospital would take two to three years to build.

98 Sowetan 7/10/86

BARA STILL TOO FULL

SOWETAN Correspondent

R60-m hospital planned

PATIENTS are still sleeping on the floor of the desperately overcrowded Baragwanath Hospital — and an announcement on Wednesday that a new R60 million hospital is to be built for Soweto was yesterday described as stemming from public pressure.

On Wednesday night one 40-bed ward at Baragwanath had 90 patients, with 50 of them sleeping on the floor.

PFP spokesman for health, Dr Marius Barnard, yesterday renewed his earlier call for the resignation of the Minister of Health, Dr Willie van Niekerk, the MEC in charge of hospitals for the Transvaal, Mr Daan Kirstein, and the director of hospital services, Dr Hennie van Wyk, despite the announcement that the new hospital will be built.

Mr Kirstein and Dr van Wyk could not be reached for comment.

More than a year ago, 101 doctors criticised conditions at the hospital in a letter to the *South African Medical Journal.*

Lost

One of the signatories to the letter lost her internship at the hospital as a result.

On Wednesday a Rand Supreme Court judge overruled the action taken against Dr Beverley Traub by provincial authorities, ordering that she be reinstated.

A doctor at the hospital who cannot be named, but who was one of the doctors initially under threat of dismissal or disciplinary steps, said conditions at the hospital's department of medicine had not changed.



THESE four lovely ladies from Kagiso, near Krugersdorp, are regular readers of the *Sowetan.* They are, from left to right: Mrs Maria Tsime, Mrs Aletta Monte, Mrs Pearl Masopa and Mrs Sibongile Ngwenya.

Six of ou



(98) WMAIL 7-13/10/88.

FOCUS ON HEALTH

BARA

'As far as I know', remarked one doctor, 'the only change has been the acquisition of three or four new toilet seats' (*Of course, Bara is one of the best-off black hospitals*)

The court case this week in which a doctor won back her job at Baragwanath hospital was hard-fought. But will the victory do anything to change Bara? And what of other black hospitals, where conditions are even worse? CHARLOTTE BAUER reports

THERE was jubilation in the Rand Supreme Court this week when Dr Beverly Traub won back her job at Baragwanath Hospital from the Transvaal Provincial authorities who tried — and for a time succeeded — in taking it away from her.

It was a victory hard-won. Traub was one of 101 doctors who signed their names to a letter, deploring conditions at the hospital, which was published in September last year in the *South African Medical Journal*.

In the veritable witch-hunt that followed its publication, most of the signatories were bullied into retraction. Of the six doctors who refused to sign the required apology, Traub was the only one who lost her job. Her colleagues think it was no coincidence that she was the most junior among them.

Early on in his summing up of the case on Wednesday, Mr Justice Richard Goldstone said the provocative letter was obviously a central issue.

Later, he dismissed the contention of the respondents that Traub was not desirable senior house officer material because, among other things, she had shown "disloyalty" to her employer.

He concluded that Traub had been unjustly victimised by the provincial authorities and was suitably qualified for the position in dispute. He added that to disrupt her career further "could only be seen as vindictive".

Goldstone further said that the publicity given to the affair (which led the provincial authorities to complain about the "irresponsibility" of doctors "running to the press") was thanks more to the TPA's own response than to the content of the letter. All in all, the outcome of the case was hailed as important, both for Traub and for the right to air valid criticism of the authorities.

Doctors believe the ruling re-affirms the administrators' function as public servants who are accountable, while the Baragwanath Support Committee called the decision "historic", comparing Traub's challenge to Dr Wendy Orr's in its "refusal to accept the taking of arbitary decisions based on the political beliefs of the authorities".

The practical rewards of Traub's successful challenge are obvious: the future of her career no longer dangles by a thread and a hospital with an appalling staff shortage has been given back a competent and caring doctor.

But will her victory have any more than symbolic value? Has anything at Baragwanath Hospital changed since the writing of the letter which denounced conditions there as "disgusting", "despicable" and "rapidly approaching a major crisis"? Even counsel for the administrator conceded that this was so.

As one senior doctor remarked during the post-courtroom euphoria: "As far as I know, the only change at Baragwanath since then has been the acquisition of three or four new toilet seats."

A visit to Baragwanath this week revealed weary cynicism on the part of medical staff who must, at times, feel rather like the small Dutch boy who tried to plug the leaking dyke with his finger.

Earning a bed at Bara is still something of a physical feat; as one doctor commented: "If a patient can't walk at all, he'll probably get a bed; if he can walk a step or two, there's less chance; if he can walk three ... he may just get sent home."

The dryness of remarks like these mask a concern for patients who are forced to put up with a hospital service whose administrators have identified them as a "sub-standard group ... who sleep on the floor at home and don't need beds in hospital."

As a doctor said: "In other situations, doctors could be sued for malpractice for the medical liberties they are forced to take. Here, patients accept what treatment they get as their lot — which it is."

Dr H van Wyk, executive director of hospital services, has said the "administration is proud of the services rendered at Baragwanath Hospital" and cites a 1986/87 budget of R143,7 -million and the addition of two wards with 70 beds since 1980 as examples of the source of this pride.

However, as medical staff at the hospital have repeatedly pointed out, the few changes that have been made or are planned, are just not big or fast enough to cater to the health needs of a township whose population is conservatively estimated at two million. There are precisely 481 beds at Bara.

Bed-letters and X-rays still go missing; extremely ill patients still end up on the floor or strapped to a chair to keep them from falling and there is still one bath to every 100 patients.

But, when it comes to tariffs, there is no discrimination: black patients are classified according to what they earn and how many dependents they may have, in exactly the same way as their white counterparts.

A member of the Health Workers Organisation neatly illustrated the point: "A black private patient may still land up sleeping on the floor, paying exactly the same price as a private white patient for the somewhat more exotic facilities offerered at the Johannesburg Hospital."

As an article in the latest issue of *Critical Health* says, there is no such thing as free treatment — even pensioners, grantees and the unemployed, pay a minimum fee of R2 which increases to R22,50 if they receive treatment after 4pm, on weekends or during holidays.

"This," the article goes on, "is in spite of the fact that many patients are forced to come to hospital at these times through the real fear of dismissal should they miss a day's work."

Perhaps the point about conditions at Baragwanath Hospital is that, regardless of how little or nothing has changed, they have still been the focus of glaring and consistent media attention. Bara is also a teaching hospital, a fact which affords it a veneer of medical sophistication undreamed of by other hospitals.

Or, as one doctor put it, conditions at some hospitals make Baragwanath look like the Mayo Clinic.

"At non-teaching hospitals such as Lerathong, or Far East Rand," said a doctor, "standards are extremely low, and when one moves from urban to rural areas, they become rock-bottom ... if Bara is a problem, rural hospitals are a disaster."

In an article published by *Critical Health*, a doctor working at a hospital in a "homeland" painted a bleak picture of a typical day. The following is an edited extract of that article.

"I enter the children's ward with its familiar sights and smells. We have 27 cot beds and a daily inpatient load of about 50-80 children. A child in this hospital is anyone under six. Any child over six goes to the adult wards.

"I begin to make my way through the 'load'. Two, sometimes three children to a cot. Piles of patient bed records, children crying and many needing a clean nappy. Five children huddle around a gas heater ...

"I cannot even remember half their faces, let alone their names. No doubt some have died since my previous round but I will only find out when it is time to sign the death certificates."

In another article in the same issue, a psychiatrist points to what is, endless economic excuses aside, probably still the most glaring reason for the authorities' basic lack of enthusiasm for urgently upgrading health-care for "non-whites". And that is "administrators responsible for the planning and maintenance of health services are not accountable to the black communities".

This implies that the impoverishment of the services is not only a result of state policy but that "attempts at improvements are bound to fail as long as the apartheid regime keeps the power to administer health services"

In the light of this theory, predictions for the immediate future of black health care services are pessimistic. Health workers who try to change the *status quo* will mostly continue to bang their heads against proverbial brick walls for some time to come; which is probably why the outcome of Traub vs the Transvaal Provincial Administrator is hailed with terms like "historic landmark" and "important victory".

Certainly, it was important for Traub to fight for her rights and the rights of her patients and her hospital. Even more importantly, she won.

In 1985, district surgeon Wendy Orr won her case against the police too. Her evidence about conditions under which detainees are held and her corroboration of torture allegations held up in court. In the end, though, how much effect did her unimpeachable witness have on the general treatment of detainees?

A visit to the hospital this week reveals a weary cynicism among the staff

Hospitals query new med-aid tariffs

By Toni Younghusband,
Medical Reporter

Private hospital administrators have accused medical aid schemes of pushing up scale-of-benefit tariffs at the expense of their members.

Mr Barney Hurwitz, executive chairman of the Clinic Holdings Group, said yesterday that medical aid societies would use the increase as an excuse to push up membership fees.

He was reacting to Wednesday's announcement by the Representative Association of Medical Schemes (RAMS) that the scale of benefits applicable to private hospitals and day clinics would go up by about 12 percent from January, while membership fees would increase by up to 20 percent.

Mr Hurwitz said he disputed the 12 percent scale-of-benefits increase. "We have done calculations and the increase works out at less than 6 percent.

"The medical schemes are the only ones benefiting by this announcement. In their calculations they have not taken into account the high cost of equipment, and hospitals are still left well below the consumer price index," he said.

Mr Dick Williamson, chairman of the National Association of Private Hospitals, said he also believed the increase would be well below the announced 12 percent.

"We have done in-depth analyses and our early figures show it will definitely be only a single-figure increase. I think RAMS has made a few errors in its assumption that the increase will be 12 percent."

Mr Williamson said a single-digit increase would be "very serious" for private hospitals. He said rising costs would make next year difficult for these institutions. "For instance, the State has promised nurses a 15 percent salary increase next year. We will have to follow suit," he said.

Conditions at hospital are still inadequate

PAT DEVEREAUX

WHEN summer comes, hospital staff at Baragwanath breathe a sigh of relief — the warmer months mean fewer patients with chest complaints and the nursing burden is lifted somewhat.

But conditions at Baragwanath Hospital remain desperate and overcrowded despite the season and the publicity given to the plight of patients in the hospital, according to a National Medical and Dental Association (Namda) spokesman.

Overcrowded conditions at Baragwanath were first exposed last January after 101 doctors of the medical department published a letter in the *South African Medical Journal*.

The letter described hospital conditions as "disgusting and despicable". It was also critical of the attitude of the provincial administration to the problem.

The doctors were later asked to apologise and were subsequently reprimanded by the provincial health authorities.

And for some their outspoken stand cost them dearly. Dr Beverley Traub was one who was refused an appointment — a decision she challenged in court and which this week had a happy ending for the determined young doctor.

"The original problems that the doctors protested against still haven't been addressed. The fundamental problem is that of apartheid in health institutions. We maintain that it is unethical to separate health services," said the Namda spokesperson.

"The fact that Johannesburg Hospital is less than half full and Baragwanath extremely overcrowded clearly shows what apartheid has done to health facilities. Duplication of facilities leads to enormous wastage resulting in a financial crisis."

The situation at the hospital has not altered. The same conditions prevail in ward 15 and 16 in the hospital's Department of Medicine, according to hospital staff.

Sick people lie on the floor often without a mattress, just a hospital-issue orange blanket between them and the concrete floor.

Some patients are more privileged and have thin mattresses or stretchers. Many sleep under beds.

Progressive Federal Party spokesman on health Dr Marius Barnard said: "Baragwanath Hospital conditions will never improve because the hospital is overstretched. The PFP has called for the resignations of the Minister of Health and the Member of the Executive Council because of the shocking conditions."

He said: "To solve the problem another hospital should be built for the vast number of people in the Soweto area. Secondly, community health centres should be opened and staffed throughout the night and at weekends when the community needs them most. Thirdly, all racial discrimination should be scrapped in hospitals and clinics."

He said Soweto patients might be used to sleeping in overcrowded conditions on the floor, but the fact was that modern medicine could not be practised under these conditions.

According to a PFP estimate, the country's health budget, including the amount spent by the homelands, worked out to R5,7 billion last year.

This sum has not alleviated inadequate health facilities for black patients throughout the country. Twenty-four homeland hospitals surveyed during the 1984/1985 period show that all ran at higher than their full occupancy capacity.

Doctor takes victory in her stride

Star 8/10/88

'We did it for the patients at Bara'



COURT BATTLE WON: Dr Beverley Traub.

MARK GLEESON

CRUSADING Doctor Beverley Traub, who this week won a landmark court decision after refusing to apologise for controversial statements made about conditions at Soweto's Baragwanath Hospital, says her fight concerned the care of patients and working conditions at the hospital.

Dr Traub was one of a number of doctors who signed a letter published in the *South African Medical Journal* about conditions at the giant hospital and then refused to back down after threats by provincial authorities.

As a result she was denied promotion to an appointment necessary for her to become a specialist in paediatrics.

However, this week Mr Justice R Goldstone ruled in the Rand Supreme Court that Dr Traub be given the post of senior house officer and that the appointment be confirmed without further review.

Dr Traub took the decision in her stride this week, saying: "People tend to think that I'm this wonderful doctor, doing all these brave things. But they forget the principle of the fight, which was the care of patients and also for the doctors."

She said the furore had proven worthwhile, as witnessed by the announcement on Wednesday of a new 900-bed hospital at New Canada in Soweto and promises by Transvaal administrator Mr Dani Hough that 320 replacement beds would be create at Baragwanath.

She could not comment further because of fear of further retribution from the authorities.

However, a doctor at the hospital, who cannot b named, said: "The Government is suddenly findin money and there has been a tremendous respons from charity organisations.

"Once overcrowding has been relieved, the star dard of care will increase. It will no longer be jus organised chaos at Baragwanath."

But this week the hospital was still hopelessl overcrowded, with 50 people sleeping on the floor one 40-bed ward.

And another doctor at Baragwanath has expresse scepticism at the announcement that five wards the hospital, which had been closed, were to be dem lished and replaced by upgraded wards which wou provide 320 replacement beds.

He said the idea of replacement beds meant t hospital would just move unusable beds into t new wards — and not supply new ones as intimated.

9/10/88

Hospital in chaos after worker strike

Conditional agreement reached

By GUGU KUNENE

FILTHY wards, piles of garbage, dirty linen and hungry patients became the order of the day at Edendale Hospital this week when domestic workers and clerks went on strike.

The five-day long sit-in of 200 domestic workers and 60 clerks ended on Tuesday evening after a meeting with the KwaZulu Secretary of Health, Dr. Darryl Hackland.

Workers downed tools because of delays in parity pay which, they said, was due in March.

Other grievances were long working hours – 6am to 7pm – a shortage of staff, inadequate leave benefits and little opportunity for promotion.

Concerning the delay in parity pay, Hackland put the blame on the Department of Development Aid.

The department has since admitted responsibility for the delay and given November 1 as the target date for rectifying the situation.

However, the clerks also gave a list of demands to Hackland. One of the demands is for an immediate payment of R500 to make up for the delay.

Clerks threatened to walk out again on Monday if this wasn't met.

Medical superintendent Dr Peter Evans declined to comment. During the sit-in, nurses had to wheel corpses to the mortuary since there were no porters.

The pharmacy department staff refused to dispense drugs and medicine to out-patients.

Patients were only fed porridge, milk and bread because the main kitchen was closed.

The hospital could only provide vital services and only emergency patients were admitted.

Commenting on the strike, a spokesman for the Health Workers' Organisation said the actions of the domestic workers and clerks were understandable, given their low wages and the rising cost of living.

"Rent, food prices and bus fares have all increased in the last six months, which makes it increasingly difficult for these workers and their families to survive.

"Health workers are also now being made to pay for their hospital treatment.

"Non-classified workers – domestic workers and porters – are the most exploited workers at hospitals.

"They work under very difficult conditions – long hours, staff shortages, hard work and temporary status."

Vietnamese Siamese twins separated

TWO seven-year-old Siamese twins were in a satisfactory condition on Wednesday after their separation in a 14-hour operation a day earlier in Vietnam, a Japanese Red Cross official said.

A team of 72 doctors and nurses separated twins Viet and Duc at Tu Du Hospital in Ho Chi Minh City, formerly Hanoi. It was believed to be the first separation of Siamese twins who had been joined for more than seven years.

Yoshiaki Nemoto, of the Japan Red Cross, quoted Tadateru Konoe, one of three Japanese observers in the operation, as saying the twins were "in a satisfactory condition on Wednesday morning".

The medical team will keep a round-the-clock vigil on the two boys for four days until tomorrow, Nemoto quoted Konoe as saying.

The Japanese Red Cross provided some medical equipment and medicine needed in the operation, Nemoto said.

Kyodo News Service quoted a Vietnamese doctor as saying: "It will take about a week to tell about the outcome of the operation."

Viet and Duc were joined at the pelvis and had a single pair of legs. They shared a large bowel, anus, bladder, genitals, one pair of kidneys and a major artery, leaving doctors with the difficult ethical question of how to divide their shared parts and give both a chance of survival.

Japanese newspapers reported that each twin received one leg, while the single organs went to Duc, the healthier of the two. Viet has been comatose since may 1986.

Vietnamese officials have attributed the rise in the number of Siamese twins births in the country to the American use of defoliants during the Vietnam war.

Natal child on robbery rap after repeated arrests and detention

CP Correspondent

A THIRTEEN-year-old member of the KwaNdengezi Youth League who was shot in the face by police last week appears in a Pinetown court today charged with armed robbery.

The youth, who may not be identified, has been repeatedly arrested or questioned on charges of arson, public violence and murder, which have been dropped for lack of evidence.

He has been detained under the state of emergency "at least six times" said his mother.

"Every time something happens to Inkatha in Kwandengezi, the police fetch my son. They single him out because he is a comrade," she said.

She said police had exaggerated her son's age by 12 years on a previous occasion when they had hospitalised him.

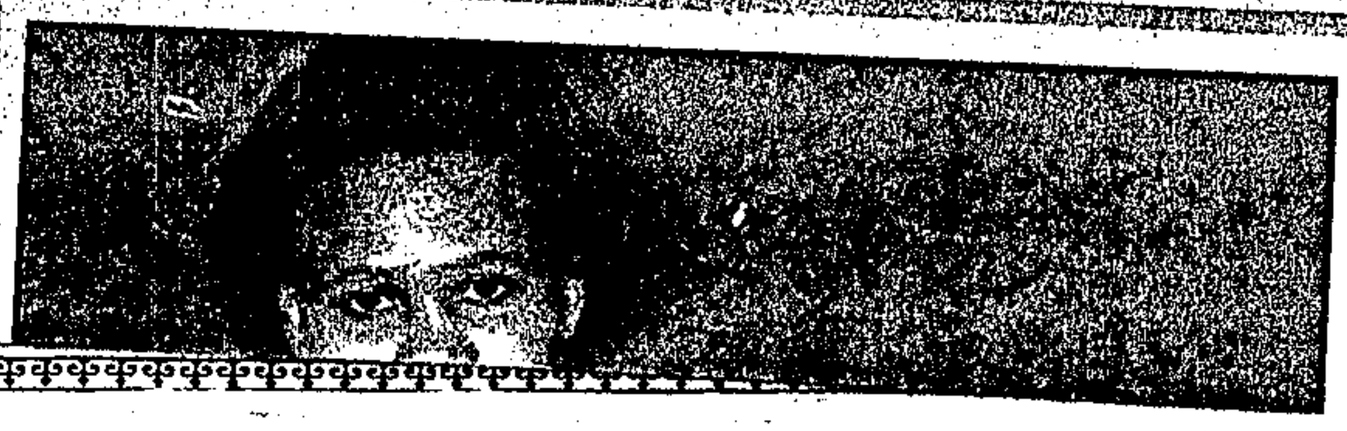
A police spokesman said a lack of evidence rather than harassment was often the reason behind failed arrests.

But PFP Unrest Monitor member, Stephanie Miller, said:

"I have had five cases of children arrested where the State has not been able to prosecute.

"When the case is dropped, the kids are put in state of emergency detention," she said. – DNews

Musos' tribute to Dick



Search for cure of hospital's ailments

The Johannesburg Hospital is fighting for its life. Plagued by financial difficulties and political conflict, its future looks bleak, reports TONI YOUNGHUSBAND, The Star's Medical Reporter.

"This hospital won't last much longer. It's crumbling ..." (nursing sister, Johannesburg Hospital 1985).

Three years later, the Johannesburg Hospital is still holding on, offering many essential specialised services unavailable elsewhere. But how firm is its grip?

Built at a cost of R156 million, the hospital was designed to provide medical care for the indigent white population of Johannesburg, to act as a regional referral hospital and to serve as an academic institution for the training of doctors.

Dr Reginald Broekmann, the hospital's chief superintendent, admits the hospital is not fulfilling these functions.

Caught in a financial stranglehold, it has been forced to abandon or postpone some of its services. Almost 600 of the 1 827 beds have been closed and patients wait for years for non-emergency operations.

In the ophthalmology department, there is a waiting list of more than 500 and a surgical delay of two to three years. The demand for beds is enormous.

No money means no staff and the hospital is losing nurses and doctors daily to private institutions. There are 795 vacant staff posts with the administration particularly hard hit.

With no staff to look after the patients, beds are being made available only to the very sick. Those who can be transferred elsewhere or given out-patient care are quickly ushered out.

Operative

Yet, Dr Broekmann points out, there are many specialised services still in operation despite the difficulties. These in-



The Johannesburg Hospital on Parktown Ridge where almost 600 beds have been closed and many services shelved because of financial problems. ● (Picture courtesy of the Johannesburg Hospital.)

transferred elsewhere or given out-patient care are quickly ushered out.

Operative

Yet, Dr Broekmann points out, there are many specialised services still in operation despite the difficulties. These include a pre-surgery school for children who are to undergo operations, a trauma unit which is arguably the best in the country and a renal transplant unit which handles patients from all over southern Africa.

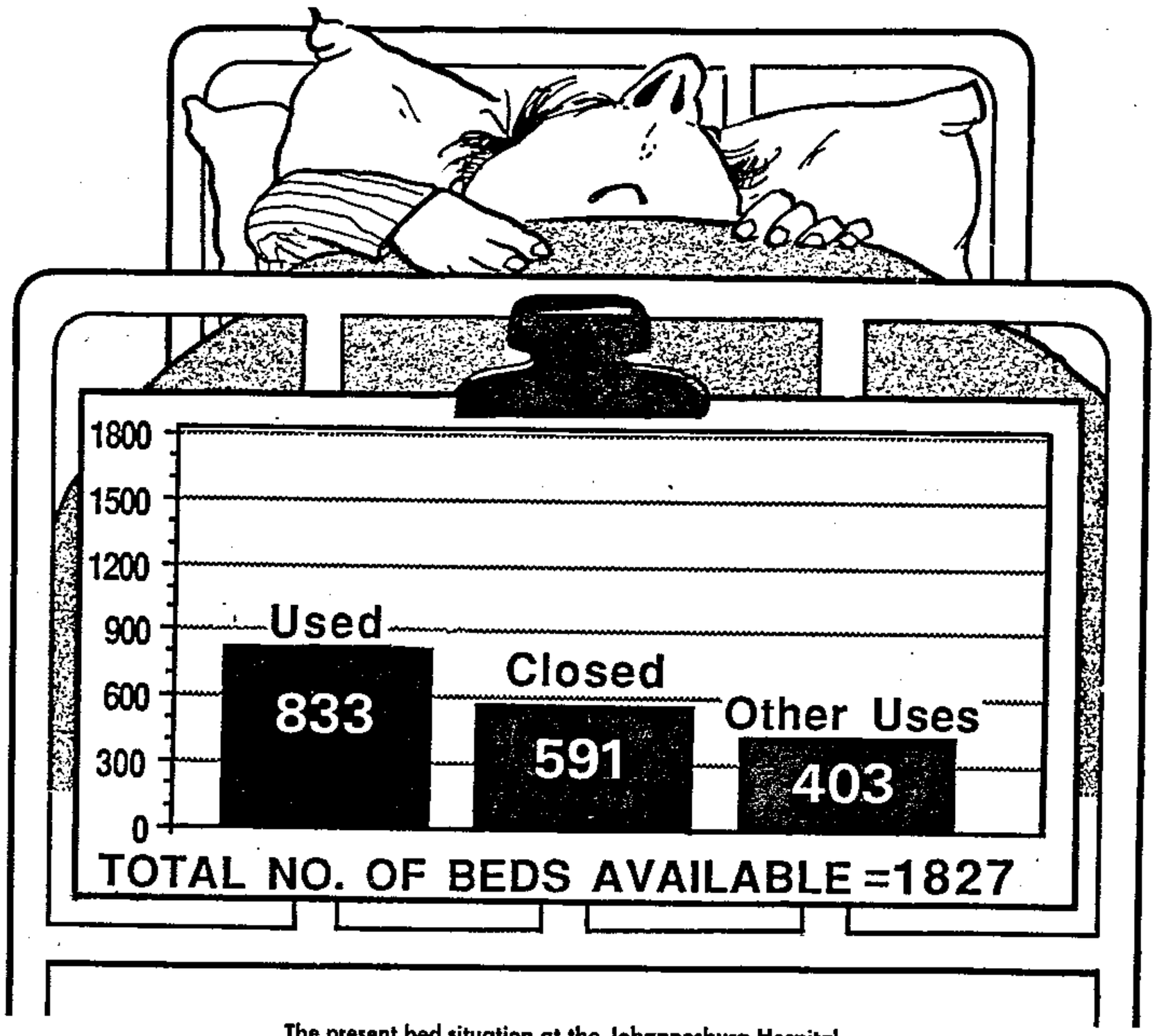
However, the bed shortage means the hospital cannot operate properly as a referral hospital. While it has the academic expertise and sophisticated equipment to treat specialised cases admitted from other centres, it cannot cope with the flood of patients. A recent circular sent out to the superintendents of surrounding hospitals by Dr Broekmann spelt out the stringent conditions under which the Johannesburg Hospital would accept a transferral.

"A transfer may only be accepted if:

- We are reasonably convinced that the clinician currently handling the patient could not continue to handle the patient if appropriately advised by a consultant from this hospital.
- There is no regional hospital which could provide the clinical facilities required for the patient.
- That all investigations which can be done outside of this hospital have in fact been done (except in emergencies).
- A bed is available.
- Nursing staff are available to manage the patient in this hospital."



The Johannesburg Hospital on Parktown Ridge where almost 600 beds have been closed and many services shelved because of financial problems. ● (Picture courtesy of the Johannesburg Hospital.)



The present bed situation at the Johannesburg Hospital.

Staff members discourteous, claims patient

A patient has a gripe against conditions at Johannesburg Hospital. But the hospital says: We did what we could.

An elderly Parkview woman who broke her hip in a fall has complained bitterly to The Star of her treatment at Johannesburg Hospital.

She was taken by ambulance to the hospital's casualty section on a Sunday afternoon, X-rayed and put to bed in an orthopaedic ward.

It was there that treatment was less than satisfactory. The woman said the facilities in the room were not up to standard (there was no bell to call nurses and no tray on which to put her food) and the staff was discourteous.

PRIVATE CLINIC

"I was put into traction and given a painkiller for the night but the next morning when medical students did their rounds they told me I could not be operated on until Thursday as they were short of staff. That would mean lying there for five days in a lot of pain. I asked to be sent to a private clinic," she said.

The woman was transferred to a private clinic and operated on the same day.

"I was in the clinic for three weeks and the bill came to R10 000-R12 000. I am not on medical aid so I do not know how I am going to pay it. But the treatment there was marvellous. I am going to write to Johannesburg Hospital's superintendent to complain about my treatment," the woman said.

The hospital's public relations officer Ms Jenny Gilwald said doctors did not feel they had compromised the woman in any way. She said the traction had stabilised the woman's injury and there would have been no repercussions had she been operated on on the Thursday.

"We do have staff shortages and that was probably the problem. But this was not an emergency case and we did what we could," she said.

Teaching problem

But it is academically where the greatest danger lies.

"We are in a significant amount of trouble academically," Dr Broekmann told The Star.

"As far as professors are concerned we still have most of our posts filled by extremely competent, dedicated people. The top level is still able to function adequately but below that we have a significant amount of trouble in other departments".

The attractive salaries and other employment perks offered by the private sector draw many doctors and nurses away from State hospitals. "The gap between private and public sector salaries is so big now it's incredible. I don't really know what can be done about it," says Dr Broekmann.

The hospital is also badly affected by the country's brain-drain.

"A large proportion of doctors who qualify in South Africa choose to emigrate, which means that the pool of qualified staff is getting smaller and smaller.

"Then there are the political factors, which are getting worse. Many medical students are refusing to work at the Johannesburg Hospital because of its 'whites only' policy which they feel is unfair," Dr Broekmann points out.

In August, 500 University of the Witwatersrand medical students handed a letter of protest to Dr Broekmann in which they declared their rejection of segregated health care.

"We will not be part of the immoral and unethical policy of hospital apartheid," the letter said.

What are the solutions to these problems?

"What we need to do is to provide much better academic incentive. We have a very high standard of medicine in South Africa and our doctors can work anywhere in the world.

"There is so little academic incentive left for them nowadays that many are leaving the State to go out on their own.

"For instance, we are given a R20 000 grant to send our doctors overseas each year but we have about 700 doctors. This means only two or three are able to go," Dr Broekmann says. Doctors are therefore not afforded the opportunity of improving their knowledge through contact with their colleagues overseas.

There have been suggestions that running the hospital on a private enterprise basis and charging the State for its patients might save the situation.

Various departments such as the hospital's pharmacy and radiology unit, and the vacant beds, could generate income which could be used to stimulate academic medicine.

Dr Broekmann says he does not have solutions to the hospital's difficulties but gives an assurance that a Transvaal Provincial Administration and university working committee are looking into ways and means of alleviating the problems.

StarStyle

SUE VALENTINE interviews one woman who knows what she wants

The first woman gynaecologist in training at Bara

Star 14/10/88 (98)



Dr Murishe Ledwaba . . . graduated with distinction in gynaecology, obstetrics and psychiatry.

Dr Murishe Ledwaba was so determined to continue studying medicine, she made it a condition of marriage when she married her husband six years ago.

After qualifying as a doctor in 1984 from Medunsa, Dr Ledwaba, who was nominated as a candidate for The Star's Rising Star 1988 award last week, did her internship and housemanship at Baragwanath Hospital where she is now the first woman gynaecologist in training there.

A top student, Dr Ledwaba graduated with distinctions in psychiatry, obstetrics and gynaecology from Medunsa. The future for woman in these fields, she says, is assured.

"I think it's time we have more women gynaecologists. As a woman I think I can liaise better with women patients,"

The decision to pursue her studies in gynaecology instead of psychiatry was decided on the basis of job satisfcation.

"Psychiatry is so depressing. Only in a few cases can you make the patient fully well again. With gynaecology you can at least do something for the patient."

Dr Ledwaba has two young children. When her youngest was born two years ago, she worked until a few days before the birth.

"People tend to think if you're pregnant you are fragile and sick. I couldn't sit at home and count the days, I wanted to keep myself busy.

"It was easier, I suppose, because I had some insight into the whole thing, so I knew how far I could take things.

"It is difficult studying with a family," she admits, but adds that her husband is very supportive.

"When I agreed to marry him in 1982, I told him it was on condition I could continue my studies!"

Dr Ledwaba still has some way to go before qualifying as a gynaecologist, having just written her first year exams, with the orals to be completed this month.

"It has been four years since I last wrote exams," she says self-effacingly, but given her academic track record this far, it should be only a matter of course to complete the three remaining years of her training.

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charges. They were Robert [illegible] Meij (29), Ian Frederick Barman (22) and Jacqueline Shirlaw (40), all of Johannesburg.

New maternity unit for Alex

Medical Reporter

A new maternity delivery unit, designed for the delivery of more than 3 000 babies annually, was opened at the Alexandra Health Care Centre and University Clinic last night.

It is hoped the 12-bed unit's first baby will be delivered at the weekend.

Previously, those deliveries the clinic was not able to accommodate were transferred to Tembisa Hospital.

Dr Tim Wilson, director of the clinic, said six donors made the construction of the unit possible. Five donated towards the building costs and one gave equipment.

"This is the first half of a 24-hour maternity and emergency department," Dr Wilson said. A casualty unit, scheduled for completion in June next year, will be attached to the maternity section.

T'S HERE

Wilson
(Harwu) spokesman said

Hospital workers discuss grievances

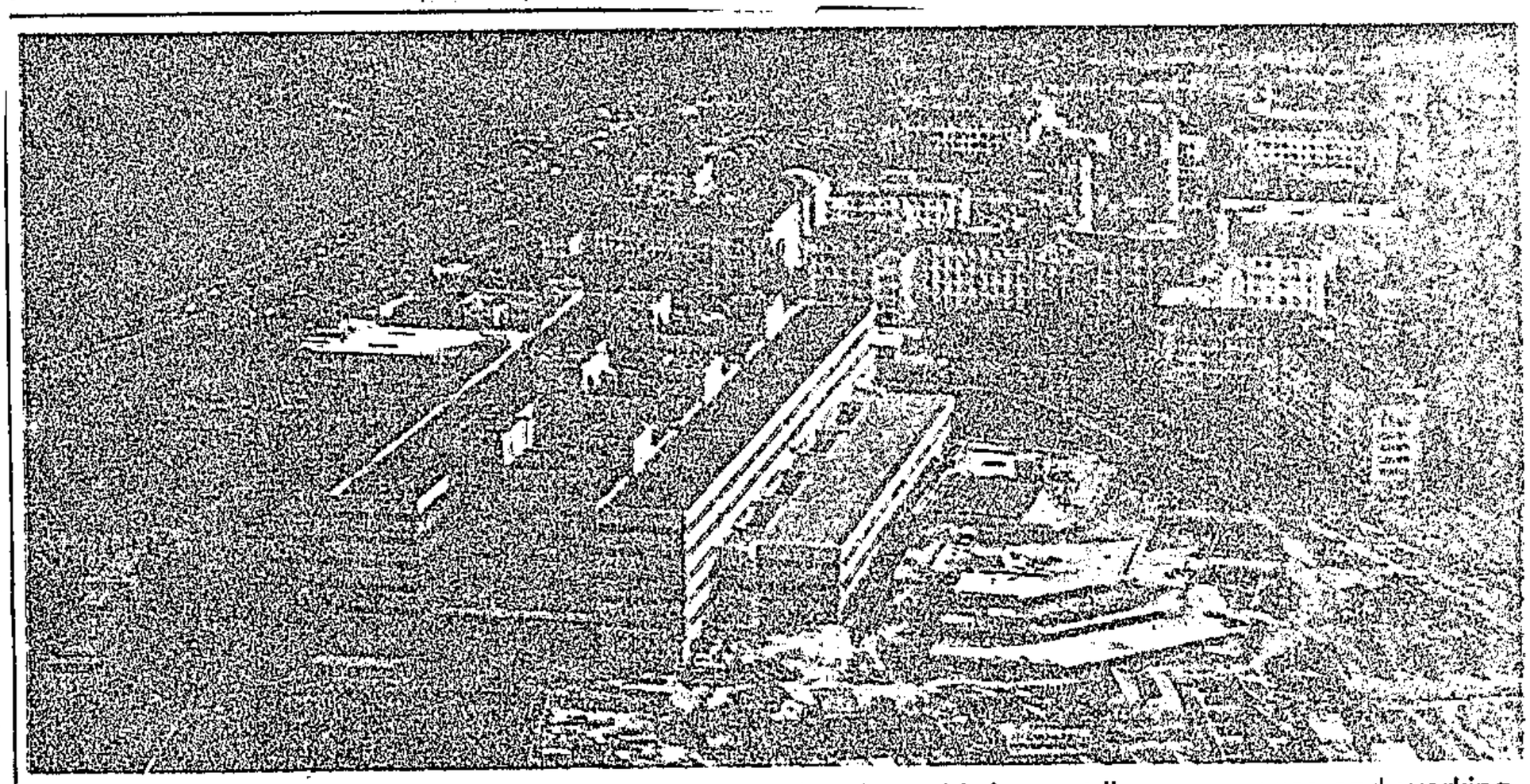
Staff Reporter

THE executive director of hospital and health services in the Cape will be asked to address the grievances of hundreds of auxiliary workers at Groote Schuur Hospital who yesterday downed tools in a four-hour stoppage, a hospital spokesmen said.

Hospital representatives met with worker delegates in the hospital's Nico Malan hall to discuss the grievances and "unsatisfactory" pay and conditions of service of the lowest paid categories of public service employees, the spokesman said.

A spokesman for the Health Workers Union, which represented some of the striking workers, said nearly 2 000 workers demanded an R800 minimum monthly wage, a 40 hour working week, three months' maternity leave, permanent appointment and the recognition of the union of their choice.

"Patient care was not detrimentally affected," the spokesman added.



TROUBLED HOSPITAL ... Groote Schuur Hospital has been hit by a strike over wages and working conditions. Picture: ALAN TAYLOR

CAPE Times 18/10/88 98 182 1601

Groote Schuur workers stop work for 12 hours

Staff Reporters

MORE THAN 1 000 auxiliary workers at Groote Schuur Hospital stopped work for over six hours yesterday, a hospital spokesman confirmed. It was the second work stoppage in a week.

A spokesman for the Health Workers' Union said "about 3 000" auxiliary workers had stopped work because the hospital management had failed to tell them whether and when they would meet the executive director of Cape Hospital Services, Dr George Watermeyer, to discuss grievances.

The workers went back to work when hospital management told them a meeting with Dr Watermeyer had been scheduled for this Thursday.

Vusi Khanyile — left the consulate at midday yesterday and were immediately surrounded by a

except to control the crowd which streamed into Market Street as the three were driven away.

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sulate.

Bigger payouts for clinics

JOHANNESBURG. — Medical aid schemes will increase payouts to private hospitals and day clinics by 12% next year, the Representative Association of Medical Schemes (Rams) has announced.

Mr Rob Speedie, executive director of Rams, said substantial increases have been approved for theatre and ward fees but the payments for consumables such as drugs would drop by 10%.

Mr Speedie said medical aid members and employers would be relieved by the relatively low increase in the scale of benefits but warned that various factors would result in the pay-out by medical schemes to private hospitals and day clinics being substantially higher than 12%.

UPI

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GREAT ACHIEVEMENT

'Nurses are used as porters and dishwashers'

By MOKGADI PELA

THE Lesedi Clinic in Soweto is, according to management, a great achievement, but some staff members say it is a typical third world health centre with a shortage of simple equipment such as linen.

According to the manager of the Lesedi Clinic, Mr Joseph Neshehe, they had to overcome legal problems such as those preventing blacks from owning companies. Blacks could not buy land and as a result, nobody wanted to finance them unless they had surety of tenure.

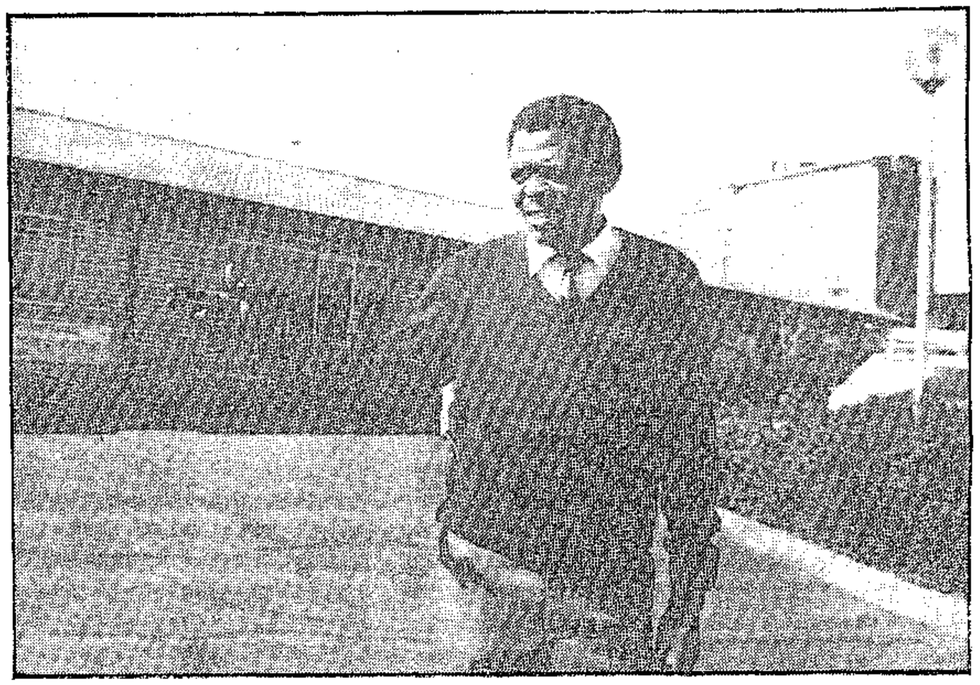
He says of the first black-run hospital in the country: "We are on par with well-known private clinics like Sandton, Brenthurst and the Kensington Clinic. The National Association of Private Hospitals examined our hospital and found it to be on the 'B' grade. The 'B' grade is the highest grading in hospitals."

The idea of building Lesedi was conceived 12 years ago. Local doctors felt they had no place to work except in Government hospitals. The clinic is situated just outside the world famous Baragwanath Hospital.

The shareholders obtained a bond towards the construction of the clinic and are currently paying back the loan, Mr Neshehe added.

Mr Neshehe said because Lesedi was not Government subsidised, the rates were high and out of the reach of many black people.

Mr Neshehe said: "A patient is required to pay R107 a day for surgical cases, R114 for medical fees and another amount for doctor's fees, but the determining factor is how long he stays at the hospital."



Mr JOSEPH Neshehe, standing in front of Lesedi Clinic.

WORKERS at the clinic tell a different tale. Their complaints range from low wages to shortage of basic equipment.

In an interview with the *Sowetan,* workers said they were being underpaid as compared with their counterparts at other private hospitals.

They further said Lesedi was understaffed. The issue of lack of job description was among the grievances they said they had been facing for a long time at the clinic.

They gave an example of nurses being sometimes used as porters or dishwashers. "This is definitely not in line with our contract of employment," they said.

They spoke of what they termed "gross shortage of linen" which led to patients having to sleep for up to five days without sheets being changed.

"The shortage of bedpans, urinals and ashtrays is a long standing problem," they went on.

"There is no transport provided for the staff during stayaways and this endangers our lives. If ever being transported, we are driven by drivers who are usually drunk."

Workers said they addressed a memorandum with similar complaints to management.

They also alleged favouritism on the part of the clinic's matron who they said, created friction among the nurses.

The memorandum stated that in other private hospitals, nurses were supplied with food, but at Lesedi they have had to contend with bread and tea for the whole year.

Place smells like butchery

By Mokgadi Pela

PHILADELPHIA Hospital in Dennilton is a health hazard: it is dirty, overcrowded and the ablution facilities are inadequate.

A recent visit to the hospital showed that Philadelphia wanted to conform to the terrible conditions of other institutions like Baragwanath Hospital. The conditions stated above are certainly not oblivious to the authorities.

One ward that earned itself a distinction was the Kindersaal or Children's ward. Two grey blankets lay on the floor. Pieces of bread were lying about.

As for the smell in some of the wards. They smelt and stank like an uncared-for butchery at busy times. The floors did not sparkle as would be expected.

Overcrowding at the hospital is rife. Newly-born babies learn to share a cot; a trend similar to their elders in the Children's Ward.

At the time of the visit the Children's Ward had 21 beds while accommodating 33 children.

The medical superintendent of the hospital, Dr Louw Steyn, said Philadelphia had 524 beds and had to cater for a large population.

The shortage is not confined to ablution facilities. With such a large population, the hospital has to contend with six doctors. It is not difficult to imagine the load on a single doctor. This obviously goes hand in hand with proper treatment. In other hospitals such as Baragwanath, overcrowding has led to patients being discharged prematurely. Dr Steyn could not comment whether that applied to Philadelphia.

Some workers spoken to said they were members of the National Union of Public Service Workers (NUPSW). The union would hopefully improve their lot at the hospital.

Philadelphia was formerly a mission hospital. It will celebrate its golden jubilee (50 years) next year. Because of Government policies it found itself moving like a ball from one administration to the other.

Prior to the existence of the Lebowa homeland, the hospital was governed by the Republic of South Africa. When Moutse (Dennilton) was transferred to **Lebowa Philadelphia followed suit. Then Kwa-Ndebele came into the picture. In 1979 Moutse was again ceded to the South African Government in** preparation for the "peaceful" transition into the homeland.

Because of the turmoil in KwaNdebele in 1986 and the Appellate Division's ruling nullifying the incorporation of Moutse into the homeland, Philadelphia found itself in the centre of the controversy.

Because KwaNdebele does not have a single hospital, it is understandable why it held on to Philadelphia. At the moment the hospital is under the jurisdiction of the Department of Development Aid in the Republic of South Africa. So, in the case of Philadelphia it is clear that politics permeate all factors of societal life.

This hospital is a health hazard

Newly born share cots



PHILADELPHIA'S big nursery ward . . . even newly born babies share a cot.

Showdown looms

(98) South Oct 20-26 | 1988.

THE Health Workers Union is to meet the executive director of Hospital and Health Services this week to discuss the demands of the 2 000 workers who downed tools at Groote Schuur Hospital on Monday — for the second time in less than a week.

The work stoppages came in the wake of the union's repeated attempts to obtain a meeting with the director to discuss issues which the hospital superintendent is not empowered to deal with.

The workers are demanding a minimum starting wage of R800 a month. At present some are earning as little as R267, which a union spokesperson described as so paltry as to be laughable.

The workers also want an end to the temporary status under which they are employed. They say that many workers of long-standing service continue to be denied job security or the benefits which go along with being permanent staff.

Reduction in working hours

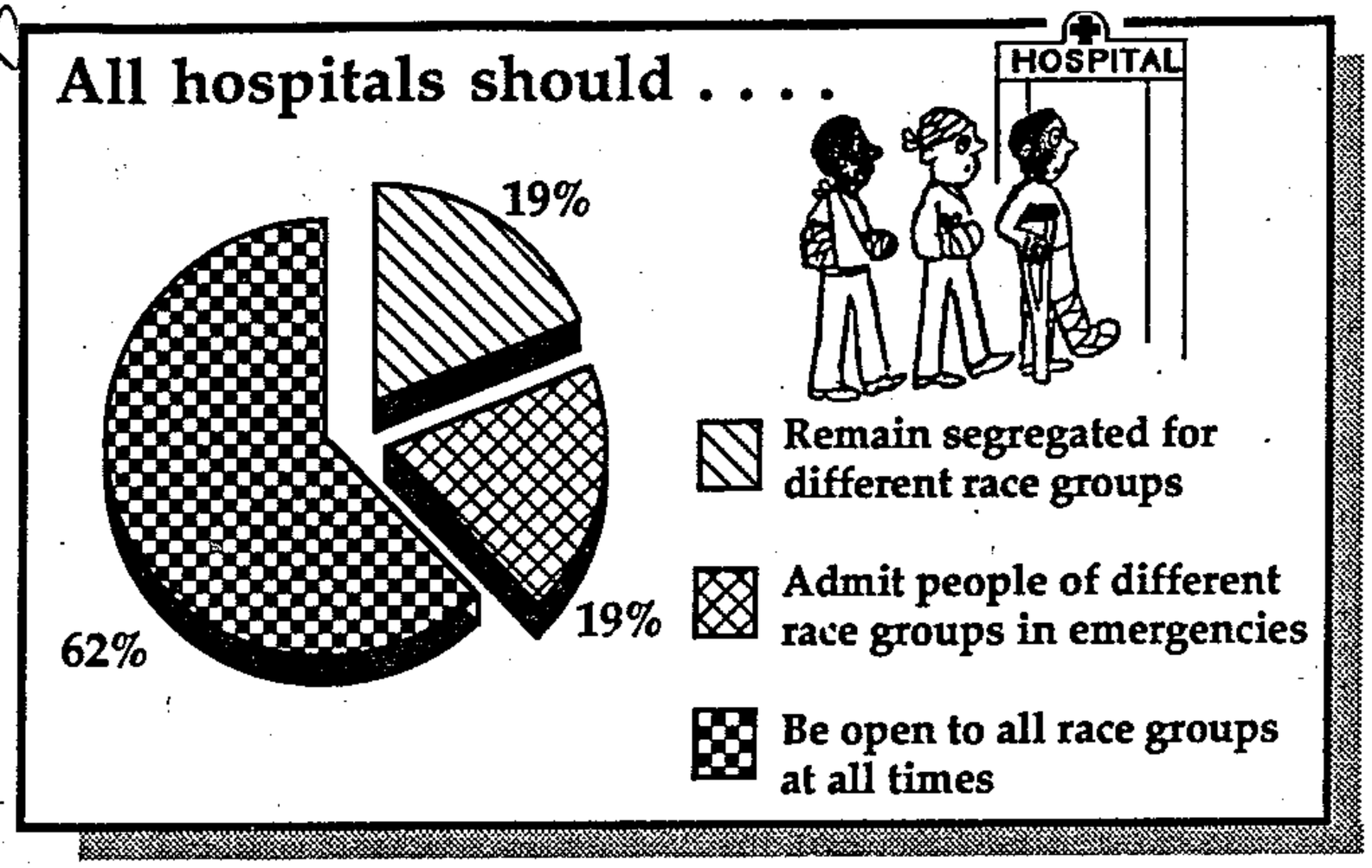
A similar demand has been voiced by the Public Servants League whose members are in the same position.

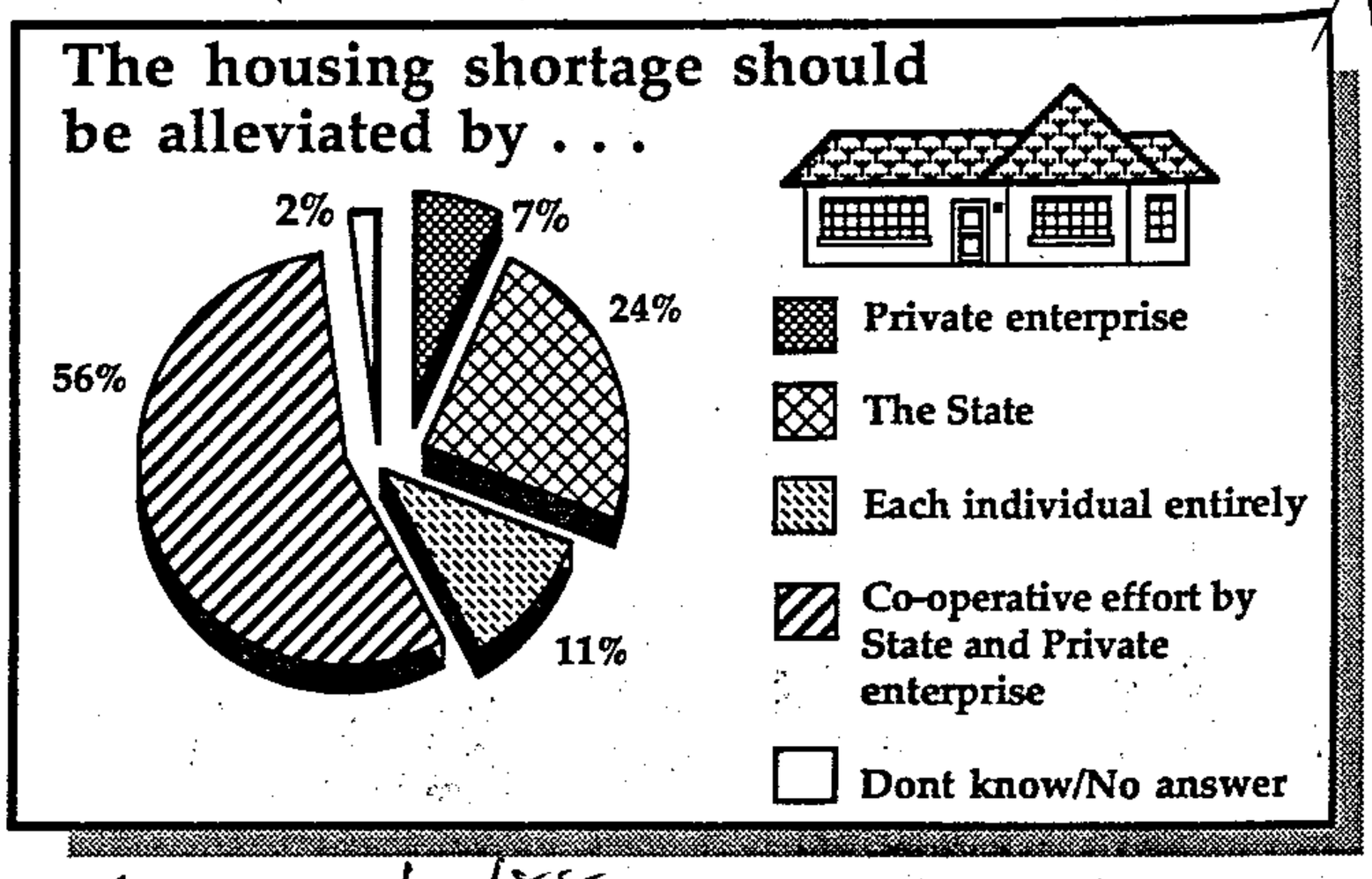
The most far-reaching demand is that workers no longer be covered by the Public Servants Act in terms of which they are denied the right to strike, but instead are subjected to the Labour Relations Act.

Other demands are a reduction in working hours from 44 to 40 and three months' maternity leave.

A hospital spokesperson confirmed two work stoppages involving more than 1 000 workers.

She said hospital services were in no way affected by the stoppages and that workers resumed work after the director agreed to meet their representatives.





Star 26/10/88

Open hospitals favoured by most

Hospitals:

The anomaly of overcrowded black hospitals and empty beds, and even wards in white hospitals, would be eliminated if the people living in Pretoria and on the Witwatersrand had their way.

A majority of people of all races — more than 60 percent — are in favour of opening hospitals to everyone, regardless of race.

But only just more than a third — 36 percent — of people living in white areas think the doors of hospitals should be opened to all unconditionally. Most of these people are white and have access to "whites-only" hospitals.

A further third — 32 percent — believe race restrictions should be removed for emergencies.

Thus, a majority of people in these areas, 68 percent, are in favour of either abolishing or



98

By PATRICK LAURENCE

dents may reflect a slightly higher level of resistance to "integration" as compared to Asian respondents.

Only a minority of people of all races favour retention of the present policy of segregated hospitals: blacks — fewer than one in 10 (8 percent); whites — a third (32 percent); and coloureds and Asians — also fewer than one in 10 (3 percent).

Support for unconditional de-

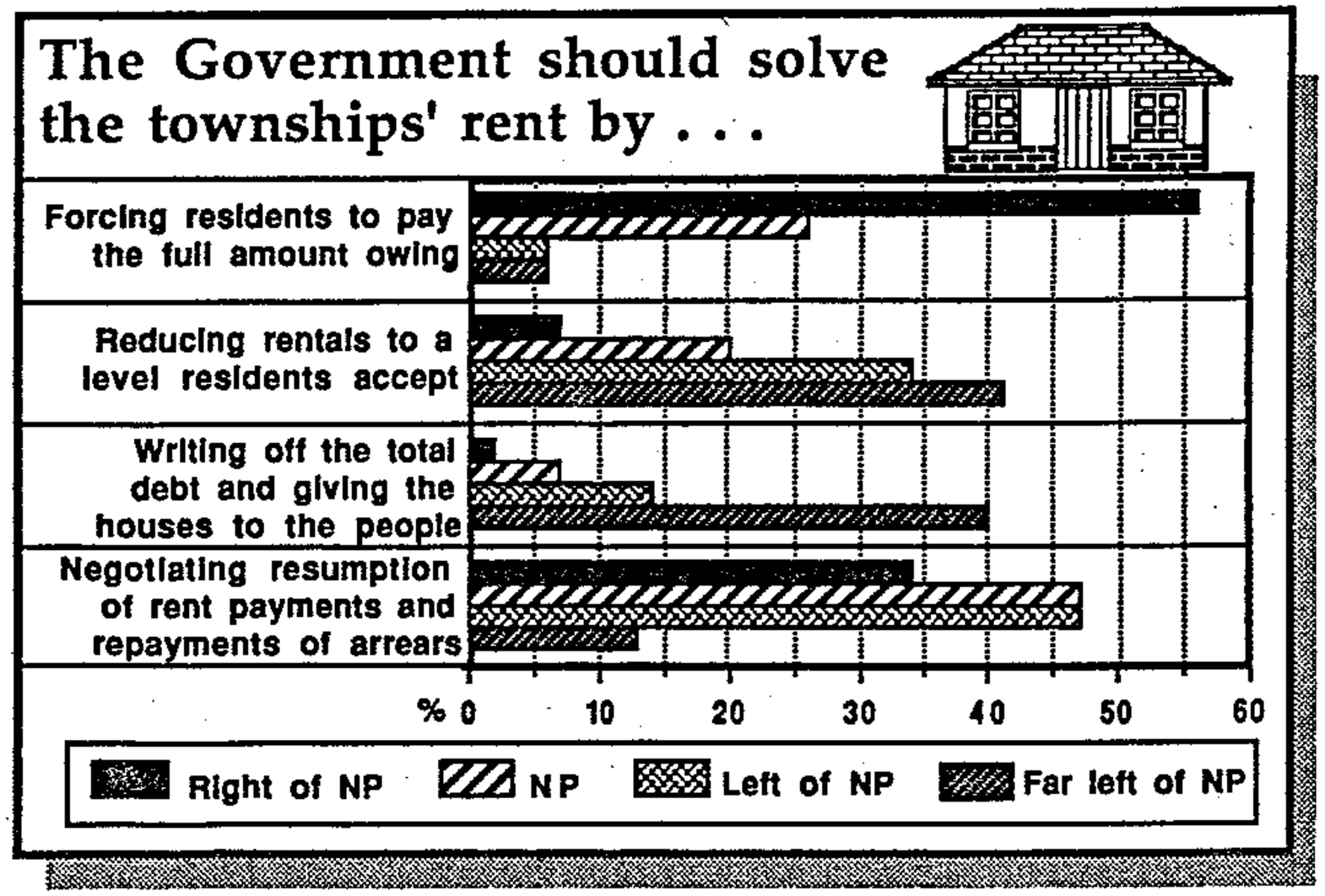
gotiated or a compromise solution.

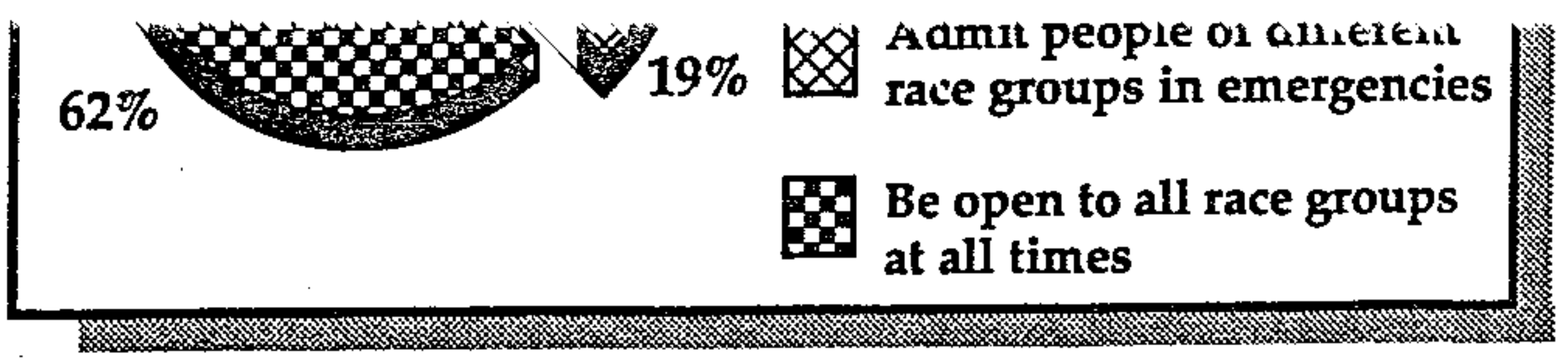
Just over a third (34 percent) of the more than 1 050 respondents are in favour of a negotiated resumption of rent payments and rent arrears. Just less than another third (29 percent) want rents reduced to levels acceptable to the residents.

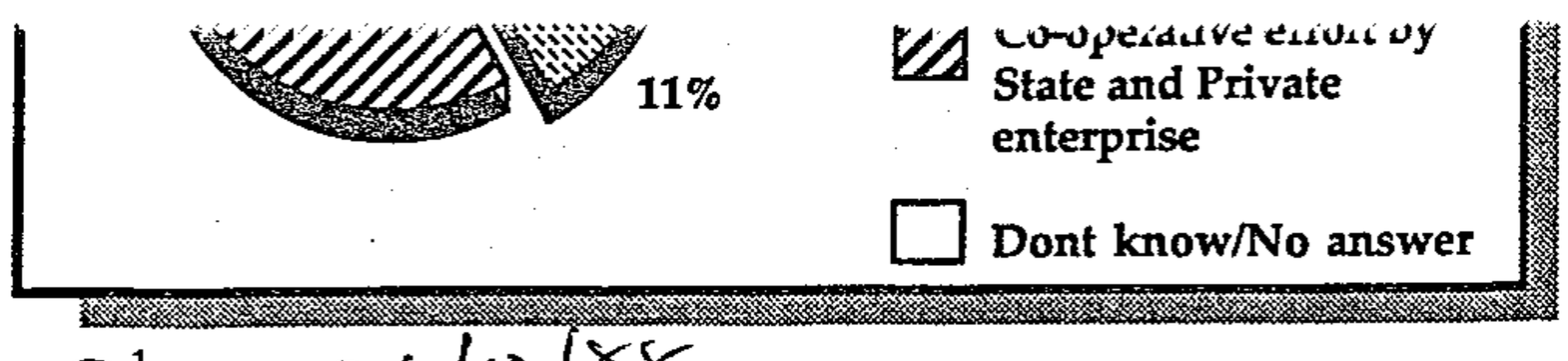
Against the more than six in 10 respondents (63 percent) who see negotiations and/or compromise as the best way of resolving the dispute, just over a third (36 percent) adopt a "hardline" position.

The "hardliners" divide into two equally strong camps: Those who advocate scrapping the debt and donating the houses to the people (18 percent) versus those who press for full repayment of the debt (another 18 percent).

In the townships, however, support for writing off the debt more than doubles, rising from the general figure of 18 percent







Star 26/10/88

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But only just more than a third — 36 percent — of people living in white areas think the doors of hospitals should be opened to all unconditionally. Most of these people are white and have access to "whites-only" hospitals.

A further third — 32 percent — believe race restrictions should be removed for emergencies.

Thus, a majority of people in these areas, 68 percent, are in favour of either abolishing or relaxing the colour bar in hospitals.

These salient findings emerge in a survey conducted for The Star by Marketing and Media Research (MMR) on what people think should be done to save South Africa from eventual chaos.

Predictably, people living in black areas, or in those set aside for coloureds and Asians, are strongest in their support for the removal of barriers in hospitals.

Support in black areas runs at more than eight in 10 people (about 87 percent) against more than nine in 10 (91 percent) in coloured and Asian areas. The lower figure for black respondents may reflect a slightly higher level of resistance to "integration" as compared to Asian respondents.



By PATRICK LAURENCE

Only a minority of people of all races favour retention of the present policy of segregated hospitals: blacks — fewer than one in 10 (8 percent); whites — a third (32 percent); and coloureds and Asians — also fewer than one in 10 (3 percent).

Support for unconditional desegregation of hospitals is strongest among young people between the ages of 18 and 24.

It is least manifest among the wealthy (anyone with a monthly income of more than R2 000); the determining factor here is presumably the relative conservativism of the relatively richer whites.

Housing, and the rent boycott

Attitudes to the township rent boycott show that a clear majority of people in the Pretoria and Witwatersrand region, where the boycott has been strong, are in favour of a negotiated or a compromise solution.

Just over a third (34 percent) of the more than 1 050 respondents are in favour of a negotiated resumption of rent payments and rent arrears. Just less than another third (29 percent) want rents reduced to levels acceptable to the residents.

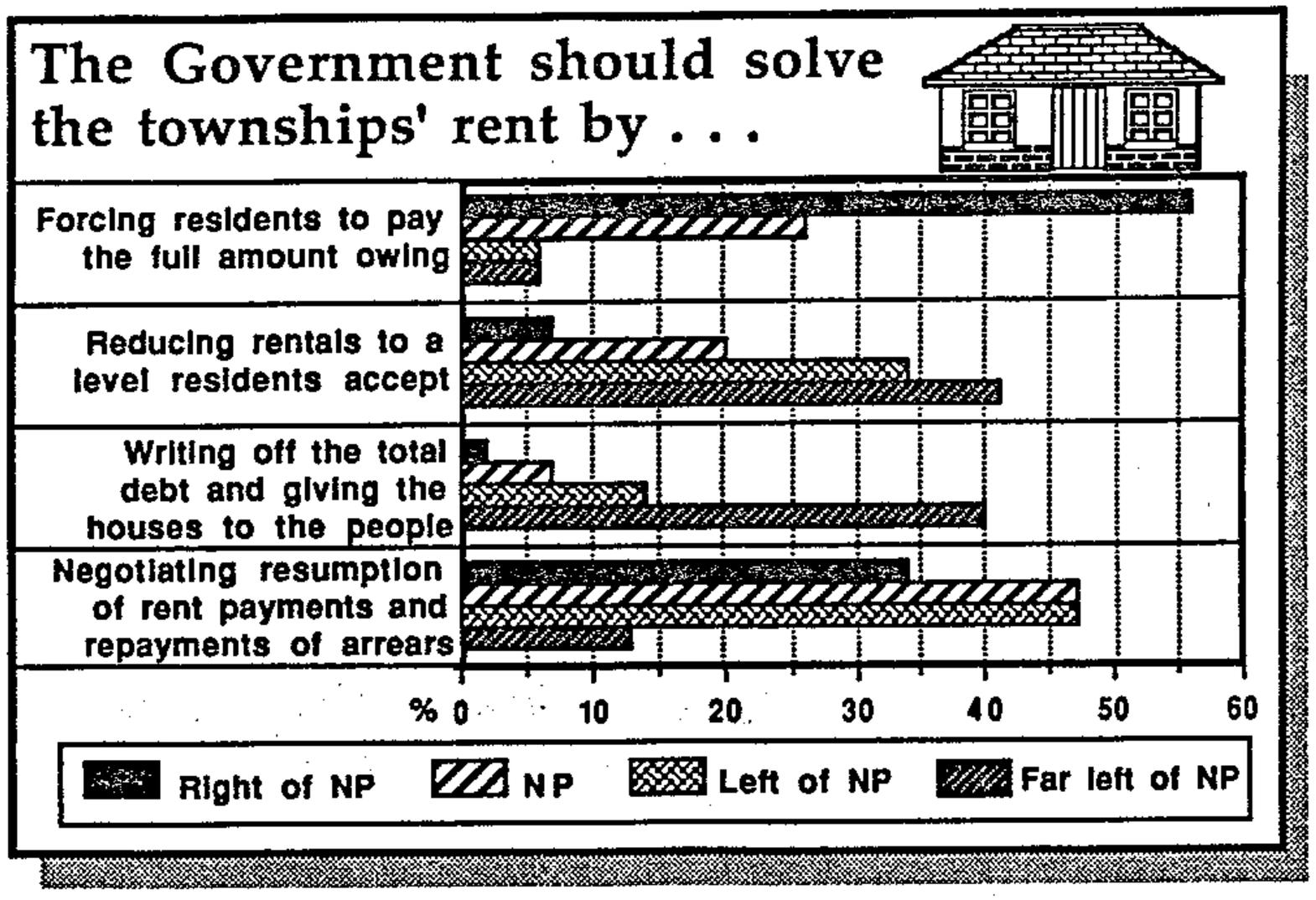
Against the more than six in 10 respondents (63 percent) who see negotiations and/or compromise as the best way of resolving the dispute, just over a third (36 percent) adopt a "hardline" position.

The "hardliners" divide into two equally strong camps: Those who advocate scrapping the debt and donating the houses to the people (18 percent) versus those who press for full repayment of the debt (another 18 percent).

In the townships, however, support for writing off the debt more than doubles, rising from the general figure of 18 percent to 39 percent. An even higher proportion of township folk, 42 percent, want rentals reduced to acceptable levels.

People speaking English or Afrikaans — as distinct from an African language — at home are strongly opposed to scrapping the debt. Support for that option is just under 10 percent in English-speaking households; in Afrikaans-speaking households it is less (3 percent).

On a political continuum, stretching from the Afrikaner Weerstandsbeweging to the Pan-Africanist Congress, support for full repayment of the debt is highest on the "right of the National Party" (56 percent) and smallest on the NP's Far Left (6 percent).



How, when and where

This is a guide as to how, when and where The Star's survey was conducted and by whom:

UNIVERSE: All residents of voting age in Johannesburg, Soweto, East and West Rand, Pretoria and surrounding townships, representing about 6 million people.

SAMPLE SIZE: 1 052 men and women aged 18 and over.

TIMING: Conducted between August 9 and August 22 1988.

SAMPLING METHOD: Area stratified random sampling, based on household statistics from "Towns of South Africa" (Davies, Bristow and Associates). This is a scientific sampling method whereby every person in the defined universe has an equal chance of being selected for the sample — hence the sample is representative of the people in the above metropolitan complex.

INTERVIEW METHOD: "Secret ballot" type questionnaires in which no identification was required. The questionnaires were of the self-completion type and were in the language of the respondent's choice (illiterates were interviewed face-to-face). Respondents placed the questionnaires in self-sealed envelopes and placed these in sealed boxes. Election predictions and opinion polls conducted in the past using this interview method have had good predictive validity.

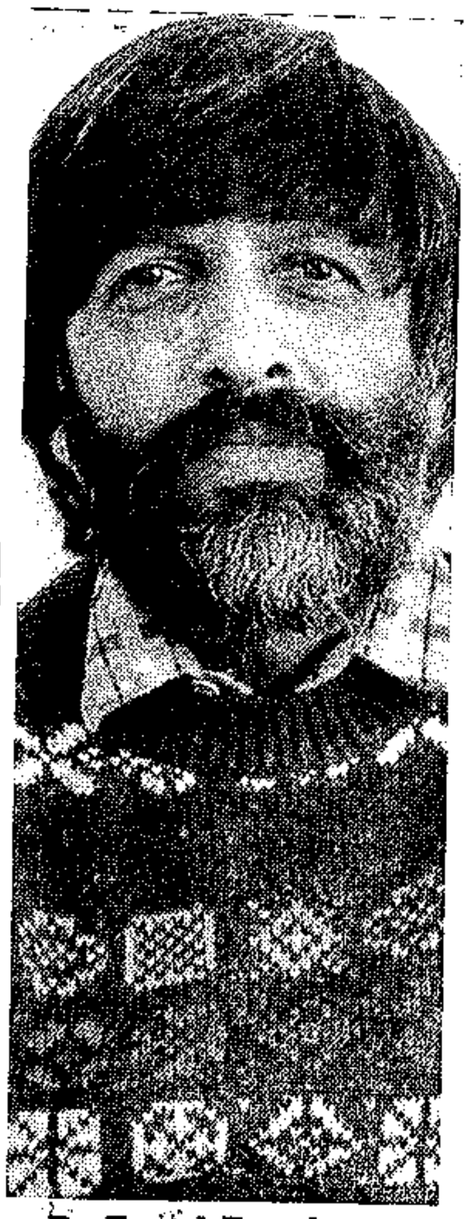
CONDUCTED BY: Marketing and Media Research.

PROCESSED BY: Markanal (Pty) Limited.

(98) CP News 30/10/88

Maternity unit is Alex's new 'baby'

Designed for over 30 deliveries each day



Dr Fazel Randera,

By LULAMA LUTI

ALEXANDRA township residents have every reason to be proud of the new 24-hour-service maternity delivery unit that was opened at the local clinic last week.

The unit differs radically from the old one. "In the old delivery section there was lack of privacy for the mothers, the necessary expertise on child birth and the place was just not the same as maternity clinics that whites go to," said Dr Fazel Randera, deputy-director of the clinic and head of the unit.

Randera spoke with heartfelt joy about the unit, which had been given a massive R650 000 sponsorship.

"This unit is part of the primary health service that is provided at the Alexandra Clinic.

"When management changed about two-and-a-half years ago, there was a decision to find funding for a new maternity wing. This was decided upon because of the inadequacy of the old unit."

There is a warm and motherly atmosphere prevailent in the wards of the new "home for mothers-to-be" and the staff in attendance are just as friendly.

The unit's wards are painted white and light blue vinyl has been used for the floors. The beds are neatly done in white sheets and there are freshly picked flowers on each of the cabinets next to the beds. There are also water basins in each ward.

Randera said the wards had 16 beds, whereas the previous unit had 10 and the unit was designed to deliver over 3 000 babies a year – an average of 10 babies a day.

He said mothers were allowed to stay in the clinic for an average of six hours after giving birth and free transport home.

"There are district midwives who will make follow-up visits to the mothers for five days after they had been discharged and in case of any emergencies they recieve immediate attention.

"The unit is only a model of a primary health care service that could be provided in the future.

"It is a reflection of the strength of the community of Alexandra because had it not been for their strong will for survival, we couldn't have managed to build it," he said.

The unit's team consists of two professional midwives, a staff nurse, a doctor, two senior professional sisters, an administrator and a cleaner.

Randera said the mothers were required to pay an amount of R25 which covered both anti-natal and post-natal medical treatment, including any emergencies incurred after the mother has been discharged.

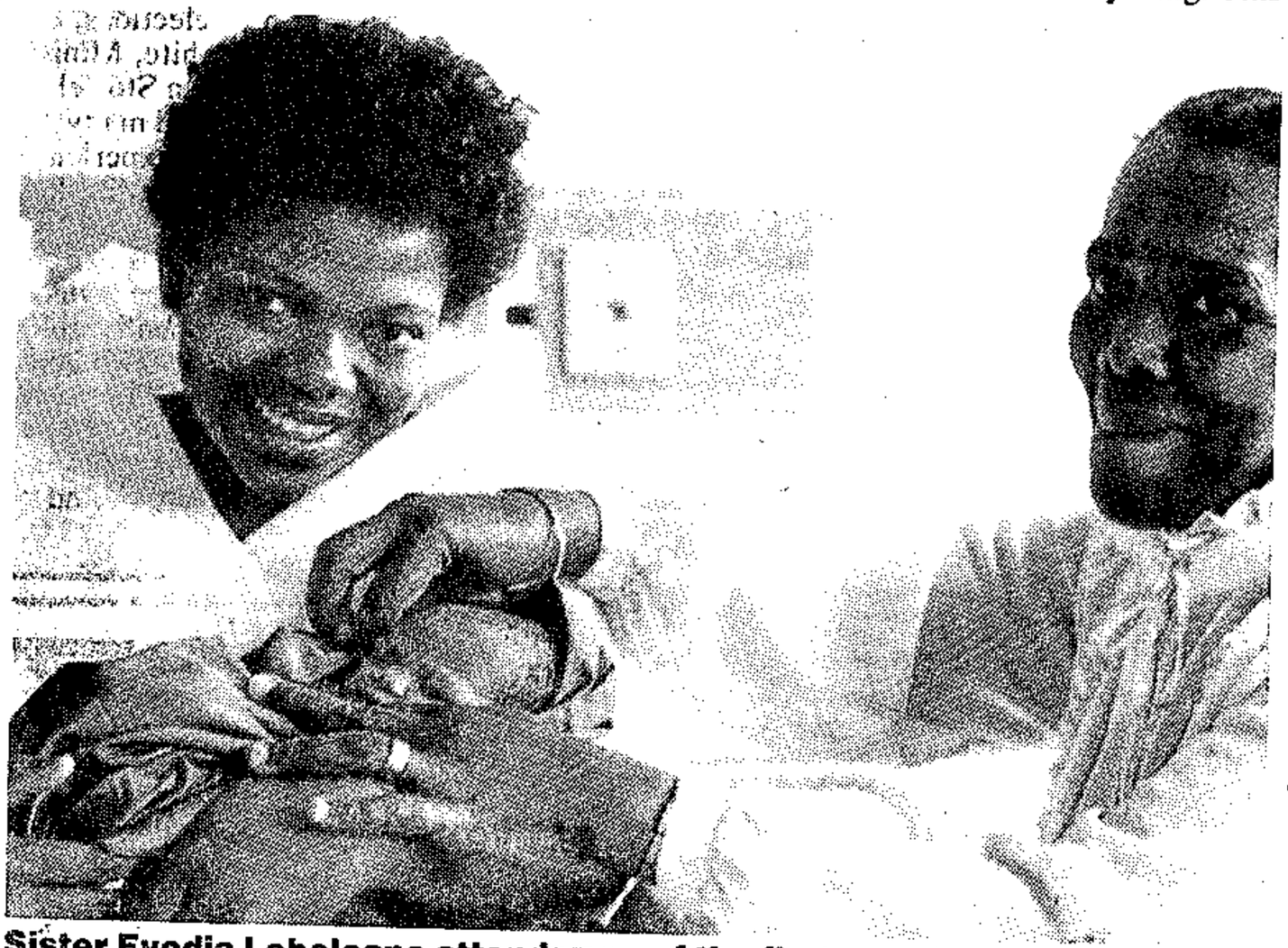
● Scarcely a week after the opening of the new Alexandra Health Clinic, unidentified attackers broke several windows.

According to the director of the clinic, Dr Tim Willson, the incident occurred at 10.30pm last Thursday night when stones were hurled at the building, breaking several windows. The unidentified attackers drove off in a kombi.

He said no one was injured in the incident, but that a young mother who had just given birth was treated for shock.

Willson said it was the first time that the clinic had been attacked and he believed the culprits were not people from Alexandra.

He expressed his concern and disappointment at the attacks and said police were informed.



Sister Evodia Lebeloane attends one of the first proud mothers with her new baby at the new Alexandra Maternity Clinic.

Pic: ANDRIES MCINEKA

Hospital workers strike for more pay

Labour Reporter

HUNDREDS of auxiliary workers at Groote Schuur Hospital stopped work again today to back demands for higher wages.

A spokesman for the employees said that after stoppages last month they had met the director of hospital and health services to discuss pay and requested a report on progress within two weeks.

"That period ended today and we have heard nothing so obviously the director doesn't have the power to do anything," the spokesman said.

"We had to force a crisis to get a meeting with him. Now we want to meet the Commission for Administration or the relevant government Minister."

FREE ASSOCIATION

The employees are demanding that minimum wages be raised to R800 a month from the present R260, a 40-hour week, permanent status and job security, and the freedom to join the worker organisation of their choice.

A spokeswoman for Groote Schuur Hospital confirmed the stoppage, but said no details were available.

Workers claimed that staff at the Carinus Nursing College, which is attached to Groote Schuur, Somerset Hospital in Green Point and Victoria Hospital in Wynberg would be joining the stoppage.

The Groote Schuur spokeswoman said she had no information on the Carinus staff, and spokesmen for Somerset and Victoria said this morning no stoppages had occurred.

Groote Schuur workers down tools

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The hospital spokesman said she had no information on the Carinus staff, and spokesmen for Somerset and Victoria said yesterday no stoppages had occurred. — Sapa.

Argus 11/11/88 (98)

Hospital workers wait for surprise pay packets

Labour Reporter

HOSPITAL workers who qualify will be told soon of the increases they can expect in addition to the general 15 percent pay rise for the public service.

They will be backdated to November 1, according to a spokesman for the workers.

Staff representatives were told of these developments at a meeting yesterday with the executive director of Cape Hospital Services, Dr George Watermeyer.

Work stoppages in support of demands for a better pay package have taken place at several hospitals, principally Groote Schuur, in the past few weeks.

The spokesman said Dr Watermeyer told them he was waiting for the percentage increase to be confirmed from Pretoria.

A response to other demands — a 40-hour week, permanent status and freedom of association to join the worker organisation of their choice — would be made at a later stage, they were told.

The spokesman said that Dr Watermeyer said an investigation into wage demands and other grievances was complete and the report would be given to the senior medical superintendent of Groote Schuur.

Hospital workers to get pay rise

Staff Reporter

AUXILIARY workers at Groote Schuur Hospital were promised a wage increase yesterday after a 15-minute meeting with the executive director of Cape Hospital Services, Dr George Watermeyer.

The meeting follows three work stoppages and threats by the hospital to take disciplinary action against striking workers.

Workers, who are demanding a minimum monthly wage of R800, had been promised an increase retrospective to November 1, a spokesman for the workers said.

The increase would probably be higher than the 15% increment due to all civil servants in January, he said.

98 Star 14/11/82

Govt to keep control of largest hospitals

Political Correspondent

CAPE TOWN — The Government had no intention of privatising all South Africa's hospitals, Dr Willie van Niekerk, Minister of Health, said today.

Dr Van Niekerk was speaking in an interview to clarify recent confusion over Government intentions.

He said the position had not yet been settled because privatisation in health services was being investigated by Dr Wim de Villiers on the Government's instructions.

However, he said, it was obvious that hospitals like King Edward VIII in Durban and Baragwanath in Soweto would not be privatised.

"Academic hospitals could never be privatised."

But a hospital such as the under-utilised South Rand Hospital could either be privatised or turned into a hospital for the frail aged.

South Africa's hospital system would always be dualistic because there would be people for whom the Government would have to provide care.

For instance, next year his department intended to start building a nationwide network of clinics to provide primary health care.

Dr Van Niekerk said the private sector was not doing its share because many of its workers were not on medical aid as should be the case.

The Government, he said, would be giving attention to this.

Privatisation could be applied in many different ways in health services, Dr Van Niekerk said.

Various services in a hospital, such as catering and laundry services, could be privatised.

"Government hospitals could also be used by full fee-paying private patients so the hospitals could earn some money."

The object, he said, was to get a more market orientated, economically viable health service that should be more cost effective.

Health probe 'still going on'

Political Staff RMGS STUBS 98

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South Africa's hospital system would always be split because there would be people for whom the government would have to provide care.

Privatisation could be applied in many different ways in health services; services such as catering and laundry could be privatised.

Government hospitals could also be used by full-fee paying private patients so the hospitals could make some money.

The object he said was to get a more market orientated, economically viable health service.

And he said the government would be giving attention to the fact that the private sector was not doing its share, as many of its workers were not on medical aid as they should be.

Oluromiti Joseph, 28.

Hospital cleaners strike

DURBAN. — About 700 cleaners at Addington Hospital have gone on strike and are demanding a wage increase of more than 50% — from R300 to R670 a month.

CITY NATIONAL

1 200 workers on strike at four Natal hospitals

The Argus Correspondent

DURBAN. — A strike by hospital workers has spread to four hospitals in Natal, affecting more than 1 200 employees.

The stoppage is part of a wider protest by about 3 000 Natal Provincial Administration workers over union recognition, wage increases and other issues. The strike is in its fourth day.

Mr Louis Potgieter, public relations officer for the NPA, said Addington and Clairwood hospitals in Durban, as well as Midlands Psychiatric Hospital and Greys Hospital in Maritzburg were affected.

"There are 450 workers on strike at Addington, 230 at Clairwood, 150 at Midlands and 424 at Greys," Mr Potgieter said.

The workers were asking for R1 500 a month and recognition of their union, the National Education, Health and Allied Workers' Union.

He said he could not comment on what their present salaries were. "That is confidential."

"Volunteers and other staff members" were doing the jobs of striking workers.

Yesterday the 3 000 strikers were told to resume work, or steps might be taken to end their employment.

Provincial Secretary Mr Roy Hindle said that they would lose certain pension benefits if their services were ended.

The NPA said it could not by law recognise trade unions but could not prohibit employees from belonging to unions.

On Wednesday 56 workers, arrested in the Natalia building at Maritzburg, appeared in the magistrate's court charged with refusing to vacate a public building or, alternatively, trespassing. They were released on their own recognisances and the case was adjourned to January 25.

CNV Trials 19/11/88 98 152 28 1104

Court orders strike stopped

MARITZBURG. — There was reason to fear that recent strike action by Natal Provincial Administration (NPA) employees, which was already endangering vital services, could escalate further, according to papers before the Supreme Court here yesterday.

The court issued an urgent interdict restraining the National Education, Health and Allied Workers' Union from continuing with the strike.

The NPA's assistant director, personnel, Mr Johan Barnard, said in an affidavit that there were 20 provincial hospitals in Natal which could be affected by the strike.

He said the strike was endangering vital services and could endanger the lives of patients.

He alleged some employees had been threatened with violence if they did not take part in the strike.

"Only basic medical care can be provided at hospitals concerned and only emergency operations can be performed," Mr Barnard said.

Presmed lifts turnover 300%

Financial Staff

PRESIDENT Medical Investments (Presmed) — which has bought control of the Jan S Marais Clinic in Bellville and the Brackenfell Day Clinic — lifted turnover for the six months to August 31 by 300% to R7m (R1,7m).

But attributable income rose by only 25% to R290 000 (R231 000). Operating income was 57% higher at R862 000 (R550 000). But finance costs of R253 000 (R19 000) brought pre-tax income down to R609 000 (R531 000) and a tax bill of R305 000 (R265 000) left net after-tax income of R305 000 (R265 000).

Earnings at share level were 3,3c (2,7c). Presmed pays only one annual dividend, at the end of the financial year.

The value of fixed assets rose to R4,3m (R706 000) and net current assets to R3m (R187 000).

MD Carl Grillenberger said the rise in turnover was due to "significant expansion", with capacity doubling to 300 beds. This was due mainly to Bloemfontein Rosepark Hospital coming into use.

"Unfortunately the private hospital industry has to cope with an enormous cost escalation factor, which is evident from the disparity between the turnover increase and net profit increase.

"This is evident also in the profit figures of our competitors."

Acquisition

He said turnover was expected to rise even further in the current half of the financial year, due to the acquisition of 67% of the Pretoria North Day Clinic and 60% of the Peglarae Day Clinic in Rustenburg, in addition to 80% of the Jan S Marais Clinic and the Brackenfell Day Clinic. These acquisitions were all with effect from September 1.

16 arrested for possession of stolen property

Huge corruption at Baragwanath

Argus 21/11/88 (98)

The Argus Correspondent

JOHANNESBURG. — A huge network of corruption — allegedly involving dozens of staff members and stolen goods worth hundreds of thousands of rands — has been exposed at Baragwanath Hospital in Soweto by a special team of investigators hired by the Transvaal Provincial Administration.

The corruption is said to extend to almost every department of the hospital which is already labouring under a critical lack of facilities and resources — including drug dispensaries, security, kitchens, wards, laundries, gardens, the mortuary and others.

So far 16 staffers have been arrested as investigators uncovered a number of theft syndicates and suspects operating on their own.

However, the specialist team from Johannesburg's Security Service Consultants (SSC) is poised to make at least another 13 or 14 arrests today, a spokesman said.

Soweto police spokesman Major Fanyana Zwane confirmed that eight men and eight women were being held at the Orlando police station. They were charged with possession of suspected stolen property and would appear in court today, he said.

Investigators have so far recovered about 1 000 tablets of various drugs, including Mandrax, morphine and other drugs. Some of the drugs cost between R300 and R400 for 30 tablets.

Penicillin was also stolen from the hospital.

In one case, investigators arrested a man selling packs on the street — made up by himself in plastic bank bags — of potent drugs used to combat gonorrhea and syphilis for R5.

Towels, bedpans, laundry, surgical instruments, crockery and cutlery stolen from the hospital have also been recovered at the homes of alleged thieves.

The breakthrough was made after six months of painstaking investigation by Mr Declan Condon, a former CID officer and SSC's special projects manager, and his team, who operated with the full co-operation and assistance of police and hospital authorities.

The roundup of suspects started last Thursday when the homes of those allegedly involved were visited.

According to Mr Archie Griffiths, SSC chairman and doyen of the investigation industry in South Africa, corruption is an ever-increasing problem at all levels of society.

Investigators swoop on staff members and recover drugs

Theft racket at Bara exposed

Star 2/11/88

(98)

Staff Reporters

A huge network of corruption allegedly involving dozens of staff members and stolen goods valued at hundreds of thousands of rands has been exposed at Baragwanath Hospital in Soweto by a special team of investigators hired by the Transvaal Provincial Administration.

Sixteen staff members have been arrested and a further 16 arrests were expected soon, said Mr Archie Griffiths, head of Security Services Consultants.

Dr Chris van den Heever, chief superintendent of Baragwanath, said today he understood other provincial hospitals were also being watched.

The staff members are alleged to have been involved in the disappearance of drugs and goods valued at hundreds of thousands of rands, extending to almost every department of the hospital, which is suffering from a lack of facilities.

Theft syndicates

The areas include drug dispensaries, security, kitchens, wards, laundries, gardens and the mortuary.

The team of investigators uncovered a number of theft syndicates, as well as lone operators.

Dr Van den Heever said he was aware that a certain amount of theft had been going on at the hospital over a number of years.

He said that because it was taxpayers' money that was paying for the hospital, the public had the right to have its interests looked after.

"Obviously, the hospital's main job is to look after sick people and so we left the investigation to the experts.

"I knew staff members were being watched but was not informed of the details. That was left to the experts," said Dr Van den Heever.

"This is a worldwide problem and not only in State-run hospitals," he said.

Hospitals were prime targets for theft. "There are those who pilfer for their own use and those who steal larger amounts for re-sale," he said.

Mr Griffiths, SSC chairman and doyen of the investigation industry in South Africa, said the Transvaal Provincial Administration, which had requested the investigation, had not required further investigations into other hospitals.

"We would certainly take up any other hospital corruption cases," he said.

The Director of Hospital Services in the Transvaal, Dr Hen-



Baby boom . . . at the celebration were (from left to right) James and Tamlare, held by mum Glynis Brunke, Nhlawulo and mum Letta Hlebele and Dakshika and Daksha, held by dad Baboo Maharaj. ● Picture by Karen Fletcher.

Fighting breaks out in church

A fight broke out between members of a Methodist congregation during a service yesterday afternoon — apparently over a layman who had been deprived of his office.

Religion Reporter

Clarke of Turffontein Methodist Church under which the Rosettenville church falls, said he knew "nothing" about the incident.

Celebration for test-tube success story

Medical Reporter

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"We would certainly take up any other hospital corruption cases," he said.

The Director of Hospital Services in the Transvaal, Dr Hennie van Wyk, declined to comment for fear of upsetting investigations.

"I would be hesitant to make any comments. One does not want to hamper investigations at this stage," he said.

Morphine

Investigators have so far recovered about 1 000 tablets of various drugs, including Mandrax and morphine. Some cost between R300 and R400 for 30 tablets.

Penicillin was also stolen from the hospital.

In one case, investigators arrested a man selling packs of drugs, used to combat gonnorrhoea and syphilis, for R5.

Towels, bedpans, laundry, surgical instruments, crockery and cutlery stolen from the hospital have also been recovered at the homes of alleged thieves.

The corruption breakthrough was made after six months of investigation by Mr Declan Condon, a former CID officer and the SSC's special projects manager, and his team.

They operated with the full co-operation and assistance of the police and hospital authorities.

Fighting bre

A fight broke out between membe Methodist congregation during a yesterday afternoon — apparently layman who had been deprived of fice.

According to some accounts broke out between the choir and a g church stewards.

Police liaison officer Colonel Fra herbe said this morning that polic called to Rosettenville Methodist C on the corner of Miller and Lily but that when they arrived "eve was quiet and no charges were laid".

No one was injured.

The church is used on Sunday afte for services by black Methodists, a minister in charge, the Reverend

'Weekblad' talks to the lawyers

Staff of the *Vrye Weekblad*, Sou Africa's new weekly newspaper, are seek legal advice today following t receipt of a letter from the Minister Justice Mr Kobie Coetsee informi them that he was considering vario steps before registration of the new paper could be approved.

Vrye Weekblad received the lett last Friday, in which Mr Coetsee sa he was considering determining t amount to be paid before the pap could be registered. This could be u to the maximum amount of R40 000.

Mr Coetsee said in his letter the a tion was being taken in terms of th Internal Security Act, adding that

32 hospital guards arrested

(98)

Star 24/11/88

By Toni Younghusband,
Medical Reporter

Police swooped on Baragwanath Hospital last night, arresting 32 security guards in connection with the theft of drugs and equipment from the hospital.

Quantities of drugs, including Mandrax, and hospital linen and gowns and almost everything used at the hospital have been seized by the investigators.

Yesterday, 18 hospital employees appeared in an Orlando Magistrate's Court.

The arrests and court appearances follow a six-month investigation by a private security consultant firm, Security Services Consultants (SSC), into large-scale theft and corruption at the hospital.

Members of the Soweto and Johannesburg robbery reaction units were called in by SSC last night to arrest the security guards.

HIGHLY SUCCESSFUL

Mr Archie Griffiths, head of SSC, said the 32 would appear in court today.

He said a special team of SSC investigators had worked in conjunction with the police throughout the night.

"It has been a highly successful operation. We have been gathering information on hospital staff for the past six months and I think it has gone well," said Mr Griffiths.

He said his firm had been hired by the Transvaal Provincial Administration because it was impossible for police to act on the minimal information available.

Dr Chris van den Heever, chief superintendent of Baragwanath, said he understood other provincial hospitals were also being watched.

Coronation Hospital filthy, says patient

98

A Roodepoort woman, Mrs Norma Roff, has appealed to the administration at Coronation Hospital to do something quickly about the "filthy, unhygienic" conditions at the hospital but the deputy superintendent, Dr P P Menire, says he is amazed at Mrs Roff's allegations.

By Toni Younghusband,
Medical Reporter

Mrs Roff says:

"I have been going to the Coronation Hospital regularly for the past seven years, both as an inpatient and an outpatient.

"Conditions at the hospital have been going downhill for quite a while now. The place smells, is filthy dirty and unhygienic.

"I was discharged from the hospital just last week and while in one of the wards noticed cockroaches and mice running across the floors.

"And the food is disgusting.

"I was temporarily transferred to the Johannesburg Hospital for a few days and was amazed at the difference. It is a beautiful, clean hospital and the food comes in sealed containers.

"While I was there I spoke to some of the doctors and they said they were afraid to complain about conditions for fear of losing their jobs".

A doctor, who prefers to remain anonymous, said he believed overcrowding was the reason for the poor state of the hospital.

Dr Menire says:

"We sometimes receive specific complaints from people and do our best to rectify them as soon as possible. If we receive a complaint, we will answer it in writing.

"We get a lot of patients here at all times, some of whom refuse to go anywhere else. Perhaps there are some people who are unhappy but we try our best.

"I cannot comment on a complaint unless I have full details of the patient, the ward she was in and when she was at the hospital.

"It is unacceptable that someone goes to the newspapers without complaining to us first. The woman is welcome to send us a letter."

32 Bara guards face theft charges

SKN (98)

Medical Reporter

Police have arrested 32 Baragwanath Hospital security guards in connection with the theft of drugs and equipment from the hospital. 23/11/88

The arrests were made on Monday night and follow the appearance of 18 Baragwanath workers in the Orlando Magistrate's Court on Monday on charges of theft.

The arrests and court appearances follow a six-month investigation by a private security consultant firm, Security Services Consultants (SSC), into large-scale theft and corruption at the hospital.

BARA THEFTS - 18 MORE IN COURT

POLICE swooped on Monday night and arrested 46 Baragwanath Hospital security guards in connection with the theft of drugs and equipment from the hospital.

Quantities of drugs, including Mandrax, and hospital linen and gowns and almost everything used at the hospital has been seized by the investigators.

On Monday 18 hospital employees appeared in an Orlando magistrate's court on similar charges. Some are due to appear in court today.

The arrests and court appearances follow a six-month investigation by a private security consultant firm, Security

SOWETAN Reporter

Services Consultants (SSC), into large-scale theft and corruption at the hospital.

Members of the Soweto and Johannesburg robbery reaction units were called in by SSC to arrest the security guards.

Mr Archie Griffiths, head of SSC, said the 46 would appear in court.

He said a special team of SSC investigators had worked in conjunction with the police throughout the night. "It has been a highly successful operation. We have been gathering information on hospital staff for the past six months and I think it has gone well," said Mr Griffiths.

He said his firm had been hired by the Transvaal Provincial Administration because it was impossible for police to act on the minimal information available.

"The police don't have time to follow up every little allegation. They must have a proper complaint. We took six months to do this," he said.

Unlikely

Mr Giffiths said it was unlikely the operation would continue much longer as now that there had been arrests the word would have got around and people would go underground.

Dr Chris van den Heever, chief superintendent of Baragwanath, said he understood other provincial hospitals were also being watched.

The areas under investigation included drug dispensaries, security, kitchens, wards, laundries, gardeners, and the mortuary.

Hospital security guards arrested

48 Bara staff charged in massive probe

DANIEL SIMON

FORTY-EIGHT Baragwanath Hospital staff members had been charged with theft-related incidents since Thursday and 20 more were expected to be arrested in the near future, a security company spokesman said yesterday.

The arrests are a sequel to a six-month-long secret investigation initiated by the Transvaal Provincial Administration (TPA). The alleged activities of those arrested were exposed by a special team of Security Services Consultants (SSC) investigators, hired by the TPA.

All 48 were arrested in connection with allegations of theft in which drugs and goods — possibly running into hundreds of thousands of rands — were stolen from the hospital.

Numerous stolen goods were allegedly sold to the public.

During Monday night and early yesterday morning, police and SSC investigators swooped and arrested 32 hospital security guards for being in possession of stolen goods. The men have been charged and are expected to appear in the Orlando Magistrate's Court today.

Their appearance will be a sequel to Monday's court appearance of 16 other hospital employees on similar allegations of theft or of being in possession of stolen property.

One man has been found guilty of possession of stolen goods and given a R300 fine, or 300 days' and a further suspended sentence.

Fifteen others will appear in court again on November 29.

Goods

SSC investigation team chief Declan Condon said police and SSC members had arrested 32 security guards on Monday night and early Tuesday morning and they had been charged for being in possession of stolen goods.

He said goods recovered so far included more than 1 000 tablets and a variety of other hospital goods.

Condon said at least 20 more people were to be arrested before the investigation "wound down".

Baragwanath police swoop: 33 in court

Thirty-three security guards from Baragwanath Hospital appeared briefly before two magistrates in the Orlando Regional Court yesterday in connection with the disappearance of equipment, including drugs, from the hospital.

Each magistrate presided over two cases. The accused were split into four groups and appeared before Mr C Hawkins and Mr T Prinsloo.

No evidence was led and the cases were postponed to December.

The accused will appear again on December 1, 2, 8 and 30.

All accused were granted bail of R100.

The court appearance is a sequel to a police swoop following an intense six-month investigation in which a huge network of corruption, allegedly involving staff members, was uncovered.

Arrests were made this week after a team of investigators found staff members were allegedly involved in the disappearance of drugs and goods valued at hundreds of thousands of rands.

Bara — 32 more appear

Sowetan 24/11/88 (98)

By SONTI MASEKO

THIRTY-TWO more people appeared at the Orlando Magistrate's Court following more police arrests in the Baragwanath Hospital theft investigations.

One man was discharged and the rest were charged with the theft of various items, ranging from drugs, foodstuffs to hospital equipment, alleged to be the hospital property.

They all pleaded before the magistrates, Mr A J Moolman, Mr T A Prinsloo and Mr C Hawkins.

Their cases were postponed to November 28, 29 and 30, and to December 1, 6, 7, 8 and 12 and they were granted bail of R100 each.

The names of the accused men are: Mr Mbongeni Zitha, Mr David Mdlalose, Mr Steven Dlangala, Mr Bethwell Shelembe.

Mr Mboniseni Mqaza, Mr Jabulani Ngoza, Mr Walter Mashoene, Mr Isaac Ndlovu, Mr Lucas Mbatha, Mr Hilton Radebe, Mr Thokozani Mkhize, Mr Matthews Shamelo, Mr Abel Mhlaba, Mr Dlanga Skhashana, Mr Enoch Ntuli, Mr Jewel Shandu, Mr Dlanga Skhushane, Mr Abel Hlokoa, Mr Henry Cebekhulu, Mr Elson Mphahlele, Mr Johannes Chwene, Mr France Maborala, Mr Jeremiah Lebelo, Mr John Motsoane, Mr Tommy Mphahlele and Mr Physton Makgamate.

Hospital strike goes on

(98) Sowetan 2nf 1/11/88

AT ADDINGTON hospital, in Durban, doctors, nurses and administration staff were still carrying out the work of striking Natal Provincial Administration employees.

"We are managing. There are no problems," medical superintendent Dr Patrick Fitzgerald said yesterday.

He said existing staff were working in the kitchens and keeping the hospital clean.

Discharge

More hospital workers had returned to work, he said, adding that altogether 170 of about 450 striking staff members had returned to work.

"We are negotiating with them," he said.

NPA spokesman, Mr Louis Potgieter, confirmed more than 3000 workers had been fired for striking. Letters to the workers informing them of their discharge had already been received or were on their way, he said.— Sapa.

Cure for Bara's ills

THE solution to overcrowding at Baragwanath Hospital was to erect prefabricated structures to accommodate the overflow, the University of the Witwatersrand and the Transvaal Provincial Administration said in a joint statement yesterday.

The statement, released by Transvaal Administrator Mr Danie Hough, and the university's acting vice-chancellor, Prof P D Tyson, said overcrowding at Baragwanath was "a matter of grave and ongoing concern".

The TPA had agreed to erect prefabricated structures at Baragwanath in accordance with the recommendations of an independent committee appointed by the university's faculty of medicine to establish the cause of Baragwanath's problems and to propose solutions.

The TPA indicated, however, the provision of new structures at Baragwanath depended on the availability of funds.

The committee's recommendations included that the number of beds be increased "to ensure that the patients admitted to the medical wards be reasonably accommodated."

This could be achieved by providing prefabricated buildings "so that the medical admissions ward can be enlarged and the overflow from the medical wards be absorbed."

The university undertook to assist in raising funds for the erection of the buildings, the statement said. — Sapa.

SAPA

AN eleventh-hour stay of execution for Paul Setlaba, granted by the Minister of Justice, Mr Kobie Coetsee, almost failed to reach death row in Pretoria, just

More arrests expected to be made at Bara

27/11/88

By DESMOND BLOW

A TOTAL of 49 Baragwanath Hospital workers have been arrested, including 32 security guards who appeared at the Orlando Magistrate's Court this week on charges of theft following a six-month investigation into theft and corruption at the hospital.

According to Declan Condon, chief of Security Services Consulants – a company hired by the TPA to conduct the investigations – 20 more arrests are expected to be made.

Condon said investigations had revealed a number of items, including peanut butter, spades, linen, crockery, condoms, and expensive drugs and medicine, had disappeared from the hospital.

Investigators have so far recovered about 1 000 tablets, including mandrax and morphine.

Towels, bedpans, laundry, surgical instruments, crockery and cutlery stolen from the hospital have also been recovered from the homes of the alleged thieves.

"It is estimated that between 60kg and 70kg of top-grade fillet steak was stolen daily.

"One man had set up his own business to cure syphilis and gonorrhoea. He made up packets of medicine and sold them for R5 a packet," said Condon.

Baragwanath chief superintendent Dr Chris van den Heever this week said other provincial hospitals were also being watched.

Condon said it was impossible for any organisation as enormous as Baragwanath Hospital – with about 7 000 employees and thousands of patients in overcrowded conditions – to keep check on everything in the hospital.

"It is the same in all large organisations. We have also investigated four private clinics and have found similar transgressions, but not on the scale of Baragwanath. However, there has not been any publicity about the clinics because they are privately owned and they decided to handle the matter internally.

"In another large industrial company we found that 19 senior white employees were pilfering goods worth thousands of rands. The company decided not to call in the police but to handle the matter internally.

"In the matter of Baragwanath it was different. It is taxpayers' money and we were instructed by the TPA to call in the police."

Condon said although large companies normally had their own security organisations, and most of the security people were honest, it was not easy for them to catch the criminals.

"We send people in clandestinely. They frequent places where employees go – such as shebeens. We have actually had people buy some of the stolen goods from thieves."

He added that so many people were involved in pilfering at Baragwanath that there had to be collusion, although no crime syndicate had been discovered so far.

Condon paid tribute to his staff for helping break the back of the racket.

(98)

Over 200 hospital strikers dismissed

DURBAN. — More than 200 workers at Addington Hospital have been fired for taking part in a two-week strike involving more than 3 000 Natal Provincial Administration workers.

A spokesman for the National Education, Health and Allied Workers' Union, Mr Themba Nxumalo, said yesterday that letters of dismissal were also being handed out at Clairwood Hospital. — Sapa

Huge support for axed hospital chief

IRB 45 30/11/18

Medical Reporter

SUPPORT is pouring in for axed Groote Schuur Hospital chief medical superintendent Dr Jocelyn Kane-Berman and colleagues have demanded her reinstatement.

The medical fraternity has rallied behind the popular administrator following her summary transfer this week.

She was removed from her post by the provincial administration because of her suggestions for additional members of government, including Mr Nelson Mandela as prime minister, which were published in a light-hearted article in Weekend Argus.

She has been shifted sideways and is to become Western Cape regional medical superintendent next year.

In a statement, the National Medical and Dental Association expressed a "sense of outrage".

"The autocratic and arrogant action of the authorities in depriving the hospital services of a highly respected and outstandingly competent superintendent reveals a flagrant contempt for free-

(Turn to page 3, col 1)

MCGUS 30/11/88

Support for axed doctor

(Continued from page 1)

dom of speech, and also the prioritising of political bullying above the welfare of the patients at Groote Schuur.

"It is actions of this kind which bring the health services and the medical profession of South Africa into international direspute," the statement said.

The medical faculty at the University of Cape Town expressed confidence in Dr Kane-Berman's "integrity, ability and dedication to the Groote Schuur Hospital and the Teaching Hospitals Group" and called for her reinstatement.

The faculty said she had been head of the planning and commissioning unit for the new hospital until her appointment as chief superintendent and she had continued to play a key role in the development of the hospital.

"The absence of her unique knowledge and understanding will be a critical loss.

"We feel that her transfer is a harsh reaction to an indiscreet comment as a public official, which appeared in the press some weeks ago.

"We believe that her reinstatement would be in the best interests of the hospital and its patients."

Other prominent medical authorities today accused the government of continually disregarding the standard of health care in this country in favour of politics.

Dr Marius Barnard, the Progressive Federal Party's spokesman on health, said it was the MEC in charge of Hospital Services in the Cape, Dr Andre van Wyk, who should have been removed from his post.

"The government continously disregards the standard of health care for political motives. This is purely another petty example of their policies," said Dr Barnard.

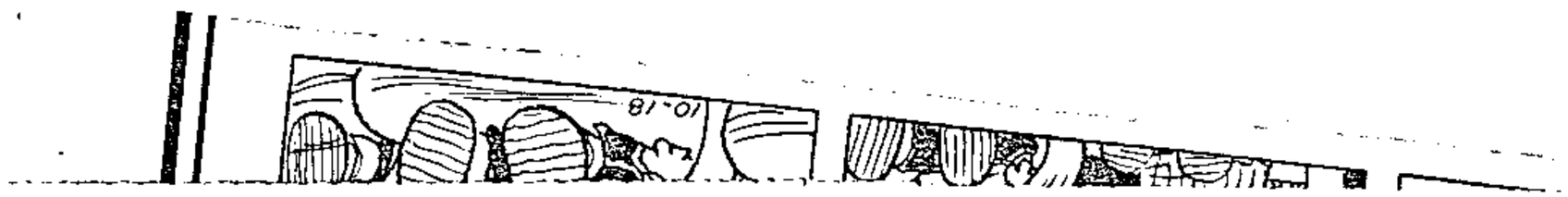
Dr Nic Lee, editor of the *SA Medical Journal* — official mouthpiece of the Medical Association of South Africa (Masa) — said: "It is always difficult to comment without knowing all the facts.

"However, if Dr Kane-Berman's dismissal was simply due to her heavily tongue-in-cheek comments in the article in Weekend Argus, I can only say that I am sorry that her puckish sense of humour has been swamped by what seems to be a distictly humourless over-reaction."

Mr Jan van Gend, MP for Groote Schuur, said the article was light-hearted and not all that seriously intended.

"Be that as it may, many of her suggestions have substantial merit. The suggestion of Nelson Mandela as prime minister is one which would carry the approval of a large section of the South African population, and not only the black section.

"What really concerns me is that by all accounts, she was doing her job exceptionally well. I have had dealings with her and I was most impressed."



Blondie ar

Star Times 30/11/88 98

Groote Schuur chief's transfer slated

Medical Reporter

THE transfer of Groote Schuur Hospital's chief medical superintendent, Dr Jocelyne Kane-Berman, to another post after remarks she made about an alternative cabinet was yesterday condemned as "harsh" and "authoritarian" by leading Cape Town doctors.

Dr Kane-Berman, who was appointed chief medical superintendent at Groote Schuur in 1986, has been transferred to the post of regional medical superintendent in the Western Cape.

The faculty of medicine at the University of Cape Town yesterday called for her reinstatement as medical superintendent of the hospital.

Dr George Watermeyer, executive director of hospital and health services for the Cape Provincial Administration, said that remarks made by Dr Kane-Berman in the press about an alternative cabinet were a "contributing factor" to her transfer.

In an article in a daily newspaper in October, Dr Kane-Berman was one of several women asked what sort of country South Africa would be if it were run by women.

Dr Kane-Berman's reply was: "I am not in favour of women only in charge of the country, I'd like people purely on merit — men or women. Perhaps Nelson Mandela as Prime Minister, Dr Mamphela Ramphele, Health; Anna Starcke, Finance; Van Zyl Slabbert, Defence; Helen Suzman, Justice, Police, Prisons, Law and Order."

Dr Watermeyer said that for a senior civil servant, this was a "most irresponsible remark to make — to put forward the suggestion that an individual sentenced to a long prison sentence should be the next prime minister".

The remark had embarrassed the administration, he said, adding though that the new post carried more responsibilities than the Groote Schuur post.

"She is now the superintendent in charge of Victoria, Wynberg, Conradie, False Bay and Karl Bremer hospitals in the Peninsula, and of hospitals in the Western Cape as far as Upington, Knysna and George."

Asked how the transfer to a job of greater responsibility related to Dr Kane-Berman's embarrassing the administration, he said: "It gives her another chance at starting afresh."

Dr Kane-Berman was on leave and Dr Gilbert Lawrence, deputy medical superintendent at Groote Schuur Hospital, was acting as medical superintendent while the post was advertised, he said.

Dr Kane-Berman yesterday said she had no comment to make on her transfer.

The University of Cape Town's medical faculty yesterday issued a statement saying Dr Kane-Berman had played a key role in the development of the hospital and that the absence of her "unique knowledge and understanding" would be a critical loss.

Expressing their confidence in her integrity, ability and dedication, the faculty said Dr Kane-Berman's transfer was "a harsh reaction to an indiscreet comment as a public official" and her reinstatement would be in the best interests of the hospital and its patients.

Professor Eugene Dowdle, professor of clinical science and immunology in the faculty of medicine at UCT, said: "One doesn't like to see an authoritarian attitude taken on an expression of opinion," adding that the "powers that be" should not react with "overkill" to the remark.

He said Dr Kane-Berman was well-liked as medical superintendent.

"I don't think there's anyone immediately available who would be a repository of the same trust."



Dr Jocelyne Kane-Berman

Doctor's sudden transfer

(98)

Sowetan 30/11/86

A NEWSPAPER article in which Dr Jocelyn Kane-Berman suggested Nelson Mandela as an alternative head of government "contributed" to her transfer from her post as chief medical superintendent of Groote Schuur Hospital.

In the article carried in *Weekend Argus* last month, several women — including Mrs Engela Treurnicht, wife of Conservative Party leader Dr Andries Treurnicht and President Botha's daughter, Rozanne — were asked what kind of country South Africa would be if it were run by women.

Mr Andre van Wyk, MEC in charge of hospitals and roads, said yesterday Dr Kane-Berman's comments in the article were "certainly a contributing factor" in her transfer.

"We can't allow officials in the hospitals to criticise like this. It is jeopardising our efforts".

"She said afterwards it was a joke but if it was a joke, it was a very irresponsible joke for someone in her position," he added.

Sources close to Dr Kane-Berman confirmed yesterday that she was told on Friday afternoon that she was to be transferred.

Hospital workers 'Sick of conditions'

Hospital workers' dissatisfaction came under the spotlight this year with workers in Cape Town and Durban resorting to industrial action to focus attention on their grievances.

CHIARA CARTER spoke to workers at the City Park Hospital

WORKERS at a R195-a-day luxury private hospital in Cape Town earn as little as R250 a month.

The workers, mainly women, claim to work a 45-hour week at the City Park Hospital.

Cleaner Maria Kleinsmith, 51, said she had worked at the hospital for five years and still earned the minimum wage.

"I feel like a slave here," said Kleinsmith (not her real name). Workers would not give their names for fear of victimisation.

"I have to clean three floors on my own. It includes sweeping, dusting, working with heavy machinery, and scrubbing on my hands and knees. For this I am paid R250 a month."

Elizabeth Swarts, 35, a cleaner at the hospital for the past four years, is a sole breadwinner.

The minimum wage of R250 has to support her and her four young children. "It's not easy to make ends meet. Every month I slip more into debt," she said.

Like Swarts, most of the workers are women with children.

The 45-hour working week, split into shifts with concomittant transport problems, means their family life often suffers.

"I worry about my two children who are alone at home when I work late or over weekends," said.

"It makes me angry that we do not get proper compensation for the way our work intrudes on family responsibilities."

Workers complained that they are not allowed any time off, even at the end of the month to bank their wages.

They also do not have benefits like a pension scheme.

Nehawu recently negotiated an agreement with City Park, which is part of the Clinic Holdings group, a Rembrandt subsidiary. The agreement is still subject to ratification by management.

But even the agreement does not signal a great improvement in working conditions.

The minimum wage will be raised from R250 to R340, an increase of 36 percent. Workers wanted R700.

Provision was also made for a 10 percent shift allowance and unpaid maternity leave with jobs being guaranteed.

Clinic Holdings also agreed to pay a bonus equivalent to a 13th cheque, dependent on profits.

Workers were hampered in negotiations because the union has only an interim recognition agreement with the company.

Mr AR Mathews, manager of City Park, said the agreement with Nehawu was not yet concluded.

He said the information given to SOUTH contained substantive errors.

Doctor's transfer may worsen boycott

Sat Times 1/12/88

Medical Reporter

THE transfer of Dr Jocelyne Kane-Berman, medical superintendent of Groote Schuur Hospital, to another post because of remarks about an alternative cabinet would worsen the international medical boycott on South Africa, the Medical Association of SA (Masa) said yesterday.

Dr John Steer, chairman of the Cape Western branch of Masa, said the organisation was concerned about Dr Kane-Berman's transfer for what some might regard as a "slightly indiscreet" remark.

Dr Kane-Berman was transferred to the post of regional medical superintendent in the Western Cape after remarks she made in a newspaper saying that Mr Nelson Mandela might be a prime minister of South Africa.

Her transfer provoked condemnation from leading medical people in Cape Town.

Dr Steer said yesterday that politics had no place in health care.

"This action will have a tremendous negative impact on doctors and nurses, particularly at Groote Schuur, and further worsen the worrying outflow of skilled medical personnel to other countries.

"It will also undoubtedly worsen the international medical boycott we already suffer from and can ill afford," he said.

Transfer protests 'to be examined'

Star 2/12/88

98

Own Correspondent

CAPE TOWN — All representations against the transfer of Groote Schuur Hospital chief medical superintendent Dr Jocelyn Kane-Berman "would be looked at", the Admistrator of the Cape, Mr Gene Louw, said yesterday.

Dr Kane-Berman's transfer has caused a furore in medical circles.

Mr Louw was responding to a press statement by the western Cape branch of the Medical Association of South Africa in which it expressed "tremendous concern" at Dr Kane-Berman's transfer.

The Masa branch hoped the matter "could be resolved under the aegis of the Administrator to ensure Groote Schuur retains the expertise of a remarkable woman".

Mr Louw referred queries on the matter to the MEC in charge of hospitals, Mr Andre van Wyk, or to the director of hospital services.

"All representations will be looked at," he added.

Dr Kane-Berman was axed from her post by the provincial administration because of her views on additional members of government, including Nelson Mandela as prime minister, in a light-hearted article in *Weekend Argus*.

She was moved sideways to the position of western Cape regional medical superintendent.

2/12/88

Cape Times, Friday, De

Unveiling ceremony postponed

Staff Reporter

IN the midst of the controversy over the transfer of Groote Schuur Hospital medical superintendent Dr Jocelyne Kane-Berman, an unveiling ceremony of a bust of Dr Hannah-Reeve Sanders, former medical superintendent of the hospital, has been postponed.

Dr Kane-Berman was to have been present at the ceremony, with the unveiling to be performed by Professor George Dall, dean of the faculty of medicine at the University of Cape Town.

No official reason has been given for the postponement but it is believed it was felt the time was not right to conduct the ceremony.

The new date for the ceremony is January 24.

Dr Kane-Berman was transferred to the post of regional medical superintendent of the Western Cape after remarks she made in a newspaper article about an alternative cabinet in which Mr Nelson Mandela would be prime minister.

Dr Sanders is now senior deputy director of hospital services in the Cape Province.

The Health Workers' Union yesterday expressed its outrage at the "summary and arbitrary" transfer of Dr Kane-Berman, saying it regarded the reasons given for "this blatant political victimisation as puerile and an attack on the individuals rights to freedom of speech".

"In the absence of satisfactory reasons we can only assume that the state is dissatisfied with progress make at Groote Schuur Hospital in terms of the removal of racial discriminatory practices and improved labour relations," a union spokesman said.

Hospital workers win pay-rise war

By CHARL DE VILLIERS

GENERAL assistants at Cape Provincial hospitals have won a wage increase of more than the 15% promised to public servants in January, following protracted industrial unrest at Peninsula hospitals.

The increase, to be backdated to November 1 and made effective on January 1, was announced yesterday by the Administrator, Mr Gene Louw, and Mr André van Wyk, MEC in charge of hospital and health services.

General assistants will receive at least one additional salary notch and a non-pensionable allowance will be paid to personnel in specific areas, the statement said.

Workers backed their demands — for an R800 minimum monthly wage, a 40-hour week, permanent appointment and recognition of the union of their choice — with at least three work stoppages

The provincial authority also said it would attend to "sources of dissatisfaction".

Calling on the "loyalty of all employees", Mr Louw said he trusted the increases and the 15% increment would "greatly help to effect labour peace".

Silence after Kane-Berman has talks with Administrator

By VERNON BRENT
Staff Reporter

THE Administrator of the Cape, Mr Gerie Louw, met Dr Jocelyn Kane-Berman today to discuss her summary transfer from her post of chief medical superintendent of Groote Schuur Hospital.

She spent about 45 minutes with Mr Louw but declined to comment afterwards.

The meeting was confirmed by the Administrator's office and by Mr André van Wyk, MEC in charge of roads and hospitals.

A spokesman for the Administrator's office said a statement might be issued.

In spite of the increasing furore in medical circles and strong calls for her reinstatement, Mr van Wyk was unrepentant yesterday about transferring Dr Kane-Berman.

"At this moment I rule out the possibility of her being reinstated," he said.

Mr van Wyk shed some light on events before Dr Kane-Berman was shifted sideways to Western Cape regional medical superintendent after comments she made in a lighthearted Weekend Argus article on what South Africa would be like if it were run by women.

Dr Kane-Berman said her Cabinet would be chosen on merit and suggested, among others, Nelson Mandela as Prime Minister and Mrs Helen Suzman as Minister of Justice and Law and Order.

APOLOGY

Mr van Wyk said that immediately after the article was published last month he contacted Dr Kane-Berman.

"She sent an apology by fax to me in the Eastern Cape, where I was at the time.

"The apology was unacceptable."

Mr van Wyk said he rejected Dr Kane Berman's explanation that the article was a joke or that she was under stress.

Both he and Dr George Watermeyer, executive director of hospital services, met Dr Kane-Berman before her transfer.

● The Health Workers' Union (Groote Schuur Hospital) has added its voice to the storm of protest, condemning the "arbitrary and summary transfer".

"We regard the reasons given for this blatant political victimisation as puerile and an attack on the individual's right to freedom of speech."

The union demanded the immediate reinstatement of Dr Kane-Berman.

See page 23.



Dr Jocelyn Kane-Berman

Kane-Berman — dedicated and gifted doctor caught in row

ARGUS 7/12/88

98

By KAREN STANDER, Medical Reporter

WHO is Dr Jocelyn Kane-Berman, the hospital administrator at the centre of a political storm?

Respected by colleagues as a dedicated and gifted medical superintendent of one of the largest hospitals in the country, she is a doctor with a special interest in ill children and the mother of a son and three daughters.

Her removal from her post at Groote Schuur Hospital — because of her suggestions of additional members of government in an article published in Weekend Argus last month, including jailed ANC leader Nelson Mandela as Prime Minister and Dr Mamphele Ramphele as Minister of Health — unleashed a storm of protest and demands for her reinstatement.

Dr Kane-Berman was born in Johannesburg. She married architect Bill Ritchie the day after she graduated from medical school and they moved to Cape Town. They live in Newlands.

As a newly graduated doctor, her greatest desire was to specialise in paediatrics. This dream was not to be fulfilled, but she did work with children during her 10 years as a medical officer before she moved into hospital administration.

She was appointed a medical superintendent of Groote Schuur in 1970 and took over as chief administrator in 1986.

Dr Kane-Berman was involved in the planning of the new Groote Schuur Hospital as head of the planning and commissioning unit.

When she received a Masters degree in public administration with distinction from the University of Cape Town in 1979, it was the culmination of five years of work on her thesis on hospital administration modelled on Groote Schuur.

Dr Kane-Berman described herself as someone who wept and laughed easily, showed emotion and was excitable, someone who sometimes lost her temper but forgot the reason just as quickly.

Chemists urged to help foil drug addicts

Star 2/12/88

By TONI YOUNGHUSBAND

The theft of prescriptions from hospitals and doctors' consulting rooms is a common problem which has been around for many years. Dr Richard Wallace, the head of the Johannesburg Hospital's casualty department, believes pharmacists could do much to alleviate the problem.

The tightening up of hospital security and internal administration has done much to combat the theft of hospital prescriptions but the problem still exists and a recent spate of thefts at the Johannesburg and J G Strijdom hospitals is demanding the attention of Reef police.

It is not only the hospital prescription pads which are stolen but also the hospital bed letters which are included in a patient's file and Transvaal Provincial Administration letter heads.

"What we have tried to do is to ensure that the patient does not lay his hand on the file and that it is passed directly from the administration clerk to the ward sister.

"However, it does happen that drug addicts devise ways of getting hold of these scripts. They come snooping around here and will do their damndest to get hold of a script, bed letter or even a hospital letterhead. To stop this problem we need the private pharmacists' help too," says Dr Wallace.

He says the theft of scripts has been a problem for some years and when it became particularly serious he and a colleague devised a plan which they felt would do much to stop prescription abuse.

Unfortunately, pharmacists have failed to put it into practice.

"Hospital prescriptions, particularly for Wellconal, should be queried by pharmacists. It is very unusual to find a hospital prescription at a private pharmacy as most are filled at the hospital.

"Therefore, if a pharmacist is asked to fill a hospital prescription he should ask the person collecting the medicine to show an identity document, especially since the drug is usually prescribed for the very ill or elderly and youngsters come to collect the medicine. He could then enter the ID number in a register and then if he is suspicious as to the authenticity of the script, the person could be easily traced.

"No drug addict is going to want to present his ID," says Dr Wallace.

"Unfortunately pharmacists haven't done this. I don't know why but it is probably because they think it would mean extra work. In practice it wouldn't because, as I said, no drug addict would show his ID book and would therefore leave the pharmacy.

"If all pharmacists insisted on an ID for these scripts, the drug addict would have great difficulty in obtaining the medicine," Dr Wallace points out.

He says another deterrent for pharmacists might be the question of testifying in court.

"They don't have the time to sit around court all day," he points out.

He says Wellconal is particularly popular among drug addicts today because it is so difficult to obtain.

"It is a powerful painkiller, a narcotic analgesic which is usually only used for relief of extreme pain such as for painful terminal conditions, painful cancer tumours and the like".

At the pharmacy, one Wellconal tablet costs about R1 but on the black market the price is more than R10.

One of the dangers of Wellconal, says Dr Wallace, is that if addicts go through a period of withdrawal, their tolerance level for the drug drops dramatically. "And if they return to the same dosage they were using before they had withdrawal, it could be very dangerous," he says.

Dr Wallace urges pharmacies to contact the hospital if they receive a suspicious script. "It is the only way we are going to tackle this issue," he says.

Kane-Berman row mounts

by KAREN STANDER and GORRY BOWES-TAYLOR, Weekend Argus Reporters

THE Medical Association of South Africa (Masa) has entered the mounting row over the sudden axing of Groote Schuur Hospital chief medical superintendent Dr Jocelyn Kane-Berman.

The chairman of the Cape Western branch of Masa, Dr John Steer, and vice-chairman Dr Peter Louw are to seek urgent meetings with Cape Administrator Mr Gene Louw and the MEC in charge of hospitals and roads, Mr Andre van Wyk, to ask for Dr Kane-Berman's reinstatement.

Masa today claimed the situation was in conflict with the Geneva Convention and was encouraging young doctors to emigrate.

"The Geneva Convention to which the Medical Association and every doctor subscribes does not allow politics to influence the health care of anyone. We submit the present situation is in conflict with this cornerstone.

"There is no doubt the impasse has undermined the hospital's morale and there is already concrete evidence that increased medical emigration from young doctors has been stimulated by the current situation.

"Our country cannot afford this."

Dr Kane-Berman met Mr Louw yesterday to discuss her transfer to the post of Western Cape regional medical superintendent following comments

■ TO PAGE 4

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The children were asked make col- was bro

Kane-Berman row mounts

■ FROM PAGE 1

she made in a lighthearted Weekend Argus article on what South Africa would be like if it was run by women.

Neither party was prepared to comment after the meeting, which followed a week of protest from doctors, academics and organisations representing a wide spectrum of South Africa's medical community.

Masa said while it was grateful that Mr Louw had taken a personal interest, it was concerned that the whole issue revolved around "a minor matter unrelated to health care or competence".

"Dr Kane-Berman's reputation and expertise are legendary among the entire staff spectrum of Groote Schuur and she has raised the status of hospital superintendents to unprecedented
levels due to empathy, understanding and comptetance in a most complex and demanding internationally famous institution.

"Massive and increasing suport from all medical sectors contines in a determined attempt to ensure the review of the situation and retention of a lady whose expertise has never been challenged.

It is nearly unthinkable to imagine who could replace the background of knowledge she has and commands the enormous respect and co-operation she has earned in this great hospital.

"We have enormous respect for Mr Louw and express our hope that he will resolve the situation to the benefit of health care in a great hospital in a great province."

The Provincial Administration removed the administrator from her post after she had suggested several alternative members of government in a light-hearted article in Weekend Argus.

■ DR Kane-Berman's suggestions tallied with those of most of the other people quoted in the article — favourite choices were Helen Suzman, Dr Mamphela Ramphele and Albertina Sisulu.

Editor and publisher of Cosmopolitan and Femina Mrs Jane Raphaely, who was interviewed along with Dr Kane-Berman, said: "If that is indeed the case, I am sure they are going to eat their words in the very near future. She is such an able person — Groote Schuur can't afford to do without her. Politically she's as a solid as a rock."

Those interviewed along with Dr Kane-Berman included Helen Suzman, Mrs Engela Treurnicht, wife of Conservative Party leader Dr Andries Treunicht, Mrs Mary Burton of the Black Sash, Leadership Magazine managing editor Mrs Dene Smuts, President Botha's daughter Rozanne, National Democratic Movement worker Mrs Beverley Roos, Professor Harriet Ngubane of the department of Anthropology at UCT, journalist Mrs Jenny le Roux, and UCT SRC president Ms Geordie Ractcliffe.

Canvassed this week, all were shocked at the news and several expressed outrage.

■ Engela Treurnicht: "I'd rather not comment on political matters."

■ Geordie Ractcliffe: "We think she is a courageous woman to have said what she believed and we feel strongly that it is extremely unprofessional to have fired her."

■ Jenny le Roux: "It was light-hearted, the sort of fanciful thing that people comment on the world over. I thought we'd gone 10 steps forward in this country, I now know that we're 10 steps back."

Rozanne Botha: "I don't really want to comment on that."

8 000 deaths

KHARTOUM. —

Cheering those sterile

C/Prem 9/12/88

(98)

Bara wards

Toys help in the intellectual and emotional development of children

By THABISO LESHOAI

THE realisation that games and toys had an important effect on the intellectual and emotional development of children led to the establishment of a toy library at Baragwanath Hospital three years ago.

At a R100-a-plate fund raising dinner held in Johannesburg this week, paediatrician Dr Lorna Jacklin explained the story behind the library.

"In most countries toy libraries are established in hospitals to help handicapped children overcome their physical shortcomings," she said.

"In the past 90 years psychologists have come to the realisation that play helps children to become socialised, learn to assess their abilities against their peers and act out the frustrations of their own childhood."

For Baragwanath Hospital's approximately 400 child-patients, frustration equalled lying on a bed in the clean, sterilised environment of a paediatric ward, with rare visits from parents who could not manage more than one visit a week and nurses who could provide only the most clinical of medical duties. They got a hug and a cuddle probably only once a year at a Christmas party, she said.

In 1985, Jacklin, then working in Bara's learning and assessment clinic, was chosen to co-ordinate the establishment of a toy library.

"Look at Baragwanath," she said, directing the assembled multi-racial mink-and-manure set's attention to slides of the cheerless main entrance of Baragwanath, "It is perhaps clean and sterile, but it is cheerless and unfriendly. A child can't just lie in bed waiting to get well. A child needs stimulation."

The hospital's six paediatric wards have now been repainted in cheerful colours and volunteer groups of housewives, occupational therapists and students come in regularly to give the children a little love and warmth.

The chairman of the library, Dr Jackie Mphaphudi, said the idea was for every child to have a toy to play with, but at present that was not the case. A lot of helping hands were still needed.

Most of the help so far had come from volunteers from the northern suburbs of Johannesburg and the private sector.

In a way the establishment of the library has been a face-saver for the Bara administration, which has not always distinguished itself for taking a principled stand on the issue of equal medical sevices for all races.

As Jacklin put it: "The fact that the administration is prepared to sponsor the post of occupational therapist as the librarian is a step forward because actually, this does not fall under the administration."

Churchmen hold talks on occult

MINISTERS from churches in the Greytown area will be invited to address pupils at the high school after pamphlets were handed out to pupils accusing the Roman Catholic Church and other institutions of occult practices.

Natal Education Department deputy director John Deane said reports had been received from the school after Dominee Dicks and Pastor Gavin Beadsworth from the Christian Centre in Greytown were invited to address the pupils on satanism.

Pamphlets given to the children linked the occult with the Roman Catholic Church, Mormons, Jehovah's Witnesses and karate. Several parents said their children were being affected by the talk.

Headmaster S Odendaal said it was only after careful deliberation that the decision to invite church leaders was taken.

"A lengthy discussion with a local youth leader followed and he agreed, at the schools' request, to contact all the local ministers in order to deliver a unified address. Only Dominee Dicks and Pastor Beadsworth arrived.

"We wish to stress that we acted purely in the interests of the pupils," Odendaal said. – Sapa

Crest aims high

ST Times 4/12/88

98

HEALTH-CARE specialist Crest Holdings will be listed in the pharmaceutical & medical sector of the JSE on December 15.

high

No public or private placement of shares was made because the company will list by introduction. Executive directors will own 70%, Ken Maud's Citizens Holdings has bought 20% for R1,28-million, and others hold the balance of the 6,87-million shares.

Crest was the subject of a management buyout by the current executives from BOC Holdings in 1986. It maintains a long-term sole distribution agreement for the Ohmeda range of products made by BOC.

DOMINANT

Chairman Clive Ramsbottom estimates that SA's health-care equipment market at R150-million a year, of which Crest's share is less than 10%. It dominates the anaesthetic equipment market with a 75% share. Crest says SA content in such equipment has been increased to 90%.

It is listing with the intention to issue scrip if and when it makes acquisitions in a fragmented medical supplies market.

Borrowings are only 9% of shareholders' funds and Crest promises a 30% return on shareholders' funds. It has forecast earnings of 17,5c for the year to September 1989 — an increase of 15% over the previous year's.

Kane-Berman: Call for return

Cape Times 6/12/88

By SYBRAND MOSTERT

THE federal council of the Medical Council of South Africa — the highest decision-making body of the association — has asked for the reinstatement of Dr Jocelyn Kane-Berman, the axed chief superintendent of Groote Schuur Hospital.

"Dr Kane-Berman is a highly respected member of the medical profession, an acknowledged leader in her field and a fine administrator," a statement released by the chairman of the federal council, Dr Bernard Mandell, said.

"As a consequence of this move the morale of the staff of the hospital is bound to suffer, and we are deeply concerned that the image of South African medicine abroad will also be damaged."

Dr Kane-Berman was transferred from her post after making light-hearted comments about a possible future cabinet which were published in the Weekend Argus. One of her choices was Mr Nelson Mandela as a future prime minister.

The transfer came "at a crucial stage of its (Groote Schuur's) development as a leading teaching hospital with an international reputation", according to the statement.

"The hospital can ill afford to lose a person of this reputation."

Last week the Cape Times submitted a list of questions to provincial administration officials concerning Dr Kane-Berman's axing.

No answers to questions

Mr Andre van Wyk, the MEC in charge of hospitals and roads, referred the list to Dr George Watermeyer, CPA chief executive for health and hospital services.

By last night no answers had yet been given to the questions. The questions are:

- Was Dr Kane-Berman given a hearing, and if not, is this not in conflict with labour legislation?
- Mention is made that the Mandela article was a "contributing" factor in her transfer — what therefore, were the other factors?
- Is the new post (of W Cape regional medical superintendent) a demotion?
- Is Dr Kane-Berman's grading or salary level affected by the move?
- Who is responsible for the decision to transfer Dr Kane-Berman, and was her move discussed by the executive committee?
- If the decision was not made by someone within the CPA, who made the decision?
- When last was a merit assessment of Dr Kane-Berman done, and what was the outcome? Was it found that she was a good candidate for promotion?

Stop politicising doctor's transfer, MEC tells press

Star 7/12/88

98

CAPE TOWN — The MEC in charge of hospitals and roads, Mr Andre van Wyk, yesterday accused the press of "politicising" the transfer of Dr Jocelyn Kane-Berman, Groote Schuur Hospital's chief medical superintendent.

He also reiterated there was "no chance of the decision being reversed".

"You are doing Dr Kane-Berman a disservice," he said. "Exaggerated" reports of the amount of interest shown in the transfer of Dr Kane-Berman and the "politicising" of the issue militated against her reinstatement, he said.

He said he had told Dr Kane-Berman personally that "one never knows what the future brings", but at this stage there was no chance of reinstatement.

Own Correspondent

Mr van Wyk also cancelled a meeting with representatives of the Medical Association of South Africa (Masa) scheduled for next Thursday, because they had informed the press in advance.

"How can they ask me for an interview and then run to the newspapers before we have met?" Mr van Wyk asked.

Masa yesterday warned that the image of South African medicine abroad could suffer as a result of Dr Kane-Berman's transfer.

RESPECTED

Dr Bernard Mandell, chairman of Masa's Federal Council, called for her to be reinstated. He said she was a highly respected member of the medical profession, an acknowledged leader in her field and a fine administrator.

"As a consequence of this move the morale of the staff of the hospital is bound to suffer and we are concerned that the image of South African medicine abroad will also be damaged."

Masa also claimed Dr Kane-Berman's transfer is contrary to the Geneva Convention which does not allow politics to influence health care.

Mr van Wyk ordered Dr Kane-Berman's transfer after she made light hearted comments to *The Weekend Argus* about her choice of a future Cabinet.

Among her choices was jailed African Natioinal Congress leader Nelson Mandela.

Mr van Wyk said he had refused to accept her apology that the article was a joke and that she had been under stress.

In the article, Dr Kane-Berman and several other prominent women were asked what kind of country South Africa would be if it were run by women.

Dr Kane-Berman commented that she would like to see people promoted on merit alone and suggested several additional members of government, including Nelson Mandela as prime minister.

Kane-Berman transfer causing great concern

Cape Times 1/12/88 (85) (98) (66)

From JOHN STEER, MBChB FRCS, chairman Cape Western Branch, Medical Assoc of SA (Pinelands):

THE dramatic transfer of Jocelyn Kane-Berman, highly-respected Chief Superintendent of Groote Schuur, this country's most famous hospital, has caused enormous concern among those involved with health care.

For what some regard as a slightly indiscreet comment, she has been removed from a position she filled with enormous success at every level.

Not only has she been an integral part of the enormous amount of planning involved in the new Groote Schuur complex but has built up an enviable reputation matched by few for efficiency, diplomacy and empathy in blending together the many-faceted aspects of a premier teaching hospital.

It is in no small measure due to her that the transfer and planning has proceeded so smoothly.

Politics has no place in health care. That is an international norm subscribed to in all civilised countries. Those who are ill and in need of care may not be swayed by political factors. The Geneva convention to which we all subscribe sets this forth with clarity and beauty.

Jocelyn Kane-Berman's removal from office has and will cause a tremendous negative impact on the doctors and nursing profession involved, particularly at Groote Schuur, and will undoubtedly further exacerbate the worrying outflow of skilled medical personnel to other countries. Our country can ill afford this.

Medical exports are not one of this country's priorities. This action will undoubtedly worsen the international medical boycott we already suffer and can ill-afford.

On behalf of the Cape Western Branch of the Medical Association, may I urge the authorities involved to review the decision and act in the true spirit of humanity which is the cornerstone of medical care. We can ill-afford to lose people of her humanity and expertise. She has filled a most onerous post with distinction and her transfer to a lesser post, is something we involved in Health Care cannot afford.

This province, our country and Groote Schuur desperately need people of her calibre. The price we are asked to pay for an allegedly mildly indiscreet comment is far beyond what we can afford. This is surely something which can be resolved under the aegis of our Administrator to ensure that Groote Schuur and this country retain the expertise of a remarkable woman.



KANE-BERMAN ... enormous concern over her enforced transfer.

The square is our natural monument

From APRIL JONES (Cape late Bob Hayward who, with his that thinking, responsible adults

Kane-Berman meeting: Masa 'wanted to listen, help'

By VERNON BRENT
Staff Reporter

THE Medical Association of South Africa (Masa) said today it was "very disappointed" that Mr André van Wyk, MEC in charge of roads and hospitals, had cancelled a meeting about Dr Jocelyn Kane-Berman.

Masa approached Mr van Wyk to discuss Dr Kane-Berman's removal from her post of chief medical superintendent of Groote Schuur Hospital after "lighthearted" political remarks to the Press.

However, Mr van Wyk cancelled the meeting, scheduled for next Thursday, after Masa told the Press about it.

"How can Masa ask me for an interview and then run to the newspapers before we have met?" Mr van Wyk had asked.

Dr John Steer, chairman of the Cape Western branch of Masa, said today he could not understand Mr van Wyk's reasoning, as there was "nothing clandestine about the meeting".

"We wanted to discuss the situation and find out more about the reasons for her transfer.

"We wanted to listen to the MEC, not to have a confrontation, and we were hoping we could help resolve the impasse," Dr Steer said.

Mr van Wyk also accused the Press of "politicising" the transfer of Dr Kane-Berman and said there was "no chance of the decision being reversed".

"Exaggerated" reports of the amount of interest shown in the transfer of Dr Kane-Berman and the "politicising" of the issue militated against her reinstatement, he said.

Dr Steer said Masa was still waiting to hear if a request to meet the Administrator, Mr Gene Louw, had been granted.

In spite of mounting pressure on Mr Louw to intervene, he has refused to comment.

Mr Louw met Dr Kane-Berman last week.

● Van Wyk profile, page 24.



Mr André van Wyk

Letters 24, Women 26 and 27, Motoring 28, Finance 29, 30 and 31, Racing 32, Sport 33, 34, 35 and 36, TV — Page 3 of Tonight

Foreign doctors recruited

MARITZBURG. — About 30 foreign doctors are expected to fill posts in Natal and KwaZulu's rural hospitals next year, while South African doctors applying for posts at KwaZulu hospitals may be jobless.

A delegation of Natal and KwaZulu officials returned last week from a trip to Europe to recruit young doctors for under-staffed hospitals.

According to Mr Val Volker, Natal MEC for Hospitals, only 40% of posts at KwaZulu's rural hospitals have been filled, while at Natal's rural hospitals, 20-30% of the posts lie vacant.

At KwaZulu's regional hospitals, seconded doctors financed by the Department of Development Aid, may be refused jobs as government purse strings are tightened. — Sapa

CPA, Louw meet on Kane-Berman

By SYBRAND MOSTERT

A MEETING between the Administrator of the Cape, Mr Gene Louw, and members of the Cape Provincial Administration executive committee was held last night on the controversial transfer of Dr Jocelyn Kane-Berman.

Dr Kane-Berman was chief medical supervisor of Groote Schuur hospital before being transferred to the post of Western Cape regional supervisor after she had made lighthearted remarks to a newspaper reporter about a possible future cabinet.

It is believed that the meeting was called for by members of the executive committee.

Dr George Watermeyer, CPA chief executive in charge of hospitals, said that the executive committee had discussed Dr Kane-Berman's move, and the Exco, together with the Commission for Administration, Provincial Secretary and himself were responsible for the decision.

The members of Exco are: Mr Deon Adams, a member of the President's Council; Mr Themba Nyati, chairman of the board of chairman of community councils and black local authorities in the Northern Cape; and Mr Eddie Samuels, the former director of housing in Port Elizabeth.

The three other members are: Mr Jacob Theron, a NP MEC; Mr Andre van Wyk, a NP organiser elected MPC in 1974, and Mr Piet Schoeman, a NP office bearer.

'Too much power vested in Exco' — Page 3

PRESS IS ACCUSED

THE MEC in charge of hospitals and roads in the Cape, Mr André van Wyk, yesterday accused the Press of "politicising" the transfer of Dr Jocelyn Kane-Berman, chief medical superintendent of Groote Schuur.

He also reiterated there was "no chance of the decision being reversed".

"You are doing Dr Kane-Berman a disservice," he said.

"Exaggerated" reports of the amount of interest shown in the transfer of Dr Kane-Berman and the "politicising" of the issue, militated against her re-instatement, he said.

He said he had told Dr Kane-Berman personally that "one never knows what the future brings" but at this stage there was no chance of her re-instatement.

Masa has claimed Dr Kane-Berman's transfer is contrary to the Geneva Convention which does not allow politics to influence health care.

Louw speaks out on Kane-Berman

Star 9/12/88

(98)

CAPE TOWN — The Cape Administrator, Mr Gene Louw, has broken his silence on the controversial decision to transfer Dr Jocelyn Kane-Berman.

Dr Kane-Berman was chief medical supervisor of Groote Schuur Hospital before being transferred to the post of western Cape regional supervisor after she had made "lighthearted" remarks to a newspaper reporter about a possible future Cabinet.

She had included Nelson Mandela as Prime Minister.

Since her transfer at the end of November, the Administrator has refused to comment, in spite of calls for his intervention.

Mr Louw said in a statement yesterday:

"Dr J Kane-Berman's much vaunted statement in an edition of *The Weekend Argus* of October 22 1988 in which she suggested a government selected on 'merit' for South Africa consisting of, among others, Nelson Mandela as Prime Minister, Dr Memphela Ramphela as Minister of National Health and Anna Starcke as Minister of Finance, and others, immediately evoked criticism and protest from the public and physicians alike, particularly on account of the fact that the Chief Medical Superintendent of the largest training hospital in the Cape, and through it also the Hospital and Health Services Branch of the Cape Province, were thereby placed firmly in the political arena," Mr Louw said.

"As a result, the Provincial Hospital Service unfortunately suffered incalculable damage. It also became clear from the outcry that numerous objectors did not find that the remarks had been light-hearted.

"The matter is even more delicate because of the ethical requirement that a medical service must never be associated with politics, race, colour or religion, especially when human lives are at stake.

"The matter was immediately examined by Mr A J van Wyk, MEC charged with Hospital and Health Services, Mr B A van der Vyver, Provincial Secretary, and Dr G S Watermeyer, Executive Director of Hospital and Health Services, who interviewed her jointly, after she had had a discussion with Dr Watermeyer."

Mr Louw said that all actions were taken strictly according to directions, and "all three gentlemen" agreed that it was in the interest of the Provincial Administration that Dr Kane-Berman be transferred, with the retention of all benefits, to the post of Regional Medical Superintendent for the Western Cape, under which 33 hospitals, including the Karl Bremer, Somerset, Conradie and Victoria Hospitals, as well as the whole Day Hospitals Organisations, fall.

Summing up, he said that in the present political climate in the country, it was top priority for all provincial officials, in the execution of their responsibilities, to desist at all costs from personal political involvement or statements which may harm the provincial government service. — Sapa.

Groote Schuur chief's move 'a light option'

Cape Times 9/12/88

Staff Reporter

THE ousting of Dr Jocelyn Kane-Berman as chief medical superintendent of Groote Schuur Hospital was — apart from a warning — the "lightest of several options", Cape Administrator Mr Gene Louw said last night.

Dr Kane-Berman was transferred last month to the post of regional medical superintendent for the Western Cape after making light-hearted comments about a possible future cabinet to a weekend paper.

Mr Louw said in a statement that Dr Kane-Berman's "much-vaunted statement to the press" had "immediately evoked criticism and protest from the public and physicians alike".

This was so "particularly on account of the fact that the chief medical superintendent of the largest training hospital in the Cape, and through it also the Hospital and Health Services branch of the Cape Province, were thereby placed firmly in the political arena".

As a result, the Provincial Hospital Service "unfortunately suffered incalculable damage" and "it also became clear from the outcry that numerous objectors did not find that the remarks had been lighthearted".

The matter was "even more delicate because of the ethical requirement that a medical service must never be associated with politics, race, colour or religion, especially when human lives are at stake".

It was "immediately examined by Mr A J van Wyk, MEC charged with Hospital and Health Services, Mr B A van der Vyver, provincial secretary, and Dr G S Watermeyer, executive director of Hospital and

To page 2

From page 1

Cape Times 9/12/88

Health Services, who interviewed her jointly, and after she had had a discussion with Dr Watermeyer".

"All actions were taken strictly according to directions," said Mr Louw, "and all three gentlemen agreed that it was in the interest of the Provincial Administration that Dr Kane-Berman be transferred, with the retention of all benefits, to the important post of regional medical superintendent for the Western Cape, under which 33 hospitals fall".

Mr Louw said that in terms of the Public Service Act, 1984, the head of a state department — in this case the provincial secretary — was responsible for the effective utilisation of staff and the maintenance of discipline.

"In the execution of this responsibility, it happens frequently that staff are transferred between posts, either at their own request, or in the interests of the Administration. Dr Kane-Berman's transfer was dealt with accordingly.

"Apart from an interview which I personally granted Dr Kane-Berman, I have recently had several discussions about the matter with persons within and outside the Provincial Administration and among other things determined beyond all doubt that, apart from a warning, the action taken against Dr Kane-Berman, is the lightest of several options and that she has been transferred to an extremely responsible post."

Mr Louw said the decision "was final from the outset, and I trust that Dr Kane-Berman . . . will be given the opportunity to continue her good work in a new office in the new year".

(98) WMNL 9-15/12/98

MY NIGHT UNDER THE BED AT BARA

The 'top floor' at Bara consisted of closely packed rows of beds. The ground floor was two rows of mattresses beneath the beds. I was put in the basement: a rubber mat on the floor

THANDEKA GQUBULE

describes her night as a patient at Baragwanath Hospital

THE casualty department at Baragwanath Hospital, in Soweto, had the quality of a crowded nightmare.

When I arrived for treatment late one Sunday afternoon, 90 percent of the people in the packed and dimly lit hall were injured. Some of the faces were disfigured by large gashes. Fresh and crusted blood could be seen everywhere, even on the floors.

Injured children sat among the victims of accidents, family squabbles and street fights.

The air in the building smelt like any hospital – of antisceptic and detergents – but the walls were dingy and the corridors crowed with people. The man on the stretcher next to mine reeked of booze.

Judging by the number of people being attended to in the ward it appeared to have been a heavy weekend in Soweto — but, in fact, it was a weekend like any other. There was no big soccer match at Orlando Stadium, no music festival.

I was attended to quickly as I had arrived by ambulance. Other patients waited, squashed up on the benches, and chatted about how they were wounded, the weekend, wife-bashing and other topics.

The hall spoke volumes about the deaths, the violence and the frustration it had seen.

As I lay on the stretcher a young man filled in my form and asked me where I lived. "In town," I said. "*Emakhishini?* (in the kitchens)" he asked. I agreed.

If you're black and live in town, you're either from Hillbrow or the kitchens. Maybe he felt it would be rude or suggestive if he implied that a young woman lived in Hillbrow.

"Do you use African medicine? Have you used any?" a young nurse asked me. I did not answer, but wondered if they asked everyone the same question.

After a thorough examination, which was watched by three nurses who seemed to have nothing better to do, I was admitted and taken to a ward.

Privacy was not a priority here, I concluded.

I lay on one of about 20 beds on a verandah – an addition to the main ward – which had been converted into a hall.

I was again examined, and then taken by a drunk middle-aged man — who brought me a grubby hospital gown — to another ward. He wore a brown suit and I could not work out what his job was.

At the new ward I waited on a chair ... for two hours.

Patients were eating a soup and bread supper. I was hungry but did not get any. When I asked for some, I was told: "Not now Sisi, it's too late."

At about nine o'clock I was shown where I would sleep.

The ward consisted of two layers, one above the other. The first was two closely-packed parallel rows of beds, the second two seemingly endless rows of mattresses beneath them. They were all occupied.

I was allocated a place beneath two beds and between two matresses, on a hard rubber mat on the floor, with one sheet and one blanket.

I spent half the night flanked by two old ladies, one whose ample bottom was exposed and who appeared to be hallucinating, and the other who snored all night.

The first old lady shouted out in Xhosa, calling members of her family who were clearly absent from the ward. "*Sebenzile iza'pha! Sukugeza ndithe iza apha!*" (Sebenzile come here! Don't be silly, I said come here!)

A game developed between the old woman and younger patients, who would respond to her calls as if they were the people being beckoned.

It went on all night.

The monotony was only broken by snores of my other neighbour and someone humming further down the row.

I began to debate with myself: "Should I stay here and sleep, or should I move to a chair?"

Then I began to reproach myselfwith my softness. Why couldn't I persevere? "This is a Third World country," I told myself. "Every Third World hospital has problems. And I'm not used to luxury."

But then I thought of all the vacant beds I had once seen and was sure were still vacant at the Jo'burg Hospital. I stood up, took the blanket, and went to sleep on the chair.

A nurse later woke me up and showed me a vacant bed on the verandah.

It was 2am and I was supposed to have received medication two hours ago. I debated going to the nurse to remind her. The thought that my stay might be prolonged got me on my feet.

I approached the nurse, who was dozing off. "Sorry sister, I was supposed to get an injection at midnight," I said.

She checked the bednote, agreed, and exclaimed: "Oh! sorry, Sisi, I forgot. I'll give you one at five o'clock."

There were only two nurses on duty that night. What if two patients needed emergency attention at the same time?

Seething and hungry, I dozed off, but in the background the shouting, snoring, singing and moaning continued.

I was woken by the sound of steel trolleys and the hustle and bustle of women trying to beat the rush for the bathroom.

I ignored the one slice of bread and cup of sweet coffee which was breakfast. My empty stomach said "yes" but my taste buds said "no". A watery porridge was also on offer. I persisted in my attempts to sleep.

Soon a mass meeting of old women congregated near my bed and we began to chat. Family matters were high on the agenda.

By the time I got to the bathroom, I needed gumboots to negotiate my way to the sink — some of the toilets were overflowing. A frustrated cleaner shouted at the patients about the piles of linen on the floor which they used as islands to stand on as they bathed in the basins.

Patients washed their faces, then bodies, and then stuck their legs one after the other into the basins. It was quite a sight — a row of naked people standing on one leg.

There were more than 60 patients in the ward. There were six basins, four toilets and no baths.

As there was neither bath nor shower, I could not help feeling that at least a tap could have been fitted into the wall so that a number of people could have showered at the same time.

I took my place in the queue for the sink. There was much borrowing in the line: toothpaste, toothbrushes, soap.

I could imagine catching diseases here — but every one seemed to take it in their stride. I was becoming accustomed to it. I accepted a towel and soap from a young patient.

I was struck by the way patients lost their names at Bara. Nurses refered to them as "MC" (mental case), "cystitis" and so on. The ailment became the name.

I was also amazed by the number of patients wandering aimlessly around the wards and grounds.

I returned to the congregation of old ladies I had left at my bedside. Some of them had not bothered to compete for the sinks with the younger women.

I slept and prayed that the next day would dawn. Not even during my four-month detention in Diepkloof Prison had I felt so uncomfortable.

The next morning, some friends arrived to fetch me.I felt relieved — my "bail" had been paid at last.

I was taken to the Florence Nightingale Nursing Home in Hillbrow. There was a bath and the floors sparkled.

I shared a room with only two other people. The food was good and I was comfortable. And they never forgot my medication.

I felt like a rich, retired, old white woman.

Abe Berry

Kane-Berman latest

Cash pledged for court battle

ARGUS 9/12/88

By VERNON BRENT and DICK USHER Staff Reporters

THE University of Cape Town medical school is raising funds to fight the transfer of Groote Schuur superintendent Dr Jocelyn Kane-Berman in court.

The Administrator, Mr Gene Louw, said last night that Dr Kane-Berman's removal from her post was final.

The Public Servants League, to which many Groote Schuur staff belong, said it was dismayed and outraged at Dr Kane-Berman's axing and said the reasons given were "feeble".

And Progressive Federal Party spokesman on medicine Dr Marius Barnard called for the sacking of Mr Louw and his MEC in charge of hospitals, Mr André van Wyk.

UCT Dean of Medicine Professor George Dall said today: "The only steps that can now be taken are through a court of law. We have sent letters to our various departments asking them for pledges to help defray legal costs," Professor Dall said.

Professor Dall rejected claims by the provincial authorities that those opposed to the transfer had politicised the issue.

"They told us on Friday, November 25, that Dr Kane-Berman had to be out by Monday, November 28.

"Groote Schuur is at sixes and sevens. We are really suffering.

"Things which Dr Kane-Berman normally handled are grinding to a halt without her input and knowledge.

International ridicule

"This kind of action exposes us to the most enormous international ridicule. Someone got offended and, regardless of its effect on the medical machine, Dr Kane-Berman was axed.

"This shows that ideology is far more important to the government than its medical services."

Professor Dall also criticised the Administrator for giving the impression that the matter was being weighed up when, in his words, the decision was "final from the outset".

"Why not tell us straight out instead of wasting our time? We could have already begun legal proceedings."

The Medical Association of South Africa (Masa) said yesterday it would throw its full weight behind a court application to have

Dr Kane-Berman reinstated.

Dr Barnard said the government should reinstate Dr Kane-Berman immediately and sack Mr Louw and his MEC for hospital and health services, Mr André van Wyk.

He called on the medical profession to rally and not allow politics to dominate the hospital services.

Dr Barnard slammed the Administrator for saying Dr Kane-Berman had brought politics into the hospital services.

"The Government has politicised the health service and administers National Party policy daily, as can be seen in its segregated hospitals.

"The very reason he gives for her transfer is a poltical one. He didn't judge her on her medical abilities, which he admits are excellent, but on a political statement."

Dr Barnard said the government's medical administration had always accepted that politics were more important than medical standards and there were ample examples of how this was acting to the detriment of medical services and hospitals.

He would not let the matter rest and would be writing to Minister of Constitutional Development and Planning Mr Chris Heunis, under whose control the Provincial Administration falls.

The Public Servants League said today it was dismayed and outraged at Dr Kane-Berman's removal, describing it as "inexplicable considering the feeble reasons given so far".

The league said Dr Kane-Berman had promoted and broadened healthy labour relations at the hospital, continuing the work of her predecessor, Dr H Reeve Sanders.

Stoppages

"Since her appointment Dr Kane-Berman has been untiring in her efforts to establish forms of communication between the hospital management and all sections of staff.

"Her appreciation for the diversity of convictions of different sections of the staff allowed her to stay informed and abreast of the feelings of her staff at all times," said the league.

Hospitals throughout South Africa had experienced work stoppages during recent months, a situation of which the civil service had only limited practical knowledge.

But Dr Kane-Berman had proved a most skilful negotiator with a deft perception of the factors which contributed to the recent labour unrest.

"The league can only pray that the authorities sense the folly of their actions."

● See page 19

Louw squashes hope for Kane-Berman's return

Staff Reporter Argus 9/12/88

THE Cape Administrator, Mr Gene Louw, has squashed hopes that the axed Groote Schuur Hospital head Dr Jocelyn Kane-Berman would be reinstated, saying that her transfer was "final from the outset".

He said her suggestions of a government selected on merit (which included Nelson Mandela as Prime Minister, Dr Mamphela Ramphela as Minister of Health and Anna Starcke as Minister of Finance) were "closely linked to radical politics" and had caused "incalculable damage" to the Provincial Hospital Services.

Mr Louw last night released a three-page statement in which he said officials had decided Dr Kane-Berman's transfer was in the "best interest of the Provincial Administration".

Dr Kane-Berman said last night she had been informed personally by the Administrator of the decision, but had no comment to make at this stage.

"DISMAYED"

Dr Stuart Saunders, University of Cape Town vice-chancellor and a former head of the university's Department of Medicine said last night he was "dismayed" by the Administrator's decision.

"I believe a serious injustice has been done. The only proper and right thing to do is to re-instate Dr Kane-Bermnan," Dr Saunders said.

Mr Louw said that Dr Kane-Berman's "much-vaunted statement in the Weekend Argus" immediately evoked criticism and protest from the public and physicians alike, in that it had placed the largest training hospital in the Cape, (and thereby the provincial hospital and health services) "firmly in the political arena".

"As a result, the provincial hospital services unfortunately suffered incalculable damge.

"It also became clear from the outcry that numerous objectors did not find the remarks light-hearted.

"The matter is even more delicate because of the ethical requirements that a medical service must never be associated with politics, race, colour or religion, especially when human lives are at stake," the Administrator said.

Dr Kane-Berman had immediately been interviewed by Mr A J van Wyk, MEC charged with hospital and health services, Mr B A van der Vyver, Provincial Secretary, and Dr G S Watermeyer, executive director of health and hospital services, after she had had an initial discussion with Dr Watermeyer.

All three had agreed it was in the best interests of the Provincial Administration that Dr Kane-Berman be transferred with the retention of all benefits, he said.

Mr Louw, who described Dr Kane-Berman as an "extremely competent hospital administrator and manager", said the action against her was "the lightest of several options, apart from a warning".

He said she had been transferred to the "extremely responsible" post of Regional Medical Superintendent for the Western Cape, with 33 hospitals under her care.

LINKED

Spelling out the Administration's policy on transfers, the Administrator noted Dr Kane Berman's statements were "closely linked to radical politics".

"In the present political climate it is top priority for all provincial officials, in the execution of their responsibilities, to desist at all costs from personal political involvement or statements which may harm the Provincial government service.

"This is an extremely sensitive and emotional matter which crops up frequently and hurts feelings unnecessarily. The Cape Province, which is known for its good mutual relations, simply cannot afford it."

In the past two years the administration had been saddled with a large number of additional powers which closely affected the future of whites, coloureds, blacks and Asians, with their different political outlooks, and insisted that respect should be shown to fellow citizens at all times.

"In many cases grave remonstrations, transfers and dismissals have had to be considered and resorted to," Mr Louw said.

Medics pledge cash if Kane-Berman fights

By PETER DENNEHY

DOCTORS and heads of departments at UCT Medical School have pledged money towards possible legal action by Dr Jocelyn Kane-Berman — and Groote Schuur Hospital doctors are expected to follow this lead.

Dr Kane-Berman, superintendent of Groote Schuur until she was transferred for suggesting Mr Nelson Mandela could be the next prime minister, would not comment yesterday on whether she would go to court to fight against her transfer.

Professor George Dall, the dean of medicine at UCT Medical School, said he and his advisory committee had decided that letters should be sent to doctors in a fund-raising effort for possible legal action.

"These are pledges from individuals," he stressed. "We sent out letters to those in the medical faculty in the first instance, but we anticipate that the hospital will want to join us."

The decision to send the letters was taken after Mr Gene Louw's statement.

"An immediate response has been forthcoming," he said. "These are confidential, as are the amounts, but I did ask in the letter whether we could eventually publish the names of those who contributed. This will be done."

Asked whether Dr Kane-Berman had indicated whether she may take legal action, he said the question should rather be put to her.

"We are trying to support her," he said. "We do not feel that she should have to bear the cost as an individual."

Mr Louw would not comment yesterday on whether a court action would be contested.

The Medical Association of South Africa (MASA) has also indicated that Dr Kane-Berman would be given "all possible assistance" if she took the CPA to court.

MASA chairman Dr John Steer said he believed legal action was the "next step", but this would have to be initiated by Dr Kane-Berman.

"It must be her decision — but she has our full support," he said.

Dr Kane-Berman had recourse through industrial law to go to court if she felt she had been "maligned or improperly treated".

"This would be covered by her professional insurance," he added.

Dr Steer also said that Dr Kane-Berman's transfer was, in his opinion, a demotion.

"To be chief superintendent of the best hospital in the country — and probably in Africa — is one of the highest accolades one can receive," he said.

Mr Arthur Farred, head of the Public Servants' League's hospital committee, said the reasons given for Dr Kane-Berman's transferral were "feeble" and "not good enough".

He paid tribute to her for her sympathetic attitude to the problems of the lower-paid workers when she took part in wage negotiations.

"We are losing somebody very good and very capable," he said.

BERMAN SACRIFICED — CLAIM DOCTORS

by VERNON BRENT
Weekend Argus Reporter

DR Jocelyn Kane-Berman was "sacrificed on the altar of sectarian politics" because her comments had "irritated sensitive political egos", the Medical Association of South Africa said in a statement today.

There were suspicions that the edict to transfer the Groote Schuur superintendent came from "high up" and the administration's attempts to allay these suspicions were unconvincing, said Dr John Steer, chairman of Masa's Western Cape branch.

He was reacting to the decision of Mr Gene Louw, Cape Administrator, not to re-instate Dr Kane-Berman.

Mr Louw's refusal has incensed the medical fraternity, with the University of Cape Town Medical School threatening to take the Provincial Administration to court.

And the PFP's health spokesman, Dr Marius Barnard, brother of one of Groote Schuur's most famous surgeons, Dr Chris Barnard, demanded that the Administrator and his MEC for health and hospital services, Mr André van Wyk, be sacked.

Hypothetical

At the root of the controversy are Dr Kane-Berman's comments in Weekend Argus in which she picked a hypothetical Cabinet.

Her choices included Nelson Mandela as Prime Minister, Dr Mamphela Ramphela as Minister of Health and Anna Starcke as Minister of Finance.

According to the Administrator, these suggestions were "closely linked to radical politics" and had caused "incalculable damage" to the Provincial Hospital Services.

But in fierce reaction yesterday the medical fraternity accused the Provincial Administration of putting National Party ideology first, to the detriment of the country's health services.

The credentials of MEC Mr van Wyk, one of the key men in the decision to axe Dr Kane-Berman, were also called into question.

Horse-racing

Mr van Wyk, who joined the National Party at 17 and was a full-time party organiser before being elected MPC, was known in the Provincial Council as the spokesman on horse-racing.

"If Mr Louw tells us officials should not take part in politics, then surely we are entitled to look at the credentials of the MEC in charge of hospital services," Dr Steer said.

"Tell us of the expertise which qualifies Mr van Wyk to influence the career of a doctor with a master's degree in hospital administration and whose track record in health-care is unblemished," said Dr Steer.

He was deeply disappointed in Mr Louw's "attempt" to justify Dr Kane-Berman's transfer.

"In his defence I feel he has not had the room to manoeuvre and use his well-known attributes of compassion and humanity.

"Had he supported Dr Kane-Berman it would have been a gesture of no confidence in his senior officials. And, as we know, it is rare for the public service to indulge in self-criticism."

Fury over hospital axing

Star 10/12/88

98

Kane-Berman's absence hits Groote Schuur

VERNON BRENT and DICK USHER

CAPE TOWN — The University of Cape Town medical school, "incensed" that Dr Jocelyn Kane-Berman will not be reinstated as head of Groote Schuur Hospital, is raising funds to fight her transfer in court.

The Administrator, Mr Gene Louw, said on Thursday night that Dr Kane-Berman's removal from her post as chief medical superintendent of Groote Schuur Hospital was final, drawing further angry reaction yesterday.

The Public Servants League, to which many Groote Schuur staff belong, said it was dismayed and outraged at Dr Kane-Berman's axing considering the "feeble" reasons.

And the Progressive Federal Party spokesman on medicine, Dr Marius Barnard, called for the sacking of Mr Louw and his MEC in charge of hospital, Mr Andre van Wyk.

UCT Dean of Medicine, Professor George Dall, said yesterday: "The only steps that can now be taken are through a court of law. We have sent letters to our various departments asking them for a pledges to help defray legal costs."

Professor Dall rejected claims by the provincial authorities that those opposed to the transfer had politicised the issue.

"They told us on Friday November 25 that Dr Kane-Berman, the chief medical superintendent, had to be out by the Monday (November 28).

"Groote Schuur is at sixes and sevens. We are really suffering.

"Things which Dr Kane-Berman normally handled are grinding to a halt without her input and knowledge.

"This kind of action exposes us to the most enormous international ridicule. Someone got offended and, regardless of its effect on the medical machine, Dr Kane-Berman was axed.

"This shows that ideology is far more important to the Government than its medical services."

Professor Dall criticised the Administrator for giving the impression that the matter was being weighed up when the decision was "final from the outset".

"Why not tell us straight out instead of wasting our time? We could have already begun legal proceedings."

The Medical Association of South Africa (Masa) said it would throw its full weight behind a court application to have Dr Kane-Berman reinstated.

Dr Barnard, calling on the medical profession not to allow politics to dominate the hospital services, slammed the Administrator for saying Dr Kane-Berman had brought politics into the hospital services.

"The Government has politicised the health service and administers National Party policy daily, as can be seen in its segregated hospitals.

"The very reason he gives for her transfer is a political one. He didn't judge her on her medical abilities, which he admits are excellent, but on a political statement."

He said he would be writing to Minister of Constitutional Development and Planning Mr Chris Heunis, under whose control the Provincial Administration falls.

The Public Servants League said Dr Kane-Berman had promoted and broadened healthy labour relations at the hospital.

"Since her appointment Dr Kane-Berman has been untiring in her efforts to establish forms of communication between the hospital management and all sections of staff.

"Her appreciation for the diversity of convictions of different sections of the staff allowed her to stay informed and abreast of the feelings of her staff at all times," said the league.

Hospitals throughout South Africa had experienced work stoppages during recent months, a situation of which the civil service had only limited practical knowledge.

But Dr Kane-Berman had proved a most skillful negotiator with a deft perception of the factors which contributed to the recent labour unrest.



They'll be diving under an African sky . . .

DROPPING IN: The biggest skydiving competition in southern Africa, with more than 400 competitors from 14 countries, drops in on the Molopo Sun Hotel in Bophuthatswana from December 24 for a week of thrills and fun. The free-fall formations which characterise these competitions will result in an explosion of aerial colour over Mmabatho as a specially adapted SafAir Hercules C130, with a capacity of 200, discharges the jumpers. When the world record involving a 144-man formation jump was established at Quincy, Illinois, six Dakotas had to be used. The Molopo Sun is well versed in the needs of an international skydiving competition, having hosted its first in 1986.

Academics urge Louw to reinstate Kane-Berman

AR645
15/12/81

This is the full statement by the head of the faculty of medicine at the University of Cape Town, Professor George Dall, and senior academics in their appeal to the Administrator to reinstate Dr Jocelyn Kane-Berman as chief medical superintendent of Groote Schuur Hospital.

"The Administrator of the Cape has announced that the transfer of Dr J Kane-Berman from her post of chief medical superintendent of the Groote Schuur Hospital is 'final'.

"As senior members of the faculty of medicine we cannot accept this. At the outset we wish to make clear our total support for Dr Kane-Berman, our strongest objection to the way in which this matter has been handled and our view that Dr Kane-Berman must be reinstated, both because justice requires this and because it is in the interests of the hospitals service — in other words, of the patients for whom the hospitals service exists.

"We respect the Administrator, Mr Gene Louw, for what he has accomplished in the service of the Cape. However, we cannot leave his statement, published in the Burger and the Cape Times of December 9, unanswered.

"At an interview on November 30 between the Administrator and ourselves, the MEC, Mr A J van Wyk, stated that after seeking advice from the commission for administration and consulting with his senior colleagues and officials, he personally made the decision to move Dr Kane-Berman. He emphasised that it was his right to do so. We appeal to the Administrator, to whom the MEC is answerable, to reverse Mr van Wyk's decision.

"The Administrator knows and understands the long-standing excellent relationship which has existed between the hospitals services department of the province and the university. He knows how valuable this is and he knows how much it is the envy of other provinces. We suspect that the MEC may have underestimated its importance.

"The Administrator's statement claims that 'the much-vaunted statement to the Press immediately evoked criticism and protest from the public and physicians alike'.



Professor George Dall

"Who are these members of the public and who are the physicians? Weeks passed before any criticism was evident. Have these critics considered the context? The 'statement' was published in The Argus, together with many others, as part of a feature in which a range of well-known women were asked to speculate about women in government office. It was lighthearted. Of course, a civil servant has to be careful and Dr Kane-Berman was probably indiscreet in venturing a whimsical comment to a reporter.

"The 'punishment', however, is absurd and out of all proportion to the 'crime'.

"The Administrator refers to 'the ethical requirement that a medical service must never be associated with politics, race, colour or religion, especially when human lives are at stake'.

"We fully subscribe to this. We believe that the whole hospital staff does so too. But it is venturing on very dangerous ground indeed to imply that a person of Dr Kane-Berman's ethical integrity has transgressed this ethical requirement; we cannot believe that Mr Louw thinks that her Argus interview is evidence for this.

"It has been implied that Dr Kane-Berman was attempting to politicise Groote Schuur Hospital. This was very clearly not so. From our personal knowledge we can state categorically that she has worked tirelessly to depoliticise any event or matter that has arisen in the past.

"The Administrator's statement claims that as a result of Dr Kane-Berman's Press 'statement' the provincial hospitals service has 'suffered incalculable harm'. This is nonsense. It is the reaction of the responsible provincial office-bearer or official that is likely to damage the hospitals, the practice of medicine in this country and, ultimately, we fear, the patients.

"We make this statement after much soul-searching, but we believe the only way to resolve the question (and to take politics out of the hospitals service) is for the Administrator to reinstate Dr Kane-Berman without delay.

"We appeal to him to do so."



Dr Kane-Berman

Axed Groote Schuur medic speaks

Argus 15/12/88 98

Staff Reporter

DR Jocelyn Kane-Berman today broke her silence on the controversy surrounding her removal as chief medical superintendent of Groote Schuur Hospital.

Dr Kane-Berman said she was "saddened" by the Administrator's statement that her transfer was final and had been final from the outset.

"I had hoped that his personal intervention (and I take this opportunity of thanking him for his courtesy), would lead to my reinstatement and enable me to continue to make my contribution to an institution which has become part of me," she said.

MERITS

Dr Kane-Berman was transferred after she was quoted in a lighthearted article in Weekend Argus on a hypothetical future Cabinet including Nelson Mandela.

Dr Kane-Berman said she did not wish to comment on the merits of the decision or the numerous Press reports.

"I had hoped to the last that the incident which gave rise to the decision would be seen in what I believe to be its true perspective," she said.

Her concern was for the patients and staff of the hospital which she had served as a

(Turn to page 2, col 6)

Dr Kane-Berman speaks

(Continued from page 1)

medical superintendent for 18 years.

She wished to make it clear "to the public that the staff of Groote Schuur Hospital, and I include myself, do not permit considerations of religion, nationality, race, party politics or social standing to intervene between their duty and their patients — in accordance with the Declaration of Geneva".

Dr Kane-Berman said that in a time "of unrelenting stress and pressure, with ever-increasing numbers of patients and limited finance, the hospital can ill afford any disruption in administration.

"I am nevertheless confident that those who are now responsible for the management of the Groote Schuur Hospital region, under the interim leadership of Dr Gilbert Lawrence, will cope efficiently and well with the unexpected and additional burden which has been thrust upon them.

She expressed her "deep-felt gratitude" to the great many people and organisations who had supported and encouraged her in "a most difficult time for me. It has been a heartwarming experience".

"Whatever the future holds for me, I take this opportunity of paying homage to the staff of Groote Schuur and of paying tribute to their dedication and humanity."

● See page 15.

Academics urge Louw to reinstate Kane-Berman

A1645
15/12/81

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"The Administrator of the Cape has announced that the transfer of Dr J Kane-Berman from her post of chief medical superintendent of the Groote Schuur Hospital is 'final'.

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Professor George Dall

"Who are these members of the public and who are the physicians? Weeks passed before any criticism was evident. Have these critics considered the context? The 'statement' was published in The Argus, together with many others, as part of a feature in which a range of well-known women were asked to speculate about women in government office. It was lighthearted. Of course, a civil servant has to be careful and Dr Kane-Berman was probably indiscreet in venturing a whimsical comment to a reporter.

"The 'punishment', however, is absurd and out of all proportion to the 'crime'.

"The Administrator refers to 'the ethical requirement that a medical service must never be associated with politics, race, colour or religion, especially when human lives are at stake'.

"We fully subscribe to this. We believe that the whole hospital staff does so too. But it is venturing on very dangerous ground indeed to imply that a person of Dr Kane-Berman's ethical integrity has transgressed this ethical requirement; we cannot believe that Mr Louw thinks that her Argus interview is evidence for this.

"It has been implied that Dr Kane-Berman was attempting to politicise Groote Schuur Hospital. This was very clearly not so. From our personal knowledge we can state categorically that she has worked tirelessly to depoliticise any event or matter that has arisen in the past.

"The Administrator's statement claims that as a result of Dr Kane-Berman's Press 'statement' the provincial hospitals service has 'suffered incalculable harm'. This is nonsense. It is the reaction of the responsible provincial office-bearer or official that is likely to damage the hospitals, the practice of medicine in this country and, ultimately, we fear, the patients.

"We make this statement after much soul-searching, but we believe the only way to resolve the question (and to take politics out of the hospitals service) is for the Administrator to reinstate Dr Kane-Berman without delay.

"We appeal to him to do so."

98

UCT academics want Groote Schuur chief reinstated in post

Own Correspondent

CAPE TOWN — The head of the Faculty of Medicine at the University of Cape Town and senior academics yesterday appealed to the Administrator of the Cape to "take politics out of the hospital service" by reinstating Dr Jocelyn Kane-Berman without delay.

Professor George Dall and his colleagues challenged points made by Administrator Mr Gene Louw in a statement in which he said the transfer of axed Groote Schuur chief Dr Kane-Berman was final.

They dismissed as "nonsense" Mr Louw's contention that the provincial hospital service had "suffered incalculable harm" as a result of Dr Kane-Berman's comments in the press.

It was rather the reaction of the provincial office-bearer or official concerned that was likely to damage the hospitals, the practice of medicine and, ultimately, the patients, they said.

The "punishment" of transferring Dr Kane-Berman to the post of regional superintendent was "absurd and out of all proportion to the crime".

She was transferred after a light-hearted article in the *Argus* quoted her choice of members of a hypothetical future Cabinet, including Nelson Mandela as prime minister.

The faculty statement reads: "The Administrator of the Cape has announced that the transfer of Dr Kane-Berman from her post of chief medical superintendent of the Groote Schuur Hospital is 'final'.

"As senior members of the Faculty of Medicine, we cannot accept this. We wish to make clear our total support for Dr Kane-Berman; our strongest objection to the way in which this matter has been handled; and our view that she must be reinstated, both because justice requires this and because it is in the interests of the patients for whom the hospital service exists.

Consulted colleagues

"We respect the Administrator, Mr Gene Louw, for what he has accomplished in the service of the Cape. However, we cannot leave his statement unanswered.

"At an interview with the Administrator, MEC Mr A J van Wyk stated that after seeking advice from the Commission for Administration, and consulting with his senior colleagues and officials, he personally made the decision to move Dr Kane-Berman. He emphasised that it was his right to do so. We appeal to the Administrator, to whom the MEC is answerable, to reverse Mr van Wyk's decision.

"The Administrator knows and understands the long-standing excellent relationship which has exist ed between the Hospital Service of the province and the university. We suspect that the MEC may have underestimated its importance.

"The Administrator's statement claims that 'the much vaunted statement to the press immediately evoked criticism and protest from the public and physicians alike'.

"Who are these members of the public, and who are the physicians? Weeks passed before any criticism was evident. Have these critics considered the context? The 'statement' was published in the *Argus* together with many others, as part of a feature in which a range of well-known women were asked to speculate about women in government office.

"It was light-hearted. Of course, a civil servant has to be careful, and Dr Kane-Berman was probably indiscreet in venturing a whimsical comment to a reporter. The 'punishment', however, is absurd and out of all proportion to the 'crime'.

"The Administrator refers to 'the ethical requirement that a medical service must never be associated with politics, race, colour or religion, especially when human lives are at stake'.

"We fully subscribe to this. But it is venturing on very dangerous ground indeed to imply that a person of Dr Kane-Berman's integrity has transgressed this ethical requirement; we cannot believe that Mr Louw thinks that her *Argus* interview is evidence for this..

"It has been implied that Dr Kane-Berman was attempting to politicise Groote Schuur Hospital. This was very clearly not so. She has worked tirelessly to depoliticise any event or matter that has arisen in the past.

"We believe that the only way to resolve the ques tion (and to take politics out of the Hospital Service) is for the Administrator to reinstate Dr Kane-Berman without delay. We appeal to him to do so."

Some respite for crowded Bara

A WEEK before Christmas, Baragwanath Hospital has fewer patients but it is still bursting at the seams.

On Thursday night some patients waiting for surgery were on stretchers in the casualty section being treated in full view of others.

In the intake ward and two general medical wards patients slept between the hospital beds on orange mattresses placed on the floor and had one blanket.

"If you think this is bad you should just see the wards at peak time," said one nursing sister.

PAT DEVEREAUX (98)

"Because many people leave the Johannesburg/Soweto, area over the Christmas period the hospital is relatively quiet. But even after newspaper exposes of the situation sick people still don't have beds to lie on," said a doctor.

Another doctor agreed. Noting that on the worst night this year in March, 341 patients were without beds, he said: "On the worst night this week, December 13, we had 189 patients without beds. During the Christmas period there is some respite but the actual situation hasn't improved."

From December 8th to 14th an average of 160 patients went without beds. On December 13 one ward had an occupancy of over 215 percent with 86 patients in a 40-bed ward. The total bed deficit in the medicine department for this week was 1 121.

Star 17/12/85

Kane-Berman transfer at hospital's 'time of stress'

Star 17/12/88

CAPE TOWN — The former medical superintendent of Groote Schuur Hospital, Dr Jocelyn Kane-Berman, said yesterday that her controvercial transfer came at a time of "unrelenting stress and pressure" for the hospital.

Dr Kane-Berman was transferred to the position of Western Cape regional medical superintendent following her remarks to a newspaper about an alternative Cabinet and the possibility of Nelson Mandela being Prime Minister.

She had been superintendent at Groote Schuur for 18 years.

Mr Gene Louw, Administrator of the Cape, said after meeting Dr Kane-Berman that the transfer decision had been "final from the outset".

Dr Kane-Berman, in her first statement since the transfer, said: "I had hoped that his personal intervention — and I take this opportunity of thanking him for his courtesy — would lead to my reinstatement and enable me to continue to make my contribution to an institution which has become part of me."

Her concern was for the patients and staff of the hospital, the hospital could ill afford any disruption in administration "at this time of unrelenting stress and pressure — with ever increasing numbers of patients and limited finance".

While she did not wish to comment on the merits of the decision to transfer her, or on statements in the press about the issue, Dr Kane-Berman said she wished to make it clear to the public that "the staff of Groote Schuur Hospital, and I include myself, do not permit considerations of religion, nationality, race, party politics or social standing to intervene between their duty and their patients — in accordance with the Declaration of Geneva".

Dr J P van Niekerk, acting dean of the Faculty of Medicine at the University of Cape Town, said the faculty believed her transfer was not in the interests of the broader community.

"We feel that the transfer does not do justice to the person ... or to the hospital." — Sapa.

CFCs are chemicals which are wide- advance team nailed

(98) 23/12/88

Others took action on hospital strike, says CPA

ARGUS 23/12/88

Staff Reporter

PEOPLE in responsible positions had made irresponsible, if not libellous, statements — some devoid of all truth — about political office-bearers over the transfer of Dr Jocelyn Kane-Berman, the acting Provincial Secretary said.

Mr Danie Retief said in a statement the Public Service had withheld comment except in exceptional circumstances so as not to jeopardise possible court proceedings to contest the transfer.

Mr Retief said it was incorrect that the intended strike by general assistants at Groote Schuur Hospital was called off only because of Dr Kane- Berman's intervention.

Several senior officials were also involved in negotiations to prevent the intended strike.

The full text of Mr Retief's statement is:

Wide publicity has recently been given in the media to the transfer of Dr J Kane-Berman, Chief Medical Superintendent of Groote Schuur Hospital.

In the process some irresponsible if not libellous allegations were made about political office bearers by persons in responsible positions, some of which were devoid of all truth.

As it is Public Service policy not to discuss personal staff matters in the Press, and due to Press reports about a special collection of funds in order to contest the transfer of the Chief Medical Superintendent in the Supreme Court, and acknowledgement in the media of the intention in this regard which would immediately render the matter *sub judice*, the Administrator, the Provincial Secretary and the MEC charged with Hospital and Health Services have throughout attemped to withhold comment, except in a few instances, in order not to jeopardise the expected court proceedings.

On December 8, 1988 Mr Gene Louw, Administrator of the Cape Province, issued a Press release which had first been submitted to the Executive Comittee, to uphold the previously-announced decision about the transfer, which had been taken by Mr van Wyk, MEC charged with Hospital and Health Sevices, Mr van der Vyver, Provincial Secretay, and Dr G S Watermeyer, Executive Director of Hospital and Health Services.

Several people reacted to this by referring out of context to a few extracts from the press release.

NO REASONS

Critics who have either reached their own conclusions, or have time and again tried to compel the Administrator to give full reasons for the decision, have conveniently neglected to mention the express statement in his previous Press release that it is customary in the case of staff transfers that no — or only the minimum — of reasons are given, and that, where possible, information about persons in public statements is avoided.

The Provincial Secretary, the functionary in respect of all personnel matters, has in this and all other cases of transfer faithfully abided by this rule.

With transfers the situation is viewed as a wholeand there can be a variety of reasons why it is considered to be in the province's interest to transfer someone.

The various allegations in the Press that the intended strike by general assistants at Groote Schuur Hospital was only called off because of Dr Kane-Berman's personal intervention is not correct.

The present Acting Chief Medical Superintendent of the hospital, Dr Lawrence, acted as intermediary. Several senior officials of various departments of the Provincial Administration, including the hospital's secretary, Mr Jack Kotze, were also personally involved with the negotiations and positive progress was made.

Representatives of the relevant employees' group saw Dr Watermeyer twice and he undertook to do his best to achieve an urgent interim improvement of salary benefits, effective from December 1, 1988, whereupon the delegation accepted his undertaking.

The Administrator further personally negotiated with the Minister of Administration and Privatisation, Dr Dawie de Villiers, and Mr van Wyk, MEC, for the Commission for Administration. They immediately showed insight into the problem and authorised an interim upward adjustment effective from 1 December 1988.

Several people were therefore involved in defusing the situation.

The Cape Provincial Administration does everything in its power to counter the politicising of personnel matters at certain hospitals, which occurs principally as a result of the intervention of radical trade unions, in order to promote labour peace.

For this reason the CPA consistently opposed attempts to recognise certain trade unions at Groote Schuur Hospital.

In accordance with Public Sevice policy the CPA, except if it is unavoidable, will issue no further statement about this matter.

If legal action is taken with regard to Dr Kane-Berman's transfer, the CPA's point of view will be that justice must be allowed to run its course.

98 WWMC 23/12–12/1/89

LETTERS

Stop criticising Baragwanath. It's drunks who fill the beds

THANK you for Thandeka Gqubule's article, "My night under the bed at Bara" (*Weekly Mail*, December 9 1988). Your impression of the casualty department was not favourable. You objected to the blood and detergents. I disagree that the air smelt like any hospital — no other hospital in Johannesburg has that combination of vomit, alcohol and blood.

Perhaps you noticed that the sea of stretchers and wheelchairs was mainly filled with trauma cases. Did you see how these drunken louts were attended to immediately? Did you see how people with legitimate complaints were told to wait on benches while these thugs were given priority?

Be thankful for a thorough examination undertaken by an overtaxed casualty officer. Be thankful that there were three nurses available in the event of a cardio-vascular collapse.

You didn't like the clothes the porter was wearing. Be grateful you had a stretcher that was pushed. The money spent on a uniform can be better used in obtaining antibiotics or more blankets.

You didn't like the ward or the linen. There are five surgical wards filled by people who are injured as a result of alcohol and fighting. They are occupying your bed and using your bathroom. That "MC" (mentally confused) is not a genuine psychiatric problem — he is like that because of the hallucinogenic drugs he has taken. He is a threat to the safety of the staff and patients.

You complain about medication not given on time. If the ward had adequate staff things would be better. You didn't like the patients wandering around. Are they supposed to lie in bed all day?

Your comments about the Johannesburg Hospital show your lack of information about the place. In the medical wards there is a qualified nursing sister for four medical wards of 30 beds each. Unqualified student nurses are left in charge to hand out medicine. If a patient arrests they are in the same position as the patients at Bara.

Go and see what night staff exists at the Johannesburg Hospital. They are temporary agency nursing staff (usually Bara trained) and the biggest problem is they go to sleep at night. Tough luck if your condition changes or your drip runs dry. You try and endure the treatment and see how important sparkling bathrooms are.

You arrive at Johannesburg Hospital at night requiring immediate surgery and see the reality. There is one anaesthetist on the premises if you are lucky and you are very fortunate to find two qualified theatre sisters. The theatres at Bara are superb. There are three well-trained anaesthetists and many trained theatre sisters and student nurses. Bara is the best place in the world to be if you have a stabbed heart.

Stop criticising Bara about the shortage of beds, nurses, doctors or facilities. Why don't you start a campaign to stop alcohol and drug abuse, Aids, promiscuity, criminal abortions, rapes and violence and then Bara will have enough beds for the genuinely ill.

Next time go for private medical care. Don't waste the time of ambulance officers, casualty staff, housemen, registrars, consultants, nurses and porters.

I work at Bara and have to pay for my illnesses on my limited state salary. — **Stop Criticising Bara, Berea, Johannesburg**

IT is great having the *Weekly Mail* back again, and I congratulate you on the excellence of your post banning issues.

I am sure that the government, at the time of the demise of the *Rand Daily Mail*, never expected it would be replaced by a paper that would prove to be even more of a thorn in its side.

I believe they don't quite know how to deal with the situation, as a total ban would bring down too much opprobrium about their heads, so they will attempt to strangle it financially, by banning it for short periods.

I hope that whatever strategies they employ will fail miserably, and that the paper will continue to expose this government's shortcomings. — **Ray Capel, Troyeville, Johannesburg**

IS the *Weekly Mail* abandoning it s stand? Or are you trying to improve sales in Boksburg?

I was shocked to see a racist advertisement in the latest copy of the paper. The Rosemary Shop was offering a collection of "whites". And immediately below was a photograph of Nelson Mandela. — **BPH, Rosebank, Johannesburg**

IN his letter poking fun at the latest 16c stamp (*Weekly Mail*, December 2 1988), Mr Robin Edwards describes the stamp as a depiction of a "rampant white male sex organ". In this regard Mr Edwards has inverted the symbol and missed the point, which quite clearly is buried deeply in representation of the female sex organ which spreads itself over the centre of the stamp.

It is wrong of Mr Edwards to intimate that the stamp is a deliberate propaganda exercise by the National Party. Is Mr Edwards propagating the fallacy that the Department of Posts and Telecommunications is aware of every phallus displayed by the postal authorites? If so, Mr Edwards' standard is set too high: would he expect the Department of Inland Revenue to understand finance, or the authorities in charge of law and order to have any concept of justice?

Mr Edwards further errs in his sexist approach to the plight of female voters licking the stamp. The significance of this stamp is far more general, symbolising what the National Party's political and economic policies have been doing to all South Africans since the Party's rise in the 1948 general erection.

We have been screwed at our expense by the government for so long that fellatio at only 16c a shot should be considered a welcome relief. — **Long Shot, Johannesburg**

THE reintroduction of petty apartheid is "God's will" according to the mayor of Boksburg, Mr Beyers de Klerk. One wonders which and whose God he is referring to.

De Klerk must know that the true living God resents discrimination and human exploitation of any form. He was behind Shadrack, Meshack, Abednego and Daniel during their struggle against their tormentors.

President Fidel Castro's remark on President Reagan that he "has a mind from the last century, if that doesn't offend the last century" also applies to the Boksburg mayor.

Congratulations on your comeback, *Weekly Mail*. We know that you won't bow to pressure and turn into a *Weakly Mail*. Long live *Weekly Mail*. — **Kido, Reitz**

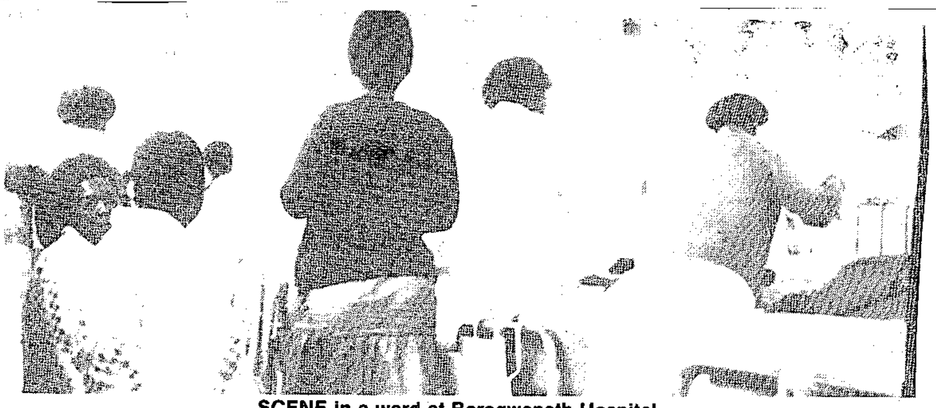
IT is with deep regret that I note the six-year jail sentence handed down to conscientious objector Charles Bester.

When one compares this sentence of an 18-year-old Christian who refuses to take up arms with that of the suspended sentence given to convicted murderer Johannes Vorster, then it is clear that serious attention needs to be given to righting this manifestly unjust situation.

When Dr Ivan Toms was jailed for 21 months for refusing to do a camp, the magistrate noted that Dr Toms is in not a criminal. Similarly, neither are David Bruce, Bester and the many others who will follow them in choosing to obey their consciences and refuse to participate in the perpetuation of the National Party's apartheid policies.

I therefore call on the government to recognise conscientious objection as a valid option in the dilemma facing conscripts in South Africa, and urge them to establish alternative non-military forms of national service to be made available to all conscripts. — **MH Birtwhistle, Durban**

Address letters to Letters Page, The Weekly Mail, Box 260425, Excom 2023. Shorter letters will be given preference. The editors reserve the right to edit letters for clarity or space.



SCENE in a ward at Baragwanath Hospital.

Hospitals: Outlook still bad

(98)

Sowetan 23/12/88

FOCUS

By MOKGADI PELA

THE *Longman's Dictionary of Contemporary English* defines microcosm as a little self-contained world that represents all the qualities of something larger: in our case Baragwanath Hospital epitomising all black health institutions in the country.

The choice of Baragwanath Hospital is not accidental. This is an institution which is said to be the largest in the Southern Hemisphere.

Cases such as those of Mpho and Mphonyana Mathibela, who were joined at the head until being separated at the same hospital weigh in Baragwanath's favour.

Yet the saying "all that glitters is not gold" is appropriate for Baragwanath. The hospital has been rocked by controversy and the latest being the one involving 101 doctors last year.

The matter dragged on and eventually reached the courtroom. Early in October, the Pretoria Supreme Court listened to the hospital's former chief physician, Professor Leo Schamroth, detailing shocking conditions at Bara.

"I have persistently complained to the authorities about the distressing and unacceptable conditions and chronic facilities over the years.

"They have done nothing — and the attitude of at least some officials is that they don't have to, since the patients are not the same kind of people as whites, and deserve nothing better."

In an affidavit, Professor Schamroth, said basic functions like bathing could not be carried out, with a single bath having to be shared by 126 patients.

Further that while five wards have been closed for the past 24 years, and hundreds of patients sleeping on the floor, an entire ward has been set aside and used to accommodate security guards at the hospital.

That staff were frequently confronted by patients who have been forced to urinate or defecate on their pyjamas because up to 100 of them have to share two or three toilets.

"In one ward — where men and women are housed together — doctors have to examine naked patients in full view of other patients because curtains around the beds are too short and cannot be drawn fully," he said in an affidavit.

Authorities normally say the Government does not have sufficient funds to run the hospitals. According to the annual report of the Director of Hospital Services of the Transvaal Provincial Administration for 1985-86, Johannesburg Hospital had a higher budget than Baragwanath.

Supplies

Yet Baragwanath Hospital coped with four times as many patients. Johannesburg Hospital had to deal with 30 000 patients while Bara handled 120 000.

The disparities were also clear when it came to pharmaceutical supplies. At Johannesburg Hospital had to deal with 30 000 patients while Bara handled 120 000.

The disparities were also clear when it came to pharmaceutical supplies. At Johannesburg Hospital R12,40 million was spent on drugs while Bara spent R8,7 million.

Black people's problems do not end there. In Lenasia which is about 30 kilometres from Johannesburg, the community has been fighting for years to have a hospital built for them. The authorities finally heeded their plight and erected one, but it is a white elephant. It is not being used by anybody because the authorities say they have no funds to administer the hospital.

No end to black people's problems

The conditions in some of the hospitals make one wonder whether the hospital authorities have forgotten simple hygiene. A Roodepoort woman, Mrs Norma Roff, last month appealed to the administration at Coronation Hospital to do something about the "filthy and unhygienic" conditions at the hospital.

The deputy-superintendent, Dr P P Menire said if they received complaints from patients they would rectify them.

Mrs Roff said she noticed cockroaches and mice running across the floor.

This year alone the *Sowetan* visited various hospitals in the country.

The conditions were shocking to say the least. Among the bad memories that cannot easily be forgotten are Philadelphia Hospital in Dennilton which was also patently dirty.

"The hospital is dirty, overcrowded and the ablution facilities are inadequate," an article published on October 20 in the *Sowetan* said.

Some areas that obviously need hospitals should not hope to get them in the near future, the authorities said.

Mamelodi township is one such place. It was built more than 33 years ago. It has a population of about 500 000 with only two clinics.

Lesedi

The only private clinic in the country manned by blacks, Lesedi situated next to Baragwanath Hospital, is according to management a great achievement, but workers say it is a typical Third World health centre, with a shortage of simple equipment such as linen.

Limpopo-Messina Native Hospital is another sorry sight. Serving a population of more than 20 000, the hospital with 31 staff members is run on an annual budget of R111 600.

It is a heavy load for a hospital with poor resources. It is no wonder that hospital staff refer to the mortuary as their most "busiest and discharging ward".

The normal consequences of overcrowded hospitals are inadequate treatment for patients and premature discharge. This was mentioned in the 101 doctors' letter published in the *South African Medical Journal.*

Sapa-Reuter

Cape Times 20/12/88

Intervention by K-Berman denied

THE acting provincial secretary of the Cape, Mr Danie Retief, yesterday told the SABC that it was incorrect that an intended strike by general assistants at Groote Schuur Hospital was called off only by Dr Jocelyn Kane-Berman's personal intervention.

He said the present acting chief medical superintendent at the hospital had acted as intermediary and several senior provincial officials were also personally involved with negotiations, which led to interim salary adjustments.

Mr Retief said the administration did everything in its power to counter the politicising of personal matters at certain hospitals, which occurred principally as a result of the intervention of radical trade unions in order to promote labour peace. — Sapa

Afrox still in best of health

AFROX'S share price dived by 45% in the great crash last year, but has recovered virtually the entire loss because of good results and prospects.

By David Carte

The share price plummeted from 2 375c to 1 320c and has rebounded to 2 200c.

Chairman Peter Joubert says in the annual report that Afrox should attain earnings growth "similar to the average for the past five years" — that is 16% a year in real terms.

The inference appears to be that the gas, welding, hospitals and engineering group is aiming at earnings — after additional depreciation — of 170c a share.

Steamy

The present share price is 12,9 times this high-quality post-inflation earnings estimate. If that sounds a trifle steamy, the conventionally stated PE is less than 10.

The share price is a 69% premium to revalued net asset value, so there is no doubt that Afrox is already highly rated.

In addition to normal ploughback of R77-million, Afrox spent R22,4-million on acquisitions and R14-million on long-term assets last year. Net indebtedness rose to R100,8-million from R22,6-million.

Shareholders' funds were R390,5-million (R345-million) and interest cover by gross profit was enormous at 37, so the company was hardly illiquid. Still, higher interest rates and higher debt will result in much higher interest costs in the current year.

Optimistic

The report does not give a detailed segmental breakdown, but gases and welding contributed an unchanged 81,8% of gross profit. Afrox has stepped up its investment in hospitals and health care, but this area constributed only 11,8% of income compared with 13,1% the previous year.

Afrox has been successful in finding new applications for its gases. Growth required the large-scale purchase of cylinders. A drive was made to inmprove customer service and Afrox aims at attaining the stringent quality-assurance requirements of SABS 0157.

The 750-ton-a-day oxygen plant built and operated for Iscor's Pretoria works was funded off the balance sheet. It made a minimal contribution to earnings last year, but its contribution will grow over time and Afrox can use surplus gas for other customers. It is highly optimistic about this type of business.

"The company owns and operates a further eight gas-producing plants providing on-site gas to major consumers. This sector of the market is expected to present major opportunities in the near future in the energy-related and metallurgical industries. The result will be a more intensive geographic spread of gas production facilities leading to increased product security, not only for the company, but for customers."

The welding division reported buoyant business as well, notably in the capital goods area, where several orders was received from contractors to the offshore oil project at Mossel Bay. Afrox has done well in supplying electrodes, wires and bas cutting equipment to Mossgas.

The group has 10 hospitals and is a minority associate in another two. Last year it bought the Mater Dei in the Eastern Cape. It is adding 31 beds to the Eugene Marais Hospital, Pretoria, and the 218-bed Glynnwood Hospital in Benoni — a departure from the policy of revamping hospitals rather than building them — opens early in 1989. The group also acquired expensive high technology for its hospitals.

The specialised businesses division has also secured work for Mossgas.

On the general health of the company as shown in the annual report, it seems only a matter of time before Afrox establishes a new high.

SQUATTERS HELPED

A GROUP of doctors and paramedics conducted a free health clinic at the squatter community of Tsakane yesterday.

By MOKGADI PELA

According to the co-ordinator of Health 2000, Dr Abu Asvat, about 80 squatters were examined. The most astonishing finding was the high number of children who had suspicions of rheumatic heart diseases. Such diseases are normally found in poor, over-crowded and inadequately housed populations.

He went on to say that one case of Kwashiorkor was diagnosed and two children were found to be underweight. There were two cases of high blood pressure with complications, Dr Asvat said.

"Most people complained that they could not afford the R5 demanded by the clinic," he added.

"The people seem to be making an effort to build their own homes but because of inflation and unemployment, the process has been slow. The fact that they have been given a permanent site comes as a relief," Dr Asvat said.

The squatters occupied the place after being removed from Silverton about three years ago. They have since established their new home called Mazakhele.

So . . . does anyone want to buy a hospital?

WHAT PRICE HEALTH?

98

Sowetan 29/12/88

WHEN the Government announced plans to privatise hospitals in February this year it feared that nobody would buy them because of the high costs involved — this fear has now been realised.

The Transvaal Provincial Administration's MEC in charge of hospital services, Mr Daan Kirstein, added his voice then by saying prospective buyers were unlikely to be able to afford to run them. He said, for instance, it cost the Government R100-million a year to run Baragwanath, yet the hospital made only R5-million a year.

Lack

The reason behind the privatisation of health services is according to hospital authorities, lack of funds on the part of the Government.

Announcing the 1989 budget for hospital services, Mr Kirstein said the province would have to overspend to carry out its essential services. R1,5-billion has been set aside for next year's hospital services, he added.

Of course the response from the Administrator of the Cape, Mr Gene Louw, was quick. "Provincial hospitals and health services are not being adequately funded by the central government and deserve greater prominence in national priorities."

The demand for health services is determined by actual need and not created artificially or at will. For instance a rapid rise in the population, urbanisation and the progressive rise in living standards all place an unbearable load on health services.

The Government's intention to privatise health services angered black people. Leading the fight was the Imbeleko Women's Organisation which launched a national campaign against the move.

In an interview with the *Sowetan* published on May 25, this year, the Co-ordinator of Imbeleko, Ms Nomonde Jafta, said: "In keeping with the popular expression namely, 'mme oa ngoana o tshoara lehare ka bohaleng,' which loosely translated means a mother will use her bare hands to hold the blade of a sword in order to protect her offspring, we felt we could not let this Government do what it wants without being challenged."

"Privatisation will only increase the misery of black people. Only the rich will afford privatised health services because they can afford the already expensive Medical Aid Schemes."

The decision to launch a campaign was reached at a seminar of Imbeleko held at Mamelodi, Pretoria in May this year. The seminar was attended by delegates from as far afield as Lenyenye, Kuruman and Kangwane. "Since then we have not rested because our struggle lies in the implementation of our resolutions," Ms Jafta said.

"If the Government's moves succeed, the infant mortality rate will soar. The high pregnancy rate among our youth will not be reduced by privatisation, but by proper health and sex education," she added.

Shirk

The Co-ordinator of Health 2000, Dr Abu Asvat, had this to say about the matter: "The Government must not shirk its responsibility to provide health services.

"Ideologically and economically the Government is bankrupt. The black community has no say in matters pertaining to government and therefore do not feel obliged to support such actions," Dr Asvat added.

The plight of the Lenasia residents is another case in point.

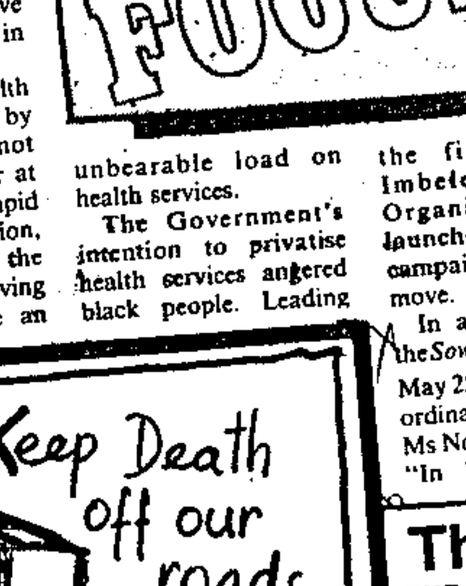
Their struggle for a hospital started as early as 1963 when they made representations to the authorities calling for the building of a hospital. The hospital was completed in 1986 but has not been functional because the authorities say they do not have money to administer it.

Contend

For the same reason Soweto, with a population of more than 1,5 million, has had to contend with the overcrowded Baragwanath Hospital for decades. Health authorities have said another hospital would be built near New Canada before 1993. Whether that will happen is a million dollar question.

An editorial in *The Star* published on August 12, 1988 on the Lenasia Hospital issue said: "This week the Minister of Health Services and Welfare in the House of Delegates announced that the Lenasia Hospital would be opened at last. What is significant, however, is that no new source of funds seems to have been found. All the authorities did was to juggle the books a bit, and there was the money. Dare we ask, then, why they did not do just this two years ago?"

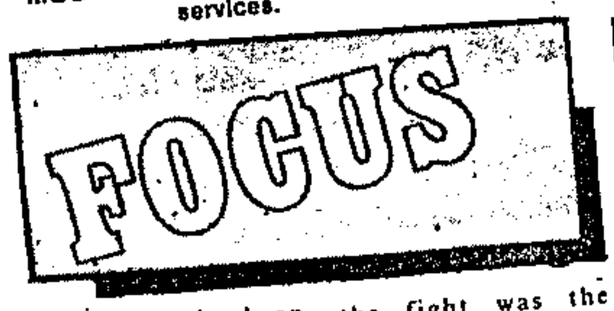
This is also the question many black people have asked, but whether anybody in the corridors of power is listening is another matter.



MR DAAN KIRSTEIN ... Transvaal MEC in charge of hospital services.



MS NOMONDE JAFTA . . . committed to crush privatisation.



By MOKGADI PELA



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'RE-USE NEEDLES'

(98 Sowetan 29/12/88

SCORES of diabetic patients receiving medical treatment at the Kalafong Hospital near Atteridgeville, are forced to use the same needle to inject themselves twice daily with insulin amid fears that they might be seriously infected.

By MONK NKOMO

The hospital's senior superintendent Dr B Niewoud yesterday at first viewed the allegation as very serious and "absolute rubbish," but after investigating he told the *Sowetan* that there was nothing wrong with this practice as it was also applied in other hospitals.

'10 times'

"You can actually use the same needle to inject yourself 10 times," Dr Niewoud said.

A number of people in the medical profession however disagreed with Dr Niewoud and expressed their concern at this practice and said it was totally unacceptable.

"It is very dangerous especially with regard to diabetic patients whose wounds are very difficult to heal. The needle will be contaminated by the time you use it for the second time and this could lead to serious infections," said a medical practitioner who did not want his name published.

Alcohol

Diabetic patients interviewed by the *Sowetan* at their homes yesterday said they received half the supply of needles each month and told by hospital employees in the dispensary department to clean the same needle with alcohol before using it again because the hospital was experiencing a shortage of medical supplies.

A 61-year-old woman who had been injecting herself twice a day with the same needle during the past three months said she complained to her doctor because she could not stand the pain especially during the second injection. Although her doctor gave instructions that she be given a full supply, this was not done.

"My wounds are now green in colour and I fear that my legs could be amputated," she said.

Effect

A number of senior nurses interviewed said it was against the hospital regulations to use the same needle twice. They added that although the needle can be cleaned with alcohol swabs after the first injection, alcohol could change the effect of insulin when it is injected into the body.